

RF12: A Brief Tool for Identifying Modifiable Dementia Risk Factors in Healthy Adults

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The Lancet Commission report (Livingston et al., 2020) offers an updated, comprehensive overview of dementia prevention, identifying twelve modifiable risk factors within a life-course model. This approach highlights how exposures and behaviors across life stages contribute to dementia risk and provides a basis for early, multifaceted prevention strategies.

This study evaluates the psychometric properties and predictive validity of the RF12, a concise tool assessing twelve modifiable dementia risk factors in cognitively healthy adults. A total of 609 participants completed both self- and informant-report versions of the RF12, alongside cognitive tests (MMSE, MoCA, SATURN, FAB) and a depression scale (GDS). A significant but modest correlation between self- and informant-reports ($\rho = .325, p < .001$) suggests a possible self-other knowledge asymmetry.

All RF12 versions were significantly associated with cognitive performance and depressive symptoms, with the self-report proving most informative in incremental validity analyses. A weighted RF12 version—based on relative risk weights from the Lancet Commission's report—showed the strongest correlations with cognitive scores but did not improve model fit beyond simpler versions. Notably, the self-report RF12 added predictive value beyond education, especially for MoCA and SATURN scores.

These findings support the RF12 self-report as a low-burden, informative tool for assessing dementia risk in non-clinical populations. While informant-reports may be a useful alternative when self-reports are unavailable, their added value appears limited. The RF12's association with depressive symptoms also points to its broader relevance for cognitive-affective health. Future research should examine its longitudinal predictive validity and cross-cultural applicability.

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