A life-course approach to dementia prevention is now available

Questions below were submitted during the webinar but were not covered in the recording due to time available.

"What can the person do if early education was very poor & in fact illiterate to reduce their risk?"
Firstly, it's never too early or too late to increase your exposure to protective factors like education. Any activities that can challenge your brain, that are new and novel, will help here. This might be reading different literature, learning a new hobby or language, or taking up a new physical activity. There are many other aspects to dementia prevention that you can also address, e.g. seeing your GP regularly and managing any health conditions you may have; increasing your intake of Mediterranean type foods (leafy greens, olive oil, whole grains, etc); and engaging in social and physical activity. The ISLAND Study is a public health approach to dementia risk reduction, targeting education and various other lifestyle risk factors that may reduce your dementia risk. You may also like to sign up to one of our MOOCs as a start, they're free and online. The next Preventing Dementia course opens on 6th October 2020.

"Can you update us on update and success of dementia village in Hobart to this point?"
We will provide an update on the Korongee dementia village project at a future Wicking Centre seminar. Keep an eye on the Wicking Centre's Twitter and Facebook page to keep up to date with future seminars.

"Are there any trials underway where an intervention program in aged care residences are looking at reducing risk of dementia as we know that it is not too late to reduce incidence of cognitive reserve. Thinking about going straight to a very large source rather than wait for government policy change or GP to support older Australians who are at very high risk of having dementia - more than 70% in aged care residents??"
We are not currently aware of any specific trials aiming to improve cognitive reserve for individuals residing in aged care facilities, but you are right. Residents of aged care facilities are at greater risk of developing dementia for a number of reasons. Other trials looking at various aspects of health and lifestyle, e.g. providing meaningful activities, decreasing falls risk, improving oral health etc. whilst not directly targeting cognitive reserve (or prevention), may have positive impacts on the quality of life for residents in aged care.

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"Back to GP support for people with dementia. As GPs refer diabetes educators to patients that may have identifiable risk factors for developing diabetes, why don't we have dementia educators that GPs can refer people to?"

We agree that it would be great if we were able to have dementia educators in an official capacity as there are for diabetes management. The Wicking Centre, and indeed other researchers and clinicians, are working to improve GP's knowledge around dementia, as well as knowledge about who they can refer people to for more information. For example, Dementia Australia provides support to people who have received a dementia diagnosis or are caring for someone with a dementia diagnosis. There have been some small trials of Dementia Nurses in Australia, but as yet this is not a widely available service.

"If a person is able to address and stabilize mental health issues in middle life does this change this as a risk factor"

There are no guarantees, but anything that you can do to manage mental health issues has the potential to reduce your dementia risk. Importantly, addressing mental health issues can have large positive implications for your quality of life too. Because brain changes associated with dementia seem to start during midlife, this is a key time to address any factors that may be relevant to you, but it is important to address mental health issues at all stages of life.

"What is the average lifespan of a person with dementia from onset?"

This is a difficult question to answer. Firstly, evidence suggests that the pathology related to dementia begins an average of 20 years prior to any clinical symptoms (e.g. changes in memory, attention etc.). We are not at the stage yet where we are able to determine who might have the very earliest stages. Life expectancy also depends on the disease that is causing dementia. Alzheimer's disease, the most common cause, can result in a lifespan anywhere from 2-20 years following diagnosis of dementia, with an average of around 8 years. Life expectancy also depends on the person's overall health, as well as the age and stage at which they were diagnosed. Other forms of dementia, and those that affect younger people, tend to be more aggressive, meaning that people with these may have a shorter life expectancy. There is no simple answer to life expectancy, every person with dementia is different.

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"We often hear of Parkinson's being associated with Lewy bodies dementia but don't hear much about just dementia and Parkinson, why is that?"
Parkinson's disease is diagnosed when a person shows the Parkinsonian related changes to their motor function i.e. tremor, slowing of movement, rigidity etc, whereas someone with Lewy body dementia can have changes to their cognition as well as disordered movement. Many people with Parkinson's develop dementia over time, although this is not well known. This may be why you do not hear about it as much. Both Parkinson's and Lewy Body disease involve the clumping of a protein, which form these "Lewy bodies". The difference is where these clumps are located. If they are in the brain stem, then you would see more movement difficulties, whereas Lewy bodies in the cortex would cause more cognitive changes. Lewy body disease can also be present in the brains of people with Alzheimer's disease, and a person can have both Alzheimer's and Parkinson's diseases.

"So, is it recommended to get hearing aids rather earlier than later, to prevent dementia?"
The recommendation is really to get your hearing assessed, particularly if you are a middle-aged to older adult. Hearing loss is pervasive, affecting around about 30% of adults aged 55 and over globally. If hearing loss is identified, and hearing aids prescribed, then we would recommend these be worn. This will likely help the brain to manage the challenges around processing auditory stimuli, but importantly, aid quality of life i.e. enable typical social interaction.

"Any link with the herpes virus"
There has been some interest in the link between the herpes simplex virus and dementia. Some research has suggested the virus may cause inflammation and a reduced immune response which might contribute to Alzheimer's disease. However, there is no clear evidence at this time to suggest that getting herpes increases your risk of dementia.

"What advice to you have in terms of diet or foods that could build more resistance to dementia?"
Current evidence suggests that there is a benefit to following a Mediterranean type diet. That is, one that includes whole grains, legumes, green leafy vegetables, berries, nuts, olive oils, oily fish etc. It is not that these foods provide a resistance per se, but they contribute to the health of our hearts and brains through the cardiovascular system. Research to date suggests the Mediterranean diet is related to a reduced risk of Alzheimer's at the population level, but also a reduction in the biological markers of Alzheimer's disease. There are other related benefits to following this kind of diet; it can reduce risk of obesity and other cardiovascular-related issues such as high blood pressure and cholesterol, as well as reduce the risk of conditions such as diabetes, all of which increase dementia risk.

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"Any impact from deep brain stimulation, Parkinson's Disease & Dementia?"
A recent study found some people with Parkinson's disease who also had mild cognitive impairment were at increased risk of developing dementia after deep brain stimulation. This was a very small study and other factors influenced the participants' risk of dementia, so no firm conclusions can be drawn. Deep brain stimulation can improve many motor and other symptoms for people with Parkinson's disease, so as with any treatment, the possible risks and benefits have to be weighed for each individual. Deep brain stimulation is also currently being trialled as a possible treatment for Alzheimer's disease dementia.

"*How does cerebral amyloid angiopathy relate to causing dementia?"*
Amyloid plaques, like those found in Alzheimer's disease, are present in the arteries in the brains of people with cerebral amyloid angiopathy. Therefore, scientists say that cerebral amyloid angiopathy and Alzheimer's disease 'share' some of their pathology. For many people, cerebral amyloid angiopathy is a result of a stroke, and can lead to further bleeding in the brain. Bleeding damages brain tissue (nerve cells) and can impact various cognitive and physical functions. Therefore, individuals with cerebral amyloid angiopathy may be diagnosed with dementia (i.e. Alzheimer's disease) as a result of the associated changes to their behaviour and cognition.