Towards a Dementia Prevention Policy for Australia: Implications of the Current Evidence

Australia’s population is ageing and, as old age is the biggest risk factor for dementia, we face a dementia epidemic in the coming decades. By 2050 it is estimated there will be over 1.13 million Australians living with dementia. This will place increasingly significant burdens on our society, healthcare system and economy.

There is consistent research evidence that certain modifiable lifestyle and medical factors are associated with the risk of dementia. Older people with better vascular health, who have been more physically, mentally and socially active, whose diet is lower in saturated fats and higher in vegetable and fruit consumption, who don’t smoke and who drink alcohol in moderation are significantly less likely on average to develop dementia.

This evidence suggests it should be possible to reduce the growing incidence of dementia, and provides important information to guide us in planning policies and programs to reduce dementia risk factors and enhance protective factors in the population. Preventative health approaches that facilitate lifelong mental, physical and social activity, healthy eating and lifestyles, and good control of vascular risk factors have the potential to reduce future numbers of people developing dementia.

However, Australians have poor knowledge about this evidence and the potential for reducing their risk of dementia. Survey findings suggest there is some awareness of the links between dementia risk and mental stimulation, physical exercise and healthy eating, which could be built upon. Importantly, there is very little awareness of the association with cardiovascular risk factors, highlighting a pressing need to educate the public that preventing or better managing vascular risk factors can reduce their risk of dementia in addition to heart disease and stroke.

There are calls in the scientific and clinical literature to develop and implement dementia prevention policies based on addressing population risk factors. Alzheimer’s organisations in Australia and around the world have established public education campaigns to raise awareness about dementia risk reduction. Raising awareness is only one step toward more people adopting risk reduction behaviours, however.

Computer modelling based on population growth estimates and dementia prevalence data shows that significant impacts can be achieved by modifying the risk factor profile in the Australian population. Interventions that achieved small annual improvements in rates of physical inactivity, smoking, hypertension and other dementia risk factors could prevent some

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cases of dementia and reduce the expected societal and economic costs of the dementia epidemic.

The primary healthcare system and general practitioners have an important role to play in increasing dementia risk reduction behaviour, as most Australians visit their GP at least annually. Health professional education and resources and incentives that facilitate GPs to undertake preventative health activities will be required to achieve lifestyle changes and improved vascular health in their patients.

Australia faces a dementia epidemic that at the moment can only be checked by dementia prevention strategies. A dementia prevention policy is needed so that all Australians see their cognitive health as just as important as their physical health. The evidence suggests this should include increased education for the community and for health professionals, increased preventative health activities in primary healthcare, development of appropriate resources and infrastructure, and an increased focus on the importance of maintaining cognitive health.

The paper *Towards a Dementia Prevention Policy for Australia: Implications of the Current Evidence*, is available at [www.alzheimers.org.au](http://www.alzheimers.org.au)