

## **Is it Dementia or Digital Overload?**

Lisa van de Geyn, Zoomer magazine, 1/30/2026

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According to the Alzheimer Society of Canada, more than half of Canadians are worried about developing the disease or another form of dementia. It makes sense we're concerned – with 772,000 cases across the country, most of us know someone who has been affected. And projections show that, as the older population grows, more than one million Canadians will be diagnosed by 2030.

That estimate is daunting, but Dr. Robin Hsiung, a clinical neurologist at the UBC Clinic for Alzheimer Disease and Related Disorders, says there's hope on the horizon. "Not everyone who thinks they have Alzheimer's symptoms actually has or gets the disease. And we now have medications that can slow down its progression."

We're always on screens and we know overstimulation is a huge issue these days. Those file folders in our brains are filled to the brim, thanks to the vast amount of information we're constantly consuming during our waking hours – most of us are overloaded. Does screen obsession and constant scrolling contribute to what's become known as executive dysfunction, which includes forgetfulness, memory issues, concentration troubles and cognitive decline? Some experts say it can.

"Digital dementia and digital overload are new phenomena," says Hsiung, pointing to a study that shows how just one newspaper today has more information than a person in the 1800s accumulated over their lifetime. "And now we have digital information constantly coming at us. This is a changing phenomenon that's not yet well studied, but what we do know is that we have more distractions from screens than before and we're seeing issues like shorter attention spans in the younger generation, for example."

The good news, he says, is there's currently no evidence that shows our incessant scrolling actually causes dementia or Alzheimer's disease. And while distractions from our phones can definitely mimic the signs of early Alzheimer's – it can wreak havoc on our focus and attention, memory and affect the way we once multi-tasked – these are often lapses. If you don't find these issues are worsening, persistent or interfering in your everyday life, there's nothing to worry about.

“What I tell my patients when they’re concerned about memory difficulty is to gauge whether they can resolve issues themselves. For example, when you’re looking for something, you can just retrace your steps and you’ll likely remember where the item is,” he says. “So, if you’re able to figure it out yourself, that’s normal forgetfulness that happens to everyone, especially with age. If you cannot recall these things, or if you’re forgetting the names of family or friends, for example, that should be discussed with a healthcare provider.”



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## Get Healthy

While science still has a lot to learn about Alzheimer's, we're gradually learning more about the importance of prevention. "We know that poor sleep is bad for you, and there's a relationship between sleep and dementia," says Hsiung. "We also know there's a correlation between the disease and stress and poor mental health. And there are lots of studies that look at vascular risk factors. So high blood pressure, diabetes, high cholesterol – those things aren't good for you when it comes to Alzheimer's."

One key risk factor is leading a sedentary lifestyle. "Not only is getting up and moving around good for how your heart functions, but it's also good for how your brain functions," he says. "And social connection is also important. When people are alone and isolated, they're at a much higher risk of developing dementia than people who socialize and meet with friends a lot. This might be because when you're with a group of people, you're interacting, you preserve communication skills and you keep interest in everyday activities. There's more stimulation for your brain."

Nutrition plays a big role here, too. Studies show that following certain diets – like the Mediterranean diet and MIND (Mediterranean-DASH Intervention for Neurodegenerative Delay) diet – can cut your risk of Alzheimer's by more than 50 percent and slow cognitive decline in aging. These diets focus on heart-healthy fats (olive oil, nuts, avocado), fish and seafood, veggies and fruits (especially leafy greens and berries), beans and whole grains, and they limit fried food, red meat and sugary treats.

Hsiung adds that the key to preventing the disease is to start early, especially for people in the 40 to 60 age range – that's when you can really delay onset or work on prevention. "If you can avoid these risk factors, you can reduce the risk of Alzheimer's by about 40 percent, which is very significant," he says.



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### **New Treatments are Here**

Late last year, Health Canada approved lecanemab, the “first disease-modifying treatment” for people with a clinical diagnosis of mild cognitive impairment or early-stage Alzheimer’s disease. (The drugs that have been previously available help with symptoms, not the actual disease.) “Data has shown that it can slow the progression of Alzheimer’s by removing the amyloid plaque in the brain, which are abnormal proteins that aggregate in the brain and affect the health of the cells and

neurons. We think that too much of these abnormalities eventually cause brain cells to die. Evidence shows all the genetic forms of early-onset Alzheimer's have excessive production of amyloid. The theory is that by removing the amyloid, we can slow the disease," he explains. The new medication is given by intravenous infusion every two weeks and is only given to people who have had PET scans or fluid biomarkers to confirm the presence of amyloid plaque in the brain.

Hsiung remains hopeful that another drug called donanemab, which is already available in the U.S., will soon be approved in Canada. "There's definitely movement in the right direction when it comes to slowing the progression of the disease."