



Public Health
England

Protecting and improving the nation's health

Dementia and risk reduction

What does “risk reduction” mean?

1. Does “risk reduction” mean the same as prevention?
2. Is it about reducing the chances of dementia – and is that possible?
3. Is it about increasing the chances for delaying onset of dementia – and can that happen?
4. Is it improving the chances of health and wellbeing after diagnosis – and is that a possibility?

Blackfriars Consensus

Vascular risk factors

- Tobacco, poor diet, physical inactivity, alcohol
- Intermediate disease precursors: raised blood pressure, raised blood cholesterol, obesity and diabetes

Some dementias preventable

- Head injury, excessive alcohol

Protective factors

- Education, intellectual and social engagement

Draft Nice Guideline: Dementia, disability and frailty in later life – mid-life approaches to prevention

- Make it clear that some behaviours can increase the risk of dementia, disability and frailty
- Need for tobacco control strategies
- Need to develop environments where people live and work to encourage people to build physical activity into daily life
- Benefit of reducing alcohol consumption
- A need to help people adopt and maintain a healthy diet
- Ensure that there are national campaigns on risk reduction
- Employers, occupational health services, trade unions and third and private sector organisations should provide information and support in the workplace to stop smoking, promote physical activity in the workplace, and return to work after long-term sick leave improve mental wellbeing

Unique Protective and Risk Factors for Dementia

- Cognitive reserve
- Cognitive stimulation
- Prompt treatment of infection
- Social isolation
- Depression

Depression as a risk factor

Simultaneously complex and simple

- Depression is one of the most common mental health conditions (1 in 5 people at some time in their lives)
- Can be persistent
- Affecting people in different ways and to different degrees
- With a range of different causes and contributory factors

Depression

- Is a risk factor in its own right
- Often co-exists with dementia, particularly vascular dementia and Parkinson's dementia
- Frequently and disproportionately affects carers (compared to non-carer peers)

Depression in people with dementia

Early identification: Recognition that some of the symptoms similar

Triggers

- Similar to those without dementia
- In early stages, can be linked to personal fears about future memory
- Chemical changes in the brain caused by dementia
- Lack of daytime activity and isolation

Impacts

- Struggling with 2 sets of difficulties – memory and behavioural symptoms combined with mild, moderate or severe depression symptoms

Treatment and support– most effective in combination

- Psychological therapies and antidepressant
- *Social support*
- Modifications to environment : Activities, walks, routine, more 1-to-1, removal of unwanted stimuli

Depression amongst carers

Early identification: Recognition of increased risk and that this exacerbated when the care recipient has behavioural problems or physical disability

Triggers

- Emotional and physical demands of the caring role (and coping with decline)
- Insufficient support, 'struggling on' and isolation
- Feelings of duty, inadequacy, guilt, anger, disappointment, grief, anxiety
- Stress of coping with the symptoms of family member with dementia

Impacts

- Overall quality of life e.g. work, socialising, relationships and family dynamics
- Ability to perform personal health maintenance and self care

Treatment and support– most effective in combination

- Psychological therapies and antidepressant
- Education on dementia to increase feelings of competency and emotional support to reduce feelings of control and preparedness
- For many, spiritual support and social support through religious involvement

Nice guidelines for people with dementia with depression and/or anxiety

Psychological

- Care packages should include assessment and monitoring for depression and/or anxiety
- For people with dementia who have depression and/or anxiety, cognitive behaviour therapy may be considered as part of treatment
- Range of tailored interventions (reminiscence therapy, multisensory stimulation, animal assisted therapy, exercise) should be available for people with dementia who have depression and/or anxiety

Pharmacological

- People with dementia who also have major depressive disorder should be offered antidepressant medication. Treatment should be started by staff with specialist training and following NICE clinical guideline “Depression: management of depression in primary and secondary care”

Working together to reduce the risks:

- Depression
- Lifestyle
- Using knowledge and information

National campaigns



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Everybody Active, Every Day

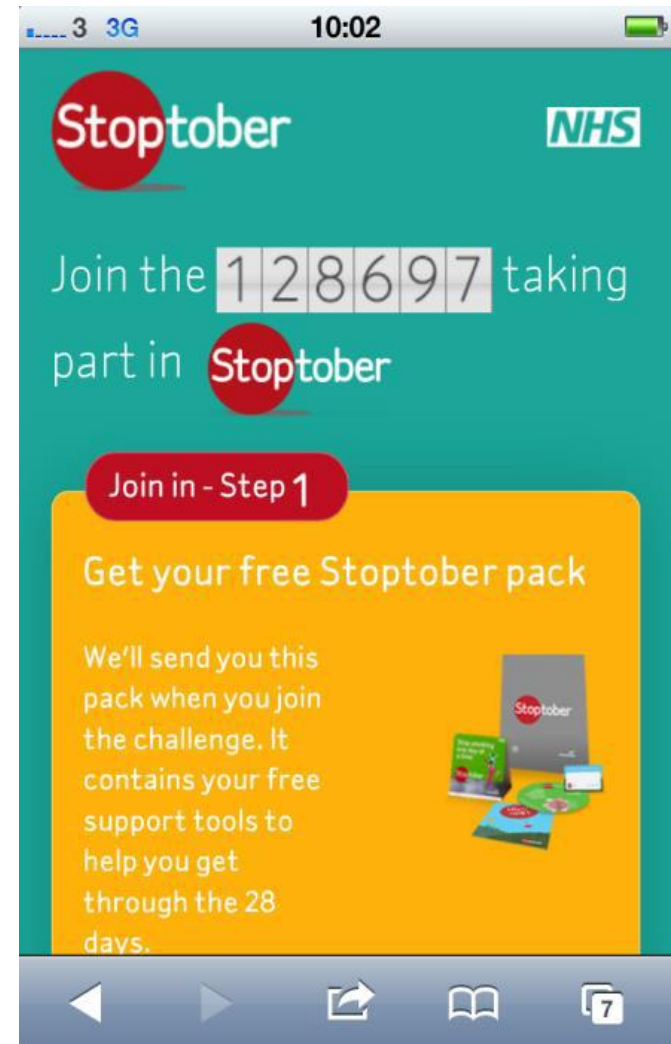
An evidence-based approach to physical activity



The screenshot shows the 'change4life' website interface. At the top, there is a navigation bar with the logo and the tagline 'Eat well Move more Live longer'. Below this is a search bar and a menu with categories like 'About Change4Life', 'Eat well', 'Get going', 'Choose less booze', 'Find local activities', 'Local supporters', and 'Smart tools'. The main content area is titled 'Cutting down on alcohol with the drinks checker' and includes a list of features such as 'Drinks checker', 'Drink tracker app', and 'Easy drink swaps'. A large graphic titled 'change4life drinks checker' displays various alcoholic beverages. Below the graphic, text explains the tool's purpose: 'It's funny how the drink can sneak up on you. The odd glass of an evening can quickly add up. Use this drinks checker to work out how many units you drank yesterday and find out what it means for you.' A prominent red button asks 'What did you drink yesterday?' with a green 'Start' button next to it. A small disclaimer at the bottom of the graphic states: 'Remember: It is illegal for people under 18 to buy alcohol in a pub, off licence, shop or elsewhere.' Below the graphic, there is a section for the 'Drinks tracker app' with a 'Download the app' button and images of the app on a smartphone and tablet. Another section titled 'Easy drink swaps' includes an icon of a sofa and a person, with the text: 'You don't have to cut it out, just cut back on alcohol instead. Try our drink swaps.' At the bottom right, there is a small illustration of a person running and a family of three. The footer contains a 'Po' logo.

National campaigns

Major new healthy living marketing campaign, aimed at 40-60 year olds



Healthy workplaces



Examples of PHE ongoing work

- Work with University College London Partners to develop a new personalised risk assessment calculator
- With NHS England and others to build dementia risk reduction into care and support for predisposing conditions
- With Health Education England and others to increase professionals' understanding of dementia risk reduction
- Incorporating dementia risk reduction as a key outcome in health improvement programmes, such as the NHS Health Check
- With academics and other partners – continuing to build the evidence base for dementia risk reduction
- Providing knowledge and information

Information into action:

- How might you/your organisation raise knowledge and awareness about the modifiable risk factors that reduce the risk of dementia?
- How well is depression as a risk factor for dementia understood in your organisation or among your “audiences”?
- To what extent is your organisation a “health promoting workplace?”
- What one action will you take away from today?

In summary

- considered what risk reduction means
- heard about the national campaigns – and the potential for reducing risks of dementia
- considered especially the unique risk factor of depression
- we've discussed how we can turn all of that information into action

What action can you sign up to today?



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Public Health England

Public Health England (PHE) established 1 April 2013 to bring together public health specialists from more than 70 organisations

Responsibilities include

- making the public healthier by encouraging discussions, advising government and supporting action by local government, the NHS and other people and organisations
- supporting the public so they can protect and improve their own health
- helping local authorities and the NHS to develop the public health system and its specialist workforce

PHE 7 Headline Priorities

1. Tackling obesity particularly among children
2. Reducing smoking and stopping children starting
3. Reducing harmful drinking and alcohol-related hospital admissions
4. Ensuring every child has the best start in life
5. Reducing the risk of dementia, its incidence and prevalence in 65-75 year olds
6. Tackling the growth in antimicrobial resistance
7. Achieving a year on year decline in tuberculosis incidence