

Real-World Implementation of Brain Health Services for the Prevention of Cognitive Impairment and Dementia: Insights from the International dBHS Network

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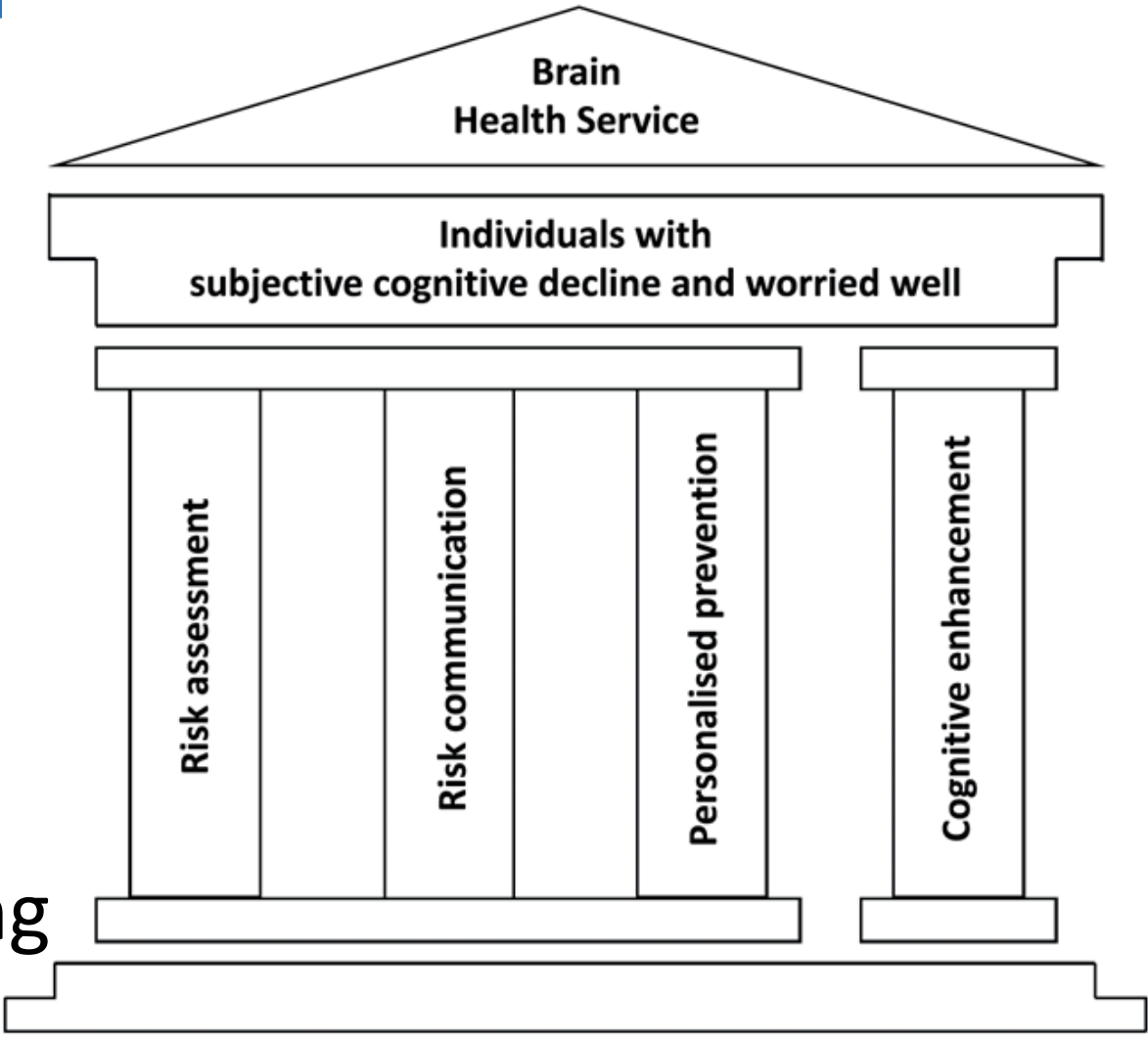
Background

The International Brain Health Services for the prevention of cognitive impairment and dementia (dBHS) Network was established to harmonize clinical efforts in secondary prevention. This study reports implementation data from 36 pilot dBHS centers across Europe, North America, and Australia. Dementia prevention has historically lacked a standardized clinical infrastructure connecting academic research to practice. The landmark FINGER trial proved multi-domain interventions enhance cognition, yet cognitively unimpaired high-risk individuals remain underserved by existing memory clinic pathways.



Methods

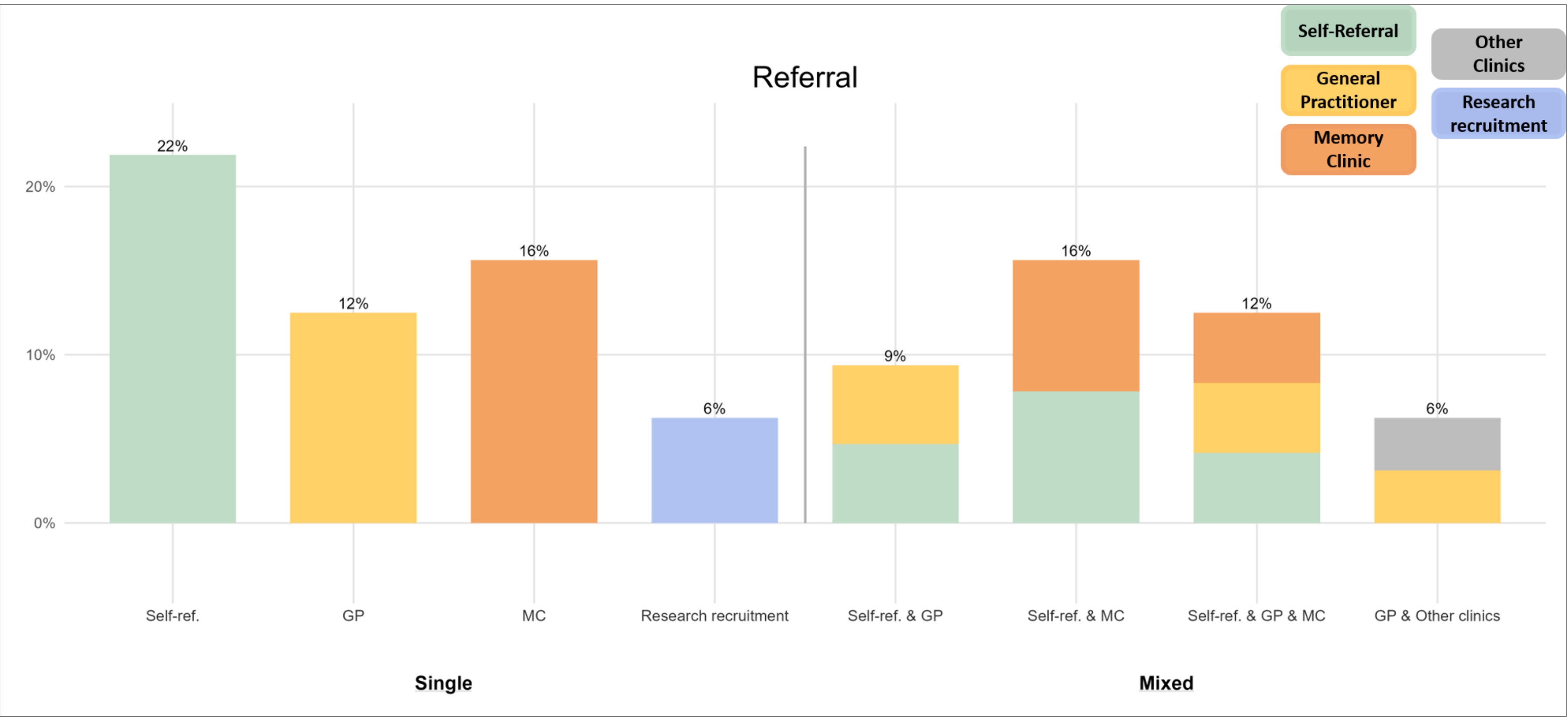
Three workshops supported protocol harmonization across the core pillars: risk assessment and communication, and risk reduction across 45 sites. A cross-sectional survey was conducted. Data were collected in 36 sites on clinical setting, referral pathways, target populations, risk factor assessment and communication, intervention strategies, funding models, and practical challenges.



Results

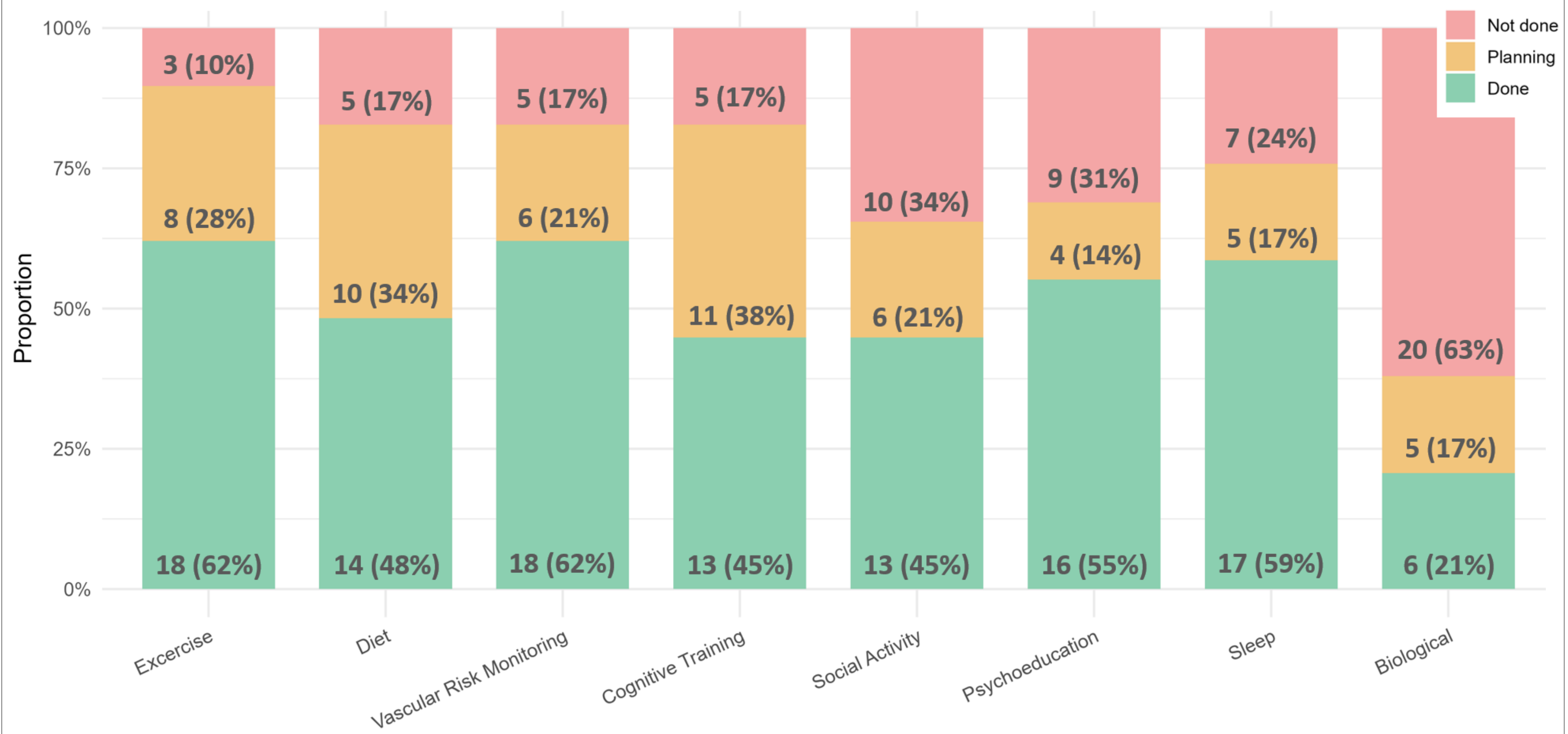
Only cognitively unimpaired individuals are the target population of 35% of sites, while 65% include both impaired and unimpaired populations

Implementation varies across the network. Patients are referred via a single source in 56% of sites, while 44% use multiple sources.



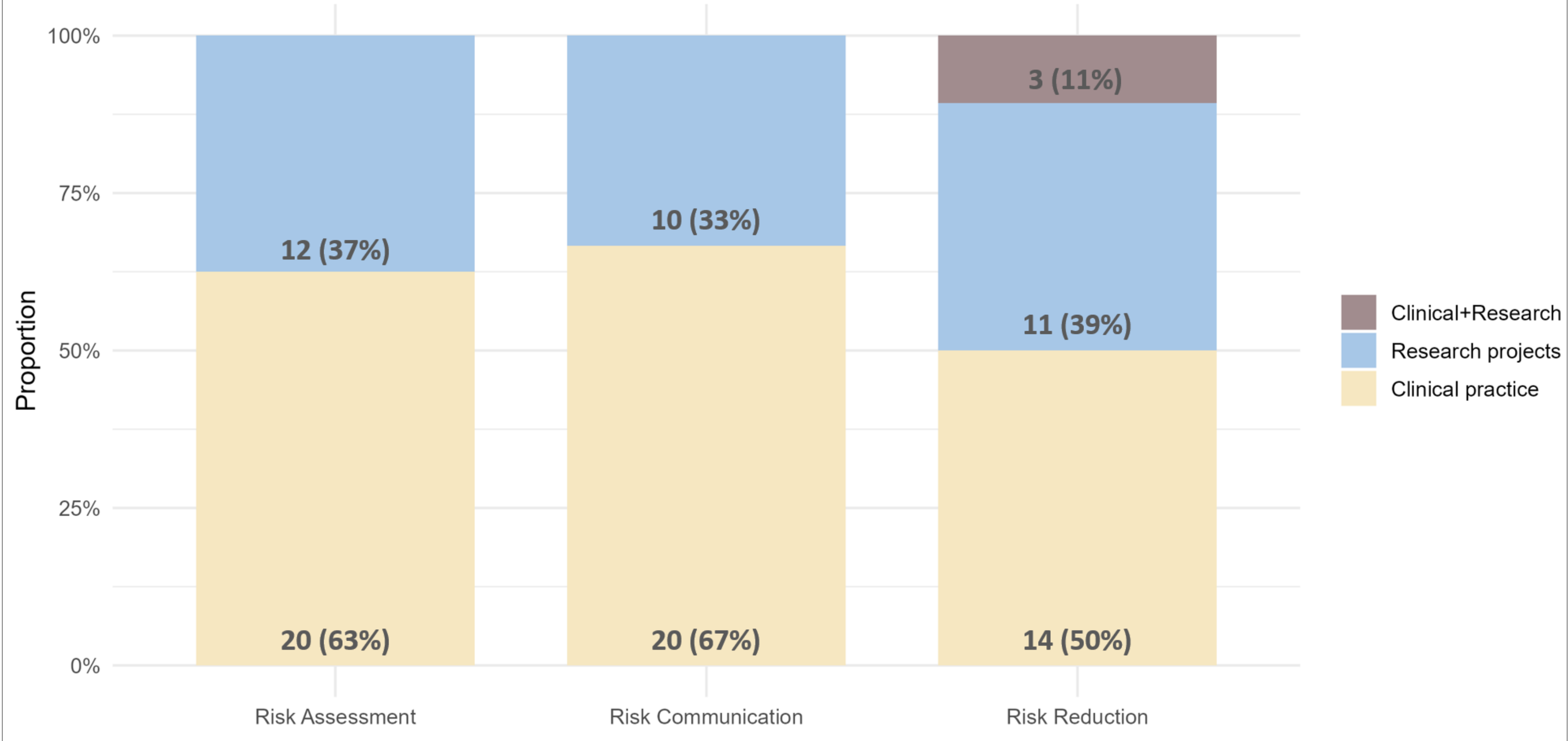
Category	Referral Source	Proportion
Single	Self-ref.	22%
	GP	12%
	MC	16%
	Research recruitment	6%
Mixed	Self-ref. & GP	9%
	Self-ref. & MC	16%
	Self-ref. & GP & MC	12%
	GP & Other clinics	6%
	Other Clinics	6%

Interventions are based on the FINGER model in most sites, with several also including psychoeducation, sleep management, and supplements. Funding models vary widely across sites and pillars.



Intervention	Not done	Planning	Done
Exercise	3 (10%)	8 (28%)	18 (62%)
Diet	5 (17%)	10 (34%)	14 (48%)
Vascular Risk Monitoring	5 (17%)	6 (21%)	18 (62%)
Cognitive Training	5 (17%)	11 (38%)	13 (45%)
Social Activity	10 (34%)	6 (21%)	13 (45%)
Psychoeducation	9 (31%)	4 (14%)	16 (55%)
Sleep	7 (24%)	5 (17%)	17 (59%)
Biological	20 (63%)	5 (17%)	6 (21%)

Services are delivered in clinical settings in 60% of centers, the remainder operating in research or mixed contexts



Setting	Clinical+Research	Research projects	Clinical practice
Risk Assessment	3 (11%)	12 (37%)	20 (63%)
Risk Communication	0	10 (33%)	20 (67%)
Risk Reduction	3 (11%)	11 (39%)	14 (50%)

Conclusion

Despite significant variability, core pillars are coherently implemented across sites of the International dBHS Network. The network aims to continue harmonising procedures, following the example of memory clinics 40 years ago, and demonstrate their effectiveness and long-term viability.



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