

Preventive Healthcare and Strengthening Australia's Social and Economic Fabric Submission by Alzheimer's Australia

Introduction

Alzheimer's Australia is the national peak body representing people with dementia and their families and carers. The Australian Government has committed to making dementia a National Health Priority in recognition of the need for support, quality care, and continuing research for the increasing number of Australians affected by dementia¹.

Preventive efforts are critical in conditions such as dementia, where there is no established cure. Efforts to educate the community about prevention and risk will have a marked impact on the future prevalence of dementia and should form a critical part of the government's National Research Priority of promoting and maintaining good health. More research is needed to understand how preventive messages can be made available to groups with varied cultural backgrounds, socioeconomic status, and education levels and how these social and economic factors impact on health related choices.

Supporting Evidence

Alzheimer's Australia has recently published documents detailing the impact of dementia on the economic and social framework of Australia, including:

- Delaying the Onset of Alzheimer's Disease: Projections and Issues.²
- The Dementia Epidemic: Economic Impact and Positive Solutions for Australia.³
- Dementia Research: a Vision for Australia.⁴

These publications are attached and indicate the real potential for risk reduction and the continuing impact that dementia will have on the Australian population.

It has been well demonstrated that the prevalence of dementia is increasing, from around 162,000 people with dementia in Australia in 2002 to a projected 500,000 people with dementia by 2040⁵. However, a report by Access Economics will be published shortly, revising earlier estimates and projections. This work will suggest that due to changes in longevity that the number of future cases of dementia by mid century may be even higher than previously projected. The projected increase in the numbers of people with dementia reinforces our view that preventive efforts are important now to reduce the future impact of dementia.

¹ *Dementia- A National Health Priority*, Printed and Authorised by B Loughnane, Barton ACT, September 2004

² <http://www.alzheimers.org.au/content.cfm?infopageid=1731>

³ <http://www.alzheimers.org.au/upload/dementia%20research%20priorities.doc>

⁴ <http://www.alzheimers.org.au/content.cfm?infopageid=1731>

⁵ *The Dementia Epidemic: Economic Impact and Positive Solutions for Australia*, Access Economics, May 2003

Currently dementia is the second largest cause of disability in Australia after depression, and is predicted to be the largest by 2016⁶. The costs of dementia in economic, social and personal terms are immense. The financial costs of dementia, estimated by Access Economics in 2004, total \$6.1 billion⁷. In addition to this cost, people with dementia require significant care and support from family, carers, and community organisations throughout the course of the condition. Even a small delay in the onset of dementia will drastically reduce these costs and promote better health and quality of life for all Australians.

There is strong evidence to suggest that the risk of developing dementia may be reduced and onset delayed by health and lifestyle choices. Some of these preventive factors include having a healthy diet, reducing hypertension, lowering cholesterol, and promoting physical and cognitive activity⁸. Cardiovascular risk factors in particular, including diabetes, high cholesterol, and hypertension in midlife, have been shown to increase the risk of dementia by 20 – 40 %⁹. With such important information about reducing risk available, it is critical to ensure that people are informed of the impact their health choices can have on their brains as well as on other areas of the body.

Given the importance of preventing and delaying the onset of dementia, it is critical to understand the current level of dementia awareness, particularly in regards to prevention, in different Australian socioeconomic groups, so that preventive healthcare approaches can be appropriately targeted. Market research commissioned by Alzheimer's Australia, as well as other research, provide a number of insights into public attitudes and beliefs about dementia.

A Health Survey Report commissioned by Pfizer and Alzheimer's Australia in April 2004 suggests that, while only 27% of Australians believe that nothing can be done to reduce the risk of developing Alzheimer's disease or dementia, there is less knowledge about specific risk reduction strategies. In particular, only around 20 % of Australians believe that reducing high cholesterol and reducing high blood pressure can reduce the risk of developing Alzheimer's disease, although these cardiovascular risk factors have been shown to be important in determining dementia risk¹⁰. These findings, as well as others¹¹, illustrate the importance of addressing these information deficits regarding risk factors for dementia.

Additionally, there is reason to believe that there is a discrepancy in the sources of information available to different socioeconomic groups. "Blue collar" households were found to be less likely to seek dementia related health information from a doctor or GP, Alzheimer's Australia, or the Internet, than "white collar" households¹².

⁶ *The Dementia Epidemic: Economic Impact and Positive Solutions for Australia*, Access Economics, May 2003

⁷ *Delaying the Onset of Alzheimer's Disease: Projections and Issues*, Access Economics, August 2004.

⁸ *Dementia Research: A Vision for Australia*, Alzheimer's Australia, September 2004

⁹ Whitmer et al., 2005. *Midlife Cardiovascular risk factors and risk of dementia in late life*. *Neurology*, 64: 277 – 281.

¹⁰ Unpublished Survey results, April 2004, Australians' understanding of Alzheimer's and dementia, Pfizer and Alzheimer's Australia commissioned report.

¹¹ Unpublished Newpoll Survey results, September 2004, Alzheimer's disease and dementia attitude tracking research, commissioned by Alzheimer's Australia.

¹² Unpublished Survey results, April 2004, Australians' understanding of Alzheimer's and dementia, Pfizer and Alzheimer's Australia commissioned report.

Non-health related factors determine whether or not an individual has knowledge about warning signs and modifiable risk factors, and access to appropriate doctors and medications. Disadvantaged groups may be less able to utilise these services and information, and be less likely to put preventive recommendations into practice. Risk reduction programs need to be accessible particularly to those who are older, who come from disadvantaged backgrounds and are likely to be at higher risk of developing dementia.

Many particular subgroups may be disadvantaged in terms of access to risk reduction information. For example, people from remote and rural areas may have less access to early diagnostic services and information about risk. Additionally, people from non-english speaking backgrounds may be doubly disadvantaged in terms of access to useful information and in ongoing assessment and management as second language skills are lost earlier in the course of dementia. Dementia should also be a particularly significant health concern in lower income communities, as several studies have found a link between low socioeconomic status and increased risk of dementia¹³. Research is needed to determine the best ways to target preventive healthcare efforts for people at-risk of developing dementia in these communities.

Recommendations and Research Questions

Although another of the NHMRC's priority goals in this area is *Ageing Well, Ageing Productively*, including dementia in this priority health area is not duplication. Rather this will provide for targeted research into the needs of an often overlooked subgroup. Dementia is now acknowledged as a National health priority, and because there is no current cure, efforts to 'prevent' future dementia cases are critical. Efforts to prevent dementia require research into risk factors and the effective communication of risk factors and preventive information to all at-risk groups, as well as the provision of equitable and appropriate access to information and diagnostic services. The Prevention Working Group should consider the following recommendations when defining the issues important in preventive healthcare and improving the health of the Australian population.

1. Dementia literacy and awareness

To effectively educate all Australians about risk factors for developing dementia, the current level of dementia literacy and awareness in Australia must be determined. A comprehensive survey of dementia literacy and awareness will determine current gaps in knowledge about risk reduction, allowing appropriate education strategies to be developed. An assessment of the dementia literacy of the entire Australian population will aid in understanding how dementia awareness education can be targeted to particular subgroups, for example, to disadvantaged communities. Strategies to communicate information about dementia risk factors to disadvantaged groups based on specific data about knowledge gaps in those groups will be more effective in promoting preventive health choices.

¹³ Evans et al. 1997 Archives of Neurology, 54: 1399 – 1405. Karp et al., 2004 American Journal of Epidemiology, 159: 175 – 183. Qiu et al., 2001 Archives of Neurology, 58: 2034 – 2039.

2. Access to risk reduction information

Once gaps in knowledge about dementia have been identified, efforts must be taken to ensure that disadvantaged groups have access to risk reduction information. Disadvantaged populations may be less likely to seek dementia related information from doctors, organisations like Alzheimer's Australia, or Web based resources. Therefore, it is imperative to improve access to risk reduction information and early diagnostic services. Crucially, along with creating access to risk reduction information, factors which influence the choice to act on health relevant information must be examined to determine how best to encourage people to change their lifestyle and reduce their risk.

3. Development of collaborative research networks

Research efforts to prevent dementia must focus on psychosocial and epidemiological approaches, as well as biomedical approaches. The establishment of networks of collaborative researchers and/or information databases will facilitate research into better ways to 'prevent' dementia. In particular, sharing and analysis of epidemiological data will support large scale comparative studies of different risk factors to direct preventive health care efforts. Such research collaborations will help to determine new ways to reduce risk through health and lifestyle choices, as well as to pinpoint ways in which risk factors influence different populations.

4. Investigate models of partnership between organisations

Consumer based health organisations are crucial in ensuring that health information and services are available to different segments of the population. An investigation of models of partnership between consumer health organisations, such as Alzheimer's Australia, and organisations which support disadvantaged groups will allow better distribution of information about chronic health conditions, such as dementia. Improving cooperation among community based organisations will open new routes of communication of health related information.

For example, Alzheimer's Australia would welcome the opportunity to work with organisations that support disadvantaged groups to determine how best to communicate prevention messages, through targeted and small scale pilot projects. Such organisations might include local government, community councils, and culturally-specific organisations.