LET'S WALK MORE UPDATE WALKING REDUCES YOUR RISK OF DEMENTIA

Society has always been the one disease that fears most. Firstly of course it was the plague and then in the 19th Century, came the outbreaks of Cholera, a new disease that spread with lightening speed, but as cholera came under control, tuberculosis became the number one fear and this remained until effective means of treating tuberculosis evolved. TB was then followed by cancer but attitudes to cancer are changing because the treatments are much more effective, and indeed some cancers are curable. The disease that people now fear most is dementia.

Dementia is a broad term and should probably be used in the plural. It is often used as a synonym for Alzheimer's disease but Alzheimer's is only one type of dementia accounting for probably 60% of the cases of dementia. The Lancet Commission on the Prevention, Intervention and Care for People with Dementia has done outstandingly good work since its first report in 2017, and throughout this it has become clearer and clearer that although Alzheimer's is difficult to influence, dementia risk can reduced by about a third because only about two thirds of cases of dementia are caused by Alzheimer's disease. One very important way of doing this is by increasing physical activity, and of course one very easy way of doing physical activity is walking.

One very important study was based on the UK BioBank Research Programme and its key points are listed below:

JAMA Neurology | Brief Report

Association of Daily Step Count and Intensity With Incident Dementia in 78 430 Adults Living in the UK

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Editorial page 973

Supplemental content

IMPORTANCE Step-based recommendations may be appropriate for dementia-prevention guidelines. However, the association of step count and intensity with dementia incidence is unknown.

OBJECTIVE To examine the dose-response association between daily step count and intensity and incidence of all-cause dementia among adults in the UK.

DESIGN, SETTING, AND PARTICIPANTS UK Biobank prospective population-based cohort study (February 2013 to December 2015) with 6.9 years of follow-up (data analysis conducted May 2022). A total of 78 430 of 103 684 eligible adults aged 40 to 79 years with valid wrist accelerometer data were included. Registry-based dementia was ascertained through October 2021.

EXPOSURES Accelerometer-derived daily step count, incidental steps (less than 40 steps per minute), purposeful steps (40 steps per minute or more), and peak 30-minute cadence (ie, mean steps per minute recorded for the 30 highest, not necessarily consecutive, minutes in a day).

MAIN OUTCOMES AND MEASURES Incident dementia (fatal and nonfatal), obtained through linkage with inpatient hospitalization or primary care records or recorded as the underlying or contributory cause of death in death registers. Spline Cox regressions were used to assess dose-response associations.

CONCLUSIONS AND RELEVANCE In this cohort study, a higher number of steps was associated with lower risk of all-cause dementia. The findings suggest that a dose of just under 10 000 steps per day may be optimally associated with a lower risk of dementia. Steps performed at higher intensity resulted in stronger associations.

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There has always been interest in some threshold – 10,000, 7,000 or 4,000 for which one should aim but the answer, as one famous report stated, is that “every step counts.” But it does seem reasonable to aim for at least 7,000 a day preferably as many of them as possible being taken briskly.
Alzheimer’s disease has also been the focus of large amounts of research mostly on the possibility of a drug which could prevent or slow the development of the pathological changes in the nervous system that are characteristic of Alzheimer’s.
Another important paper has, however, shown the potential impact of walking on Alzheimer’s disease and the key point from this paper is listed below:

nature medicine

Article

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Physical activity as a modifiable risk factor in preclinical Alzheimer’s disease

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Check for updates

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Physical inactivity is a recognized modifiable risk factor for Alzheimer’s disease (AD), yet its relationship with progression of AD pathology in huma remains unclear, limiting the effective translation into prevention trials. Using pedometer-measured step counts in cognitively unimpaired older adults, we demonstrated an association between higher physical activity and slower cognitive and functional decline in individuals with elevated baseline amyloid. Importantly, this beneficial association was not related t lower amyloid burden at baseline or longitudinally. Instead, higher physica activity was associated with slower amyloid-related inferior temporal tau accumulation, which significantly mediated the association with slower cognitive decline. Dose–response analyses further revealed a curvilinear relationship, where the associations with slower tau accumulation and cognitive decline reached a plateau at a moderate level of physical activity (5,001–7,500 steps per day), potentially offering a more approachable goa for older sedentary individuals. Collectively, our findings support targetin physical inactivity as an intervention to modify the trajectory of preclinica AD in future prevention trials, and further suggest that preferentially enrolling sedentary individuals with elevated amyloid may maximize the likelihood of demonstrating a protective effect of physical activity on tau accumulation and cognitive and functional decline in early AD.

Thus, walking is clearly an effective means of reducing the risk of dementia, and very importantly, this means that it will also slow the progress of the condition if it does develop.

This will be a very important motivator to encourage people to Walk More!

Muir Gray