

DEMENTIA PREVENTION ACTION PLAN NEEDED NOW

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DEMENTIA prevention needs to be Australia's next public health area of focus, as the nation heads towards a projected number of one million people with dementia by 2056, according to the authors of a Perspective published today by the *Medical Journal of Australia*.

Dr Terence Chong, psychiatrist and Senior Research Fellow at the University of Melbourne, and his coauthors (including the National Health and Medical Research Council National Institute for Dementia Research Prevention Special Interest Group) are advocating for "substantial, timely, and sustained investment in dementia prevention".

"Dementia is the greatest cause of disability in Australians aged over 65 years, the second leading cause of mortality, and the highest in women," Chong and colleagues wrote.

"Today, more than 459 000 Australians live with dementia, and this number is expected to exceed one million by 2056.

"Between 40% and 48% of dementia risk is considered modifiable.

"In Australia, the population-attributable risk of dementia risk factors, in descending order, are physical inactivity (17.9%), mid-life obesity (17.0%), low educational attainment in early life (14.7%), mid-life hypertension (13.7%), depression (8.0%), smoking (4.3%), and diabetes mellitus (2.4%).

"Emerging research suggests that a suboptimal diet,6 cognitive inactivity and sleep-wake disturbance8 also influence the modifiable dementia risk."

Chong and colleagues have developed a multilayered action plan with eight recommendations:

- Create public health and clinical practice guidelines for dementia prevention across the lifespan for the Australian setting;
- Equip and resource primary care providers to be the clinical spearheads for dementia prevention throughout life;
- Support multidisciplinary memory clinics and specialists to implement secondary prevention programs for those at high risk;
- Fund research for evidence-based interventions for modifiable risk factors for dementia across the life cycle to reduce the evidence-to-practice gap;
- Implement findings from dementia risk reduction and implementation research through translation into health promotion programs;
- Strengthen dementia prevention public health campaigns embracing Australians' diversity, particularly Aboriginal and Torres Strait Islander Australians;
- Resource and coordinate a whole-of-community approach including government, public and private health care, community services and education sectors to



operationalise guidelines and multifaceted dementia prevention programs throughout life; and,

• Mobilise peak health advocacy bodies to promote and coordinate public health messaging on dementia risk factors that cut across chronic conditions.

"Australia has excellent health infrastructure and an international reputation for dementia prevention due to our depth of clinical, research, and knowledge translation expertise," Chong and colleagues wrote.

"If we are committed to achieving the ambitious targets of reduced dementia prevalence and incidence, we must shine a spotlight on dementia prevention across all levels of society.

"To achieve this, the National Health and Medical Research Council National Institute for Dementia Research (NNIDR) Dementia Prevention Special Interest Group proposes this Dementia Prevention Action Plan for Australia.

"It is time for a call to action in the fight against dementia: dementia prevention needs to be the next international public health area of focus, with Australia playing a leading role."

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