



KEY MESSAGES ON DEMENTIA RISK REDUCTION

FOR HEALTHCARE PROFESSIONALS

National
Dementia
Office

There are approximately 64,000 people currently living with dementia in Ireland. With age being the main risk factor for dementia, this number is expected to rise alongside population ageing to over 150,000 by 2045.

Increasing age, female gender, genetic predisposition, lower socio-economic status and poor education, and certain diseases (e.g. Huntington's, Parkinson's) are associated with increased risk of dementia. Dementia costs the state €800 million each year – mainly in social care costs.

Dementia is now the second leading cause of death in the UK and Australia.

The **Lancet Neurology commission** (2016) highlights the **many modifiable risk factors for dementia**. These risk factors are shared with other major late-life chronic disorders, e.g. heart disease and stroke.

The **WHO Global Action Plan 2017** recommended that countries:

- Link dementia with other programmes, policies and campaigns on non-communicable disease risk reduction and health promotion across relevant sectors [for patients/general public].
- Develop, deliver and promote evidence-based interventions and training to health professionals to improve their knowledge and practice, and proactively manage modifiable dementia risk factors. Routinely update these interventions as new scientific evidence becomes available.

Summary of WHO guideline on Risk Reduction of Cognitive Decline and Dementia, May 2019:

'HEALTHY' PEOPLE

The following **have been shown to** reduce the risk of dementia in "healthy" people of any age (i.e. strong recommendation from the WHO):

- **Physical activity** (the best type of exercise is not yet conclusive, but probably aerobic).
- **Smoking cessation** (there is limited evidence as yet that this will reduce the risk of dementia, but given the overwhelming benefit versus risk of smoking cessation, this is strongly recommended).

The following **may** reduce risk of dementia in "healthy" people of any age (conditional recommendation from the WHO):

- **Mediterranean diet** (high in vegetables, fish, seeds, olive oil; low in red meat)
- **Managing diabetes**
- **Managing hypertension**
- Interventions to reduce or cease hazardous and harmful **drinking**

In addition, managing **dyslipidaemia** and interventions for **overweight/obesity may** reduce risk of dementia in "healthy" middle aged people (conditional recommendation).

Whereas **cognitive training may** reduce risk of dementia in "healthy" older people (conditional recommendation), with little evidence for benefit in middle-aged adults.

PEOPLE WITH MILD COGNITIVE IMPAIRMENT

The following **may** reduce risk of progressing to dementia in people who already have Mild Cognitive Impairment (conditional recommendation):

- **Cognitive training in older adults**
- **Mediterranean diet**
- **Physical activity**
- Interventions to reduce or cease hazardous and harmful **drinking**



OTHER RISK FACTORS FOR DEMENTIA THAT NEED MORE EVIDENCE

The following are also recognised risks for dementia, but according to the WHO guideline, there is insufficient evidence just yet to know if they will prevent or delay the development of dementia, or slow the progression of dementia, for an individual:

- **Hearing loss** is a known risk for dementia. People who don't wear their prescribed aid are at higher risk of developing dementia than people who do. We can't say yet that wearing a hearing aid will definitely reduce dementia risk or slow dementia progression, but hearing testing should be considered for people with memory problems. A GP or consultant referral is needed for audiology testing and the service is free if the person has a medical card or PRSI credits.
- **Depression** is a known risk for dementia. Also, depression and other mental health illnesses can hinder a person making other lifestyle changes, or benefitting from cognitive therapy for memory problems. Therefore, asking about and optimizing mental health is very important. It is not known however whether antidepressants affect risk of dementia.
- **Certain medications** with high anticholinergic burden (e.g. tricyclic antidepressants, antipsychotics, bladder relaxants) appear to increase dementia risk. Evidence is still evolving, but caution is advised when prescribing these, particularly to older people or to those with other dementia risk factors.
- **Social interaction, lifelong learning, keeping cognitively active** - these all appear to be important, and can be endorsed by healthcare professionals.

RISK FACTOR MODIFICATION NEEDS TO START IN MIDDLE-AGED PEOPLE – LEAVING IT UNTIL OLD AGE IS TOO LATE.

WE MAY NOT ALWAYS BE ABLE TO PREVENT DEMENTIA, BUT DELAYING THE AGE OF ONSET IN IRELAND BY 5 YEARS WOULD HALVE THE PREVALENCE OF DEMENTIA.

Links to WHO documents:

WHO Global Action Plan 2017:

https://www.who.int/mental_health/neurology/dementia/action_plan_2017_2025/en/

WHO Risk Reduction guidelines 2019:

https://www.who.int/mental_health/neurology/dementia/guidelines_risk_reduction/en/

Links to other useful resources:

Slides on this topic for use in Healthcare professional education:

<https://dementiaphathways.ie/publications/publications>

Websites for public with information on brain health and dementia:

<https://www.understandtogether.ie/about-dementia/what-is-dementia/brain-health/>

<https://alzheimer.ie/about-dementia/brain-health/>

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