

INDEX

A4M, 192, 195, 199	brain health education program, 42
AA. See Alzheimer's Association	cure goal of, 242–43
active aging, 103, 185	Alzheimer's disease (AD)
ACTIVE trial, 116–17	amyloid plaques and neurofibrillary
activities of daily living (ADLs), 43, 48,	tangles in, 44–45
116–17	biological definition of, 20–21, 30–34,
AD. See Alzheimer's disease	36n3, 43
AD dementia, 85n1	biomarkers of, 6, 30–32, 43–44,
ADLs. See activities of daily living	66–67, 69–71, 76, 86n2, 113,
ADRDA. See Alzheimer's Disease and	132–33, 136–37, 153–55
Related Disorders Association	biomedical models of, 19, 35n1
aducanumab, 48–49, 246	BPSD symptoms and, 42–50,
affective economies, 200	58nn3-4
ageism, 79–80, 200, 206	classification of, 21–35
aging. See also anti-aging; successful aging	clinical symptoms of, 23–25, 29–32,
active, 103, 185	34
brain, 33–34	conceptual foundations of, 19–35
cancer associated with, 181–82, 185,	continuum, 30, 66–67, 85n1, 102,
188n9	110–11, 131–37, 151–56, 166n3
dementia association with, 2, 51,	cure versus prevention of, 242–49
181–82, 185	definitions of, 85n1
fear of, 200–201	as democratic versus undemocratic
functional decline with, 110–16	disease, 55–57, 58nn8–9
healthy, 121–22	as disease of second stage of life, 74,
medicalization of dementia and, 102–4	79–80
normal trajectories of, 112–16	early detection of, 29, 32, 43–44, 113,
normative standards of, 200, 206–7	131–33, 153–56
preparation for, 12	ethics of prediction of, 67–71, 78–84,
public health measures for, 33–34	86n3
responsibilization of, 193–94, 197–	etymology of, 245–46
201, 203–8	first case of, 22, 36n5
as threat to autonomy, 142–43	German debate over, 65–84, 98–99
alcohol use, 175, 215, 229	historical perspective of, 19–32,
Alzheimer, Alois, 2, 6, 21–25, 27, 36n4,	133–35
47, 133	medical shift from cure to prevention
Alzheimer's Association (AA), 26, 29	of, 66–67
biological definition of Alzheimer's	mysteriousness of, 47–50, 53, 56,
disease, 20-21, 30, 36n3	58n7

neoliberalism shaping of, 246–47	of dementia prediction, 67–71, 78–
as organic brain disease, 22–23	84, 86n3
pathological process of, 23-28, 30-	discourse analysis in, 69-70
31, 34, 183	of MCI diagnostic, 147–48
politicization of, 26–27	biographical disruption, 161–63
public health measures for, 33–34	biomarkers
research paradigm for, 132–37	AD, 6, 30–32, 43–44, 66–67, 69–71,
social representation of, 33	76, 86n2, 113, 132–33, 136–37,
stages of, 66–67, 85n1, 131–33,	153–55
166n3	ethics of AD prediction by, 69–71
subgroups of, 56–57	biomedicine
subjective experience of, 158–64	AD models of, 19, 35n1
success in prevention of, 248–49	chronic disease prevention approaches
as syndrome, 6, 14n4, 30, 43, 46,	of, 180
245–46	cures sought by, 244
trajectory of, 19, 36n2	models beyond models of, 243–44
vascularization of, 42–57, 112–13	biopolitics
window to act in, 19–21, 30–32, 43	responsibility for lifestyle, 218–19
as working title, 19, 32–35	responsibilization of aging, 198
Alzheimer's Disease and Related Disorders	biopsychosocial models, 243–44
Association (ADRDA), 26–27	body-brain connection, 3–5
amyloid hypothesis, 47–50, 132, 135–36	BPSD (behavioral and psychological
amyloid plaques	symptoms of dementia), 42–50,
as AD biomarker, 30–31, 154–55	58nn3–4
in senile dementia, 44–45	brain aging, AD as, 33–34
uncertainty about, 47–50	brain-as-body, 4–5
anti-aging	brain-centeredness, 3–4
dementia as worst-case scenario in,	brain disease. <i>See</i> organic brain disease
207	brain health
goals of, 195	AA education program on, 42
individual responsibility in, 192–94,	market serving, 156–58, 166n4
197–201, 203–8	as moral imperative of dementia
origin of, 194–95, 209n1	prevention, 78–79
paradigm of prevention and, 194–97	through public health, 249
anti-amyloid therapies, 136, 155, 214, 246	brain training. <i>See</i> cognitive training Brazil
APOE gene, 46, 68	dementia epidemiology in, 51, 58n5
apolipoprotein E, 46	ethnography data on moral citizenship
Archives of Neurology, Katzman editorial in,	in, 50–55
26–28, 36n8	modifiable risk factors in, 51–55
asymptomatic at-risk state for AD, 85n1	pharmaceuticals sales representatives
atherosclerosis, 44–45, 56	in, 48
autonomy, 81, 142–43, 146	
•	calorie restriction, 118
behavioral and psychological symptoms of	campaigns of dementia prevention
dementia. See BPSD	collective dimension of, 97–101,
behavior modification, government	105–6
influence on, 230–31	critical assessment of, 102–6
beta-amyloid. See amyloid plaques	Eisai, 20
bioethics	improbability of, 93–98, 107n6

in Switzerland, 92, 96, 100, 106n1	cognitive training, 1, 78–79, 116–17,
Canada. See Health Field Concept	156–58, 166n4
cancer, 175, 178	cognito-politics, 156-57
lifestyle frame and, 181–85,	collective responsibility
187–88nn6–9	environmental issues as, 107n4
Nixon's war on, 26	in healthy lifestyle promotion, 97-
capitalism, 244–48	101, 105–6
capitalization, of MCI, 155	commercialization, of cure, 245-46
cardiovascular disease, 46, 175, 178, 180	Commission on Chronic Illness, 176–86
cardiovascular logic, 46, 56, 112–13,	communication theory, 93, 96–97, 107n6
183-84. See also vascularization of	community participation, 93
Alzheimer's disease	consumerism, MCI category as function of,
cardiovascular risk factors, 40–41, 57n1,	138–46
58n2	continuum, of AD, 30, 66-67, 85n1, 102,
in discourse on dementia prevention,	110-11, 131-37, 151-56, 166n3
72–75, 77–78	Covid-19 pandemic, 243
in vascularization of AD, 45–47,	critical gerontology
50-56, 112-13	responsibilization of aging discussion
care	in, 193, 197–201, 203–8
cure separation from, 243	successful aging and anti-aging in,
shift to prevention from, 66–67	194–96
cerebral atherosclerosis, 44–45, 56	cultures of action, 188n8
chain of translations, 101, 106	cure
cholinesterase inhibitors, 46, 155	care separation from, 243
chronic illness	challenges to, 244–45
concept of prevention and, 176–78	language of, 245–46
lifestyle frame for prevention of,	politics of, 246–48
175–86	prevention versus, 242–49
modifiable risk factors in, 175–76,	shift to prevention from, 66–67
182, 187n6	
prevention at different points of,	DAlzG. See Deutsche Alzheimer Gesellschaft
179–81	danger, risk versus, 94–95
self-management programs, 180,	deafness. See hearing loss
187n5	dementia. See also specific topics
classification	aging association with, 2, 51, 181–82,
of AD, 21–35	185
of prevention, 81–82, 179–81, 183	as disruption of cognitive functions,
classificatory drift, of MCI, 131-48	110–12
clinical symptoms, of AD, 23–25, 29–32, 34	etymology of, 245-46
cognitive function. See also functional	fear of, 157–58
decline	lifestyle frame and, 181–86
dementia as disruption of, 110–12	medicalization of, 102–4
cognitive health. See brain health	normalization of, 115–16, 119–22
cognitive impairment. See also mild	normal states versus, 102-4, 110-15
cognitive impairment	prevalence of, 214, 216
subjective experience of, 158–64	WHO action plan for, 214–17
cognitive inactivity, 215	as worst-case scenario of anti-aging
cognitive paradigm, BPSD challenge of,	movement, 207
42–43	"Dementia Can Affect Everyone" campaign,
cognitive reserve, 51–53, 58n6, 116–17	92–93

dementia puzzle, 6	of governmentality, 225
democratic disease, AD as, 55-57,	of MCI diagnostic, 147–48
58nn8-9	of moral economy of prevention,
depression, 1, 47, 51, 57n1, 215	197–201, 207–8
determinants of health, 180, 216	prevention, 8–9
Deters, Auguste, 22, 47	public health, 8–9, 68, 80–84
Deutsche Alzheimer Gesellschaft (DAlzG), 77–78	of responsibility claims, 193–94, 201–8
diabetes, 1, 6, 41, 51–56, 57n1, 175, 215	etymology, of prevention versus cure,
Diagnostic and Statistical Manual of Mental Disorders (DSM-5), 29–30, 153	242–49 exercise. <i>See</i> physical activity
diagnostic "it," 160-61	
diet, 1, 57n1, 117–18, 175, 180, 215	fasting, 118
disclosure, of predictive information, 67	First Nations populations, dementia among
discourse of dementia prevention, 65–66	216
media, 70–73, 75–77, 79, 82–84	frailty, mind, 110–11
patient advocacy groups, 77–79, 84	healthy aging model and, 121–22
popular scientific, 70–73, 75–77, 79,	as modifiable risk factor, 113–16
82–84	normal trajectories of, 112–16
professional, 69–74, 76–77, 79,	prevention of, 116–21
82–84	France, hygiene movement in, 98
discrimination, in ethics of dementia	functional decline
prediction, 71, 79–80	age-related, 110–16
DSM-5. See Diagnostic and Statistical Manual of Mental Disorders	lifestyle-based preventive measures for 116–21
	normal trajectories of, 112–16
early-onset dementia, late-onset dementia	subjective experience of, 158–64
versus, 5	futurity, 156–57
ecology, in prevention, 243–44	
ecopsychosocial models, 244	genetics, 5, 180
education	genetic testing, ethics of, 67–71, 86n3 geriatrics, 110
as dementia risk factor, 1, 8, 47, 51–	
56, 57n1, 58n2, 58n6, 215 in German AD debate, 76–77	healthy aging model in, 121–22 normal trajectories of functional
EMERGE and ENGAGE studies, 48–50	decline, 112–16
environmental factors, 4–5	prevention of functional decline,
in chronic disease prevention, 187n6	116–21
as collective responsibility, 107n4	Germany
in Health Field Concept, 232–33	AD debate in, 65–84, 98–99
in healthy aging model, 121–22	genetic testing law in, 69
epidemiological studies, in Brazil, 51, 58n5	prescription cost responsibility in, 100
epistemic changes in dementia prevention,	geroprotectors, 111, 118–20
40-41	governmentality, 93
frailty considerations, 111–15	Health Field Concept, 220, 224–26,
normalization of dementia, 115–16,	234–36
119–22	prevention, 217-20, 224-26, 230,
vascularization of AD, 42-57, 112-13	236
ethics	ground-state prevention, 112, 120-21
of dementia prediction, 67–71, 78–	
84, 86n3	HD. See Huntington's disease

hoolth	human hislage in Health Field Consent 224
health	human biology, in Health Field Concept, 234
definition of normal in, 102–4,	Huntington's disease (HD), 86n3, 160
110–12	hypertension, 1, 6, 51–56, 57n1, 74, 77,
determinants of, 180, 216	215
individual responsibility for, 192–94,	hypochondria, 105
197–201, 203–8	ideal agination in many analylimation of
value of, 97–98	ideologization, in responsibilization of
health care access, 51–55	aging, 199–200, 205–7
health-care organization, in Health Field	ilSIRENTE trial, 117
Concept, 232–33	incentive programs, 83, 86n10
Health Field Concept	indicated recommendations, 82
elements of, 217, 219, 228–34	Indigenous peoples, dementia among, 216
environmental factors in, 232–33	individualization, in responsibilization of
genealogical analysis of, 236	aging, 198, 203–4, 207
in global public health policies, 219,	individual responsibility
222–24, 236	expansion of, 93–106
governmentality and, 220, 224–26,	in German debate on dementia
234–36	prevention, 75–78, 80, 82–84
health-care organization in, 232–33	for lifestyle, 215–19, 225, 228–29,
historical narrative on prevention and,	234–36
226–28	in neoliberalism, 93–94, 98–106,
human biology in, 234	224–26, 228–29, 246–48
introduction of, 221–24	for successful aging, 192–94, 197–
lifestyle in, 217, 219, 228–31,	201, 203–8
234–36	inequality, 104
as mode of governing, 234–35	instrumentalization, in responsibilization of
health insurance, healthy lifestyle	aging, 199, 205–7
promotion by, 216	International Psychogeriatric Association
healthism, 206	(IPA), 43, 58n4
health market	intrinsic capacity, 120–22
for cognitive fitness, 156–58, 166n4	IPA. See International Psychogeriatric
cure commercialization in, 245–46	Association
MCI as diagnostic category serving,	
138–46	Katzman, Robert, 26–28, 36n8
health promotion. See also campaigns of	Kraepelin, Emil, 21–25, 36n4, 36n7
dementia prevention	
health marketing for, 230–31	Lalonde report, 236. See also Health Field
Lalonde report role in, 217, 220	Concept
lifestyle focus in, 175, 180	creation and international significance
Health Promotion Directorate (HPD),	of, 221–24
Canada, 231	lifestyle change rationale in, 228–31
healthy aging, 121–22	paradigm shift of, 217–21, 225–28
Healthy Habits for a Healthier You (AA), 42	Lancet report
healthy lifestyle. See lifestyle	new dementia in, $1-9$, 175
hearing loss, 1, 57n1, 78	risk factors named in, $1-7$, $40-41$,
heart disease. See cardiovascular disease	57n1
holistic approach, in German debate on	late-onset degenerative disease, ethics of
dementia prevention, 72–74, 83	genetic testing for, 68–71
hope, lifestyle as source of, 184–85, 188n8	late-onset dementia, early-onset dementia
HPD. See Health Promotion Directorate	versus, 5

life experience, 115–16, 122n1	memory complaints, MCI diagnosis,
lifestyle	131–46
cancer and, 181-85, 187-88nn6-9	metaphor, 158–64
collective dimension of, 97–101,	metformin, 119–20
105–6	mild cognitive impairment (MCI)
critical assessment of promotion of,	in AD continuum, 66–67, 131–37,
102–6	151–56
dementia and, 181–86	capitalization of, 155
as frame for chronic disease	classificatory drift of, 131–48
prevention, 175–86	clinical criteria for, 152–53
genealogical analysis of role of, 216–	clinical relevance of, 29
17, 226–28	definition of, 152, 166n3
in Health Field Concept, 217, 219,	diagnostic category of, 131–46
228–31, 234–36	diagnostic uncertainty of, 147–48
health insurance promotion of, 216	epistemic changes linked to dementia
improbability of, 93–98, 107n6	prevention and, 42–50, 113
individual responsibility for, 215–19,	ethics of AD prediction by, 70–71
225, 228–29, 234–36	expert reflections on, 152–56
as major determinant of health, 180	frailty effects in, 114
market targeting, 156–58, 166n4	individualization in diagnosis of,
moderation of, 104–5	143–46
as public health central focus, 175–	market role in diagnostic category of,
76, 180, 184–86, 187n1, 187n4	138–46
as source of hope, 184–85, 188n8	market serving, 156–58, 166n4
lifestyle recommendations. See also risk	postdiagnosis support for, 156, 159–
factors	60, 165
for functional decline prevention,	preventive uncertainty of, 151–65
116–21	psychosocial consequences of, 137
in German AD debate, 65–66, 73–80,	subjective experience of, 158–64
82-83	subjective memory complaints
public health measures versus, 98-	necessitating category of, 132–33,
101, 105–6	137–46
researcher resistance to, 45	2001 versus 2018 guidelines on
situatedness of, 41–42	category of, 131–33
as source of hope, 184–85, 188n8	mixed dementia, 45–47
in WHO action plan for dementia	modifiable risk factors. See risk factors
prevention, 214–17, 219, 236	monofactorial strategies in dementia prevention, 75–77, 82
MacArthur Foundation, 199	moral citizenship, vascularization of AD
market. See health market	and, 50–55
marketization	moral economy, of prevention, 197–201,
MCI category as function of, 138–46	207–8
of social responsibilities, 102–4	moral imperatives, of dementia prevention
MCI. See mild cognitive impairment	78–80
McKhann criteria, 134	multimodal strategies in dementia
media discourse, on dementia prevention,	prevention, 72–74, 79, 83
70–73, 75–77, 79, 82–84	£
medicalization, 102–4	NA. See National Institute of Aging
memantine (Namenda), 47, 155	Namenda. See memantine

NAPA. See National Alzheimer's Project Act	NIA-AA. See National Institutes of Aging
narrative	and Alzheimer's Association
Health Field Concept changes to,	Nixon, Richard, 26
226–28	normal
in subjective experience of cognitive	aging trajectories, 112–16
impairment, 158–64	pathological versus, 102-4, 110-12,
narrative collision, 163–65	178
National Alzheimer's Project Act (NAPA),	normalization, of dementia, 115-16,
42	119–22
National Cancer Act, 26	nutrition, 47, 117–18
National Dementia Strategy, Switzerland,	
92, 96, 100, 106n1	obesity, 1, 41, 73, 215
National Institute of Aging (NIA), 29, 30,	organic brain disease, 22–23
44, 133–34	Ottawa Charter on Health Promotion, 223
National Institutes of Aging and	overexpansion, in responsibilization of
Alzheimer's Association (NIA-AA),	aging, 198–99, 204, 207
20–21, 30, 36n3, 153	
Nehls, Michael, 65–66	Pasteur, Louis, 98
neoliberalism, 246–49	pathological process
health-care organization in, 232–33	of AD, 23–28, 30–31, 34, 183
individual responsibility in, 93–94,	normal versus, 102–4, 110–12, 178
98–106, 224–26, 228–29,	patient advocacy, 67, 77–79, 84, 188n8
246–48	patient autonomy, 81, 142–43, 146
lifestyle frame as product of, 181	patienthood, in new dementia, 67
public health management approaches	personal identity, disruption of, 110, 161–63
of, 217–21, 224–26, 236	personalization, of MCI diagnosis, 143–46
social democracy versus, 248	personal responsibility. See individual
socioeconomic factors neglected in,	responsibility
216	pharmacological interventions
successful aging as paradigm of, 103	AD research paradigm and, 134–36
neurodegeneration, 30–31	failure of, 48–50, 136, 214, 246
neurofibrillary tangles, 44–45	in German AD debate, 74–75
neuroplasticity, 5	for MCI, 155
brain health market and, 157	new targets of, 43, 48
new dementia similarities to, 56	situatedness of, 41–42
Newcastle study, 44	physical activity
new dementia	for functional decline prevention, 117
as disease of second stage of life, 74,	in German AD debate, 73–78, 82–83
79–80	as modifiable risk factor, 1, 57n1, 73,
ethics of, 67–68, 79–80, 84	175, 215
Lancet report framing of, 1–9, 175	plasticity. See neuroplasticity
patienthood status related to, 67	politicization, of AD, 26–27
reflections on, 1–12, 14nn2–3	politico-epistemic scaffold, MCI category as,
situatedness of, 8–9, 40–41	132–33
subgroups of, 56–57	politics. See also neoliberalism
terminology of, 85n1	of anti-aging medicine, 199–200
vascularization of AD aspect of, 42–	of cure, 246–48
57, 112–13	of dementia prevention, 156–57,
NIA. See National Institute of Aging	184–85. 188n8. 244–49

as preventative measure for dementia,	language of, 242–49
248	lifestyle as frame for, 175–86
of responsibility for lifestyle, 218–19 pollution, 1, 7, 57n1	medicalization of dementia and, 102–4
popular scientific discourse, on dementia prevention, 70–73, 75–77, 79, 82–84	medical shifts from prediction to, 66–67
poverty, 47, 53–55, 104	moral economy of, 197–201, 207–8
power, in Health Field Concept, 228–31	moral imperatives of, 78–80
preclinical AD, 85n1, 153–56	new pathways for, 47–50
predementia, 85n1, 166n3. See also mild	obsession with, 104–5
cognitive impairment	politics of, 156–57, 184–85, 188n8,
prediction	244–49
ethics of, 67–71, 78–84, 86n3	primary, 6, 32, 68, 81–82, 179–80,
medical shifts to prevention from,	183
66–67	secondary, 6, 68, 81–82, 179, 183
PreDiva study, 40–41	situatedness of, 8–9, 40–42
presymptomatic AD, 85n1	successful aging and anti-aging as
prevention. See also epistemic changes in	symptoms of paradigm of, 194–97
dementia prevention; risk factors	success of, 248–49
AD research paradigm and, 132–37	tertiary, 7, 81–82, 179–80, 183,
classification of, 81–82, 179–81, 183	187n5
collective dimension of, 97–101,	unknowns in, 95–97
105-6	WHO action plan for, 214–17, 219–
concept of, 176–78	20, 226, 235–36
critical assessment of, 102–6	window to act in, 19–21, 30–32, 43
cure versus, 242–49	preventive horizon, 104
cybernetic and systematic approach	preventive self, 98–101, 104, 106
to, 66	primary prevention, 6, 32, 68, 81–82,
discourse analysis of, 65–66, 69–79,	179–80
82–84	privatization
ecology in, 243–44	of health-related responsibility, 92–
economic benefits of, 196–97,	101, 105–6
199–200	of risk management, 218–19
ethical issues in, 67–71, 78–84, 86n3	privatized health-care systems, moral
ethics frameworks for, 8–9	economy of prevention in, 208
of functional decline, 116–21	prodromal AD, 85n1
geriatric logic in clinical discourse about, 110–22	professional discourse, on dementia prevention, 69–74, 76–77, 79, 82–84
governmentality of, 217–20, 224–26, 230, 236	prospective responsibility, 192–93, 201–2 205
ground-state, 112, 120-21	psychological symptoms of dementia. See
Health Field Concept changes to	BPSD
narrative of, 226–28	public health
as heart-brain prevention, 72–74	brain health through, 249
history of, 42	chronic illness prevention, 176-86
improbability of, 93–98, 107n6	Covid-19 pandemic and, 243
individual responsibility for, 192-94,	environment enhancement measures
197–201, 203–8	for old people, 33-34
Lancet report on modifiable risk factors	in German debate on dementia
for, 1–7, 40–41, 57n1	prevention, 80–84, 98–99

Health Field Concept in, 217–36	in Brazil, 51–55
individual responsibility versus	in chronic illness, 175–76, 182,
responsibility of, 93–94, 98–106	187n6
Lalonde report influence on global,	common dementia, 51
217	frailty as, 113–16
lifestyle as core focus of, 175–76, 180,	in German AD debate, 65–66, 72–78
184–86, 187n1, 187n4	history of, 42
lifestyle responsibility in, 215–19,	individual responsibility for, 215–19,
225, 228–29, 234–36	225, 228–29, 234–36
neoliberalism in, 217–21, 224–26,	intrinsic capacity as, 121–22
236	Lancet report on, 1–7, 40–41, 57n1
prevention as governmentality in, 236	"new," 3, 8, 47, 51–55
vascular dementia prevention	overextension of responsibility for, 204
recommendations, 45	in WHO action plan for dementia
WHO action plan for dementia	prevention, 214-17, 219, 236
prevention, 214–17	risk management, privatization of, 218-19
public health-care systems, moral economy	risk reduction, 6–7
of prevention in, 208	Roses, Allen, 46
public health ethics, 8-9, 68, 80-84	
	SCD. See subjective cognitive decline
quality of life, 48	screening programs, 179–80
	secondary prevention, 6, 68, 81–82, 179,
rapamycin, 119	183
resilience, 121–22	second stage of life, AD as disease of, 74,
diet, 117–18	79–80
geroprotectors boosting, 119	selective optimization with compensation
responsibility. See also social responsibilities;	(SOC), 195
individual responsibility	selective recommendations, 82
collective, 97–101, 105–6, 107n4	self-care, in Brazil, 51–55
concept of, 201–2	self-efficacy, 84
ethics of claims of, 193–94, 201–8	self-management programs, chronic illness,
for lifestyle, 215–19, 225, 228–29,	180, 187n5
234–36	self-stigmatization, 71
privatization of health-related, 92–	senile dementia, 44–45
101, 105–6	as chronic illness, 181–83
prospective and retrospective, 192–93,	Katzman conceptualization of, 26–27
201–2, 205	Kraepelin and Alzheimer research on
for self-care, 51–55	AD compared with, 21–24, 36n4
responsibilization of aging, 193–94, 197–	senility, 178
201, 203–8	senolytics, 119
retrospective responsibility, 192–93,	situatedness
201–2, 205	of dementia prevention, 8–9, 40–42
risk	of discourse, 70
danger versus, 94–95 patients living with uncertainty of,	sleep, 1, 57n1
158–65	smoking, 1, 57n1, 73, 95, 175, 178, 182,
	215, 229 SOC See selective entimization with
risk factors, 92–93, 107n2, 178. See also specific risk factors	SOC. See selective optimization with compensation
amyloid hypothesis uncertainty and,	social democracy, as preventative measure
49–50	for dementia, 248
1) 30	ioi dellicitua, 2 To

social determinants of health, 216 social isolation, 1, 57n1, 215 social phenomena, emergence of, 98 social responsibilities	resilience and, 122 susceptibility genetic testing, 68–69 Switzerland, dementia campaigns and strategies in, 92, 96, 100, 106n1
expansion of, 100–101, 105–6 in German debate on dementia	Tacrine, 46–47
prevention, 80–84, 98–99	tau protein, 30–31, 48–49, 154–55
marketization of, 102–4	techno-economic promise, of AD research,
society	134–36
active, 103	technologies of self, 225, 228–31
dementia prevention establishment in,	tertiary prevention, 7, 81–82, 179–80,
97–101, 105–6	183, 187n5
socioeconomic factors, 216	tobacco use. See smoking
sociology of aging	translation, of health education
responsibilization of aging discussion in, 193, 197–201, 203–8	information, 101, 106
successful aging and anti-aging in,	undemocratic disease, AD as, 55–57,
194–96	58nn8-9
statins, 75	Unified Theory of Alzheimer's disease
stigmatization	(UTAD), 65–66
in ethics of dementia prediction, 71,	United States
79–80, 82, 84	chronic illness prevention in, 176–86
of MCI diagnosis, 137	dementia rate decline in, 41
in responsibilization of aging, 200–	Lalonde report influence in, 223
201, 205, 207	universal recommendations, 81–82
stroke, 45–46, 53, 161	UTAD. See Unified Theory of Alzheimer's
Study on Successful Aging (MacArthur Foundation), 199	disease
subjectivation, in Health Field Concept,	vascular dementia (VaD), 44–47, 53–57
228–31	vascularization of Alzheimer's disease,
subjective cognitive decline (SCD), 67,	42–57, 112–13
166n3	
subjective memory complaints, 132–33,	WHO. See World Health Organization
137–46	window to act, 19–21, 30–32, 43
successful aging, 185	World Health Organization (WHO)
definition of, 103–4	chronic illness references of, 185–86
dementia as worst-case scenario in,	dementia prevention action plan of,
207	214–17, 219–20, 226, 235–36
individual responsibility for, 192–94, 197–201, 203–8	dementia risk reduction recommendations of, 68
models of, 195	,
as neoliberalism paradigm, 103	Health Field Concept dissemination by, 222–23
paradigm of prevention and, 194–97	healthy aging model of, 121–22
paradigm of prevention and, 174-97	neutring aging model of, 121–22