



Community Memorial
HEALTHCARE

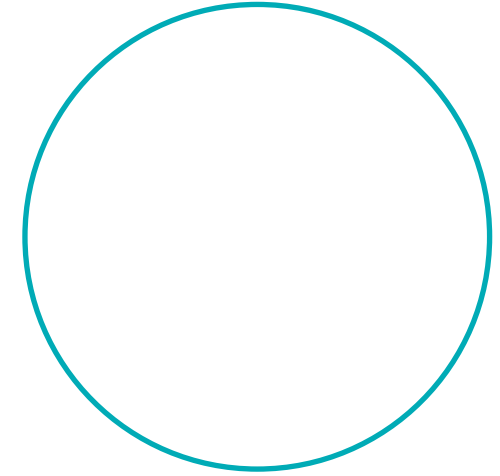
Cognitive Health & Brain Fitness: *Everyday Habits That Matter*

Jill Hall, MD, FACOG

Bachelor of Science in Neuroscience, Brown University

Evidence-Based Cognitive Health

Brain Health



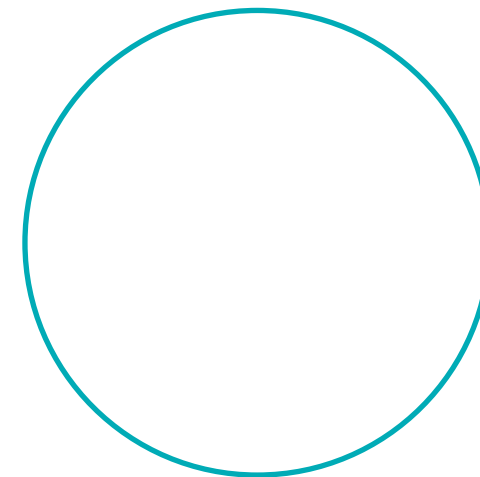
What the evidence supports — and what it doesn't

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What the evidence supports for brain health

Proven care, promising signals, and where claims outrun data



Exercise • Vascular Care • Hearing • Multidomain Habits

Brain-health claims need an evidence ladder

Guidelines weigh trials, consistency, harms, and feasibility.

STRONGER

physical activity • tobacco cessation

TRIAL SIGNAL

blood pressure • targeted training

CONDITIONAL

healthy diet • hearing care

ASSOCIATION

sleep • social connection

Risk reduction is probabilistic — not a guarantee.

Sleep: Important, Not Proven Prevention

Treat sleep for health; dementia evidence is incomplete

7 – 9
Hours for Most Adults

The practical priorities

Keep a regular schedule

Treat sleep apnea or insomnia

Protect light — dark cues

Short and long sleep track with dementia risk in cohorts.

Trials have not shown that extending sleep prevents dementia.

Exercise has the clearest behavioral evidence

150 – 300

moderate minutes each week

2+

strength days

STRONG

WHO 2026 recommendation for adults with normal cognition

Start where you are.

Brisk walking, cycling, swimming, or lifting all count.

Sit less; progress gradually

Dietary Pattern

Healthy Patterns Help; Supplements Do Not

Diet evidence is stronger for patterns than single nutrients.

EAT MOST

vegetables
beans + whole grains
nuts + olive oil

ADD REGULARLY

fruit
fish
unsaturated fats

LIMIT

ultra-processed food
sugary drinks
processed meat

WHO 2026: healthy diet is conditional; B/E vitamins, omega-3 and multivitamins are not recommended for prevention.

Vascular and hearing care have trial data

≈45%

of cases are linked to modifiable risks at population level

A population estimate — not an individual promise.

BLOOD PRESSURE

Treat BP: less MCI in SPRINT-MIND

HEARING

Overall trial null; benefit concentrated in higher-risk adults

CONNECTION

Good for health; dementia evidence is mainly observational

Also manage diabetes • smoking • harmful alcohol • depression • vision • head-injury risk

Training improves the skills you actually practice

Transfer to everyday cognition is narrower than marketing claims.

1

Train a defined skill

memory • reasoning • speed

2

Use progressive difficulty

feedback • spaced boosters

3

Keep expectations specific

benefits are task-linked

2,832

ACTIVE randomized older adults to targeted training.

20-year follow-up: 25% fewer claims-based diagnoses after speed training + boosters.

2 years

FINGER randomized intervention

1,260

at-risk older adults

4 domains

diet • exercise • training • vascular care

**The trial found a small
cognitive advantage.**

Better than single-habit thinking

The practical lesson is tailored, sustained action across several risks at once.

Randomized trials do not support HRT for brain protection

No brain-protection signal

Across menopause timing windows, trials found no reliable improvement in memory or global cognition.

KEEPS-COG

Recently postmenopausal: no cognitive benefit over four years.

ELITE-COG

Starting earlier versus later: no verbal-memory benefit.

WHIMS — AGE 65+

No dementia prevention; combined therapy increased risk.

NAMS: do not use hormone therapy to prevent or treat cognitive decline or dementia.

Treat deficiencies and symptoms — not marketing claims

No proven benefit

Routine supplements and hormones have not been shown to prevent dementia in cognitively healthy adults.

VITAMINS + OMEGA-3

WHO recommends against B, E, omega-3 and multivitamins for prevention.

MENOPAUSE + TESTOSTERONE

Use for established clinical indications — not as cognitive enhancers.

GINKGO + NOOTROPICS

No conclusive evidence for preventing or slowing cognitive decline.

Correct true deficiencies and review medications with a clinician.

Three high-value moves

- 1 Know BP, glucose, and lipids**
- 2 Move weekly + strength twice**
- 3 Quit tobacco; address hearing**

Track behavior — not promises.

THIS WEEK

DAYS 1 – 2 Measure your baseline

DAYS 3 – 5 Choose one repeatable change

DAYS 6 – 7 **Schedule needed care**

Treat sleep, mood, diabetes, vision, and fall risk for overall health; dementia-specific proof varies.

THANK YOU

Jill Hall, MD, FACOG

