

A PRACTICAL GUIDE FOR FAMILIES

The Family Guide to Brain Health

What every family should know about protecting the brain, noticing change early and reducing future risk.



HOW TO USE THIS GUIDE

- ✓ Read it for yourself, even if you have no concerns today.
- ✓ Share it with parents, partners, siblings and adult children.
- ✓ Use the worksheets to map your family history and your own risks.
- ✓ Pick a few meaningful actions rather than changing everything at once.
- ✓ If there is a persistent change in thinking or memory, get it assessed rather than putting it down to age.

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A NOTE FROM COGMISSEION

The best time to think about brain health is before there is a crisis

For many families, the first real conversation about brain health starts after something has changed. A parent starts repeating themselves. A partner becomes less organised. Someone who was always sharp struggles with words, directions or familiar tasks.

For others there are no symptoms at all, but a parent or grandparent has had dementia, and a quiet question sits in the background: **"Is this going to happen to me?"**

This guide is not about fear. It's about knowing where you stand, noticing change early and finding the areas where action is possible.

01 • A FAMILY CONVERSATION

Ask a better question

Dementia is an umbrella term for conditions that affect memory, thinking and daily function. Alzheimer's disease is the most common cause; vascular dementia, dementia with Lewy bodies and frontotemporal dementia are others.

A diagnosis is rarely where the story begins. Risk builds over a lifetime, and some factors linked to later decline are present in midlife or earlier.

INSTEAD OF

"Will I get dementia?"

ASK

"What can I do now to give my brain the best possible chance?"

WHAT THE EVIDENCE TELLS US

Much of the risk is open to change

45%

of dementia cases could potentially be prevented or delayed by addressing 14 modifiable risk factors, at population level.

The Lancet Commission, 2024

The World Health Organization's 2026 guideline on dementia risk reduction points the same way: healthy habits, good management of health conditions, a healthier environment and tailored programmes that tackle several areas together.

Remember: these are population figures, not promises for one person. Someone can do everything "right" and still develop dementia; another may carry risk factors and never do so. Prevention is about shifting the odds, protecting function and taking control.

02 • YOUR BRAIN AND YOUR WHOLE BODY

Brain health is whole-body health

The brain is one of the most energy-hungry organs in the body. It relies on good blood flow, steady blood sugar, hormones, nutrients, sleep and the immune and nervous systems all working well together.

The brain needs	So we look at
Reliable blood flow and oxygen	Blood pressure, vascular health, cholesterol, smoking, movement
A steady energy supply	Blood sugar, insulin resistance, nutrition
Rest and repair	Sleep quality, daily rhythm, possible sleep disorders
The right building blocks	Protein, B vitamins, vitamin D, iron and other nutrients where relevant
Good sensory input	Hearing and vision
Resilience	Movement, muscle, stress, social connection, mental challenge

03 • WHY MIDLIFE MATTERS

Brain health is built over decades

That's good news: there is more than one window in which to act, and no age at which it stops mattering.

40s Know your numbers. Protect heart and metabolic health. Build muscle. Take sleep seriously. Deal with hearing, mood and nagging health problems.	50s Watch the trends in blood pressure, blood sugar, cholesterol, weight and fitness. Menopause, poor sleep and body changes can shift the picture.	60s Keep prioritising heart and metabolic health while protecting strength, balance, hearing, vision and social life.	70s+ Action still counts. Activity, good care, sensory support, nutrition, sleep and staying connected all help maintain independence.
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THE 14 RECOGNISED MODIFIABLE RISK FACTORS

Less education in early life		Hearing loss	Untreated vision loss		High blood pressure		High LDL cholesterol
Diabetes	Obesity	Physical inactivity	Smoking	Excessive alcohol		Depression	Traumatic brain injury
Social isolation		Air pollution					

Source: The Lancet Commission, 2024. Prevention isn't about perfection. It's about finding your highest-value opportunities.

04 • AGE, GENES AND FAMILY HISTORY

Beyond the 14: susceptibility is not destiny

Risk is usually split into what we can change and what we can't, mainly age and genes. Research into biological ageing and how genes interact with our environment suggests that line is less fixed than it seems. Addressing the Lancet 14 could affect around 45% of cases; that doesn't mean the rest is simply "age and genes".

Age: your years versus your biology

You can't change your date of birth. But two 65-year-olds can have very different heart health, fitness, muscle, sleep and inflammation. Tools such as "epigenetic clocks" show that people age biologically at different rates.

Our question: what is speeding up or protecting this person's biological ageing, and what can we change?

Genes: risk is not a diagnosis

APOE ε4 is the best-known common risk gene for late-onset Alzheimer's. It raises risk, but some carriers never develop the disease, and people without it can. Studies suggest a healthier lifestyle is linked to slower decline in carriers and non-carriers alike.

Lifestyle doesn't "switch off" a gene, but genes and modifiable biology interact.

Our three layers of risk	What we consider
1. Established modifiable risk	The Lancet 14: heart, metabolic, sensory, lifestyle, mental health, social and environmental factors
2. The biology of ageing	Metabolic and vascular health, fitness and muscle, sleep, inflammation, nutrients, hormones, stress and exposures
3. Genetic susceptibility	APOE and other variants, family history, polygenic risk and how genes respond to environment

TURN FAMILY HISTORY INTO USEFUL INFORMATION

- What type of dementia was diagnosed, if known?
- At what age did symptoms begin?
- Was there stroke, heart disease, diabetes or high blood pressure?
- Was there significant hearing loss or a major head injury?
- Were there long-standing sleep, mood or alcohol problems?
- Are several relatives affected unusually young?

WHEN TO SEEK SPECIALIST ADVICE

Very early onset dementia, several affected relatives across generations, or a pattern that suggests a specific inherited condition may justify a specialist genetic discussion. This is different from having one older relative with late-onset dementia.

A note on epigenetic tests: they can estimate aspects of biological ageing, but they are not a diagnosis or a precise prediction. Where we use them, they are one piece of a bigger clinical picture.

05 • KNOW YOUR NUMBERS

Look beneath the surface

A single result never tells the whole story, but patterns over time can reveal a change in direction long before disease is obvious.

Area	Examples	Why it matters
Blood sugar	HbA1c, fasting glucose; fasting insulin where useful	Metabolic problems and diabetes affect blood vessels and the brain
Heart and circulation	Blood pressure, cholesterol; ApoB and Lp(a) for some people	The brain depends on healthy vessels and blood flow
Inflammation	hsCRP and other markers where appropriate	Ongoing inflammation may point to an underlying problem
Nutrients	B12, folate, vitamin D, iron and others as needed	Deficiencies can affect the nervous system and resilience
Homocysteine	Read alongside B-vitamin status	A useful clue, linked to vascular risk
Thyroid and hormones	Tailored to age, symptoms and history	Can affect energy, mood, sleep and thinking

The trend matters as much as the snapshot. A result inside the normal range may still be worth discussing if it has moved a lot from your usual baseline. Know the number, know the trend, and know what it means for you.

06 • THE COGMISSEION BRAIN HEALTH FOUNDATIONS

Nine everyday foundations

Move

Build fitness, strength and balance, and sit less.

Eat

A varied, mostly unprocessed diet rich in plants, fibre, healthy fats and enough protein.

Sleep

Treat it as essential. Loud snoring, pauses in breathing or poor sleep need attention.

Connect

Protect relationships, community and purpose. Isolation is a recognised risk.

Challenge

Keep learning: music, languages, dancing, new skills, reading, travel or study.

Recover

Make real time to switch off. Stress affects sleep, metabolism and recovery.

Protect

Look after hearing, eyesight and your head. Use hearing and vision support.

Measure

Know your blood pressure, blood sugar, cholesterol and other relevant markers.

Investigate

If something changes and stays changed, don't dismiss it as ageing.

07 • FOOD FOR THE BRAIN

No food rules, just a good pattern

There's no single perfect "brain diet". Aim for a way of eating that supports heart and metabolic health and that you can keep up.

- ✓ Plenty of varied plants: vegetables, herbs, spices, berries, pulses, nuts and seeds.
- ✓ Mostly unprocessed foods, with fewer ultra-processed and sugary foods.
- ✓ Enough protein, especially as we age and muscle is harder to keep.
- ✓ Healthy fats and oily fish where appropriate.
- ✓ Fibre-rich carbohydrates that suit your blood sugar and digestion.
- ✓ Alcohol within low-risk guidelines, or less.



Personalise rather than moralise. If there is poor appetite, digestive problems, weight loss or a nutrient deficiency, that needs addressing first, not a generic food list.

SLEEP: THE OVERLOOKED VITAL SIGN

Ask yourself

- Do I usually wake feeling rested?
- Do I snore loudly, or has anyone noticed pauses in my breathing?
- Do I wake repeatedly or feel very sleepy in the day?
- Has sleep changed with menopause, pain, mood, alcohol or medication?
- Do I keep a regular sleep and wake time?
- Am I using caffeine or alcohol to get by?

Possible sleep apnoea or another sleep disorder should be properly assessed. Sleep can be a clinical issue, not just a lifestyle choice.

HEARING, VISION AND THE BRAIN

A family check-in

- Is the television getting louder?
- Is someone often asking people to repeat themselves?
- Are busy restaurants or group chats becoming hard work?
- Has night driving or reading become harder?
- Is someone avoiding activities because hearing or sight makes them tiring?

Hearing and vision loss are both recognised risk factors, and can be mistaken for memory problems. NICE recommends considering a hearing assessment for adults with diagnosed or suspected dementia or mild cognitive impairment.

THE COGMISMISSION DEEPER DIVE

Looking for what's relevant to you

The established risk factors are our foundation. Functional Medicine then asks whether other factors may be affecting how someone feels and functions. The evidence for each varies, so we treat them as avenues for personalised investigation, not proven causes of Alzheimer's.

Metabolic health

Blood sugar, insulin resistance and body composition, not just a diabetes diagnosis.

Gut and digestion

Absorption and bowel health, and their effect on nutrients and wider health.

Oral health

Gum disease matters for general health. We may look at the oral microbiome alongside dental care.

Environment

A careful exposure history. Mould or toxin testing only when the story points to it.

Nutrients

Testing to show a real need, rather than guessing with supplements.

Hormones and thyroid

Guided by symptoms, age, life stage and history.

Stress and recovery

Heart rate variability (HRV) can show recovery patterns. It is not a dementia test.

Sleep

Quality, rhythm and possible sleep disorders, not just hours in bed.

08 • CHANGES TO NOTICE

Look for persistent change, not the odd slip

Everyone forgets a name or why they walked into a room. What matters is a lasting change from someone's usual self.

- Repeating questions or forgetting recent conversations
- Overwhelmed by technology or familiar routines
- Difficulty finding words or following conversations
- Withdrawing from work, hobbies or friends
- Trouble managing medicines or cooking
- Struggling with bills, plans or multi-step tasks
- Getting lost in familiar places
- Poor judgement or unusual money decisions
- Changes in mood, motivation or personality
- Others noticing a pattern the person doesn't

It isn't always dementia. Depression, delirium, hearing or sight loss, some medicines, sleep disorders, thyroid problems, low nutrients, alcohol and illness can all affect thinking, and deserve proper assessment.

When not to wait: get urgent medical help for

- Sudden confusion, or rapid change over hours or days
- A sudden severe headache or new neurological symptoms
- Rapidly worsening thinking or behaviour
- Weakness, facial droop or slurred speech (possible stroke: call 999)
- New seizures, collapse or loss of consciousness
- Serious safety concerns: getting lost, unsafe driving, medication errors

For gradual but lasting change, see your GP for a proper assessment. CogMission can work alongside conventional assessment, but does not replace it.

09 • YOUR ANNUAL BRAIN HEALTH CHECK-IN

Once a year, ask what has changed

Sit down on your own or as a family and tick what applies.

- | | |
|---|---|
| ☐ I know my blood pressure. | ☐ My eyesight is corrected and checked. |
| ☐ I know my recent HbA1c and blood sugar markers. | ☐ I don't smoke. |
| ☐ I understand my cholesterol and heart risk. | ☐ I'm honest about how much I drink. |
| ☐ I move regularly and include strength work. | ☐ I have regular, meaningful social contact. |
| ☐ My sleep is restful most of the time. | ☐ I'm still learning or challenging my brain. |
| ☐ I've dealt with snoring or possible sleep apnoea. | ☐ I've had no lasting change in memory, language or behaviour. |
| ☐ My hearing hasn't got worse, or I've had it checked. | ☐ I know what's improving and what's drifting. |

The most useful question: what is moving in the wrong direction, and can we do something about it now?

START THE CONVERSATION

Lead with curiosity and care

Talking about memory can feel threatening, especially to a parent who fears losing independence. Try one of these.



To involve the whole family

"I've been reading about how much we can do for our brains years before any problems. It might help all of us to know our numbers and look at our family history together."

If you've noticed a change

"A few things seem to take more effort lately. Lots of things can affect memory and concentration, so I'd rather we looked into it than ignored it."

If dementia is in the family

"We can't change what happened to Mum or Dad, but we can use what we know to be more proactive about our own health."

The aim isn't to make anyone feel watched. It's to make brain health something your family can talk about before a crisis.

WORKSHEET 1

My Family Brain Health Map

Use this to spot patterns across generations, not to diagnose anyone.

Person	Memory / thinking	Heart / circulation	Metabolic	Hearing / vision	Sleep / lifestyle
Mother					
Father					
Grandparent					
Sibling					
Me					
Other					

Patterns I notice

Three things our family could work on this year

1.

2.

3.

WORKSHEET 2

My Know Your Numbers tracker

A conversation starter with your healthcare team. Not every test is needed for everyone, and targets should be personal.

Measure	Previous	Current	Direction	Notes / next step
Blood pressure				
HbA1c				
Fasting glucose				
Fasting insulin*				
Cholesterol and lipids				
ApoB*				
Lp(a)*				
hsCRP*				
Homocysteine*				
B12 / folate*				
Vitamin D*				
Other				

*Useful for some people rather than as routine screening. Results should be read in light of your history, medicines, symptoms and the lab's method.

WORKSHEET 3

My 90-day brain health plan

Don't try to overhaul your life in a weekend. Choose a few actions that are realistic and measurable.

My number to know

My movement goal

My sleep goal

My connection or learning goal

The health issue I have been putting off

The family conversation I will have

Review date

Small changes become meaningful
when they are repeated.

HOW COGMISSEION CAN HELP

To protect the brain, we need to understand the person

Our Functional Medicine approach brings together your personal and family history, symptoms, lifestyle and clinical results, with more detailed tests only where they are useful. Depending on the person, this may include:



- ✓ A detailed health, memory and family history
- ✓ Sleep, movement, alcohol, stress and social connection
- ✓ Selected functional tests for metabolic health, toxins, nutrients and more
- ✓ HRV and stress-recovery information in selected cases
- ✓ Review of metabolic, heart, inflammation and nutrient markers
- ✓ Heart and circulation risk assessment
- ✓ Oral, gut or environmental tests where relevant
- ✓ A personalised plan with priorities you can track

Not every abnormal result causes memory problems, and not everyone needs extensive testing. We test to answer a clinical question, not to generate data.

A FINAL WORD TO FAMILIES

Your brain is worth protecting long before there is a problem

We can't promise dementia can always be prevented, and we can't change our age or our genes. But we can:

protect heart and metabolic health

keep moving and keep muscle

prioritise sleep

treat hearing and sight loss

stop smoking and rethink alcohol

stay connected and curious

investigate lasting symptoms

notice change earlier

Family history can be a reason for action, not just a reason for fear.

Start with a free Clarity Call

A no-obligation 20-minute call with one of our clinicians to talk through your concerns and agree a sensible next step.

Book a free call

Call 0131 235 1238

cogmission.co.uk/contact-us

REFERENCES AND FURTHER READING

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IMPORTANT NOTE

This guide is for education and general health information. It is not a diagnostic tool and does not replace individual medical assessment. Memory and thinking problems can have many causes. Sudden neurological symptoms or sudden confusion need urgent medical attention, and lasting change in thinking should be properly investigated.

Some sections describe areas that may be explored in a Functional Medicine assessment. The evidence for these varies, and they should not be read as established causes of dementia or proven prevention treatments. Our programmes complement, and do not replace, care from your GP or specialist.