

LETTERS

Can dementia be prevented? New WHO guidelines say yes, and Malaysia must act

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FOR many families, dementia begins with a benign scene. A parent repeats the same question or complains that personal items are being stolen. A familiar route becomes confusing. Bills go unpaid, and daily chores are forgotten.

When questioned, the confusion deepens into melancholy, a quiet retreat born of not wanting to burden any family member, until the parent refuses to speak at all. The person who once held the family together begins to depend on others.

These emotional changes are often accepted as an unavoidable journey of ageing and dementia. But must this journey be accepted without question?

On July 15, 2026, the World Health Organisation released updated guidelines on reducing cognitive decline and dementia. Its central message is hopeful: up to 45% of dementia risk may be preventable or delayed by addressing factors that can be changed across a person's lifetime.

This does not mean dementia can always be prevented. Age, genetics and circumstances beyond individual control still matter. But brain health is also shaped by how we live, the healthcare we receive and the environments in which we grow older.

A global problem requiring local answers

More than 57 million people worldwide live with dementia, and nearly 10 million new cases are diagnosed each year. Alzheimer's disease accounts for an estimated 60 to 70% of cases. There is still no cure at present.





RETHINKING HOW TELCOS ENABLE ENTERPRISES

The updated WHO guidelines recommend physical activity, stopping tobacco use, reducing alcohol consumption, eating a healthy diet, remaining socially and cognitively engaged, and managing high blood pressure, optimising sugar and cholesterol levels.

Hearing aids may also form part of a risk-reduction strategy. For the first time, the guidance includes a recommendation to reduce exposure to air pollution.

A few days before the new WHO guidelines were published, *The Lancet Healthy Longevity* journal published a major study involving more than 214,000 adults across 14 countries and regions, including Malaysia.

Researchers examined modifiable dementia risk factors and found that their prevalence varied greatly from one country to another.

The core message is clear: dementia prevention cannot simply be copied and implemented from one country to another. Strategies that work in Britain or the United States may not fully reflect Malaysia's locality requirements.

For Malaysia, this reinforces the need to prioritise cardiovascular and metabolic health, including better control of high blood pressure, high cholesterol, diabetes and obesity, as part of a locally tailored dementia-prevention strategy.

Malaysia's warning signs

Malaysia is ageing quickly. According to the Department of Statistics Malaysia Q1 2026 Demographic Statistics release, people aged 65 and above make up 8% of the population.

The country is expected to become an ageing nation around 2030, when people aged 60 and above account for approximately 15% of the population.

Dementia is already affecting Malaysian families. The National Health and Morbidity Survey (NHMS) 2025 found dementia among 9.8% of Malaysians aged 60 and above, up from 8.5% in 2018. That is approximately one in 10 older Malaysians.

The same survey explains why Malaysia cannot rely on a generic prevention plan. Among older Malaysians, 73.1% had raised blood pressure, 76.2% had high cholesterol and 39.1% had diabetes. About 68% were living with at least two chronic conditions.



protecting the brain must connect closely with improving cardiovascular and metabolic health.

The prevention opportunity

Malaysia's most immediate opportunity is to improve control of high blood pressure, diabetes and high cholesterol.

Screening alone is not enough. Success should be measured by whether people understand their results, receive appropriate treatment and keep these conditions under control over time.

Prevention must also start earlier. Dementia may emerge in later life, but many of its risks build silently during the 40s and 50s.

Regular exercise, smoking cessation, healthier diets and better management of blood pressure and glucose may not look like dementia prevention, but they help protect the brain long before symptoms appear.

Hearing care should also be treated as part of brain health. Hearing aids do more than improve communication. By helping people remain socially connected and mentally engaged, they may reduce one pathway towards cognitive decline.

Brain health is also shaped by social conditions. The NHMS found poor social support among about one-third of older Malaysians. Depression, loneliness and isolation should therefore be included in prevention efforts.

Community centres, religious organisations, resident groups and local councils can help older people stay connected, active and engaged.

Clean air belongs in the same conversation. Malaysia's haze, traffic emissions and industrial pollution are usually discussed as environmental or respiratory problems. WHO's latest guidance makes the wider implication clear: reducing air pollution is also an investment in long-term brain health.

From advice to national action

Malaysia already has a Dementia Action Plan 2023–2030. The key to success is implementation and execution.

Primary care clinics should integrate dementia-risk conversations into existing programmes for hypertension, diabetes and cholesterol.

Public health campaigns should target adults in midlife, not only older people. Hearing problems, depression and social isolation should also be included in routine assessments.

need a different strategy from a rural area with limited access to screening and treatment.

National policy should therefore be guided by local data, not by a single uniform approach.

Malaysia must also strengthen early cognitive assessment and referral. Prevention and early detection are different, but both are essential. Families should not have to wait until a loved one becomes lost, unsafe or unable to manage daily life before receiving help.

Dementia affects far more than memory. It can take away independence, place heavy pressure on relationships and force family caregivers to reduce their working hours, leave their jobs or spend their savings on care.

WHO estimates that dementia costs the global economy about US\$1.3 trillion a year, with roughly half of that burden linked to unpaid care provided by families and friends.

That is why dementia prevention cannot be left to individual effort alone. People need affordable healthcare, accessible hearing care, safe places to exercise, cleaner air, stronger social support and enough time to look after their health.

The message from WHO and *The Lancet* is not that every case of dementia can be prevented. It is that a substantial share of risk can be reduced if action starts early and reflects the needs of each population.

It is no longer a question of whether the silver tsunami will reach Malaysia, but when, as the country moves rapidly towards an ageing society. The choice is whether we wait for dementia to place an even heavier burden on families, or begin protecting brain health while there is still time.

We cannot prevent everything. But we can prevent more than we once believed, and that is reason enough to act now.

DR LOW LEY HIAN

Head of Business Development

Cancer Research Malaysia

PROF DR KHOO CHING SOONG

Department of Medicine

Faculty of Medicine

Universiti Kebangsaan Malaysia

Neurology Unit



Hospital Canselor Tuanku Muhriz UKM

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