Reduce Your Risk of Dementia, Alzheimer's, and More by Understanding This One Thing

By Robert Ferguson

Imagine This...

Imagine being diagnosed with **depression**, **dementia**, **Alzheimer's**, **Parkinson's**, **or another cognitive disorder**, only to discover later that you might have reduced your risk. Even more powerful, imagine helping someone you love to lower their chances.

Advanced research and published studies in Japan, Norway, and parts of Europe have already uncovered what I'm now teaching. It could be 10 years, or never, before your doctor is equipped to share this with you. In fact, many doctors are my clients, and I'm the one teaching them. I'll teach you too, if you want to learn.

In this article, you'll learn about an **at-home test** that quickly uncovers hidden risk factors. I'll then show you how to improve your results and begin reducing your risk of **cognitive decline and other chronic health conditions**. The key is to act early. As John F. Kennedy wisely said, "The time to fix the roof is when the sun is shining." In other words, don't wait until memory loss or early signs of **dementia**, **Alzheimer's**, **Parkinson's**, **or other brain disorders** appear; take steps now while prevention is still possible.

The Hidden Clue Inside Your Blood

Behind every one of these conditions -- dementia, Alzheimer's, heart disease, even accelerated muscle loss -- lies a **silent fire** known as chronic, low-grade inflammation. Doctors often don't measure it, and you can't feel it until damage is already done.

But there is a simple way to see if this hidden fire is burning inside you. It comes down to one measurement in your blood that researchers in **Japan, Norway, and Europe** have been using for years to predict who is most at risk (Honda et al., 2022; Watanabe et al., 2020).

This measurement is called the **AA/EPA ratio**. And to understand why it matters, you first need to know what **AA** and **EPA** actually are.

What Are AA and EPA?

- **Arachidonic Acid (AA):** An omega-6 fatty acid found in cell membranes. AA is essential for healing and immune defense, but too much can fuel **chronic inflammation**.
- **Eicosapentaenoic Acid (EPA):** An omega-3 fatty acid from fish (marine) and algae sources. EPA helps **calm inflammation** and restore balance.

You need both AA and EPA, but the **balance between them** matters more than the individual amounts (Tutino et al., 2019).

What Is the AA/EPA Ratio?

The AA/EPA ratio measures how much AA you have relative to EPA.

- High AA/EPA = worse (inflammation dominates, higher disease risk)
- Low AA/EPA = better (inflammation is balanced, lower risk)

This ratio is now considered one of the most powerful **biomarkers of inflammation**, a root cause of dementia, heart disease, autoimmune disorders, muscle decline, and more (Kaur et al., 2024; Niwa et al., 2021).

Why the AA/EPA Ratio Matters

Heart and Blood Vessels

Japanese and European studies show that a high AA/EPA ratio predicts:

- More **vulnerable plaques** in the arteries
- Higher risk of heart attacks and strokes
- Increased mortality in heart failure patients (Niwa et al., 2021; Watanabe et al., 2020; Watanabe, S. et al., 2016)

Meanwhile, lowering AA/EPA improves outcomes and stabilizes plaque.

Brain and Cognitive Health

Chronic inflammation damages brain cells. Studies suggest that lowering AA/EPA helps protect against:

- Dementia
- Alzheimer's disease
- Age-related memory decline (Martínez et al., 2024)

Muscle and Metabolism

High AA/EPA ratios are tied to:

- Poorer muscle recovery and strength decline
- More resistance to weight loss in people with type 2 diabetes (Miyagawa et al., 2023)
- Higher risk of metabolic disorders

Cancer and Immune Health

Elevated AA/EPA has been identified as an inflammatory biomarker in cancer tissue and is associated with immune dysregulation (Tutino et al., 2019).

What Different Countries Have Discovered

- Japan: Home to landmark studies like the JELIS trial and the Hisayama Study. Findings show that a higher AA/EPA ratio strongly predicts cardiovascular risk. The Hisayama Study also revealed that Japan's average AA/EPA ratio has worsened over the past decade, especially in younger adults (Honda et al., 2022).
- Norway and Europe: Research links AA/EPA to systemic inflammation and gene expression. European cardiology now recognizes the ratio as a marker of plaque stability and long-term risk (Delgado et al., 2023; Kaur et al., 2024).
- United States: Though less standardized, U.S. studies increasingly confirm that a high AA/EPA ratio aligns with chronic inflammation and worse outcomes (Zanetti et al., 2012).

How You Can Measure It

The good news is you don't need a hospital or advanced lab to know your AA/EPA ratio. An **athome whole blood dried blood spot test** can reveal your numbers in days. With this knowledge, you can:

- See your true inflammation status
- Make personalized changes with food and supplementation
- · Retest and celebrate measurable improvements

Why Health Educators Should Care

Most physicians aren't testing AA/EPA yet. This gives **health coaches, nurses, trainers, and educators** an opportunity to lead. By teaching clients what this ratio means and how to improve it, you can:

- Reveal the **root cause** of many struggles
- ☑ Provide science-based strategies for lasting change
- ▼ Track results with tangible progress markers
- Position yourself as a trusted authority in health and wellness

Why Become a Certified Omega Balancing Coach™

The **Certified Omega Balancing Coach™ program** equips you to translate the science of fatty acids into life-changing guidance.

As a coach, you will:

- Master the science of Omega-6 to Omega-3 balance and the AA/EPA ratio
- Learn to guide clients in reducing inflammation and protecting long-term health
- Gain access to cutting-edge knowledge already in practice in Japan, Norway, and Europe
- Build credibility with a certification backed by clinical evidence and proven results

Bottom Line: Take Action Today

The **AA/EPA ratio** is more than a lab number; it's a **window into your body's ability to control inflammation**, the root driver of:

- Dementia & Alzheimer's
- Heart disease & strokes
- Muscle loss & poor recovery
- Type 2 diabetes & autoimmune conditions
- High AA/EPA = higher riskLow AA/EPA = protection

With an **at-home test**, you can see your results in days and take control of your health before disease takes control of you.

Here's how to get started:

- Ask the person who shared this article with you
- Email robert@dietfreelife.com
- Click to schedule a free consultation

And if you're ready to go further — to become a leader and help others — sign up to become a **Certified Omega Balancing Coach™** today:

↑ https://www.famcourse.com

References

- Delgado, A. B., Tylden, E. S., Lukic, M., Moi, L., Busund, L. R., Lund, E., & Olsen, K. S. (2023). Cohort profile of the Clinical and Multi-omic (CAMO) cohort, part of the Norwegian Women and Cancer study. *PLOS ONE*, 18(2), e0281218. https://doi.org/10.1371/journal.pone.0281218
- 2. Honda, T., Shibata, M., Kugo, H., et al. (2022). Changes in the eicosapentaenoic acid to arachidonic acid ratio in serum over 10 years in a Japanese community, the Hisayama Study. *Journal of Atherosclerosis and Thrombosis*. https://doi.org/10.5551/jat.62764
- 3. Kaur, G., Chua, B. Y., & Cameron-Smith, D. (2024). Omega-3 fatty acids for cardiovascular event lowering. *European Journal of Preventive Cardiology, 31*(8), 1005–1010. https://doi.org/10.1093/eurjpc/zwad120

- 4. Martínez, E. C., et al. (2024). The effects of omega-3, DHA, EPA, and multi-nutrient formulas on cognitive decline in Alzheimer's disease. *Nutrients*, *16*(7), 1221. https://doi.org/10.3390/nu16071221
- Miyagawa, N., et al. (2023). The ratio of circulating eicosapentaenoic acid to arachidonic acid and its association with cardiometabolic risk in Japan and Japanese Americans. *Journal of Atherosclerosis and Thrombosis*, 30(2), 167–177. https://doi.org/10.5551/jat.63184
- Niwa, K., Ikeda, T., Ohkawa, R., et al. (2021). The influence of eicosapentaenoic acid to arachidonic acid ratio on long-term cardiovascular events after percutaneous coronary intervention. *Journal of Atherosclerosis and Thrombosis*, 28(9), 933–943. https://doi.org/10.5551/jat.59710
- 7. Tutino, V., et al. (2019). Elevated AA/EPA ratio represents an inflammatory biomarker in metastatic colorectal cancer tissue. *International Journal of Molecular Sciences, 20*(8), 2050. https://doi.org/10.3390/ijms20082050
- 8. Watanabe, Y., Tatsuno, I., & Okamura, T. (2020). Prevention of cardiovascular events with omega-3 polyunsaturated fatty acids. *Circulation Journal*, *84*(10), 1881–1891. https://doi.org/10.1253/circj.CJ-20-0373
- 9. Watanabe, S., et al. (2016). Associations with eicosapentaenoic acid to arachidonic acid ratio and cardiac mortality in heart failure. *Journal of Cardiac Failure*, 22(9), 708–716. https://doi.org/10.1016/j.cardfail.2016.04.009
- Zanetti, M., et al. (2012). Elevated AA/EPA ratio represents an inflammatory biomarker in depressed patients. *Lipids in Health and Disease*, 11(1), 6. https://doi.org/10.1186/1476-511X-11-6

About the Author

Robert Ferguson is a California- and Florida-based single father of two daughters, clinical nutritionist, Omega Balancing Coach™, researcher, best-selling author, speaker, podcast and television host, health advisor, NAACP Image Award Nominee, creator of the Diet Free Life methodology, and Chief Nutrition Officer for iCoura Health. He also serves on the Presidential Task Force on Obesity for the National Medical Association and the Health and Product Advisory Board for Zinzino, Inc.