

NEUROPREVENTION

Quarterly

the resource for brain health



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THE FEATURE

What a baseline brain check-up really tells you, and why “normal for your age” isn’t good enough

HEARING & MEMORY

Hearing aids and memory: what the biggest trial yet actually found

THE MOUTH KNOWS FIRST

Sleep apnea and gum disease can show up decades before memory loss

ALSO IN THIS ISSUE

The center spread: The Brain Healthy Day: a neurologist’s ideal 24 hours
Myth vs. fact: crosswords, supplements, and what actually protects memory
New at the clinic: TMS, non-invasive magnetic stimulation of the brain

COMPLIMENTARY · TAKE THIS COPY HOME

Is there anything I can actually *do* to improve my brain health?

We hear this question almost every day at our clinic in Boca Raton. The honest answer is yes. Most people think about coming to a neurologist when something is wrong. A patient comes to us after something happens: a stroke, a seizure, or a concern about memory. But let me ask you a question: do you wait for a heart attack to learn your blood pressure reading or your cholesterol numbers?

We are applying that same logic to the brain. **We want to measure your brain before you notice a big problem.** This means establishing your personal baseline and understanding your individual risk factors. Did you know that there is a growing body of evidence that shows you can actually improve your brain aging? This doesn't happen with miracle supplements. It happens with measurement, medicine, and daily habits.

In these pages you'll find a clear explanation of the current brain research. It also includes honest answers to common worries and practical guidance you can use right now. And don't be afraid to read on. The evidence is hopeful.

Welcome to Issue One.

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Thema Brain Health

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*Six findings worth knowing.***Exercise doesn't just protect the brain. It can grow it.**

Researchers studied 120 sedentary older adults for a full year: one group walked briskly three days a week, the other did gentle stretching instead. After twelve months the walkers had increased hippocampal volume by about 2%. The stretching group had lost roughly 1.4%, the ordinary rate of age-related shrinkage. A two-year gap opened between two groups who had been identical a year earlier. Those who gained the most volume also improved most on memory testing. (Erickson et al., PNAS, 2011)

WHAT IT MEANS FOR YOU: A brisk 40-minute walk, three times a week, is one of the best-evidenced prescriptions in brain health.

Your brain takes out the trash while you sleep.

During sleep, the space between brain cells expands and cerebrospinal fluid flushes through, clearing metabolic waste, including proteins implicated in Alzheimer's, far more efficiently than during waking hours. Scientists call it the glymphatic system: the brain's overnight cleaning crew. (Xie et al., Science, 2013)

WHAT IT MEANS FOR YOU: Short sleep interrupts a biological maintenance cycle. Protect your seven to eight hours. If you snore, wake unrefreshed, or simply aren't sure your sleep is any good, ask your physician about a sleep study. Untreated sleep apnea is common, treatable, and easy to miss.

Treating hearing loss may protect thinking.

In the largest randomized trial of its kind, older adults at elevated risk for cognitive decline who received hearing aids showed substantially less decline over three years, though the effect was not seen across the full study population. The full story, and what it means for when to act, is on page 10. (Lin et al., The Lancet, 2023)

WHAT IT MEANS FOR YOU: If you've been putting off that hearing test, consider it brain care, not vanity.

Nearly half of dementia risk may be modifiable.

A major 2024 medical review looked at 14 things that raise your risk of dementia including: high blood pressure, hearing loss, high cholesterol, lack of exercise, loneliness, and poor vision. They found that managing these factors could prevent or delay up to 45% of dementia cases. (Livingston et al., The Lancet, 2024)

WHAT IT MEANS FOR YOU: Your genes matter, but they're not the whole story. A lot still comes down to the everyday choices and habits you have some control over.

Your dentist may be looking at a risk factor for your brain.

Oral health keeps coming up in dementia research. The more teeth someone has lost, the higher their risk of memory and thinking problems tends to be. Also, the bacteria behind chronic gum disease has actually been found in the brains of people who died with Alzheimer's. That doesn't prove gum disease causes dementia. It just means the two show up together, and scientists aren't yet sure why. Still, oral health is one of the few risk factors you can actually get treated this month. Your dentist may also be the first to spot the signs of sleep apnea, another condition tied to brain health. Page 11 covers both, and what to ask at your next cleaning. (Qi et al., 2021; Dominy et al., 2019)

WHAT IT MEANS FOR YOU: Don't skip your cleanings, and don't brush off bleeding gums as a minor cosmetic issue. It may be worth paying attention to.

Blood pressure control is brain protection.

A major study called SPRINT MIND tested what happens when people aim for tighter blood pressure control, a systolic (top number) target of around 120, instead of the more standard 140. People in the tighter control group had a significantly lower risk of developing mild cognitive impairment, an early stage of thinking and memory decline. This was the first large clinical trial to show that a medical treatment could actually lower someone's risk of cognitive decline, not just correlate with it. (SPRINT MIND

Investigators, JAMA, 2019)

WHAT IT MEANS FOR YOU: Know your blood pressure numbers and keep them in a healthy range.



What a Baseline Brain Check-Up Really Tells You

And why “normal for your age” is the least useful sentence in medicine.

Most checkups end with some version of the same reassurance: everything looks “normal for your age.” It sounds like good news. The problem is how much that phrase can hide.

“Normal for your age” covers such a wide range that it can conceal a decade’s worth of decline. Picture a retired lawyer who used to have an exceptional memory, sharper than 95 out of 100 people her age. She could lose a significant amount of that ability and still test “within normal limits,” because those limits were never based on her. They were based on everyone. Without a starting point to compare to, doctors can only measure you against strangers. If you establish your own baseline, they can measure you against your former self.

That shift from comparing you to the general population to tracking your own personal path over time is the whole idea behind preventing memory decline before it starts.

Cardiology figured this out decades ago. Doctors identified measurable warning signs: blood pressure, cholesterol, and later, calcium buildup in heart arteries. They started tracking them in healthy people over time and began treating concerning trends early instead of waiting for a heart attack to happen. Deaths from heart disease have dropped dramatically since then, largely thanks to this early, preventive approach.

Brain medicine is reaching that same turning point now, and the timing isn’t a coincidence. Three things changed.

First, the tools got better: we now have standardized digital tests for memory and thinking, detailed brain scans that can precisely measure key brain structures, and simple blood tests that can detect the biological signs of Alzheimer’s years before any symptoms show up.

Second, the case for prevention got much stronger. The Lancet Commission's finding that up to 45% of dementia risk comes from factors you can actually change (Livingston et al., 2024), along with real clinical trials like FINGER, showed that a combined approach (improving diet, exercise, brain training, and management of health conditions) can improve or protect thinking skills in older adults who are at risk (Ngandu et al., *The Lancet*, 2015).

Third, for the first time, catching problems early actually leads to action. New treatments are being designed specifically for the earliest stages of Alzheimer's. These early stages can only be caught if someone is actually being tested and tracked.

What goes into a baseline

A cognitive baseline isn't just one test. Done right, it's built from five different views of the brain, layered together.

Cognitive performance. Standardized tests measure memory, attention, mental speed, decision making, and language skills. This shows how the brain is functioning right now, and becomes the reference point every future test gets compared to. One afternoon of testing at age 50 turns every checkup at 55, 60, and 65 into a real comparison instead of a guess.

Brain scans. A detailed MRI measures the size of key brain structures, especially the hippocampus (the brain's memory center), and compares them to expected norms. Subtle shrinkage can show up years before any symptoms appear.

Blood-based biomarkers. Blood tests can now detect the biological building blocks of Alzheimer's. These are proteins called amyloid

and tau along with markers of inflammation and metabolism. A decade ago, this kind of information required a spinal tap or a specialized brain scan. Today, it just takes a blood draw.

Genetics. Certain genes affect your lifetime risk. APOE4 is the most well-known one. But having the gene isn't a diagnosis. This is the layer where a doctor's interpretation matters more than the raw data itself.

Everyday health and lifestyle. This is the least glamorous layer, but often the most important one: blood pressure and cholesterol numbers, sleep quality, hearing and vision, medications, alcohol use, mood, and social connection. Most of the 14 risk factors you can actually do something about live here.

THE FIVE LAYERS OF A BASELINE

Cognitive Performance

Memory, attention, speed, decision making, language: measured, not guessed

Brain Scans

MRI sizing of memory-critical structures like the hippocampus

Blood Biomarkers

Amyloid, tau, inflammation, and metabolic markers from a blood draw

Genetics

Risk context like APOE4, interpreted by a clinician, not a verdict

Everyday Health & Lifestyle

Sleep, hearing, blood pressure, alcohol, mood, connection



Without a baseline, doctors can only measure you against strangers. With one, they can measure you against your former self.

The two windows that matter most

Most people's instinct is to get tested once something feels wrong. A better strategy is the opposite. Get tested while everything's still fine. There are two specific times in adulthood worth catching, and the second one almost always gets missed.

Midlife, roughly ages 45 to 55. Testing here captures you at your true peak, a fair comparison point for the rest of your life. It also catches changeable risk factors during the years when fixing them pays off the most over time. For example, blood pressure in midlife affects brain health later in life more than the same blood pressure reading would at age 75.

The early retirement years, roughly ages 65 to 73. This window gets skipped, and it shouldn't. People entering retirement are often in a better position to actually make changes than they've been in decades. They have more time and a fresh look at their own health. And the research shows these interventions still work at this age. The FINGER trial included adults 60 to 77, the ACHIEVE trial included people in their 70s, and SPRINT MIND's average participant was 68. This age range is also when the newest Alzheimer's treatments are most commonly prescribed. Whether or not someone qualifies for them depends on catching the disease early.

Medicare's annual wellness visit does include a brief memory check, and it's worth doing. But a

few minutes of screening isn't the same as a full baseline.

Both of these windows work on the same logic: set up a system for tracking change over time, so if something does start to shift, it shows up as a change from your own baseline. Catch it early, when it's still a small and much more treatable problem, instead of surfacing later as an advanced one.

There's a quieter benefit too: peace of mind. Most people who get a full baseline find out their brain is doing just fine. For people who worry, especially those who watched a parent or relative with memory loss, trading vague fear for actual numbers and a clear plan is valuable in itself.

What happens with your results

A baseline is only useful if it leads to a real plan. The result isn't just a stack of test scores. It's a personal risk map and a specific set of next steps, including which numbers to improve and which habits matter most for you personally. It also provides a timeline to get retested.

For most people, the plan turns out to be reassuringly boring: specific exercise goals, better sleep habits, blood pressure and cholesterol targets, getting hearing checked and corrected, and a schedule for follow-up testing. Boring is what good, evidence-backed medicine looks like. The FINGER trial's approach of diet, exercise, mental exercises, and managing heart-related risk factors reads like basic common sense, and it's backed by the strongest clinical evidence in the field.

The brain used to be the one organ doctors simply watched and hoped for the best. That's changing now. The question isn't whether your brain health can be measured and managed anymore. It's whether you've had it measured yet.

Comprehensive baseline assessment, including cognitive testing, blood biomarkers, imaging when indicated, and a personalized plan, is available at Thema Brain Health through our Memory Program. Details on the back cover.



MYTH VS. FACT

Five things “everyone knows” about the aging brain, checked against the evidence.

MYTH NO. 1

“Serious memory loss is just part of getting older.”

FACT Some cognitive change with age is normal: slower recall of names, a beat more to multitask. But dementia is a disease process, not a birthday. The 2024 Lancet Commission estimates up to 45% of dementia cases could be prevented or delayed by addressing 14 modifiable risk factors. Aging is inevitable; significant decline is not. (Livingston et al., *The Lancet*, 2024)

TRY THIS: PICK ONE MODIFIABLE FACTOR AND MOVE IT OVER THE NEXT FEW MONTHS. THE CENTER SPREAD IS A MENU.

MYTH NO. 2

“I do the crossword every day, so my brain is covered.”

FACT Puzzles make you better at puzzles. Practiced mental tasks show limited transfer to overall cognition, whereas the strongest randomized evidence supports a *combination*: exercise, vascular risk control, diet, and cognitive and social engagement together, as in the FINGER trial. Crosswords are a fine ingredient. They are not a plan. (Ngandu et al., *The Lancet*, 2015)

TRY THIS: KEEP THE PUZZLE. ADD A BRISK WALK AND A STANDING COFFEE DATE.

MYTH NO. 3

“A little hearing loss is nothing to worry about.”

FACT Common is not the same as harmless. Hearing loss is among the largest modifiable factors in the dementia risk model, and trial evidence suggests treating it may slow decline in those at highest risk. The full story, and what to ask your audiologist, is on page 10.

TRY THIS: BOOK A HEARING TEST THIS MONTH. PAGE 10 TELLS YOU WHAT TO ASK.

MYTH NO. 4

“Supplements protect your brain.”

FACT For healthy adults without a deficiency, no over-the-counter supplement has convincing randomized evidence of preventing cognitive decline: not ginkgo, not fish-oil pills, not the blends on television. The exception proves the rule: correcting true deficiencies (like B12) matters, which is why testing beats guessing. Save the money; spend it on good shoes and good food. (Butler et al., *Annals of Internal Medicine*, 2018)

TRY THIS: BRING YOUR SUPPLEMENT LIST TO YOUR NEXT THEMA VISIT. WE’LL TELL YOU WHAT’S WORTH KEEPING.

MYTH NO. 5

“I’m past 60. It’s too late to start.”

FACT The FINGER trial enrolled adults 60 to 77 and still demonstrated cognitive benefit from lifestyle intervention. The ACHIEVE hearing trial enrolled participants in their 70s. Blood pressure control showed brain benefits in SPRINT MIND at an average age of 68. Earlier is better; later still works. The only losing move is never starting. (Ngandu 2015; Lin 2023; SPRINT MIND 2019)

TRY THIS: START WITH BLOOD PRESSURE AND SLEEP. THEY PAY BACK FASTEST.



THE CENTER SPREAD

The Brain Healthy Day

A neurologist's ideal 24 hours, from first light to lights out.

6:30 AM

Wake at a consistent hour

A steady wake time, weekends included, anchors every rhythm that follows.

7:30 AM

Eat protein and real food

Protein, healthy fats, fiber. Stable blood sugar means stable attention.

12:30 PM

Lunch like a Mediterranean

Leafy greens, olive oil, beans or fish: the pattern linked to slower cognitive aging. (Morris, 2015)

7:00 AM

Get morning light, outdoors

Ten to twenty minutes of daylight calibrates your clock and improves tonight's sleep.

9:00 AM

Do your hardest thinking early

Focus peaks mid-morning. Protect this window for the work that matters.



Thema Brain Health

1:00 PM

Take a real break with people

Social engagement is a named protective factor. Lunch with people is maintenance, not luxury.

6:30 PM

Dinner, and a word on wine

Cook something worth sitting down for (page 12). On wine: less is better.

10:00 PM

Sleep: the non-negotiable

Seven to eight hours is when the glymphatic system clears the day's waste (Xie, 2013).

4:00 PM

Move, and lift something

Aerobic exercise grows the hippocampus (Erickson, 2011); strength training adds its own benefit.

8:30 PM

Wind down; dim the world

Dim the lights, close the laptop, park tomorrow's worries on paper.

THE PATTERN IS THE PRESCRIPTION

No single perfect day is required. Most days, mostly like this.

The Trial That Cut Cognitive Decline Nearly in Half

Hearing loss is among the largest treatable risk factors for dementia, and a landmark trial suggests that treating it may slow decline in the people who need it most.

Hearing loss is among the biggest changeable risk factors for dementia, according to the Lancet Commission's research (Livingston et al., *The Lancet*, 2024). The reason why is more interesting than just "missing what people say." Scientists believe three things are happening at once.

First, mental strain: a brain working hard to decode muffled or unclear sound has fewer resources left over for memory and understanding, and it's paying that cost every waking hour. Second, physical changes: brain scans show that people with untreated hearing loss lose brain tissue faster in the hearing-related areas of the brain, including areas important for memory. Third, social withdrawal: people who can't follow a conversation at a dinner table eventually stop going to dinner, and social isolation is itself a known risk factor for dementia.

The strongest evidence so far comes from the ACHIEVE trial, the largest study of its kind. Researchers followed nearly a thousand older adults for three years. Half got hearing aids and support from an audiologist, half got general health education instead. The main result was genuinely mixed: across everyone in the study, hearing treatment didn't significantly slow mental decline over three years.

But when researchers looked specifically at the group already at higher risk (older participants with more risk factors, who were declining faster to begin with), the group that got hearing treatment showed about 48% less mental decline (Lin et al., *The Lancet*, 2023).

Researchers are cautious about this finding: it suggests, but doesn't prove, that treating hearing loss may slow decline in people who are already starting to decline. A longer follow-up study is underway to find out for sure. Given that hearing aids have no side effects and clear everyday benefits regardless, it's a low risk bet either way.

One more number worth knowing: on average, people wait seven to ten years between first noticing hearing loss and actually doing something about it. Those years aren't neutral ones. Treating hearing loss earlier means less mental strain, less social withdrawal, and an easier adjustment. The brain adapts better to sounds it hasn't already lost the habit of hearing.

ASK YOUR AUDIOLOGIST

"Where am I relative to my age group?"

Ask them to walk you through your results in plain terms. Like any baseline, the value grows every time you retest.

"At what point would you recommend amplification?"

Get the threshold in advance, so the decision isn't made by drift.

"How often should I retest?"

Every one to two years is reasonable for most adults over 50, and sooner with noise exposure or family history.



What Your Dentist Can See Before Your Neurologist Can

Sleep apnea and gum disease: two brain-relevant conditions found in a dental chair.

The airway. Obstructive sleep apnea happens when breathing repeatedly stops and starts throughout the night, sometimes hundreds of times. This breaks up the deep sleep the brain needs for its overnight “cleanup” work. It’s strongly linked to memory and attention problems, and researchers are actively studying whether it also raises dementia risk.

It’s also badly underdiagnosed, mostly because the people who have it are asleep when it’s happening and often don’t know. But dentists can spot the warning signs during a regular daytime visit: a crowded airway, a high, arched roof of the mouth, an oversized tongue, or teeth worn flat from nighttime grinding. The American Dental Association now considers checking for these signs part of a standard exam. For mild to moderate cases, a custom mouthguard-like device that gently holds the jaw forward is a proven treatment.

The gums. The evidence linking oral health to dementia is observational, meaning it shows a pattern, not a proven cause and effect. However, the pattern keeps showing up. A large analysis combining fourteen studies and more than 34,000 people found that each additional tooth someone had lost was linked to a small but measurable increase in their risk of memory problems and dementia (Qi et al., *JAMDA*, 2021).

Losing teeth isn’t itself the cause. It’s a marker of something else: decades of chronic gum inflammation. And that inflammation may not

stay confined to the mouth. In 2019, researchers reported finding *Porphyromonas gingivalis*, the bacteria behind chronic gum disease, in the brains of people who had died with Alzheimer’s, at levels that matched up with the severity of a key marker of the disease, tau protein buildup (Dominy et al., *Science Advances*, 2019).

This doesn’t prove gum disease causes Alzheimer’s, and no responsible doctor or dentist claims that getting your teeth cleaned prevents dementia. But it makes gum disease a plausible shared factor worth taking seriously. And this is one of the risk factors you can easily address right away.

ASK YOUR DENTIST

“Do you see signs I should be screened for sleep apnea?”

Worn teeth, a crowded airway, and a high arched palate are all visible in a routine exam.

“How healthy are my gums, really?”

Ask whether there’s any inflammation and whether it’s getting better or worse. A specific answer beats general reassurance.

“Is anything making it harder to eat well?”

Difficulty chewing quietly reshapes a diet, usually away from the foods the evidence favors.





Citrus-Herb Salmon with Lemony White Beans & Arugula

Dinner-party worthy, twenty-five minutes, and squarely aligned with the eating pattern most consistently linked to slower cognitive aging.

SERVES 4

INGREDIENTS

- 4 salmon fillets (6 oz each), skin on
- 3 tbsp extra-virgin olive oil, divided
- 1 lemon, zest and juice, plus wedges
- 2 garlic cloves, thinly sliced
- 2 cans (15 oz) cannellini beans, rinsed
- 1 cup low-sodium broth
- 4 handfuls baby arugula
- ¼ cup fresh dill and/or parsley, chopped
- Sea salt and black pepper
- Optional finish: a spoonful of capers

METHOD

1. Pat salmon dry; season with salt, pepper, and half the lemon zest. Rest at room temperature 10 minutes.
2. Warm 1 tbsp oil in a skillet over medium. Soften garlic 1 minute; add beans and broth, simmer 5 minutes, mashing a few beans to thicken. Finish with lemon juice, salt, pepper.
3. In a second skillet, heat remaining oil over medium-high. Sear salmon skin-side down 4–5 minutes until crisp; flip for 2–3 minutes more, to just-cooked at the center.
4. Fold arugula into the warm beans until barely wilted. Spoon onto plates, set salmon on top, shower with herbs, remaining zest, and capers. Serve with lemon wedges.

WHY THIS WORKS

This plate is the MIND diet in miniature: the hybrid of Mediterranean and DASH eating patterns that research at Rush University associated with substantially slower cognitive decline, with even moderate adherence showing benefit (Morris et al., *Alzheimer's & Dementia*, 2015). Fatty fish brings omega-3s; olive oil and beans anchor the pattern; arugula and herbs supply the daily leafy greens the research keeps rewarding. For full effect, eat it with people you like. Page 9 explains why that counts, too. Berries for dessert; the research literally recommends it.

A different kind of neurology visit

At Thema Brain Health, we don't wait for neurological problems. We measure, protect, and optimize brain health in people who feel well. Our Boca Raton clinic combines comprehensive cognitive assessment with ongoing prevention-focused care: unhurried visits, direct access, and a plan that's actually followed up on.

Now offering: TMS

Thema now offers transcranial magnetic stimulation (TMS). TMS is a non-invasive technology that uses focused magnetic pulses to stimulate targeted regions of the brain; no anesthesia, no downtime. Patients read or relax during sessions and drive themselves home. TMS is FDA-cleared for the treatment of major depressive disorder in adults. Whether TMS is appropriate for you is an individual clinical decision made in consultation with our physicians, including a full review of your history and a safety screening. Curious? Call 561-918-0003. We're happy to explain how it works and whether an evaluation makes sense.

The Infusion Suite

Our infusion suite offers a comfortable, quiet setting for physician-directed IV therapies, one more way the clinic is designed around the experience of prevention, not the experience of being sick. Ask at the front desk or call 561-918-0003 for details.



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Dr. Graef is a neurologist with over 25 years of experience treating patients. He is a graduate of Brown University and Stanford Medical School and completed his postgraduate medical training at Johns Hopkins University and Harvard University.



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Reginee Bromson is a board-certified Advanced Practice Registered Nurse (APRN) specializing in preventive neurology. She earned her MSN from Florida Atlantic University and has spent her career at the intersection of internal medicine and neurology.

Questions we hear most often in clinic, answered by Dr. Graef.

I keep forgetting names at parties. Should I be worried?

A Probably not. Name retrieval is famously the first thing normal aging teases us with, because a name is an arbitrary label with no meaning to hook onto. The reassuring pattern: you recognize the face, recall the context (“tennis, twins, terrible jokes”), and the name surfaces later. The pattern that deserves evaluation is different: forgetting the *encounter itself*, repeating questions, or friends noticing changes you don’t. And if the worry itself persists, that’s reason enough to get a baseline. Measurement beats wondering.

I’m 54 and in menopause. Is the brain fog real, and does it pass?

A It’s real, it’s measurable, and for most women it improves. Estrogen interacts with memory and attention systems, and the menopausal transition commonly brings genuine, usually temporary, changes in recall and focus, often amplified by disrupted sleep and hot flashes at night. Treating sleep, managing vasomotor symptoms (hormone therapy is a reasonable discussion with your physician for many women), and maintaining exercise all help. Fog that steadily worsens, or persists years past the transition, warrants a proper cognitive evaluation rather than reassurance by default.

My father developed dementia in his 70s. I’m 65. What should I actually be doing?

A Three things. First, get a baseline now, while you’re well: cognitive testing, blood biomarkers, and imaging if your history warrants it. It converts every future checkup into a comparison against yourself. Second, be more aggressive than average about the modifiable factors: blood pressure, lipids, hearing, sleep, exercise, alcohol. Children of affected parents get the most benefit from the same interventions, and at 65 the window is wide open: FINGER enrolled adults 60 to 77 and still showed clear benefit. Third, consider genetic counseling *with* a clinician rather than a mail-order kit alone. Results need interpretation, not just delivery. What I’d tell you not to do: wait for symptoms, or quietly carry the worry alone. Both are bad plans.



Four questions we're asked most, answered plainly.

What is preventive neurology?

Preventive neurology focuses on identifying and reducing risk factors for cognitive decline before symptoms appear. Where traditional neurology treats existing disease, preventive neurology uses comprehensive assessment (cognitive testing, blood biomarkers, genetics, a lifestyle audit, and imaging when clinically indicated) to establish your personal baseline and build an individualized protection plan for your brain.

I picked this up at my dentist's or audiologist's office. What's the connection?

Those clinicians care for two of the most important treatable risk factors for the brain, which is exactly why you found us there. Most of what this issue recommends happens right where you are: treat the hearing, treat the gums, ask about sleep. What a preventive neurology visit adds is the measured baseline: cognitive testing, biomarkers, and a plan built for you. If you're wondering whether

that's worth it in your situation, call 561-918-0003 and we'll tell you honestly.

I feel completely fine. Why would I get tested?

Feeling fine is precisely the right time. A baseline captured while you're well records your true reference point, surfaces silent risk factors like blood pressure and sleep quality, and turns future checkups into comparisons against yourself rather than against population averages. Most people leave with good news and a specific plan for keeping it that way.

Is any of this covered by insurance?

Yes. Thema Brain Health accepts Medicare, and much of the clinical care described in these pages is billed like any other neurology visit. Elements of a comprehensive prevention baseline that fall outside what insurance covers are available on a cash-pay basis, with pricing quoted clearly before any service and never a surprise afterward. The simplest way to find out what applies to you is to ask: call us at 561-918-0003 and our team will walk you through it.



Your brain has a baseline. Do you know yours?

Comprehensive brain health assessment: cognitive testing, advanced blood biomarkers, genetic risk context, and a personalized prevention plan from a neurologist-led team with time to think about you.

SCHEDULE YOUR BRAIN HEALTH ASSESSMENT

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