

Giving a fairer face to urban space: Progress on the long road to dementia prevention

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Giving a fairer face to urban space: progress on the long road to dementia prevention.

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The qualitative survey by Susanne Röhr and colleagues recently published in the journal (Röhr et al. 2021) on changing urban spaces to reduce dementia risk marks a step towards what they term the "co-creation" of risk-reducing urban environments (p. 1, ibid). It also marks an important conceptual shift away from the individual to the environment's role in dementia prevention.

This shift is empirically supported by the robust finding that animals and humans exposed to rich physical, mental, and social environments across the lifespan have healthier bodies and brains at all ages (van Praag, Kempermann, and Gage 2000). It also has an important ethical dimension by framing discourse around dementia prevention in terms of access to rich environments instead of an emphasis on personal motivation, which can invite moralising attitudes and public health campaigns with an onus on individuals changing their "lifestyles" (Carey et al. 2017; Brown, Maslen, and Savulescu 2019). Reductive talk about lifestyle may distract away from the fact that social determinants of health not only increase dementia risk but also appear to reduce participation in the very lifestyle interventions designed to reduce it (Coley et al. 2021). The clear wealth—brain health link may not be explained by "lifestyle" (Nakahori et al. 2018).

Any city dweller knows that urban space reflects major socio-economic inequalities.

Disparities in access to stimulating environments could be one possible pathway from low SES to dementia in urban environments. If that sounds far-fetched, a recent study

from Denmark suggested that just living in a neighbourhood exposed to high amounts of traffic noise was associated with a higher risk of all forms of dementia (Cantuaria et al. 2021). Perhaps not surprisingly, spatial variation in residential noise reflects SES, with the poorer living amongst more noise (Casey et al. 2017).

Röhr and colleagues recognise that their small sample (n=10) is not reflective of urban society—they "were not able to recruit individuals with low levels of education nor individuals with an emigrational background" (p. 16, ibid). And yet those very people are those most in need of changes to urban space. Furthermore, environmental measures are likely to be most useful for risk reduction in the long-term. Thus, as recognised by Röhr et al., the young and middle-aged need to have their voice heard (p. 16, ibid).

In conclusion, a broad and representative democratic debate across generations about urban environments is sorely needed, so that cities can be used to build not only a dementia-friendly, but also a dementia-resilient, society. The work of Röhr and colleagues is a vital step in that direction.

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