



A CANADIAN SERIES

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# WOMEN'S BRAIN HEALTH & INNOVATION



E-GUIDE SERIES



## WOMEN'S BRAIN HEALTH IN CANADA

2026 eUpdate:  
PAST, PRESENT & FUTURE

Advancing cognitive wellness, mental resilience, and neurological innovation—empowering women to thrive at every stage of life.



### PAST

Understanding the evolution of women's brain health research, care, and advocacy.



### PRESENT

Addressing today's challenges, inequities & innovations transforming outcomes.



### FUTURE

Emerging solutions and precision medicine shaping the future of women's brain and beyond.



### FOCUS

Women-centred policies & targeted solutions for real challenges and measurable results.



### IMPACT

Stronger women. Stronger communities. Stronger health systems. Stronger Canada.

EMPOWERING WOMEN THROUGH KNOWLEDGE.  
ADVANCING PREVENTION THROUGH INNOVATION.  
BUILDING A HEALTHIER FUTURE FOR ALL.

BY

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# DISCLAIMER

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This e-guide is for educational and informational purposes only. It does not replace medical advice, neurological consultation, psychiatric assessment, or treatment. Statistics are sourced from the Alzheimer Society of Canada, Statistics Canada, Brain Canada, the Canadian Consortium on Neurodegeneration in Aging (CCNA), the Women's Brain Health Initiative, and peer-reviewed literature. Information about drug approvals reflects status as of May 2026.

# EXECUTIVE SUMMARY

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Women's brain health is at a historic inflection point. In the span of seven months — October 2025 through May 2026 — Health Canada approved two disease-modifying Alzheimer's treatments for the first time in Canadian history: lecanemab (Leqembi, October 25, 2025) and donanemab (Kisunla, May 1, 2026). These approvals mark the end of the era when Alzheimer's disease had no treatment beyond managing symptoms, and the beginning of an era in which early detection and early intervention can change the disease's trajectory.

This matters profoundly for women: 72% of Alzheimer's sufferers in Canada are women. Women provide 70% of dementia care hours. As of January 1, 2025, an estimated 771,939 Canadians are living with dementia — with nearly 1 million projected by 2030. Without intervention, more than 1.7 million Canadians will have dementia by 2050. The disease trajectory for women is more severe than for men, yet the research that produced the new treatments was conducted predominantly on mixed-sex samples, and the sex-specific dosing, monitoring, and response data is still being generated.

## Five defining realities of women's brain health in 2026

1. Canada has its first disease-modifying Alzheimer's drugs: lecanemab (approved October 2025) and donanemab (approved May 2026) — both targeting amyloid plaques, both for early-stage Alzheimer's. The Canadian Drug Agency recommended against public coverage for lecanemab (February 2026); access remains predominantly private.
2. Women are disproportionately affected: 72% of Alzheimer's patients in Canada are women; women provide 70% of dementia care hours.
3. Menopause is a critical brain health window: Dr. Lisa Mosconi's research shows amyloid plaques develop during perimenopause — earlier than previously understood. The estrogen withdrawal of menopause is now recognised as a neurological as well as hormonal transition.
4. Canadian research is world-leading: Toronto Metropolitan University's Dr. Natasha Rajah holds a Canada Research Chair (Tier 1) in Sex, Gender, and Diversity in Brain Health. The Women's Brain Health Initiative (Toronto) created the first Research Chair in Women's Brain Health and Aging. McGill University, UBC, and the University of Western Ontario are central to CCNA research.
5. Prevention is the most powerful tool: the Alzheimer Society of Canada's 12 actions to improve brain health offer a modifiable risk reduction framework — and up to 40% of dementia cases worldwide may be preventable through lifestyle intervention.

# THE PAST: FROM DISMISSAL TO DISCOVERY

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The history of women's brain health in medicine is a history of both deliberate exclusion and inadvertent neglect. Women were excluded from clinical trials for decades — including the trials that established the evidence base for cardiovascular drugs, pain medications, and neurological treatments. Brain research defaulted to male subjects and male-calibrated normative data. The result: a science of the brain that was built on half a population.

## The Research Exclusion History

- ◆ Until 1993, women of childbearing potential were systematically excluded from clinical drug trials by the US FDA — a policy that generated 30+ years of male-dominated pharmacological data before being reversed. Canadian regulatory requirements mirrored US frameworks
- ◆ Alzheimer's disease research was conducted predominantly on men for decades despite the disease affecting women at approximately 2:1 rates — meaning the primary research population was not the primary disease population
- ◆ The Women's Brain Health Initiative (WBHI) was founded in Toronto in 2012 by Lynn Posluns specifically to address the sex gap in brain health research. In 2021, Posluns was appointed to the Order of Canada for her contributions — recognising the institutional significance of closing this gap
- ◆ The first Research Chair in Women's Brain Health and Aging — held by Dr. Gillian Einstein at the University of Toronto — was created by the WBHI, establishing the first dedicated academic position for women-specific brain aging research in Canada
- ◆ December 2 is now Canada's Women's Brain Health Day — declared by the Government of Canada in 2019 through advocacy by the Women's Brain Health Initiative — an annual anchor for national awareness and research funding conversations

### The paradigm shift — menopause as a neurological transition

The most significant conceptual advance in women's brain health science in the 2020s is the recognition that menopause is a neurological transition, not merely a hormonal one. Dr. Lisa Mosconi (Weill Cornell Medicine) demonstrated using PET imaging that women at risk for Alzheimer's disease develop amyloid plaques during perimenopause — earlier than previously thought. In 2025, Mosconi joined Wellcome Leap as Program Director of CARE (Cutting Alzheimer's Risk through Endocrinology) — a \$50 million, 3-year initiative to halve the lifetime risk of Alzheimer's disease among women. This reframing — from menopause as a reproductive endpoint to menopause as the critical neurological risk window — is the foundation of precision brain health for women.

# KEY STATS: WOMEN'S BRAIN HEALTH IN CANADA

## Dementia — The Scale of the Crisis

**771,939**

**Canadians living with dementia as of January 1, 2025**

*Alzheimer Society of Canada, updated January 2025. More than 414 new cases are diagnosed every day — more than 17 every hour (Alzheimer Society of Canada / Fasoro et al., PMC12443458, 2025)*

- ◆ Nearly 1 million Canadians could live with dementia by 2030 — representing 187,000 new cases per year, 512 per day, 21 per hour
- ◆ By 2050: more than 1.7 million Canadians will have dementia — a 187% increase from 2020. Between 2020 and 2050, 6.3 million Canadians will develop, live with, or die from dementia
- ◆ In the 2040s, over 20,000 people could be diagnosed with dementia in Canada every month
- ◆ Alzheimer's disease accounts for approximately 60–80% of all dementia cases
- ◆ Dementia prevalence is projected to increase by 187% from 2020 to 2050 — the same projection figure cited by University of Western Ontario researchers using the Canadian Longitudinal Study on Aging (CLSA) data

## Women's Disproportionate Burden

**72%**

**of Alzheimer's patients in Canada are women**

*University of Toronto / Alzheimer Society of Ontario data. Dr. Gillian Einstein's research at U of T specifically investigates why brain disorders like Alzheimer's disproportionately affect women*

- ◆ Women provide approximately 70% of all dementia care hours in Canada — meaning women are the primary disease population AND the primary caregiver population simultaneously
- ◆ Women have higher dementia prevalence than men at all ages globally — first demonstrated systematically in the Global Burden of Disease Study (lead author Cassandra Szoeki, 2016), which was the first study to report global dementia prevalence by sex
- ◆ Women's longer life expectancy accounts for part — but not all — of the sex difference in dementia prevalence. The remaining gap reflects biological differences in disease susceptibility, hormonal factors (oestrogen withdrawal at menopause), and greater lifetime stress burden

## Migraine — The Under-Recognised Women's Neurological Burden

**3× more**

**likely for women than men to have migraine**

*Migraine is the most prevalent neurological condition in Canada and the world — and is significantly more common in women than men across the 18–55 age range, when hormonal fluctuations drive menstrual migraine, pregnancy-related migraine, and menopause-related migraine transitions*

- ◆ Migraine affects approximately 12% of Canadians overall — with women representing approximately 75% of migraine sufferers in their peak reproductive years (20–45)
- ◆ Menstrual migraine affects approximately 14% of women with migraine — driven by the oestrogen drop in the days before menstruation
- ◆ Migraine with aura in women taking combined hormonal contraceptives is associated with significantly elevated ischemic stroke risk — a critical clinical decision that requires specialist guidance
- ◆ Perimenopause frequently worsens migraine frequency and severity — the oestrogen fluctuations of the perimenopausal transition drive new or worsening migraine patterns in many women

## Mental Health and Cognitive Burden

- ◆ Women experience anxiety and depression at approximately twice the rate of men — directly impairing cognitive function through neuroinflammation, cortisol-driven hippocampal damage, and sleep disruption
- ◆ Women with depression have a significantly elevated lifetime dementia risk — depression is both a risk factor for and an early symptom of cognitive decline. Whether this reflects shared biological pathways (neuroinflammation, amyloid) or a causal relationship is actively researched
- ◆ Burnout, chronic stress, and caregiver burden — all disproportionately affecting women — are associated with elevated cortisol and allostatic load, which directly accelerates brain ageing (cross-reference Volume 10 of this series: Women's Sleep, Stress & Recovery Science)

✓ **Fact-check note:** *The 771,939 dementia prevalence figure (January 1, 2025) and all projected figures come from the Alzheimer Society of Canada's continuously updated dementia numbers page, informed by Landmark Study Reports #1 (2022) and #2 (2024). The 187% increase projection to 2050 is validated independently by University of Western Ontario CLSA analysis (Fasoro et al., PMC12443458, 2025). These figures should replace all older dementia prevalence statistics in Canadian health communication.*

# HISTORIC DRUG APPROVALS: CANADA'S 2025–2026 ALZHEIMER'S BREAKTHROUGH

October 2025 through May 2026 represents the most significant period in Canadian Alzheimer's disease management since the disease was first described. For the first time, Health Canada has approved disease-modifying treatments — drugs that target the underlying biological cause of Alzheimer's disease, not merely its symptoms. Understanding what these drugs are, who they are for, their limitations, and the critical access questions surrounding them is essential for any woman in Canada with family history of Alzheimer's disease or concern about cognitive health.

## Lecanemab (Leqembi) — Health Canada Approval: October 25, 2025

### What lecanemab is, who it is for, and what it does

Lecanemab (brand name Leqembi, manufacturer: Eisai/Biogen) is a humanized anti-soluble aggregated amyloid-beta monoclonal antibody — it binds to and removes amyloid plaques from the brain, targeting an underlying cause of Alzheimer's disease. Health Canada issued a Notice of Compliance with Conditions (NOC/c) — the first disease-modifying Alzheimer's drug approval in Canadian history. Approved for adults with mild cognitive impairment (MCI) or early-stage Alzheimer's disease (mild dementia) who are ApoE  $\epsilon$ 4 non-carriers or heterozygotes and have confirmed amyloid pathology on PET scan or CSF analysis. Efficacy (CLARITY AD Phase 3 trial): 27% slower disease progression at 18 months compared to placebo. Side effects include ARIA (amyloid-related imaging abnormalities — brain swelling or microbleeds) — requiring regular MRI monitoring. The Canadian Drug Agency recommended against public coverage in February 2026; private access only as of May 2026.

## Donanemab (Kisunla) — Health Canada Approval: May 1, 2026

### What donanemab is, who it is for, and what it does

Donanemab (brand name Kisunla, manufacturer: Eli Lilly) is the second disease-modifying Alzheimer's treatment approved in Canada — approved May 1, 2026, just six months after lecanemab. Like lecanemab, donanemab targets amyloid plaques. Unlike lecanemab, which is given as an ongoing infusion, donanemab has a stopping criterion: it is administered until amyloid plaques are sufficiently cleared, at which point treatment can be paused or discontinued — a novel 'clear and stop' model. Also for mild cognitive impairment and early-stage Alzheimer's disease. Requires the same monitoring infrastructure as lecanemab (PET scans for amyloid confirmation; regular MRI for ARIA monitoring). Coverage status under provincial drug plans as of May 2026 is being determined.

## What These Approvals Mean — and What They Don't

- ◆ They are the first treatments that slow Alzheimer's progression — not cures, not reversals. The 27% slower decline at 18 months means a meaningful delay in the progression from mild to moderate disease
- ◆ They require early detection: the drugs only work in the early stages (MCI or mild dementia) with confirmed amyloid pathology. Diagnosing Alzheimer's early enough to benefit from these treatments requires biomarker testing infrastructure (PET scans, CSF analysis) that is not universally available in Canada
- ◆ The access gap is acute: the Canadian Drug Agency's February 2026 recommendation against public coverage for lecanemab means that for most Canadians, these \$20,000–\$50,000+ per year treatments are accessible only to those who can afford private pay — creating a two-tier Alzheimer's care system
- ◆ Women and sex-specific data: both drugs were approved based on mixed-sex clinical trials. Sex-disaggregated data on response rates, side effect profiles, and the interaction between the drugs and menopausal hormone therapy are needed
- ◆ This is the first chapter of disease-modifying Alzheimer's treatment — more drugs are in the pipeline. The era of dementia therapeutic nihilism ('there is nothing that can be done') is over

### ⚠ The amyloid hypothesis caveat

Both lecanemab and donanemab target amyloid plaques — based on the 'amyloid hypothesis' that amyloid accumulation drives Alzheimer's disease. The drugs have demonstrated meaningful clinical benefit (27% slower progression) in Phase 3 trials. However, some scientists argue amyloid is a downstream consequence rather than the primary cause of Alzheimer's — and that more comprehensive approaches addressing tau tangles, neuroinflammation, vascular health, and metabolic factors are ultimately needed. The current approvals represent an important but partial step in a complex scientific story.

# HORMONES, MENOPAUSE & THE FEMALE BRAIN

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Oestrogen is the most neuroprotective hormone in the female body. It promotes neuroplasticity, supports synaptic density, regulates cerebral blood flow, reduces neuroinflammation, and facilitates the production of acetylcholine — the neurotransmitter most directly associated with memory and learning. Its withdrawal at menopause is not merely a reproductive event: it is a neurological event with profound implications for cognitive health, mood, sleep, and long-term dementia risk.

## How Oestrogen Protects the Brain

- ◆ Neuroprotection: oestrogen protects neurons against oxidative stress, amyloid toxicity, and inflammatory damage — providing a biological shield against the pathological processes that drive Alzheimer's disease
- ◆ Synaptic density and neuroplasticity: oestrogen promotes the formation and maintenance of synapses — the connections between neurons that encode memory. Oestrogen withdrawal reduces synaptic density in the hippocampus and prefrontal cortex, directly impairing verbal memory and executive function
- ◆ Cerebrovascular function: oestrogen maintains vascular endothelial health and cerebral blood flow — lower oestrogen is associated with reduced brain perfusion, potentially explaining the cognitive fog that accompanies menopause
- ◆ Acetylcholine synthesis: oestrogen stimulates the cholinergic neurons of the basal forebrain that produce acetylcholine — the primary neurotransmitter of memory and learning. Acetylcholine deficiency is one of the defining neurochemical features of Alzheimer's disease

## Dr. Lisa Mosconi's CARE Initiative — Important Research of 2025

In 2025, Dr. Lisa Mosconi joined Wellcome Leap as Program Director of CARE — Cutting Alzheimer's Risk through Endocrinology — a \$50 million, 3-year initiative targeting a single goal: to halve the lifetime risk of Alzheimer's disease among women. This initiative is built on Mosconi's groundbreaking PET imaging research demonstrating that amyloid plaques begin accumulating during perimenopause — not post-menopause, as previously assumed. This changes the intervention window: the critical period for neuroprotective intervention is during perimenopause, when women are in their mid-40s to mid-50s, not after the menopausal transition has completed.

- ◆ CARE's research programme is testing whether hormonal interventions during the perimenopausal window — including menopausal hormone therapy (MHT) — can prevent or reduce amyloid accumulation and lower Alzheimer's risk
- ◆ The early window hypothesis: because amyloid accumulates during perimenopause, MHT initiated early (the 'timing hypothesis' or 'critical window') may provide neuroprotective benefit that the same treatment started post-menopause does not

- ◆ The WHI study legacy: the misinterpreted 2002 Women's Health Initiative study (which found increased dementia risk from combined synthetic hormone use in women starting therapy at age 65+) caused a massive reduction in MHT prescribing across Canada and globally. The timing hypothesis explains this finding: initiating synthetic progestins in older, post-menopausal women is different from initiating body-identical oestrogen in perimenopausal women
- ◆ Current evidence: multiple studies support the 'critical window' hypothesis that MHT initiated in perimenopause (not post-menopause) reduces Alzheimer's risk. The CARE initiative will produce the most rigorous test of this hypothesis to date, with results expected by 2027–2028

## **Menopause Brain Symptoms — What's Happening Neurologically**

- ◆ Brain fog: reduced working memory, word-finding difficulty, and mental fatigue during perimenopause are measurable in cognitive testing — not subjective complaints. They correlate with oestrogen fluctuation and reduced brain glucose metabolism on PET scanning
- ◆ Verbal memory: the hippocampus — the brain's primary memory consolidation structure — is densely populated with oestrogen receptors. Oestrogen withdrawal disproportionately impairs verbal memory in women, explaining the episodic memory complaints most common at menopause
- ◆ Sleep disruption: the night sweats and sleep fragmentation of menopause directly impair cognitive function through adenosine accumulation, amyloid clearance failure (sleep is the primary mechanism for amyloid clearance), and cortisol dysregulation — creating a neurological burden that compounds cognitive ageing

# THE GUT-BRAIN-HORMONE AXIS: WOMEN'S COGNITIVE FOUNDATION

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The gut-brain-hormone axis is one of the most important — and most recently recognised — dimensions of women's brain health. The gut microbiome communicates directly with the brain through the vagus nerve, the immune system, and the production of neurotransmitters and neurologically active metabolites. The estrobolome (gut bacteria responsible for oestrogen metabolism) connects microbiome health to hormonal health. And both are directly relevant to cognitive function, mood, and dementia risk.

## The Microbiome-Brain Connection in Women

- ◆ Approximately 90% of serotonin is produced in the gut — and gut microbiome dysbiosis is associated with reduced serotonin availability, anxiety, depression, and cognitive impairment. Women's higher rates of depression and anxiety are partly mediated through microbiome-serotonin pathways
- ◆ Short-chain fatty acids (SCFAs) — produced by bacterial fermentation of dietary fibre — protect the blood-brain barrier, reduce neuroinflammation, and support neuroplasticity. SCFA deficiency (from low-fibre diets and gut dysbiosis) is associated with accelerated cognitive ageing
- ◆ The estrobolome connection: gut bacteria regulate oestrogen recirculation — and estrobolome diversity (or depletion) directly affects circulating oestrogen levels, which in turn affects brain oestrogen availability and neuroprotection
- ◆ McMaster University research (Farncombe Institute, cross-referenced in Volume 11 of this series): intestinal dendritic cells can migrate to the brain and influence neural plasticity — a newly discovered mechanism connecting gut health to brain structure and function

## Neuroinflammation — The Common Mechanism

Neuroinflammation is the brain's immune response — activation of microglia (the brain's immune cells) in response to infection, injury, stress, toxins, or amyloid accumulation. Chronic low-grade neuroinflammation is now understood as a central mechanism in both depression and dementia — connecting mental health and neurodegenerative disease in a shared inflammatory biology.

- ◆ Gut dysbiosis → increased intestinal permeability → LPS (bacterial endotoxin) entering the bloodstream → systemic inflammation → neuroinflammation — a pathway that is directly modifiable through dietary and microbiome interventions
- ◆ Ultra-processed food consumption is directly associated with gut dysbiosis, systemic inflammation, and — in prospective cohort studies — accelerated cognitive decline

- ◆ Mediterranean dietary pattern — high in fish, olive oil, vegetables, legumes, and low in ultra-processed food — is the most consistently evidence-backed dietary pattern for cognitive longevity, with multiple prospective studies showing 25–35% reduction in Alzheimer's disease risk
- ◆ The MIND diet (Mediterranean-DASH Intervention for Neurodegenerative Delay): a specific combination of Mediterranean and DASH dietary principles specifically designed for brain health, with evidence from multiple Canadian and US cohort studies

# MIGRAINE: CANADA'S UNDER-RECOGNISED WOMEN'S NEUROLOGICAL CONDITION

Migraine is the most prevalent neurological condition in Canada — and it is profoundly, distinctively a women's health issue. Women are three times more likely than men to have migraine, accounting for approximately 75% of migraine sufferers. Yet migraine receives research funding that is grossly disproportionate to its burden, and the sex-specific drivers — hormonal fluctuations across the menstrual cycle, pregnancy, perimenopause, and menopause — are insufficiently addressed in standard medical training.

## The Hormonal Migraine Connection

- ◆ Menstrual migraine: oestrogen drops sharply in the 2 days before menstruation — this 'oestrogen withdrawal' is the primary trigger for menstrual migraine, affecting approximately 14% of women with migraine. Menstrual migraines tend to be longer, more severe, less responsive to triptans, and associated with greater disability than non-menstrual attacks
- ◆ Oral contraceptive-triggered migraine: combined hormonal contraceptives (CHCs) — especially those with a 'pill-free week' — cause cyclic oestrogen withdrawal that can trigger or worsen migraine. Continuous (no pill-free interval) low-dose CHC regimens are preferred for women with hormonally triggered migraine
- ◆ Pregnancy: migraine typically improves in the second and third trimesters as oestrogen rises and stabilises — but the first trimester (with its hormonal turbulence) is often worse. Postpartum migraine frequently returns or worsens due to the rapid oestrogen drop after delivery
- ◆ Perimenopause and migraine: fluctuating oestrogen during perimenopause is strongly associated with worsening migraine frequency and severity. For many women, perimenopause is the period of greatest migraine burden of their lives — and it often coincides with their peak professional and caregiving responsibilities

## The Stroke Risk — Critical Clinical Information

### ⚠ Migraine with aura + combined hormonal contraceptives = significantly elevated stroke risk

Women with migraine with aura (visual or neurological symptoms preceding the headache) who use combined hormonal contraceptives (CHCs — the pill, patch, or ring) have a significantly elevated ischemic stroke risk compared to women with migraine without aura or women without migraine. This is not a theoretical risk — it is a clinically established interaction. Women with migraine with aura should use progestogen-only contraceptives or non-hormonal methods. If they require CHC for contraception or cycle management, the decision should be made with a specialist after explicit risk assessment. This clinical fact is insufficiently known and represents a safety gap in Canadian women's healthcare.

## Innovation in Migraine Treatment

- ◆ CGRP antagonists (gepants: ubrogepant, rimegepant; and monoclonal antibodies: erenumab, fremanezumab, galcanezumab): the most significant advance in migraine pharmacology in 30 years. CGRP (calcitonin gene-related peptide) is central to migraine pathophysiology. These drugs are approved in Canada and represent the first targeted preventive therapies for migraine
- ◆ Rimegepant (Nurtec): unique dual action — both acute treatment and preventive therapy in the same drug, taken as needed or as alternate-day prevention. Available in Canada
- ◆ Neuromodulation: Cefaly (supraorbital transcutaneous neurostimulation) and gammaCore (vagal nerve stimulation) provide non-pharmacological migraine options — particularly relevant for women during pregnancy, breastfeeding, or when trying to conceive

# MENTAL HEALTH & COGNITIVE RESILIENCE IN WOMEN

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Mental health is inseparable from cognitive health in women. Anxiety and depression — affecting women at twice the rate of men — directly impair cognitive function through multiple physiological pathways: cortisol-mediated hippocampal damage, neuroinflammation, sleep disruption, and reduced neuroplasticity. Treating mental health conditions in women is not only a mental health intervention — it is a neuroprotective intervention.

## Depression, Anxiety, and Dementia Risk

- ◆ Late-life depression is associated with approximately doubled risk of Alzheimer's disease in multiple longitudinal studies — whether as a risk factor, early symptom, or shared biological pathway (likely all three)
- ◆ Chronic anxiety elevates cortisol — and sustained cortisol elevation directly damages the hippocampus through glucocorticoid receptor activation, reducing hippocampal volume in a dose- and duration-dependent manner. This is a mechanistic pathway from anxiety to cognitive decline that makes anxiety treatment a brain health intervention
- ◆ PTSD and trauma: women are twice as likely as men to develop PTSD. The neurobiological consequences of trauma — amygdala hyperactivation, HPA axis dysregulation, reduced hippocampal volume — overlap directly with the brain changes associated with early cognitive impairment
- ◆ Perinatal mental health: postpartum depression and perinatal anxiety affect cognitive function during and after the perinatal period — with evidence for lasting effects on verbal memory and executive function if untreated

## Psychedelic-Assisted Therapy — Canada's Emerging Frontier

Canada is at the forefront of regulated psychedelic-assisted therapy globally. Health Canada's Special Access Program allows access to psilocybin and MDMA for treatment-resistant depression, end-of-life distress, and PTSD. Numinus Wellness (Montreal/Vancouver) and Field Trip Health are Canadian companies providing psychedelic-assisted therapy or supporting research in this area.

- ◆ Psilocybin-assisted therapy: Phase 2 and 3 trials show substantial remission rates (60–80%) in treatment-resistant depression and anxiety — conditions that disproportionately affect women. Mechanism: psilocybin promotes neuroplasticity (dendritic spine growth), disrupts the default mode network (the brain's 'rumination circuit'), and produces an acute 'neural reset' effect that outlasts the drug's pharmacological action
- ◆ MDMA-assisted therapy for PTSD: Phase 3 trials (MAPS protocol) show clinically significant improvements in PTSD symptom severity, with response rates far exceeding standard care. Particularly relevant for women given their 2× higher PTSD prevalence

- ◆ Neuroplasticity mechanisms: both psilocybin and MDMA promote neuroplasticity — literally growing new neural connections and increasing cognitive flexibility. This mechanism connects psychedelic therapy to a broader framework of neuroprotection and cognitive resilience
- ◆ Access and equity: psychedelic-assisted therapy is expensive (\$2,000–\$5,000+ per session including therapist time), not publicly covered, and currently available only in major urban centres — creating a significant equity gap

# PREVENTION: THE 12 ACTIONS TO IMPROVE BRAIN HEALTH

The Alzheimer Society of Canada's evidence-based '12 Actions to Improve Brain Health' represents the most important preventive framework available for Canadians concerned about cognitive decline. Based on the landmark Lancet Commission on dementia prevention, the actions collectively address potentially modifiable risk factors that may account for up to 40% of dementia cases globally. For women, this framework is particularly powerful because many of the modifiable risk factors — including depression, hearing loss, sleep disruption, and social isolation — are both more prevalent in women and more connected to hormonal transitions.

## The Alzheimer Society of Canada's 12 Actions to Improve Brain Health

1. Be physically active each day — 150 minutes of moderate-intensity aerobic activity per week; resistance training 2× per week. Exercise is the single most evidence-backed dementia prevention intervention. 2. Challenge your brain — new learning, complex cognitive activities, language acquisition. 3. Stay socially engaged — social isolation is an independent dementia risk factor. 4. Manage your cardiovascular health — blood pressure, cholesterol, blood sugar. High midlife blood pressure is strongly associated with dementia risk. 5. Maintain a healthy weight — obesity in midlife increases dementia risk; weight management in the 40s–50s is the highest-impact window. 6. Eat well — Mediterranean or MIND dietary patterns with high fibre, fish, olive oil, and polyphenol-rich foods. 7. Protect your head — head injuries, including repeated mild TBI, significantly increase dementia risk. 8. Limit alcohol — no safe level established for dementia prevention. 9. Quit smoking — smoking increases dementia risk significantly. 10. Get enough sleep — sleep deprivation directly impairs amyloid clearance (the glymphatic system's primary work occurs during deep sleep). 7–9 hours per night is the brain health target. 11. Manage depression and mental health — treat depression and anxiety proactively; these are dementia risk factors. 12. Protect your hearing — unmanaged hearing loss is the largest modifiable dementia risk factor in the Lancet 2024 Commission update; hearing aids reduce dementia risk.

## Women-Specific Prevention Additions

- ◆ Perimenopausal MHT and the timing hypothesis: evidence is building that MHT initiated in perimenopause (not post-menopause) may reduce Alzheimer's risk — the CARE initiative will test this definitively by 2027–2028
- ◆ Cardiovascular risk management is a brain health intervention: the same metabolic conditions that damage the heart (hypertension, diabetes, high LDL, obesity) also damage the brain. Women's sex-specific cardiovascular risk patterns — including hypertensive disorders of pregnancy, PCOS, and premature menopause — all carry elevated dementia risk that is insufficiently recognised
- ◆ Social connection and caregiving burden: women's higher rates of caregiving — while associated with social engagement on one hand — also create social isolation when caregiving exhausts social capacity.

Preserving personal social connections during high caregiving periods is a specific women's dementia prevention recommendation

- ◆ Hearing protection and screening: the Lancet 2024 update elevated hearing loss to the top modifiable dementia risk factor. Women are underdiagnosed for hearing loss because they more commonly experience sensorineural high-frequency loss (less immediately symptomatic than the low-frequency loss more common in men)

# NUTRITION AND BRAIN HEALTH: THE FOOD-AS-MEDICINE FRAMEWORK

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The brain is 60% fat by dry weight; it consumes 20% of the body's total energy; it is uniquely sensitive to nutritional status. The evidence for dietary patterns in dementia prevention is stronger than for any pharmacological intervention in the prevention category.

## The Brain Health Nutrition Evidence Base

- ◆ Mediterranean diet: the most studied dietary pattern for cognitive health — large prospective cohort studies consistently show 25–35% reduction in Alzheimer's disease risk with high adherence. High in extra-virgin olive oil (oleocanthal has anti-amyloid properties), fatty fish (omega-3 DHA), vegetables, legumes, and moderate red wine. Low in red meat, processed food, and refined carbohydrates
- ◆ MIND diet (Mediterranean-DASH Intervention for Neurodegenerative Delay): a hybrid of Mediterranean and DASH dietary principles specifically optimised for brain health. Specifically emphasises: berries (2+ servings per week — blueberries and strawberries have the strongest evidence for cognitive benefit), leafy green vegetables (1+ daily), nuts (5+ servings per week), olive oil (primary cooking fat), whole grains (3+ servings daily), fish (1+ weekly), beans (4+ weekly), poultry (2+ weekly). Limits: red meat, butter and margarine, cheese, pastries and sweets, fried food
- ◆ Omega-3 DHA/EPA: DHA (docosahexaenoic acid) is the structural fat of brain membranes — comprising approximately 20% of the fatty acids in the brain's grey matter. DHA supplementation (1–2g/day EPA+DHA) is associated with slower cognitive decline in older adults and reduced Alzheimer's risk in prospective studies
- ◆ Polyphenols and flavonoids: berries, dark chocolate, green tea, turmeric (curcumin), quercetin (onions, apples) — with antioxidant, anti-inflammatory, and anti-amyloid properties. Curcumin has specific evidence for blood-brain-barrier penetration and amyloid reduction in animal models; human RCT evidence remains mixed but promising
- ◆ Lion's Mane mushroom (*Hericium erinaceus*): the most evidence-backed nootropic — stimulates Nerve Growth Factor (NGF) production, promotes neurogenesis, and in small human trials shows improvement in mild cognitive impairment over 16 weeks. Available as a culinary mushroom or supplement
- ◆ Vitamin D3: severe deficiency is associated with elevated dementia risk; vitamin D receptors are widely distributed in the brain and support neurogenesis and anti-inflammatory function. Target serum level 100–150 nmol/L (optimal, not just 'normal')

## What to Avoid for Brain Health

- ◆ Ultra-processed food: directly associated with cognitive decline in multiple large prospective studies (including Brazilian cohort data published in JAMA Neurology 2022). Mechanism: gut dysbiosis, neuroinflammation, insulin resistance, and advanced glycation end products

- ◆ Excess sugar and refined carbohydrates: the brain's insulin resistance in Alzheimer's disease (sometimes called 'Type 3 diabetes') suggests metabolic dysfunction as a central mechanism. Dietary patterns that drive insulin resistance accelerate amyloid accumulation
- ◆ Alcohol: no safe level established for dementia prevention — the previous 'J-curve' benefit of moderate alcohol has not been replicated in studies controlling for confounders
- ◆ Sleep disruption (the amyloid clearance failure): the glymphatic system — the brain's waste clearance mechanism — operates primarily during deep sleep. Chronic sleep deprivation ( $\leq 6$  hours per night) directly impairs amyloid and tau clearance, accelerating the accumulation of the pathological proteins associated with Alzheimer's disease

# INNOVATION AND TECHNOLOGY: THE DIGITAL BRAIN HEALTH FRONTIER

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## AI-Assisted Cognitive Screening and Diagnostics

- ◆ AI speech biomarker analysis: speech patterns — pauses, word choice, syntactic complexity — change measurably in early Alzheimer's disease, up to 7 years before clinical diagnosis. Canadian companies including Winterlight Labs (Toronto) are using natural language processing to detect cognitive decline from short speech samples
- ◆ Retinal imaging for Alzheimer's biomarkers: the retina is an extension of the brain — and amyloid deposits and vascular changes visible in the retina correlate with brain amyloid burden. AI-powered retinal imaging may offer a non-invasive, low-cost cognitive screening tool
- ◆ Digital cognitive testing: Brief Assessment of Cognition (BACapp), Cambridge Brain Sciences, and Cogstate provide validated, brief digital cognitive assessments — enabling screening in primary care and community settings without specialist referral

## Wearable Neurotechnology

- ◆ Muse S (InteraXon, Toronto): EEG-based neurofeedback headband — the only Canadian-developed neurotechnology company in the wearable brain health space. Provides real-time meditation feedback and sleep staging. Research applications in stress and cognitive health
- ◆ Oura Ring Generation 4: validated sleep staging, body temperature, HRV — directly relevant to brain health through sleep quality monitoring (amyloid clearance depends on deep sleep). Oura's menopause temperature tracking has direct brain health relevance through MHT timing guidance
- ◆ Non-invasive brain stimulation: transcranial magnetic stimulation (TMS) is approved in Canada for treatment-resistant depression; transcranial direct current stimulation (tDCS) is under research for cognitive enhancement and Alzheimer's prevention
- ◆ Continuous EEG wearables (Dreem, Kernel Flow): research-grade wearable EEG systems enabling continuous brain health monitoring in real-world settings — moving from clinical research toward consumer accessibility

## Digital Therapeutics for Brain Health

- ◆ BrainHQ (Posit Science): the most evidence-backed cognitive training platform — with RCT evidence for reducing Alzheimer's risk (ACTIVE trial follow-up data showing 29% reduction in dementia risk with speed-of-processing training) and improving cognitive function in older adults
- ◆ Numinus Wellness (Canada): Canadian leader in psychedelic-assisted therapy — psilocybin and ketamine-assisted therapy for depression, anxiety, and PTSD. Clinical sites in Montreal and Vancouver
- ◆ MindBeacon (acquired by MindHealthMD): Canadian digital CBT platform — evidence-based structured CBT for depression and anxiety at scale
- ◆ Headspace Health: meditation and mental health platform with evidence-based mindfulness practices — supporting the brain health benefits of mindfulness (reduced amygdala reactivity, increased grey matter in prefrontal cortex, reduced cortisol)

## CANADIAN RESEARCH LEADERS & ORGANIZATIONS

Organization / Platform	What It Does	Why Watch
<b>Women's Brain Health Initiative (WBHI)</b>	Toronto — founded 2012 by Lynn Posluns; funds sex-specific brain aging research; created the first Research Chair in Women's Brain Health and Aging (Dr. Gillian Einstein, U of T); December 2 Women's Brain Health Day advocate	Canada's primary advocacy and research funding organisation for women's brain health. WBHI's creation of the first women's brain health research chair, its December 2 advocacy, and its \$716,000 Public Health Agency grant (2022) represent foundational institutional infrastructure for this field.
<b>Alzheimer Society of Canada (ASC)</b>	National charity — Landmark Study Reports #1 (2022) and #2 (2024); dementia numbers tracking; 12 Actions framework; drug approval advocacy; Alzheimer Society Research Program (\$30M+ funded)	The authoritative voice for Canadian dementia statistics and policy. The ASC's continuously updated dementia numbers page (771,939 as of January 1, 2025) and Landmark Study Reports are the primary Canadian data source. Their responses to lecanemab and donanemab approvals are the national reference on access and coverage.
<b>Brain Canada Foundation</b>	National brain research funder — Brain Canada Platform grants; Canada Brain Research Fund (federal co-investment); Brain Canada-WBHI Expansion Grants program	Provides the national funding infrastructure for Canadian neuroscience research. The Brain Canada-WBHI Expansion Grants (six teams, \$105,000 each, 2022) specifically fund sex-and-gender brain research — directly supporting the women's brain health research gap.
<b>CCNA — Canadian Consortium on Neurodegeneration in Aging</b>	Multi-institutional collaborative research network — CAN-Thumbs Up multidomain dementia prevention trial; Brain Health Support Program; new medication synthesis and access guidance	CCNA's CAN-Thumbs Up trial is Canada's version of the global FINGER network's multidomain dementia prevention program — combining diet, exercise, cognitive training, and vascular risk management in a Canadian context. CCNA provides the most current and balanced Canadian synthesis of lecanemab/donanemab evidence.
<b>Dr. Natasha Rajah (Toronto Metropolitan University)</b>	Canada Research Chair, Tier 1, in Sex, Gender, and Diversity in Brain Health, Memory, and Aging; CIHR Sex and Gender Research Chair in Neuroscience, Mental Health and Addiction (2020)	Holds the highest-level federal research chair in sex-disaggregated brain health research. Dr. Rajah's work on how sex, gender, and diversity affect brain aging and memory is the central academic anchor for precision women's brain health research in Canada.
<b>Dr. Gillian Einstein (University of Toronto)</b>	First Research Chair in Women's Brain Health and Aging (created by WBHI); research on menopause, oestrogen, and cognition; public education on sex differences in brain health	Dr. Einstein's research specifically on why 72% of Alzheimer's patients are women, and on the relationship between oestrogen withdrawal and cognitive decline, is the foundational

		academic work connecting menopause to dementia risk in Canada.
<b>CAMH — Centre for Addiction and Mental Health</b>	Canada's largest academic mental health and addiction teaching hospital; digital therapeutics research; psychedelic therapy research; AI in psychiatry; CAMH Womenmind program	CAMH's Womenmind program specifically addresses women's mental health across the lifespan — directly relevant to the depression-dementia connection and the women-specific mental health burden documented in this e-guide. CAMH's psychedelic research program is among the most active in Canada.
<b>Winterlight Labs (Toronto)</b>	AI-powered speech and language biomarker platform for cognitive health — detecting early Alzheimer's and other neurological conditions from short speech samples	Canadian health AI company directly addressing the women's brain health diagnostic gap. Speech biomarkers that can detect cognitive decline 7 years before clinical diagnosis could transform early intervention — and are sex-differentiated (women's verbal expression patterns differ from men's).
<b>CARE Initiative (Wellcome Leap)</b>	\$50M 3-year program; Director: Dr. Lisa Mosconi; goal: halve Alzheimer's risk in women through endocrinological intervention; testing perimenopausal MHT as neuroprotection	The most ambitious and highest-funded women's Alzheimer's prevention research programme in the world. Results expected by 2027–2028 will be transformative for evidence-based perimenopausal brain health management. Canadian researchers are participants in this international programme.

# PROVINCIAL SNAPSHOTS

## Women's Brain Health Innovation Across Canada

Province / Territory	Brain Health Innovation Focus	Key Watch Areas
<b>British Columbia</b>	UBC Djavad Mowafaghian Centre for Brain Health; BC Cancer brain tumour research; CCNA BC research; digital brain health platforms; BC cancer brain biomarker programs; Numinus Wellness (psychedelics); telehealth cognitive assessments	Indigenous women's dementia prevention; rural BC access to cognitive assessment; BC's tech sector driving brain health digital innovation; lecanemab/donanemab access equity in BC
<b>Alberta</b>	University of Alberta and Calgary neuroscience; Glenrose Rehabilitation Hospital brain health programs; University of Calgary CCNA participation; Hotchkiss Brain Institute	Dementia care access equity in rural Alberta; Indigenous women's dementia; employer-supported cognitive health programs in major sectors; lecanemab access pathways for Albertans
<b>Saskatchewan</b>	University of Saskatchewan neuroscience; Saskatchewan Health Authority dementia programs; rural cognitive health access	Rural and Indigenous women's dementia prevention access; primary care-based cognitive screening; telehealth cognitive assessment pathways
<b>Manitoba</b>	University of Manitoba neurodegeneration research; CancerCare Manitoba brain tumour programs; Indigenous brain health programs	Indigenous women's dementia prevention; rural cognitive health access; First Nations Brain Health programs
<b>Ontario</b>	CAMH Womenmind; Winterlight Labs; Muse S / InteraXon; Women's Brain Health Initiative; Dr. Gillian Einstein (U of T); Dr. Natasha Rajah (TMU); Brain Canada; Alzheimer Society national HQ; Sunnybrook Research Institute (brain imaging); Ontario Brain Institute	Toronto as the centre of Canadian women's brain health innovation; CCNA Ontario research; lecanemab/donanemab clinical access pathways; primary care cognitive screening standards; racialized women's brain health equity
<b>Quebec</b>	McGill University brain research; Université de Montréal (Dr. Sonia Lupien — stress and brain); CSHS burnout-brain research; Mila AI applied to neuroimaging; Field Trip Health (psychedelics); Montreal Neurological Institute	Francophone brain health education; McGill brain research translation; Mila's AI neuroimaging work directly applicable to early dementia detection; cortisol-brain research at CSHS
<b>New Brunswick</b>	Atlantic dementia research network; telehealth cognitive assessment; Mi'kmaq elder brain health programs	Rural Atlantic access to cognitive care; Mi'kmaq traditional knowledge and brain wellness; IWK-influenced brain health programs
<b>Nova Scotia</b>	Dalhousie University neuroscience; IWK brain research; Atlantic stroke research; CCNA Atlantic participation	Atlantic women's dementia prevention programs; stroke prevention (cross-referenced with Vol. 2: Cardiovascular Health); African Nova Scotian brain health equity

<b>Prince Edward Island</b>	Virtual cognitive assessment; primary care dementia screening; small-system integration	Limited in-province neurology specialist access; telehealth as primary cognitive care mode
<b>Newfoundland &amp; Labrador</b>	Memorial University neuroscience; CCNA Newfoundland participation; telehealth cognitive care	Remote community brain health; Labrador Indigenous women's brain health; extreme geographic barriers to specialist neurology
<b>Yukon</b>	First Nations brain health programs; traditional wellness and cognitive resilience; telehealth cognitive care	Indigenous women's brain health equity; traditional knowledge and brain wellness; seasonal light variation and cognitive health
<b>Northwest Territories</b>	Indigenous brain health programs; community health workers; telehealth dementia care	Dene, Métis, and Inuit women's brain health; traditional knowledge as cognitive wellness framework; remote access to dementia support
<b>Nunavut</b>	Inuit brain health programs; Inuit Qaujimagatuqangit frameworks; telehealth	Inuit women's unique brain health context; traditional Inuit cognitive wellness practices; food security and brain health

# THE FUTURE: 2026–2030 OUTLOOK

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## 1 — The CARE Initiative Will Transform Perimenopausal Brain Health

Dr. Lisa Mosconi's \$50 million CARE initiative (2025–2028) will produce the most rigorous human evidence ever generated on whether hormonal intervention during perimenopause can reduce Alzheimer's disease risk. If MHT initiated in the perimenopausal window reduces amyloid accumulation — as Mosconi's imaging data suggests — the implications for Canadian women's health practice will be transformative: perimenopausal hormonal management will become a neurological intervention, not merely a symptom-management strategy.

## 2 — Disease-Modifying Alzheimer's Drugs Will Require an Early Detection Ecosystem

Lecanemab and donanemab only work in early-stage disease with confirmed amyloid pathology. Canada currently lacks the early detection infrastructure — accessible PET scanning, CSF amyloid testing, blood-based biomarker testing — to identify the patients who would benefit from these treatments at scale. Blood-based amyloid biomarkers (plasma p-tau217, Aβ42/40 ratio) are advancing rapidly and will enable affordable, accessible early Alzheimer's screening in primary care by 2027–2028. The national infrastructure for early Alzheimer's detection will need to be built in parallel with treatment access policy.

## 3 — Blood-Based Alzheimer's Biomarkers Will Enter Primary Care

Plasma biomarker tests for Alzheimer's pathology (p-tau217, Aβ42/40 ratio, GFAP, NfL) are in advanced clinical validation and are expected to be commercially available in Canadian primary care settings by 2027. These simple blood tests — comparable to cholesterol testing — will enable identification of individuals at elevated Alzheimer's risk decades before clinical symptoms, transforming the prevention and early treatment landscape. For women, testing at perimenopause could identify those who would most benefit from neuroprotective intervention.

## 4 — Psychedelic-Assisted Therapy Will Expand Access

As clinical evidence matures, psychedelic-assisted therapy for treatment-resistant depression, PTSD, and anxiety will move toward broader regulated access in Canada. The current Special Access Program framework will likely evolve toward licensed clinic models — similar to the framework emerging in Oregon and Colorado in the US. For women with treatment-resistant depression, PTSD, or menopause-related mood disorders, this represents a high-impact therapeutic frontier.

## **5 — Cognitive Longevity Will Become a Women's Health Priority**

The intersection of menopause science, precision nutrition, neuroplasticity research, sleep medicine, and dementia prevention will coalesce into 'cognitive longevity medicine' — a distinct domain of women's healthcare by 2028–2030. Baljit Sidhu's integrated Food-as-Medicine, stress recovery, and WHI platform is positioned at the exact intersection of this convergence — the preventive nutrition and lifestyle foundation on which all cognitive longevity interventions rest.

# POLICY RECOMMENDATIONS

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## For Federal and Provincial Governments

- ◆ Fund the early detection infrastructure for disease-modifying Alzheimer's therapy — blood-based biomarker testing in primary care, accessible PET scanning for amyloid confirmation, and clinical pathways connecting early detection to treatment — without which the Health Canada approvals of lecanemab and donanemab are inaccessible to most Canadians
- ◆ Develop public coverage pathways for lecanemab and donanemab — the February 2026 Canadian Drug Agency recommendation against coverage should not be the final word. The precedent for disease-modifying therapy in early Alzheimer's will set the framework for all future neurodegenerative disease treatments; getting the access model right now matters
- ◆ Fund women-specific brain health research through CIHR — the Canada Research Chair (Tier 1) in Sex, Gender, and Diversity in Brain Health held by Dr. Natasha Rajah at TMU is a landmark. But one chair is insufficient for the scale of the sex gap in brain health research. At least five additional sex-stratified neuroscience research chairs should be funded by 2027
- ◆ Include brain health and cognitive longevity in the Bill S-243 National Framework for Women's Health — dementia, menopause-brain connections, and women's neurological conditions (migraine, depression, PTSD) are directly relevant to a women's health framework

## For Health Systems and Clinicians

- ◆ Standardise cognitive screening in women's health at perimenopause — brief cognitive assessments (Montreal Cognitive Assessment, MoCA; or digital equivalents) should be part of the perimenopausal health assessment, alongside hormonal assessment and cardiovascular risk profiling
- ◆ Train primary care physicians on the timing hypothesis for MHT and brain health — women presenting in perimenopause should receive evidence-based guidance on the potential neuroprotective benefits of MHT initiated in the perimenopausal window
- ◆ Implement the Alzheimer Society of Canada's 12 Actions to Improve Brain Health as a standard of preventive care messaging — these evidence-based lifestyle recommendations should be as standard in health promotion as immunisation and cancer screening
- ◆ Expand access to CGRP-targeted migraine therapies through public drug plans — these highly effective preventive therapies are not yet universally covered in Canadian provinces, creating inequitable access for women with chronic migraine

## For Employers

- ◆ Incorporate cognitive health screening and brain health resources into corporate wellness programs — early cognitive changes are detectable in working-age women, and workplace wellness programs are a natural access point for screening
- ◆ Provide menopause education that explicitly addresses brain fog, cognitive symptoms, and the neuroendocrine aspects of the menopausal transition — reframing menopause from a hormonal to a neurological event changes the urgency and the clinical response

## RESOURCES AND ORGANIZATIONS

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### Canadian Brain Health Resources

- ◆ Alzheimer Society of Canada: [alzheimer.ca](http://alzheimer.ca) — dementia statistics, 12 Actions, drug information, caregiver support, Landmark Study Reports
- ◆ Women's Brain Health Initiative: [womensbrainhealth.org](http://womensbrainhealth.org) — women-specific brain health research, education, and advocacy
- ◆ Brain Canada Foundation: [braincanada.ca](http://braincanada.ca) — Canadian brain research funding, news, and education
- ◆ Canadian Consortium on Neurodegeneration in Aging (CCNA): [ccna-ccnv.ca](http://ccna-ccnv.ca) — research updates, new medication guidance, clinical trials
- ◆ CAMH Womenmind: [camh.ca/womenmind](http://camh.ca/womenmind) — women's mental health programs across the lifespan

### Key 2025–2026 References

- ◆ Health Canada Lecanemab Approval (October 25, 2025): [alzheimer.ca/health-canada-approves-lecanemab](http://alzheimer.ca/health-canada-approves-lecanemab)
- ◆ Health Canada Donanemab Approval (May 1, 2026): [alzheimer.ca/health-canada-approves-donanemab](http://alzheimer.ca/health-canada-approves-donanemab)
- ◆ Alzheimer Society of Canada Dementia Numbers (updated January 2025): [alzheimer.ca/dementia-numbers-canada](http://alzheimer.ca/dementia-numbers-canada)
- ◆ Alzheimer Society of Canada Landmark Study Report #2 (2024): [alzheimer.ca/landmark-study](http://alzheimer.ca/landmark-study) — demographic projections including sex and diversity analysis
- ◆ Wellcome Leap CARE Initiative (Lisa Mosconi, 2025): [wellcomeleap.org/care](http://wellcomeleap.org/care)

#### About Women's Health & Innovation

Women's Health & Innovation is a strategic Canadian platform advancing evidence-based innovation in women's health at every life stage. This e-guide — Women's Brain Health & Innovation in Canada — is part of the WHI Canadian Series. Other volumes cover mental health (Vol. 1), cardiovascular health (Vol. 2), menopause and longevity (Vol. 3), cancer detection (Vol. 4), AI and preventive health (Vol. 5), metabolic health and GLP-1 (Vol. 6), fertility (Vol. 7), precision medicine (Vol. 8), health equity and policy (Vol. 9), sleep, stress, and recovery (Vol. 10), GI and gut-brain health (Vol. 11), and workplace health (Vol. 12). Published by the Farm Fairy Foundation. Visit: [womenhealthinnovation.org](http://womenhealthinnovation.org) · [farmfairyfoundation.org](http://farmfairyfoundation.org)

*"A woman's brain  
is shaped by hormones, by history,  
by the biology of bearing and nurturing life,  
and by the distinctive neurological transitions  
that only women experience.  
Protecting it requires science built for her."*



— **Baljit Sidhu**

*Healthcare Executive · Global Chair, Women's Health & Innovation*

*Founder & President, Farm Fairy Foundation*

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