



# Dementia Risk Factors

## Reducing Dementia Risk Factors

Dementia is the second leading cause of death in Australia and is not normal ageing. However, 80% of people with dementia are over the age of 75 years. There are many different conditions that cause dementia including the more common causes such as Alzheimer's disease, Vascular Dementia and Lewy Body Dementia.

There is no cure for dementia but evidence suggests that lifestyle changes may assist to delay the onset and progression of dementia. Recommendations include ensuring that diabetes and cardiovascular risk factors are addressed. Assessment and management of interrelated risk factors such as hypertension, obesity, physical inactivity, smoking and blood sugar levels are encouraged. Addressing these issues in mid-life (45-65 years) is highly recommended with ongoing monitoring as we age.

**Hypertension** which is linked to cognitive decline may be controlled by diet, exercise, limiting alcohol, stress reduction, medical review and adhering to recommended medication regimes to avoid complications such as coronary heart disease, stroke, or kidney disease.

**Obesity.** In 2014-2015, 2 in 3 Australian adults were obese or overweight. Mid-life obesity is strongly associated with an increased risk of dementia. A Mediterranean diet is recommended to maintain healthy brains. This

diet includes fruits, vegetables, whole grains, beans, potatoes, nuts, olive oil and fish. Foods high in sugar and trans-fats are avoided e.g. fried and fast foods, snack foods. Regular intake of red meat and poultry should be reduced.

**Diabetes** is a risk factor for strokes and dementia and diabetes is increasing in prevalence. Stroke is the 2<sup>nd</sup> leading cause of death for a person with diabetes. Reducing modifiable cardiovascular risk factors such as hypertension will reduce the risk of stroke and also dementia. The risk of repeated hypoglycaemia (low blood glucose) increases in the elderly and can contribute to cognitive decline. Regular eating habits, healthy lifestyles, medication reviews to reduce polypharmacy and to manage chronic illnesses including renal and hepatic (liver) impairment will reduce the risk of hypoglycaemia. For people who have both mild cognitive impairment and diabetes the risk of dementia increases. For people with multiple physical illnesses the risk of dementia also increases.

**Physical inactivity.** Regular exercise both recreational and non-recreational is a low cost way to lower the risk of cardiovascular events and mortality. A minimum of 30 minutes a day of moderate exercise with a medical approval is recommended for older Australians. Higher levels of physical activity does appear to further increase any benefits including improved cognitive function.

**Smoking** increases the risk of cognitive decline and dementia and cardiovascular events such as stroke and coronary heart disease.

**Alcohol intake** Long term heavy alcohol intake increases the risk of vitamin deficiency, cognitive decline, weight loss and falls.

**Life-long learning and Socialisation** enhances well-being, maintains good cognition and function and relieves carer stress, anxiety and depression. A lower risk of dementia has been linked with higher socioeconomic groups and higher education. Learning and leisure need to reflect valued social roles, interests and activities which bring pleasure and reward. However the life story of people with dementia continues and new interests can develop. Social isolation and loneliness may be more common among those living alone - widowed, divorced, single - or belonging to minority groups.

**Mild Cognitive Impairment** affects one fifth of people over 65years of age. Their previous level of cognition has changed but the person can still complete activities of daily living independently and the person does not necessarily go on to develop dementia. Healthy diets, exercise, controlling diabetes and encouraging socialisation and cognitive stimulation may reduce this risk factor.

**Depression, anxiety, apathy, irritability** may be indicators of mild cognitive impairment or future dementia. Identification, accurate diagnosis and management of these symptoms may contribute to maintaining a more healthy brain.

A history of sleep disturbances may be associated with an increased risk of cognitive decline. Assessment and treatment of insomnia and breathing disorders and sleep hygiene practices are recommended.

**Sensory loss.** 32% of people over 55years of age have hearing impairment. 80% of people over 85yrs have age related hearing loss. Alzheimer's Disease has a gradual onset and early identification is challenging but hearing loss may potentially be an early warning sign for some. Hearing and vision impairment should be thoroughly assessed as it may be related to changes to those parts of the brain responsible for processing and interpreting the information received from the eye or the ear. Vision and hearing impairment increases the likelihood of social isolation and depression. Normal age-related degenerative eye diseases such as macular degeneration, glaucoma and cataracts need to also be assessed and monitored to ensure optimal hearing and vision for the person living with dementia.

**Head trauma and Dementia.** Currently there is no conclusive evidence that contact sports such as football and boxing increase the dementia risk significantly although a link to Parkinson's disease and Lewy Body Dementia may exist. With larger numbers playing these sports, modifying rules and guidelines to reduce repeated concussion and head injuries should reduce any risk of future cognitive decline.

**Help and assistance is available.  
For further information please contact  
Alzheimer's Queensland on the Advice Line:  
1800 639 331**