

4th September 2020

Brain Health Survey 2020

**Ipsos MORI on behalf of Brain Health
Scotland**

Catriona Millar
Lorraine Murray

Ipsos MORI



Contents

Introduction and methods	4
Introduction	4
Methods	4
Notes	4
Key findings	5
How much people think about their future brain health	6
Perceptions of ability to influence brain health	7
How many people are taking actions to protect their brain health?	8
Awareness of measures to help maintain brain health	9
Awareness of when changes due to Alzheimer’s begin	13
Self-rated brain health	14
Appendix	15
Brain Health Survey questionnaire	15
Ipsos MORI’s standards and accreditations	18

Introduction and methods

Introduction

In August 2020, Brain Health Scotland commissioned Ipsos MORI Scotland to undertake a representative survey of Scottish adults, aged 20-49, to provide a baseline measure of awareness and understandings of actions that people can take, well before late middle age, to protect their brain health and help prevent some forms of dementia. The survey took place before the launch of a campaign by Brain Health Scotland which aims to raise awareness and encourage positive choices in relation to brain health.

Methods

The survey was run online using Ipsos's panel. Fieldwork was conducted 19-29 August 2020. The survey was completed by 1,000 respondents who were screened to confirm that they were resident in Scotland and aged between 20 and 49. To ensure a representative sample, quotas were set on gender and working status and post-survey weighting on age, gender and working status was applied.

The questionnaire is shown in the Appendix.

Notes

Any differences between sub-groups referred to in this report are statistically significant at the 95% confidence level.

Where responses do not sum to 100%, this may be due to rounding, missing or 'don't know' responses.

Key findings

The survey shows that over half of Scottish adults aged 20-49 have either not taken any steps with their own lifestyle specifically to protect their brain health in future (43% say they have not done so) or do not know if they have (15%). Those in their 40s were more likely than those in their 20s or 30s to say they have not taken any steps.

More promisingly, however, most people (70%) say they think about their future brain health at least sometimes and most (78%) think that people in their 20s, 30s and 40s can do at least 'a fair amount' to influence their brain health in the future. These findings may indicate a potential willingness and openness to learning how they could better help protect their own brain health.

The survey found that thinking about brain health and believing people can have an influence on their future brain health are both correlated with taking lifestyle steps to protect it – which highlights the need to raise awareness (amongst those not yet aware) of the fact that people can have an influence.

Over three quarters (78%) of respondents were able to come up with at least one thing that they thought would help to maintain brain health, although 23% could not think of anything. The top unprompted responses referenced keeping mentally active (40%) (largely based on brain training and doing puzzles/games); eating a healthy diet (36%), keeping physically active (26%) and reducing substance use (25%) (drinking less alcohol was most commonly mentioned).

When asked about some specific steps that can be taken to protect brain health, people were least aware of:

- using hearing aids to correct hearing loss (67% did not know this was important for brain health)
- socialising regularly (44% did not know this was important)
- breathing clean air and avoiding pollution (30% did not know this was important)
- keeping blood pressure under control (27% did not know this was important).

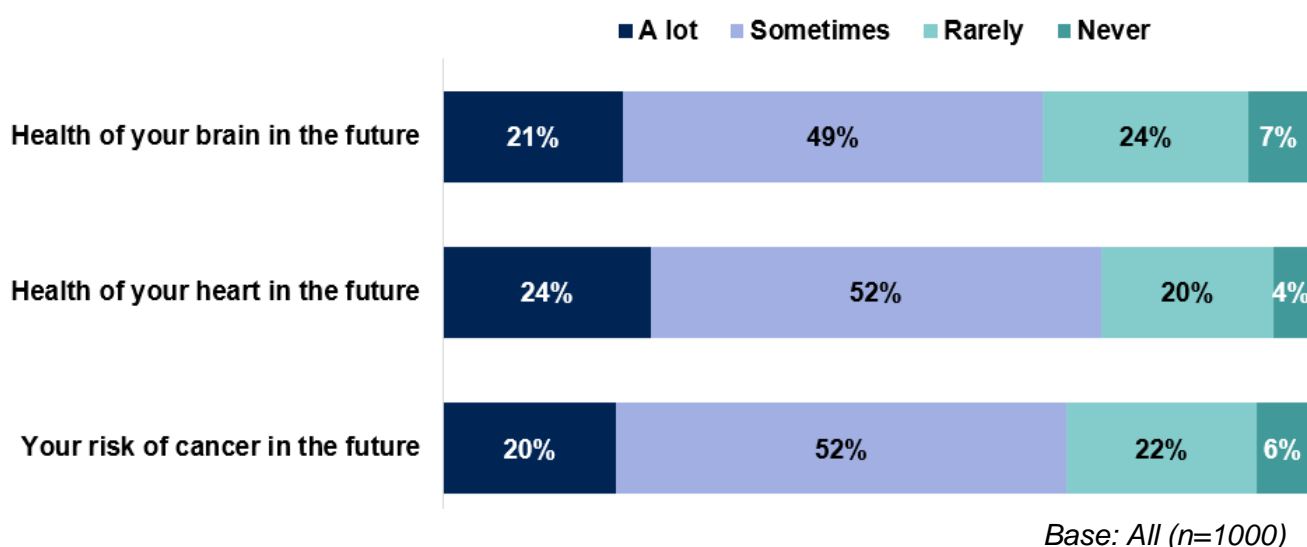
However, most of those who were not aware of these measures indicated that they found them 'unsurprising' – which suggests that that they may be receptive to messages on these issues rather than sceptical about them.

How much people think about their future brain health

Respondents were asked how much they thought about the health of their brain in the future, the health of their heart in the future, and their risk of cancer in the future (the order in which the three questions were asked was randomised across the sample).

A fifth (21%) of respondents said they thought about the health of their brain in future 'a lot'; half (49%) said they thought about it 'sometimes'; a quarter (24%) said 'rarely'; and only 7% said they never thought about this. The distribution was similar when people reported how much they thought about their risk of cancer and the health of their heart in future. However, it was slightly more common for participants to report thinking about the health of their heart at least sometimes (76%) compared to the health of their brain (70%).

Figure 1 – Q. How much, if at all, do you think about:



Differences between subgroups

While a similar level of men and women said they thought about their brain health 'a lot', more women said they thought about it 'sometimes' (53%) compared to men (44%) and fewer women said they thought about it either rarely or never (26%) compared to men (34%).

Respondents in their 40s were less likely than younger respondents to say they thought 'a lot' about their future brain health (16% compared with 23% of those aged 20-39).

While a similar proportion of those in different social grades¹ said they thought about their future brain health at least sometimes, those in lower social grades (C2D2) were more likely to say they thought 'a lot' about their future brain health (28%) compared to those in higher social grades (ABC1) (19%).

Respondents who felt people aged 20-49 had at least a fair amount of influence over their future brain health were much more likely to say they thought about their brain health at least sometimes (76%) compared to those who thought they did not have much, if any, influence (48%).

¹ This study uses the six categories of approximated social grade, which is a socio-economic classification originally derived from the British National Readership Survey (NRS). More information on social grade can be found here: <https://www.ipsos.com/ipsos-mori/en-uk/social-grade>

While the majority of those who had taken actions to protect their brain health in the future said they thought about their future brain health at least sometimes (86%), those who had not taken protective measures were more split – with 54% saying they thought about their brain health at least sometimes and 46% saying they thought about it rarely or never.

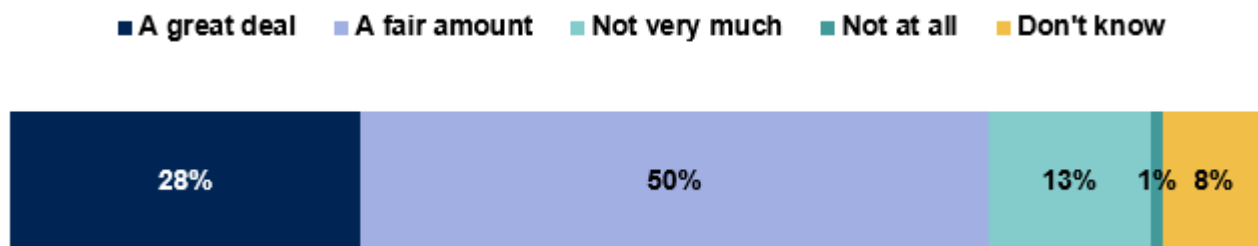
Those who thought their current brain health was good were less likely to say they thought about their brain health at least sometimes (71%) compared to those who rated it poorly (88%).

Perceptions of ability to influence brain health

Respondents were asked to what extent they thought that people in their 20s, 30s and 40s could do things to influence their brain health in the future.

Over three-quarters (78%) said they thought people aged 20-49 could do at least ‘a fair amount’ to influence their future brain health, including 28% who believed there was ‘a great deal’ people could do. However, a substantial minority (22%) said were either unsure or thought that there was not very much or nothing at all that people aged 20-49 could do to influence their future brain health.

Figure 2 – Q. To what extent do you think people in their 20s, 30s and 40s can do things that will influence their brain health in the future?



Base: All (n=1000)

Differences between subgroups

Women were slightly more likely than men to say that there was ‘not very much’ or ‘nothing at all’ that people aged 20-49 could do that would influence their brain health in the future (16% of women compared with 12% of men).

Respondents in their 40s were less likely than those in their 20s and 30s to think that aged 20-49 could do ‘a great deal’ to influence their future brain health (21% vs 31% and 32% respectively).

Those who were not working full-time were less likely than those who were working full-time to think that people aged 20-49 could do ‘a great deal’ to influence their future brain health (25% vs 30%) and were also more likely to say they didn’t know (11% vs 6%).

Those in higher social grades (ABC1) were more likely to say that people aged 20-49 could influence their future brain health at least a fair amount (80%) compared to those in lower social grades (C2D2) (73%).

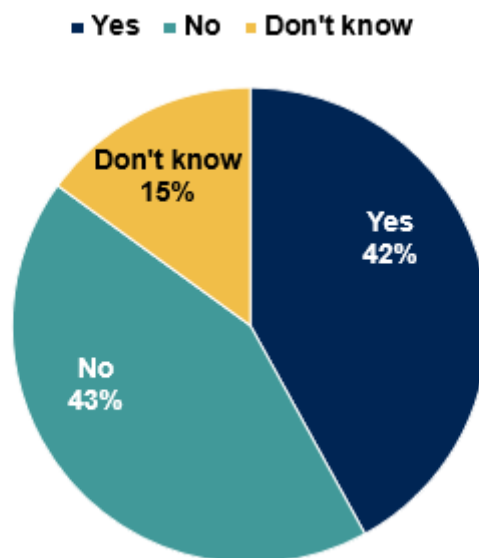
Those who thought about their brain health at least sometimes were around three times more likely to believe people aged 20-49 have a great deal of influence over their future brain health (35%) compared to those who rarely or never thought about their brain health (12%).

Respondents who rated their current brain health as poor were twice as likely than those who rated their brain health as good to think that people aged 20-49 could do not much very much/nothing at all to influence their brain health in the future (26% vs 12% respectively).

How many people are taking actions to protect their brain health?

The Scottish public were very split when it came to taking steps to protect their brain health in the future. Around two fifths said they had done this (42%), while a similar proportion said they had not done this (43%), and 15% said they didn't know.

Figure 3 – Q. Have you taken any steps with your own lifestyle, specifically to protect your brain health in the future?



Base: All (n=1000)

Differences between subgroups

Men were more likely to say they had taken steps with their lifestyle to protect their future brain health than women (46% vs 39% respectively).

Although there were no statistically significant differences by age among those who had taken protective measures, older respondents tended to be more certain that they had not taken protective measures and were less likely to say they didn't know – for example 49% of those aged 40-49 answered 'no' compared to 38% of those aged 20-29.

Those who thought at least a fair amount about their future brain health were more likely to have taken protective measures (52%) than those who did not (20%), and those who thought people aged 20-49 have at least a fair amount of influence over their future brain health were more likely to have taken protective measures (51%) than those who did not (15%).

Those who felt their current brain health was good were more likely than average to say they had taken steps with their lifestyle to protect their brain health (49% vs 42% overall).

Those who said they had taken actions to protect their future brain health already were more likely to say people aged 20-49 have at least a fair amount of influence over their future brain health (94%) compared to those who hadn't taken protective measures (64%), and were over twice as

likely to believe they have 'a great deal of influence' (41% vs 16%). A quarter (25%) of those who had not taken any protective actions felt people's ability to influence their future brain health was not very much/not at all, compared to only 5% of those who had taken protective measures.

Awareness of measures to help maintain brain health

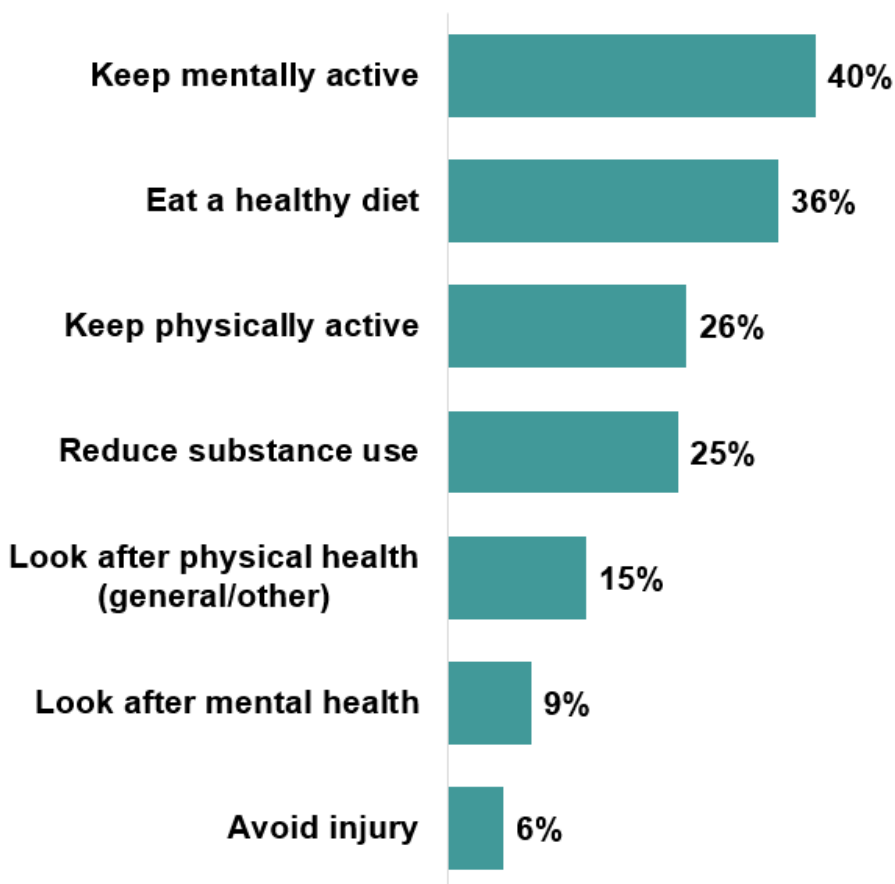
Unprompted awareness of measures to help brain health

Respondents were asked if they could name any actions they could take, to help protect their brain health in the future.

Over three quarters (78%) of respondents were able to come up with at least one thing that they thought would help to maintain brain health, although 23% could not think of anything.

The most common responses referenced keeping mentally active (40%), followed by eating a healthy diet (36%), keeping physically active (26%) and reducing substance use (25%). Broad categories of response are shown in Figure 4 with more detailed response in Table 1 below.

Figure 4 - There are several things that people can do (or avoid doing) to help protect their brain health in the future. Can you name any?



Base: All (n=1000)

Table 1 - There are several things that people can do (or avoid doing) to help protect their brain health in the future. Can you name any?

Actions respondents thought would help to protect future brain health	(%)
Keep mentally active (net)	40
Brain training/keep using your brain	21
Games/puzzles (subnet)	19
Do puzzles	12
Do crosswords	4
Brain/memory games	3
Sudoku	2
Quizzes	1
Other	3
Learn things (subnet)	14
Read	8
Learn new skills	5
Learn a language	2
Eat a healthy diet (net)	36
Take supplements	6
Drink water	3
Eat certain foods (e.g. fish/nuts/fruits/vegetables)	2
Keep physically active (net)	26
Exercise	20
Stay active during the day	5
Reduce substance use (net)	25
Limit/stop drinking alcohol	18
Don't smoke	12
Don't take drugs	9
Look after physical health (general/other) (net)	15
Get enough sleep/rest	5
Avoid head injury (subnet)	6
Avoid repeated head injury/wear a helmet	4
Avoid contact sports (e.g. rugby, boxing, wrestling)	2
Look after mental health (net)	9
Look after emotional wellbeing	5
Meditation/yoga/mindfulness	3
Keeping a positive attitude	2
Miscellaneous (net)	5
Socialise/confide in others	2

Base: All (n=1000)

Differences between subgroups

Women were more likely than men to mention eating a healthy diet (39% compared to 33% of men), brain training (24% vs 19% of men), doing games/puzzles (25% vs 13% of men) and learning new skills (6% vs 3% men).

Men were more likely than women to mention looking after your physical health (18% compared to 12% of women) and avoiding head injuries (8% vs 3% of women).

Respondents in their 40s were more likely to mention doing games/puzzles (24%) than those in their 20s (15%) and less likely to say meditation/yoga/mindfulness (1%) than those in their 30s (4%).

Those who were working full-time were more likely to say that looking after physical health was important to brain health (17%) than those who were not (10%).

Those in lower social grades were more likely to say they could think of nothing that would help to maintain brain health (30%) compared to those in higher social grades (ABC1) (20%). Those in higher social grades (ABC1) were more likely to think of keeping mentally active (42%) as being important to brain health than those in lower social grades (C2D2) (33%), as well as eating a healthy diet (38% vs 29%); keeping physically active (28% vs 20%); stopping smoking (13% vs 8%); and looking after your physical health (16% vs 10%).

Similarly, those whose highest qualification was a school/college qualification were more likely to say they could think of nothing that would be good for brain health (26%) compared to those with a university degree or equivalent (19%). Respondents with a university degree or equivalent were more likely to say eating a healthy diet was important for brain health (42%) compared to those with a school/college qualification (30%), as well as exercising (26% vs 15%); and limiting alcohol consumption (23% vs 14%).

Other groups that were more likely to say they could not think of anything that would help brain health included those that rarely or never thought about their future brain health (18% vs 33% of those who thought about at least fairly often); those who did not think those in their 20s, 30s and 40s had much influence over their future brain health (42% vs 15% of those who thought people had at least a fair amount of influence); and those who had not taken any protective measures for their brain health already (8% compared to 30% of those who had taken protective measures). Therefore, these groups were less likely to mention a great deal of things listed in Table 1.

Prompted awareness of measures to help brain health

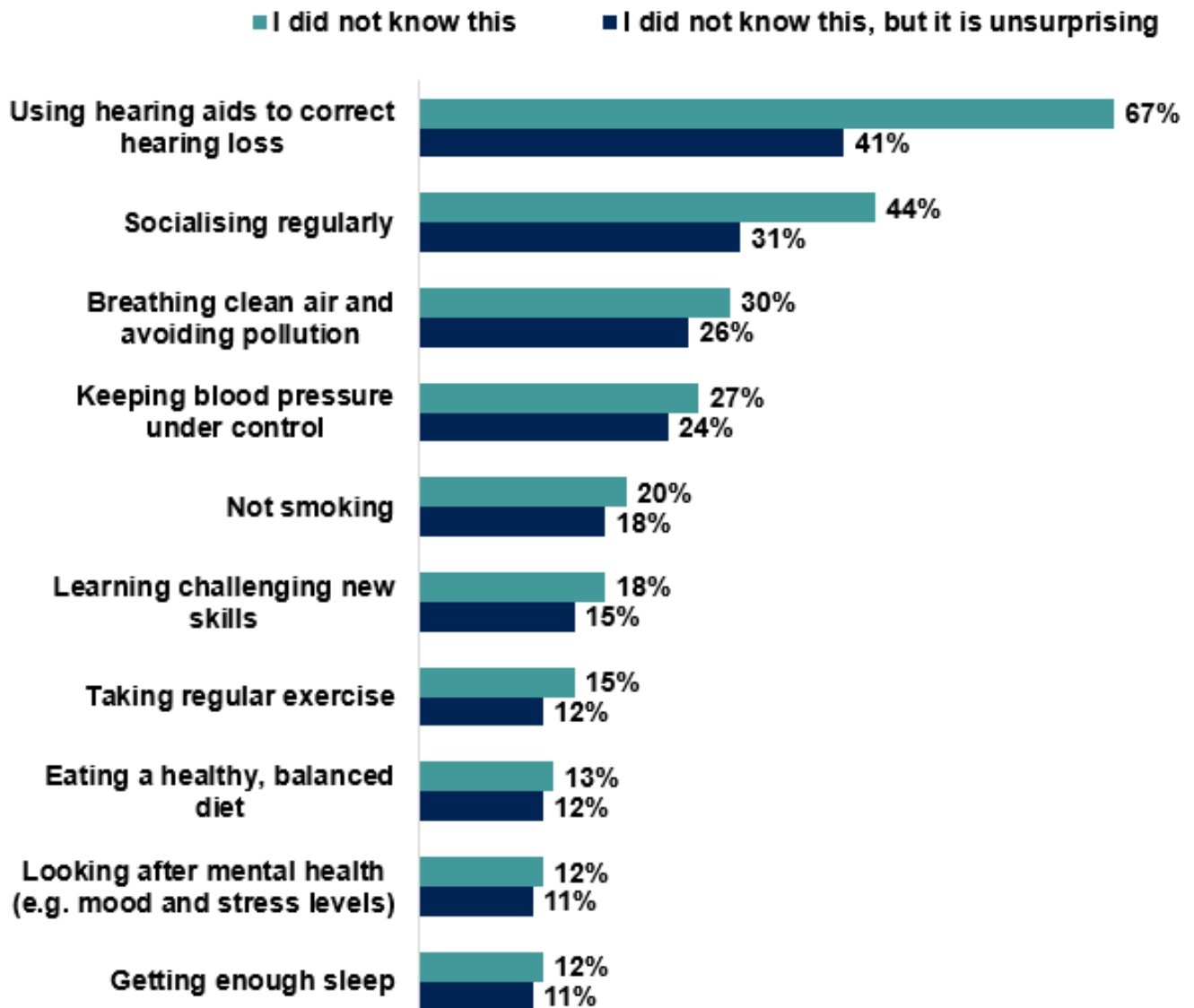
Respondents were then presented with a list of different measures people can take to maintain their brain health and asked to say how aware they were of each. Respondents were asked to choose from the following response options: 'I definitely knew this'; 'I think I knew this'; 'I did not know this but it is unsurprising'; and 'I did not know this and I find it a little surprising'. Figure 5.2 shows the combined figures for those who said 'I did not know this but it is unsurprising' and 'I did not know this and I find it a little surprising' (labelled 'I did not know this' in Figure 5.2), as well as the figures for those who said 'I did not know this but it is unsurprising'.

For nearly all measures, most respondents said that they either 'definitely knew this' or 'think I knew this' before. 'Using hearing aids to correct hearing loss' was the exception, with two-thirds saying they did not know this was important for brain health (67%), although 41% said they found this unsurprising.

Substantial minorities of respondents said they were unaware that socialising regularly (44%); breathing clean air and avoiding pollution (30%); and keeping blood pressure under control (27%) were important for brain health. However, of those who said they were unaware of these actions, most said they did not find them surprising.

The actions that respondents reported finding the most surprising were the use of hearing aids to correct hearing loss (26%) and socialising regularly (13%).

Figure 5 – Q. Here is a list of things that can help maintain brain health. For each, please say how aware you were of its importance for brain health.



Base: All (n=1000)

Differences between subgroups

Women were more likely than men to say they were unaware that breathing clean air was important for brain health (33% compared 27%), while men were more likely to say they were unaware of the importance of learning new skills (24%) and exercising (18%) compared to women (12% for both actions).

The younger the respondent, the more likely they were to say they were aware of the importance of socialising for maintaining brain health.

Those in lower social grades (C2D2) were more likely to say they were unaware that not smoking was important for brain health (26%) compared to those in higher social grades (ABC1) (18%). Those in lower social grades were also more likely than those in higher social grades to be surprised that learning new skills (6% vs 2%) and socialising (17% vs 11%) are important for maintaining brain health.

Those that rarely or never thought about their future brain health; those who did not think those in their 20s, 30s and 40s had much influence over their future brain health; and those who rated their

personal brain health as poor were, on average, more likely to say they were unaware of most of the above measures. Those who felt there was little people in their 20s, 30s and 40s could do to influence their future brain health were also the most likely group to say they were surprised that some of these measures were important for brain health.

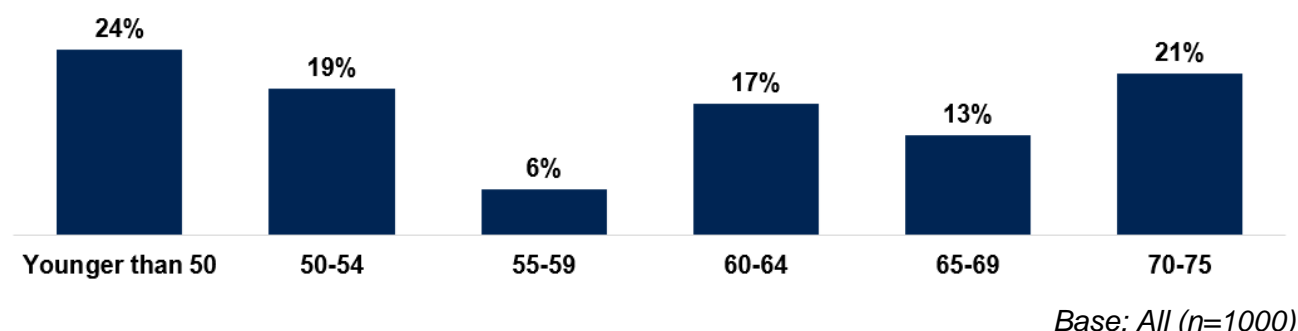
Awareness of when changes due to Alzheimer's begin

Respondents were asked what age they thought somebody's brain would first start to change if they began showing symptoms of Alzheimer's disease at the age of 75.

The mean guess was 55.1 years old and the median guess was 60.0 years old.

Almost one in three respondents guessed between 60 and 69 years old (30%); a quarter guessed between the ages of 50 and 59 (25%); a further quarter guessed younger than 50 years old (24%), and 21% guessed between the ages of 70 and 75.

Figure 6 – Q. If someone starts showing symptoms of Alzheimer's disease when they are 75, what age do you think they would have been when the first changes in the brain caused by Alzheimer's disease started?



Differences between subgroups

The guesses of those aged in their 40s were slightly more skewed towards higher ages, with a mean guess of 56.2. Those in their 40s were more likely to say changes due to Alzheimer's would have begun in the person's late sixties (17% vs 13% overall).

Those with a university degree or equivalent were more likely than average to guess a younger age, with a mean guess of 54.1 compared to those with a school or college qualification whose mean guess of 56.2 was higher than average.

Those living in more deprived areas² (SIMD 1 and 2) were more likely to guess brain changes would begin at between 70 and 75 years old (25%) than those who lived in less deprived areas (SIMD 4 and 5) (19%).

Other groups that guessed later than the mean guess of 55.1 were those who rarely or never thought about their brain health (56.5), those who felt those aged 20-49 have little influence over

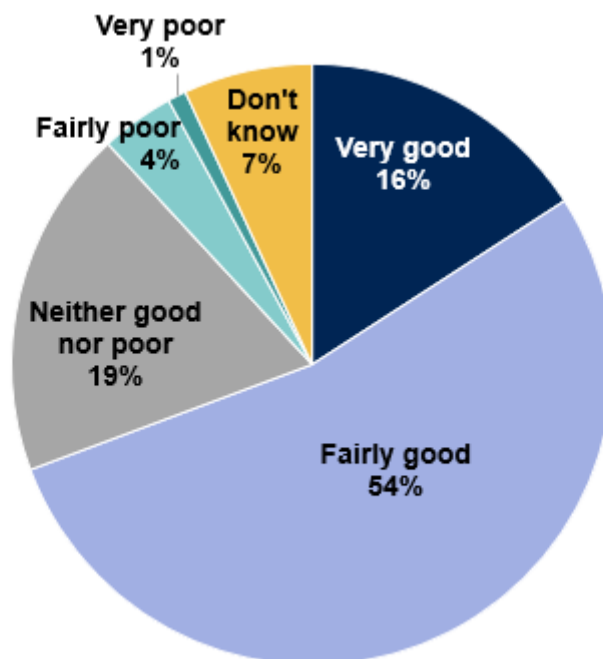
² This study uses the Scottish Index of Multiple Deprivation (SIMD) quintiles as a measure of deprivation, to find out more please visit: <https://simd.scot/#/simd2020/BTTTT/9/-4.0000/55.9000/>

their future brain health (58.8), and those who had taken no actions to protect their future brain health (56.4). These groups were more likely to think changes would have started from 70-75.

Self-rated brain health

Respondents were asked to rate their current brain health. 70% felt their current brain health was good, including 16% who rated it as 'very good'. A fifth (19%) thought their brain health was neither good nor poor, while 5% rated it as fairly poor/very poor.

Figure 7 Q How would you rate your current brain health?



Base: All (n=1000)

Differences between subgroups

Although there was no gender difference in the proportions who answered that their current brain health was at least fairly good, men were more likely than women to rate their current brain health as 'very good' (20% compared with 12%).

Those in their 20s and 30s were more likely to say their brain health was 'very good' than those in their 40s (18% of those in their 20s and 19% of those in their 30s compared with 10% of those in their 40s).

Those who were working full time were more likely to say their brain health was good (74%) compared with those who were not working full time (64%).

Those with a university degree or equivalent were half as likely to rate their brain health as fairly/very poor (3%) compared to those with a school/college qualification (6%).

Those in more deprived areas (SIMD 1 and 2) were less likely to rate their brain health as 'very good' (12%) compared to those in less deprived areas (SIMD 4 and 5) (19%).

Respondents who thought people aged 20-49 have not much, if any, influence over their future brain health were less likely to think their own brain health was good (62% vs 75% of those who thought people had at least a fair amount of influence), as were those who had not taken any protective measures for their own brain health (67% vs 81% of those who had taken measures).

Appendix

Brain Health Survey questionnaire

Q1. How much, if at all, do you think about:

ASK ALL. SINGLE CODE PER ROW. ROTATE ROWS 1-3.

ROWS

1. The health of your heart in the future
2. Your risk of cancer in the future
3. The health of your brain in the future

COLUMNS

I think about this...

1. A lot
2. Sometimes
3. Rarely
4. Never

Q2. To what extent do you think people in their 20s, 30s and 40s can do things that will influence their brain health in the future?

ASK ALL. SINGLE CODE

1. A great deal
2. A fair amount
3. Not very much
4. Not at all
5. Don't know

Q3. Have you taken any steps with your own lifestyle, specifically to protect your brain health in the future?

ASK ALL. SINGLE CODE

1. Yes
2. No
3. Don't know

Q4. There are several things that people can do (or avoid doing) to help protect their brain health in the future. Can you name any? OPEN ENDED.

Q5. Here is a list of things that can help maintain brain health. For each, please say how aware you were of its importance for brain health.

ASK ALL. SINGLE CODE PER ROW. ROTATE ROWS 1-10.

ROWS

- 1) Not smoking
- 2) Socialising regularly
- 3) Keeping blood pressure under control

- 4) Breathing clean air and avoiding pollution
- 5) Eating a healthy, balanced diet
- 6) Looking after mental health (e.g. mood and stress levels)
- 7) Using hearing aids to correct hearing loss
- 8) Learning challenging new skills
- 9) Taking regular exercise
- 10) Getting enough sleep

COLUMNS

1. I definitely knew this
2. I think I knew this
3. I did not know this, but it is unsurprising
4. I did not know this and find it a little surprising

Q6. If someone starts showing symptoms of Alzheimer's disease when they are 75, what age do you think they would have been when the first changes in the brain caused by Alzheimer's disease started?

ASK ALL. NUMERIC ANSWER 1-75

___ years old

Q7. How would you rate your current brain health?

ASK ALL. SINGLE CODE.

1. Very good
2. Fairly good
3. Neither good nor poor
4. Fairly poor
5. Very poor
6. Don't know

QD1. What is your highest qualification?

ASK ALL. SINGLE CODE.

1. No formal qualification/
2. 'O' Grade, Standard Grade, GCSE, Intermediate 1, Intermediate 2/ Vocational qualification (SVQ1-2 or equivalent)
3. Higher grade, A-levels, SVQ level 3 or equivalent/ HND, HNC, RSA Higher Diploma/ SVQ Level 4-5 or equivalent
4. First degree, higher degree or equivalent professional qualification
5. Don't know
6. Prefer not to say

INFORMATION SCREEN

The next question asks for your postcode. You do not have to answer this question if you do not want to, but it would be very helpful if you do, because we can use this data to compare different types of area and gain more useful findings from the survey. Please be assured that your postcode data will only be used for analysis of area type and will not be shared with anyone outside the survey team. It will not be used to send you anything.

QD2. IIS standard postcode question.

CLOSE

ASK ALL

That's the end of the survey. Thank you very much for taking the time to answer these questions. This survey was commissioned and funded by Brain Health Scotland (part of Alzheimer Scotland) and just to remind you, all your answers will be kept in strictest confidence, in accordance with GDPR.

For more information on brain health and dementia prevention visit the Alzheimer Scotland website <https://www.alzscot.org/> and the WHO Guidelines on risk reduction of cognitive decline and dementia <https://www.who.int/publications/i/item/risk-reduction-of-cognitive-decline-and-dementia>.

If you are concerned about your own brain health, please contact your GP.

Ipsos MORI's standards and accreditations

Ipsos MORI's standards and accreditations provide our clients with the peace of mind that they can always depend on us to deliver reliable, sustainable findings. Our focus on quality and continuous improvement means we have embedded a 'right first time' approach throughout our organisation.



ISO 20252

This is the international market research specific standard that supersedes BS 7911/MRQSA and incorporates IQCS (Interviewer Quality Control Scheme). It covers the five stages of a Market Research project. Ipsos MORI was the first company in the world to gain this accreditation.



ISO 27001

This is the international standard for information security designed to ensure the selection of adequate and proportionate security controls. Ipsos MORI was the first research company in the UK to be awarded this in August 2008.



ISO 9001

This is the international general company standard with a focus on continual improvement through quality management systems. In 1994, we became one of the early adopters of the ISO 9001 business standard.



Market Research Society (MRS) Company Partnership

By being an MRS Company Partner, Ipsos MORI endorses and supports the core MRS brand values of professionalism, research excellence and business effectiveness, and commits to comply with the MRS Code of Conduct throughout the organisation.

Data Protection Act 2018

Ipsos MORI is required to comply with the Data Protection Act 2018. It covers the processing of personal data and the protection of privacy.

For more information

Catriona Millar

4 Wemyss Place, Edinburgh, EH3 6DH

catriona.millar@ipsos.com

www.ipsos-mori.com

<http://twitter.com/ipsosMORI>

About Ipsos MORI Public Affairs

Ipsos MORI Public Affairs works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. Combined with our methods and communications expertise, this helps ensure that our research makes a difference for decision makers and communities.

Ipsos MORI

