CogniFit

The Cognitive Health Shift

What 324 Health Professionals Reveal About Prevention, AI and the Future of Brain Care

The hidden message in the survey

Cognition is moving from a late, episodic test to an earlier, repeated and more integrated part of care.

324 professionals

43 countries

June-July **2026**

Directional sample of CogniFit professional users; not statistically representative of all healthcare professionals.

HOW TO READ THE DATA

Six survey signals health professionals can act on now.

The value of the survey is not only in the percentages. It is in the practical pattern they create for care delivery.

01	**Start earlier**	Use brief cognitive baselines before symptoms become the only trigger.
02	**Monitor change**	Track progress every few months or continuously where clinically justified.
03	**Watch risk moments**	Add cognition checks around medication changes, anesthesia and surgery.
04	**Broaden intake**	Treat cognition as relevant to mental health, development, aging and rehabilitation.
05	**Keep trust high**	Use digital tools to reduce burden, but keep clinical judgment explicit.
06	**Remove friction**	Address cost, reimbursement, awareness and workflow integration locally.

PRACTICAL FRAMING

Do not present cognitive care as another test. Present it as a way to establish baseline, monitor change and guide better conversations.

Source: CogniFit Global Survey, Professionals in Cognitive Health, 2026. n=324. Sample of CogniFit professional users; not designed to be statistically representative of the general population.

INSIGHT 01 · BASELINES

The survey supports earlier cognitive baselines, not indiscriminate diagnosis.

A very small minority favored waiting until symptoms appear. The practical opportunity is routine baselining with clear follow-up rules.

11%
Say checkups should begin only when symptoms appear

61%
Say routine checkups should begin at or before age 50

78%
Agree adults 60+ should receive an annual cognitive checkout

Practical protocol for a clinic

01 Create a baseline at intake for patients with cognitive complaints, mental health symptoms, learning concerns, aging concerns or rehabilitation needs.

02 For adults 50+, consider a brief cognitive baseline even when there are no symptoms, especially if there are risk factors or family concern.

03 For adults 60+, use an annual or periodic checkup as a trend measure, not as a standalone diagnosis.

04 Explain results as a profile and a starting point for monitoring; refer for deeper evaluation when decline, inconsistency or functional impact appears.

CLINICAL SAFEGUARD

The strongest version of prevention is not labeling people early. It is knowing what changed, when it changed and whether it matters functionally.

Source: CogniFit Global Survey, Professionals in Cognitive Health, 2026. n=324. Sample of CogniFit professional users; not designed to be statistically representative of the general population.

INSIGHT 02 · RISK MOMENTS

Cognition should be monitored when treatment itself can affect cognition.

The survey points to a practical blind spot: cognitive side effects around medications, anesthesia and surgery.

80%
Agree clinicians should systematically monitor cognitive side effects

69%
Optimistic about the next 5 years of cognitive care

93%
Say organizations should do more for brain and mental health

A three-step cognitive safety loop

Before

Document baseline attention, memory, processing speed or patient-reported cognitive concerns before a known risk moment.

After

Repeat a brief check after medication changes, anesthesia, surgery or other interventions when cognitive complaints are plausible.

Act

If the patient or family reports change, compare against baseline, review medications and refer when functional impact or decline persists.

PRACTICAL INSIGHT

The easiest place to embed cognitive care may be where clinicians already monitor risk: medication reviews, post-procedure follow-up and rehabilitation milestones.

Source: CogniFit Global Survey, Professionals in Cognitive Health, 2026. n=324. Sample of CogniFit professional users; not designed to be statistically representative of the general population.

INSIGHT 03 · SCOPE

Cognitive health is becoming a transversal layer of care.

The professionals surveyed do not see cognition only through neurological disease. Their caseloads span development, emotional health, aging, performance and rehabilitation.

73%
See the future as transversal or central to mental health/wellness

35%
Mentions relate to development needs

22%
Mentions relate to emotional health

Use cognition as an intake lens

Development	Attention, learning difficulties, autism, school performance.
Emotional health	Depression, anxiety, mood disorders, fatigue, concentration complaints.
Brain aging	Healthy aging, MCI, dementia risk, family concerns.
Rehabilitation	Brain injury, stroke, functional recovery milestones.
Performance	Workplace demands, cognitive optimization, safety-sensitive roles.

PRACTICAL INSIGHT

A cognitive question can be added to many intakes: What cognitive change is the patient noticing, what function does it affect and what baseline can we compare with later?

Source: CogniFit Global Survey, 2026. Future-vision question n=324; population categories reflect 1,553 multi-select mentions. Sample not statistically representative.

INSIGHT 04 · FOLLOW-UP

One measurement is weak. Change over time is clinically useful.

The survey suggests the field is already moving toward repeated monitoring, with a substantial home-based component.

63%
Monitor every few months or continuously

35%
Say use is most commonly at home

41%
Say use is most commonly in clinic

Suggested monitoring cadence

Baseline	At intake, annual wellness, start of intervention or before a treatment risk moment.
Every few months	When training, rehabilitation or treatment adjustments are underway.
Continuous digital tracking	For adherence, early signals or coaching - but confirm meaningful changes clinically.
Escalation	If decline is repeated, functionally relevant, unexpected or reported by family/ caregiver.

PRACTICAL INSIGHT

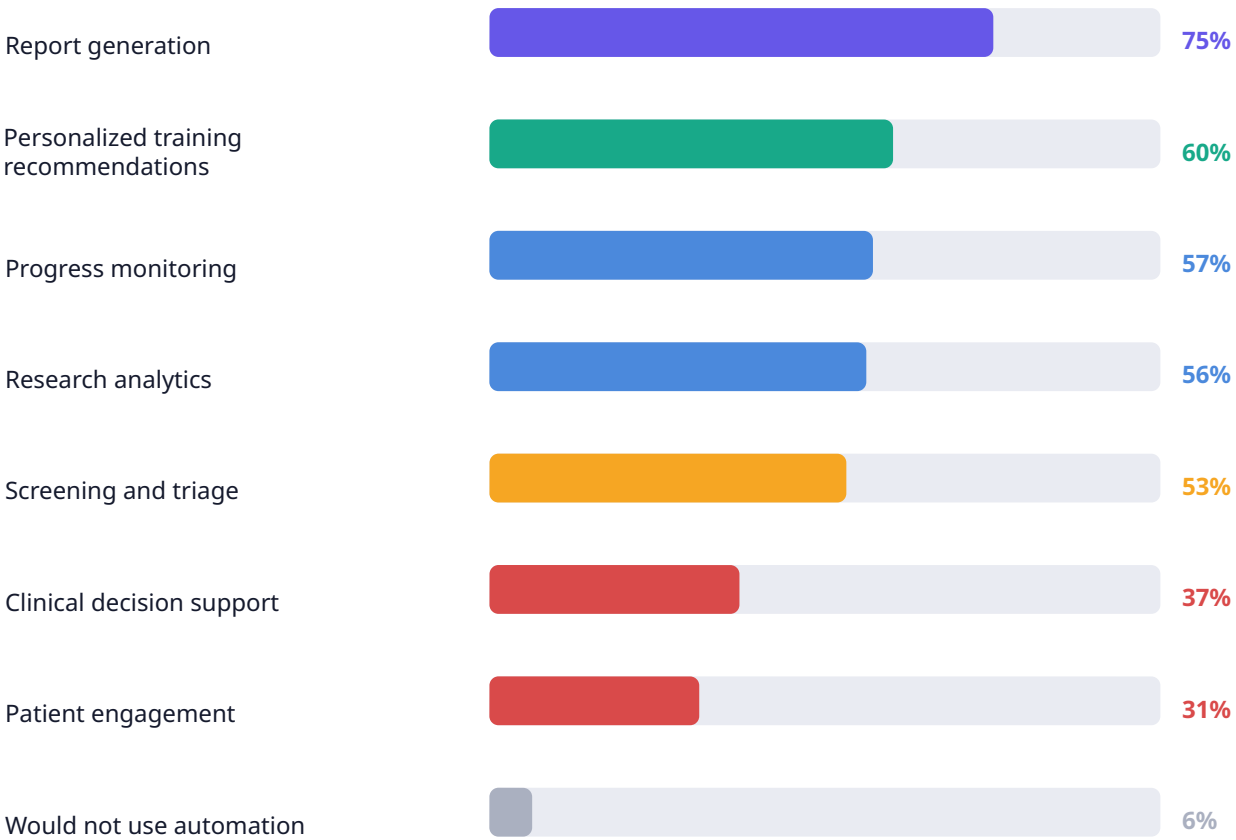
A hybrid model can use the clinic for interpretation and the home for repeated measurement, adherence and patient engagement.

Source: CogniFit Global Survey, Professionals in Cognitive Health, 2026. n=324. Sample of CogniFit professional users; not designed to be statistically representative of the general population.

INSIGHT 05 · TRUST

Use automation where professionals already show comfort - and slow down where trust drops.

The pattern is not a blanket yes or no. Comfort is higher for administrative and analytical uses than for clinical decision support or patient engagement.



Practical guardrails

01 Use automation first for drafts, summaries, reporting and structured recommendations that a clinician reviews.

02 Document when a recommendation is clinician-confirmed versus tool-generated.

03 For clinical decisions and patient engagement, require clear accountability, consent, privacy safeguards and escalation paths.

Source: CogniFit Global Survey, 2026. Comfort with technology areas was multi-select, n=324. Sample not statistically representative.

INSIGHT 06 · EVIDENCE

Innovation priorities are evidenceled before they are feature-led.

Professionals want validation, personalization and outcome measurement at the top of the roadmap.

PRACTICAL INSIGHT

When selecting a cognitive care platform, ask first: What is validated, what outcome is measured, how will it fit the workflow and how will we explain results to patients?

Source: CogniFit Global Survey, Professionals in Cognitive Health, 2026. n=324. Sample of CogniFit professional users; not designed to be statistically representative of the general population.

INSIGHT 07 · ADOPTION

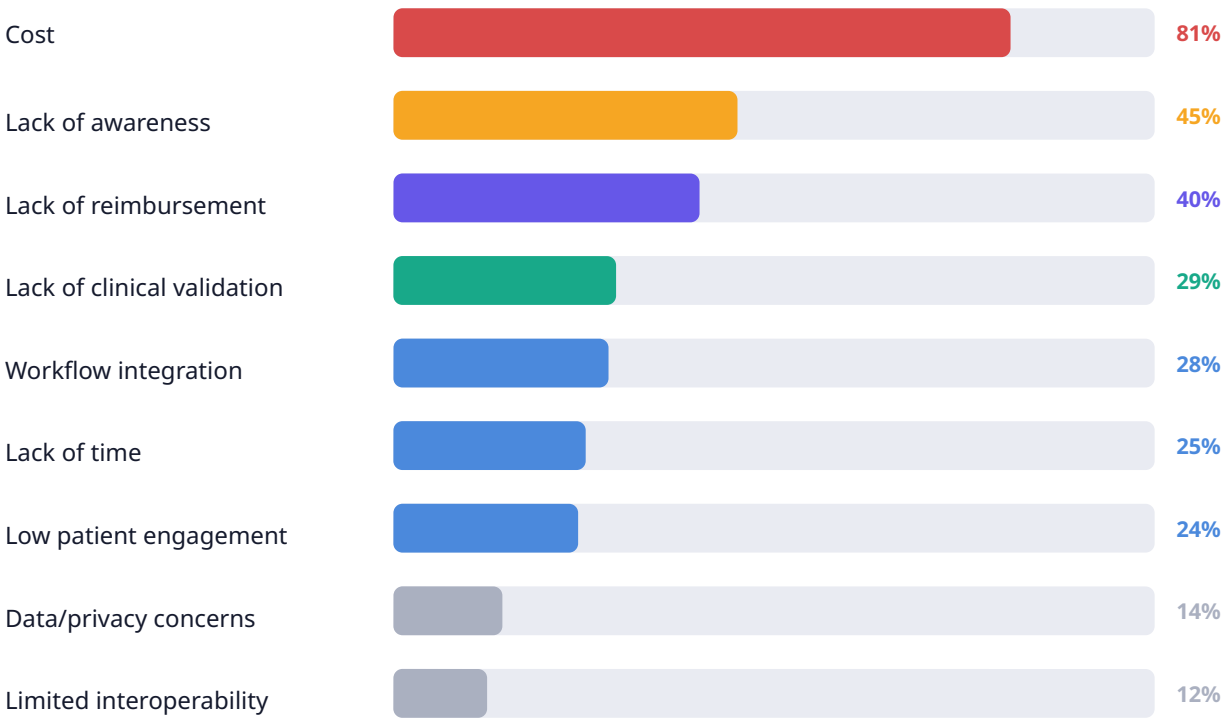
The barrier is less about belief and more about access.

Cost is the dominant barrier. Awareness and reimbursement also matter more often than lack of clinical validation.

81%
Cost

45%
Lack of awareness

40%
Lack of reimbursement



Local actions for a practice

01 Create a low-cost baseline option and reserve deeper assessment for risk, change or functional impact.

02 Train staff to explain cognitive monitoring in plain language in less than one minute.

Source: CogniFit Global Survey, Professionals in Cognitive Health, 2026. n=324. Sample of CogniFit professional users; not designed to be statistically representative of the general population.

PRACTICAL PLAN

A 30-day workflow a health professional can actually implement.

A simple way to convert the survey signals into practice without overcomplicating clinical operations.

Week 1	**Define who gets a baseline**	Adults 50+, adults 60+, cognitive complaints, mental health cases, medication/procedure risk moments, rehab patients and learning/development referrals.
Week 2	**Choose the minimum dataset**	Brief cognitive profile, patient-reported concern, functional impact, risk factors and a clear note on whether follow-up is needed.
Week 3	**Build the follow-up rhythm**	Every few months for active cases; annual or periodic for aging baselines; sooner after medication/procedure-related complaints.
Week 4	**Review and refine**	Track completion, patient understanding, referrals, time burden and whether results changed care decisions.

PRACTICAL INSIGHT

Start with one pathway and one population. Scaling cognitive care usually fails when the first workflow is too ambitious.

Source: CogniFit Global Survey, Professionals in Cognitive Health, 2026. n=324. Sample of CogniFit professional users; not designed to be statistically representative of the general population.

PRACTICAL LANGUAGE

How to explain cognitive monitoring without creating fear.

The survey supports earlier monitoring, but clinical communication should avoid overmedicalizing normal variation.

For a patient	**We are not trying to label you from one score. We are creating a cognitive baseline so we can understand change over time.**
For a family member	**A single result is less useful than a trend. Tell us what changed in daily life, when it started and whether it is getting better or worse.**
For a referring clinician	**This is a structured cognitive profile to support monitoring and triage. It does not replace diagnostic evaluation when symptoms or functional decline require it.**
For a payer or administrator	**The survey suggests adoption is limited mainly by cost, reimbursement and awareness. A brief baseline pathway can reduce friction before more complex assessment is needed.**

COMMUNICATION RULE

Say baseline, trend and function more often than score, impairment or risk.

Source: CogniFit Global Survey, Professionals in Cognitive Health, 2026. n=324. Sample of CogniFit professional users; not designed to be statistically representative of the general population.

The opportunity is not to test more. It is to make cognition visible earlier, track it over time and act on change.

EARLIER Do not wait for symptoms to be the only trigger.

REPEATED Use trends to separate noise from meaningful change.

TRANSVERSAL Ask cognitive questions across mental health, aging, development and rehab.

EVIDENCE-LED Prioritize validated tools, measurable outcomes and clear interpretation.

ACCESSIBLE Solve cost, reimbursement, awareness and workflow friction.

Cognitive health may be approaching its vital signs moment - but only if it becomes practical enough for real care.

https://www.cognifit.com/medical-platform

Methodology: 324 professionals in 43 countries, June-July 2026. Survey in English and Spanish among professionals using the CogniFit cognitive care platform. Directional professional sample; not statistically representative of the general population or all health professionals.