

Dementia as a Public Health Priority Demencia ako priorita verejného zdravotníctva

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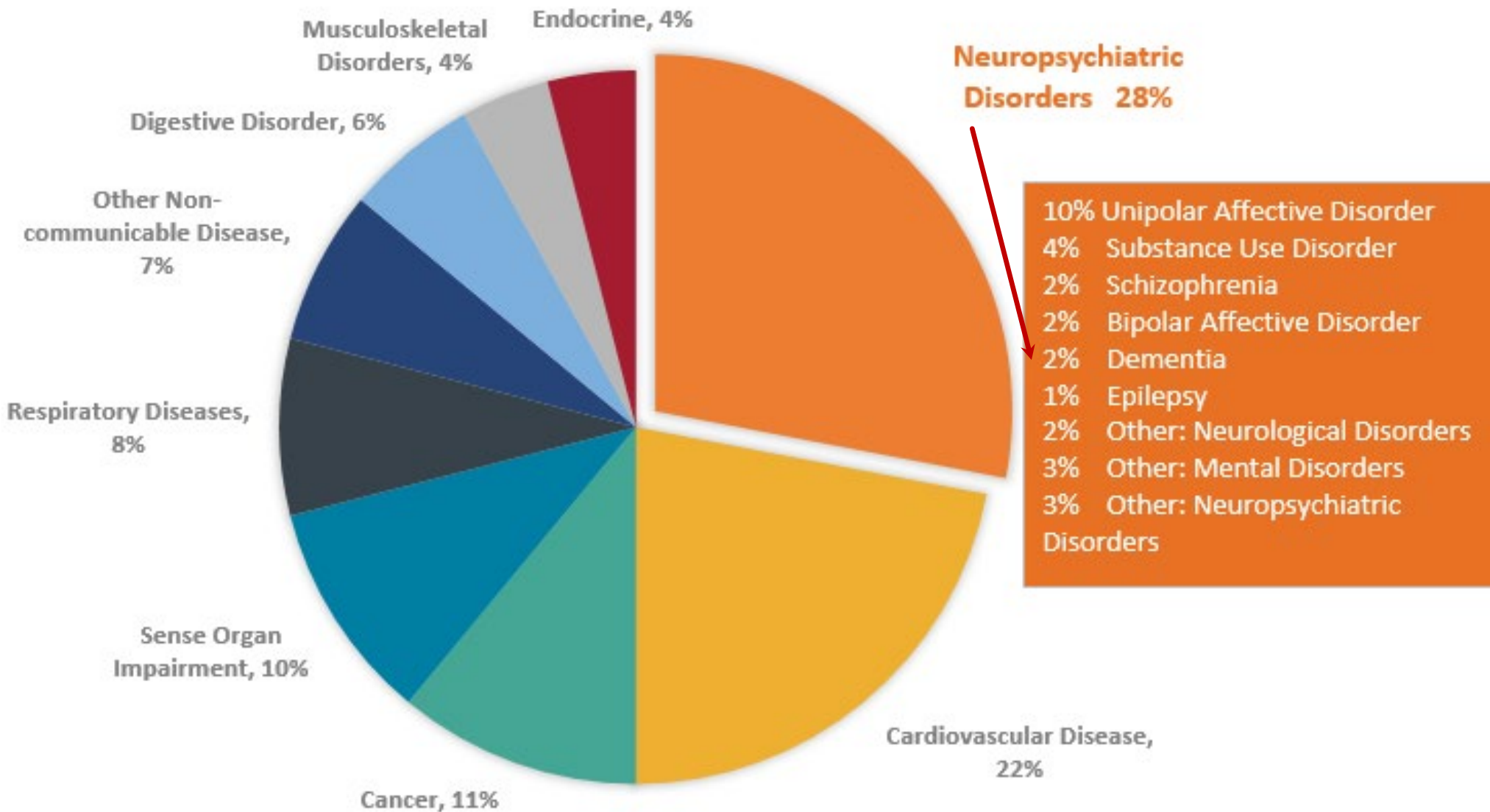
**Medzinárodná konferencia DUŠEVNÉ ZDRAVIE a ZMYSLUPLNÝ ŽIVOT
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WHY DEMENTIA
as a public health PRIORITY?

PREČO DEMENCIA
ako PRIORITA verejného zdravotníctva?

Globálna záťaž chorobou

GLOBAL BURDEN OF DISEASE

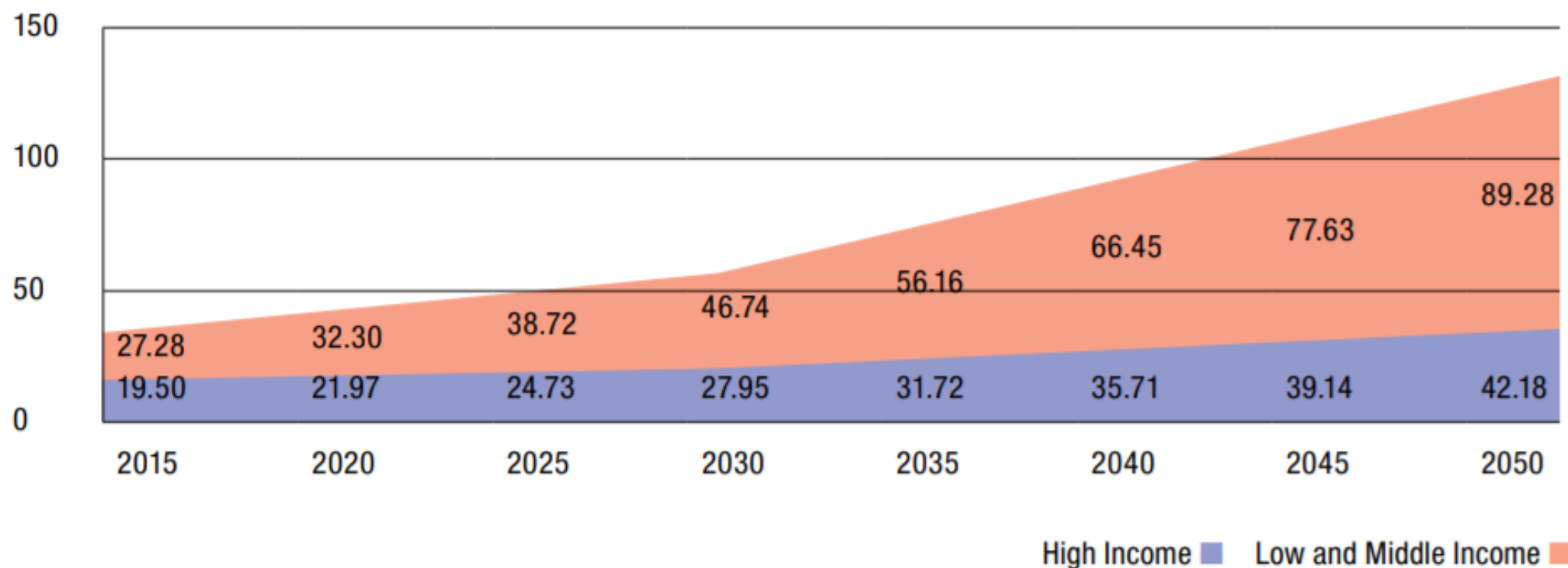




Slovenská Alzheimerova spoločnosť predpokladá, že v roku **2040** počet osôb s **demenciou v SR** vzrastie na **180 000** (www.alzheimer.sk)

+ 180 000 príbuzných + zdravotnícky a sociálny systém

The growth in numbers of people with dementia (millions) in high income (HIC) and low and middle income countries (LMIC)



PROTECTIVE/RISK FACTORS of DEMENTIA
... what and when?

Ochranné/rizikové faktory demencie
... ktoré a kedy?

DEMENTIA

9 WAYS TO REDUCE YOUR RISK

1 IN 3

cases of dementia
could be prevented
by addressing these
lifestyle factors

INCREASE

Education

Physical
Activity

Social
Contact

DECREASE

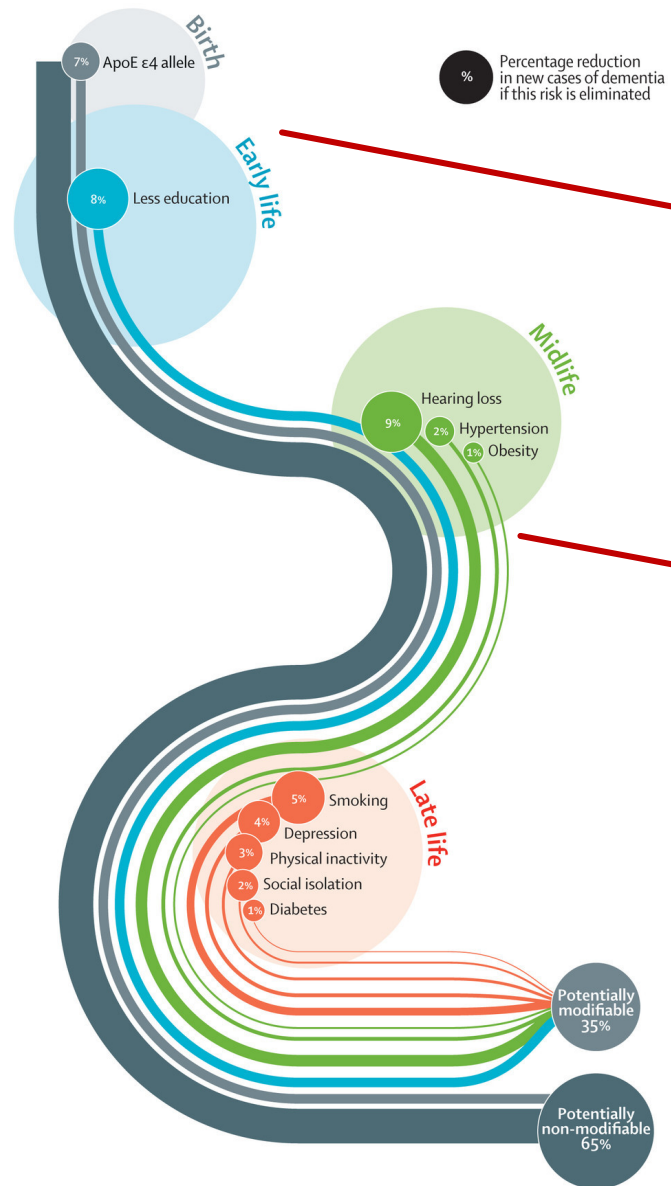
Hearing Loss
Hypertension
Obesity
Smoking
Depression
Diabetes

Source: Lancet Commission on Dementia Prevention and Care
Credit: Keck Medicine of USC

<https://keck.usc.edu/lancetcommission/>

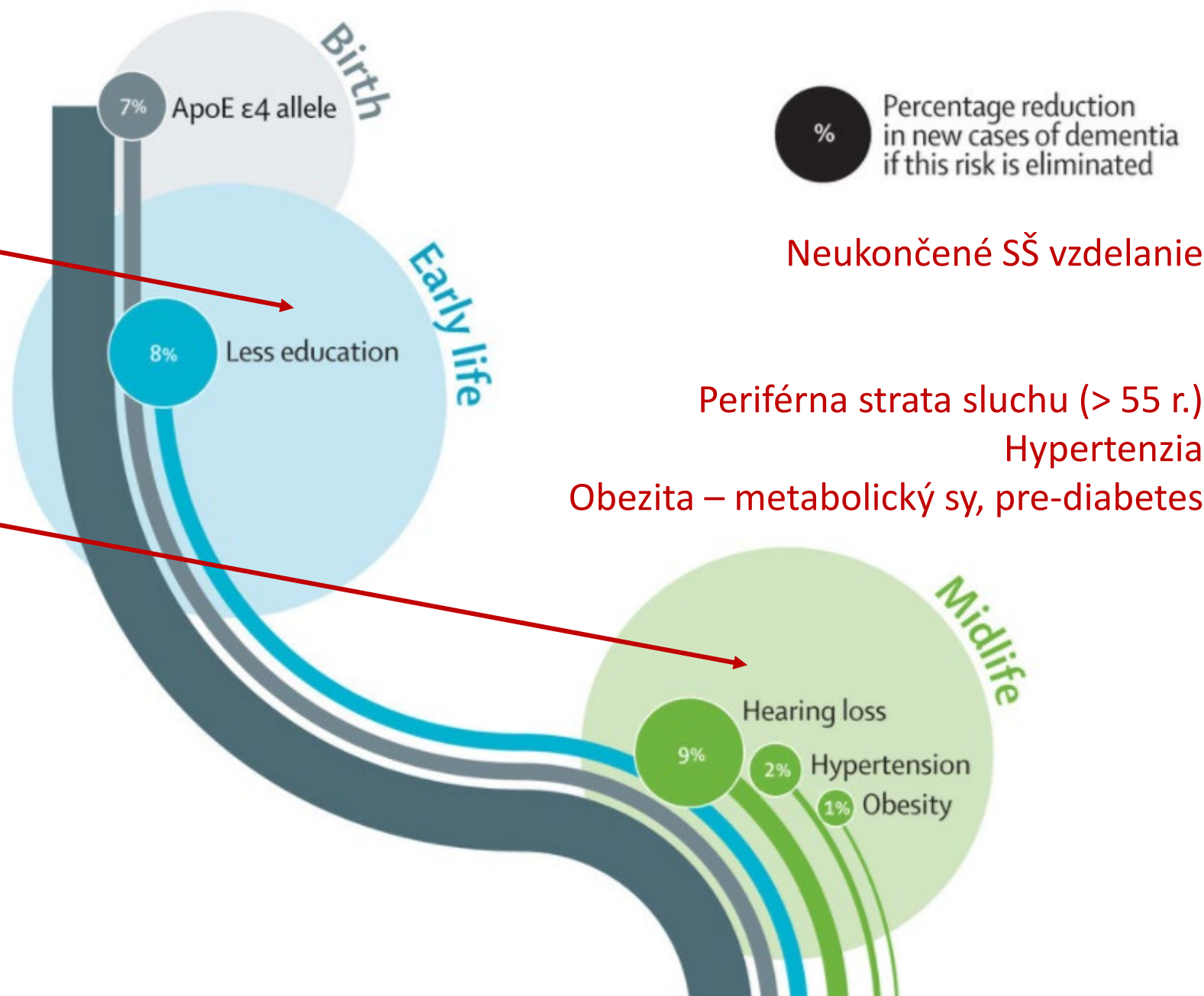
Risk factors for dementia

The Lancet Commission presents a new life-course model showing potentially modifiable, and non-modifiable, risk factors for dementia.



THE LANCET

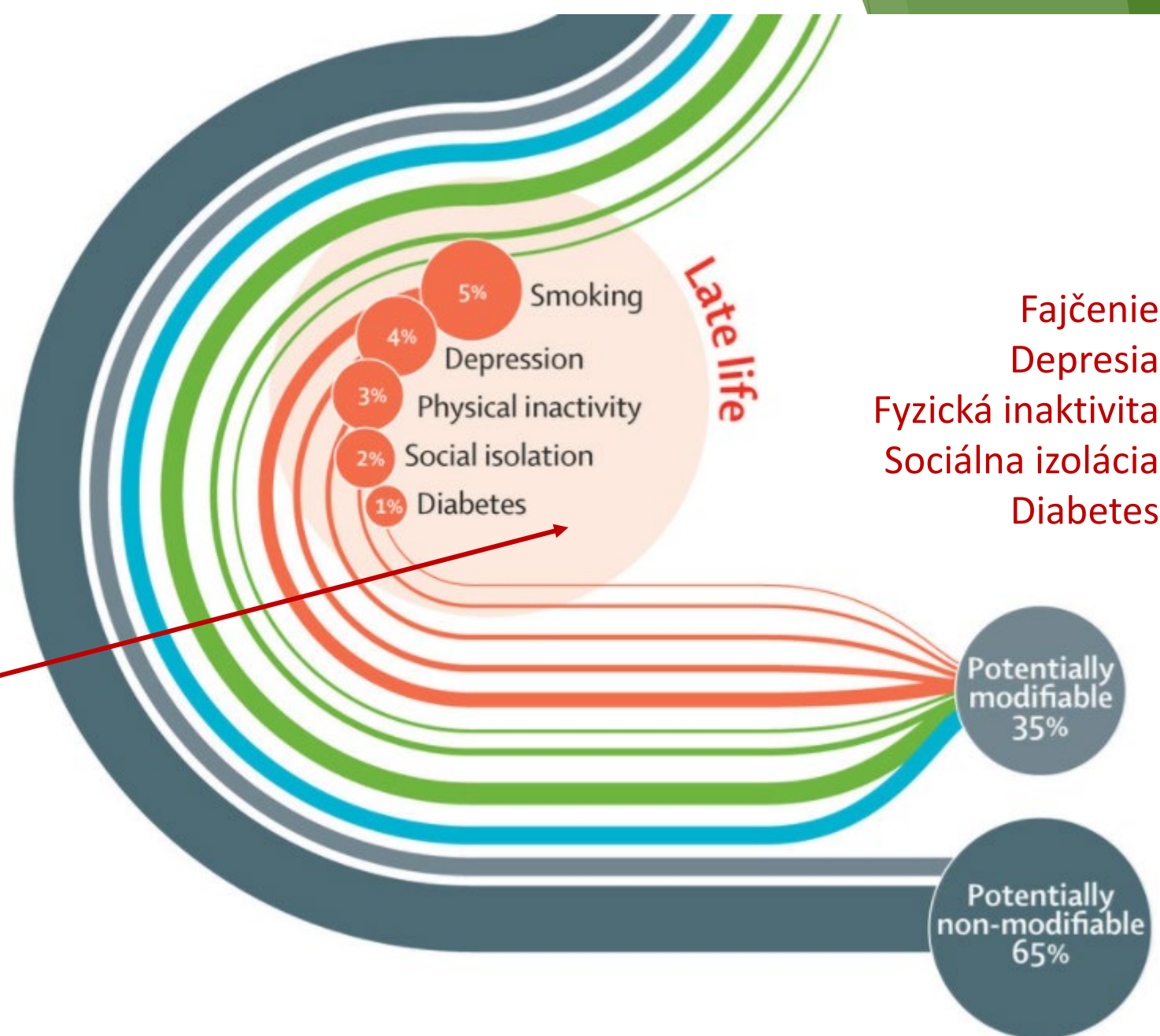
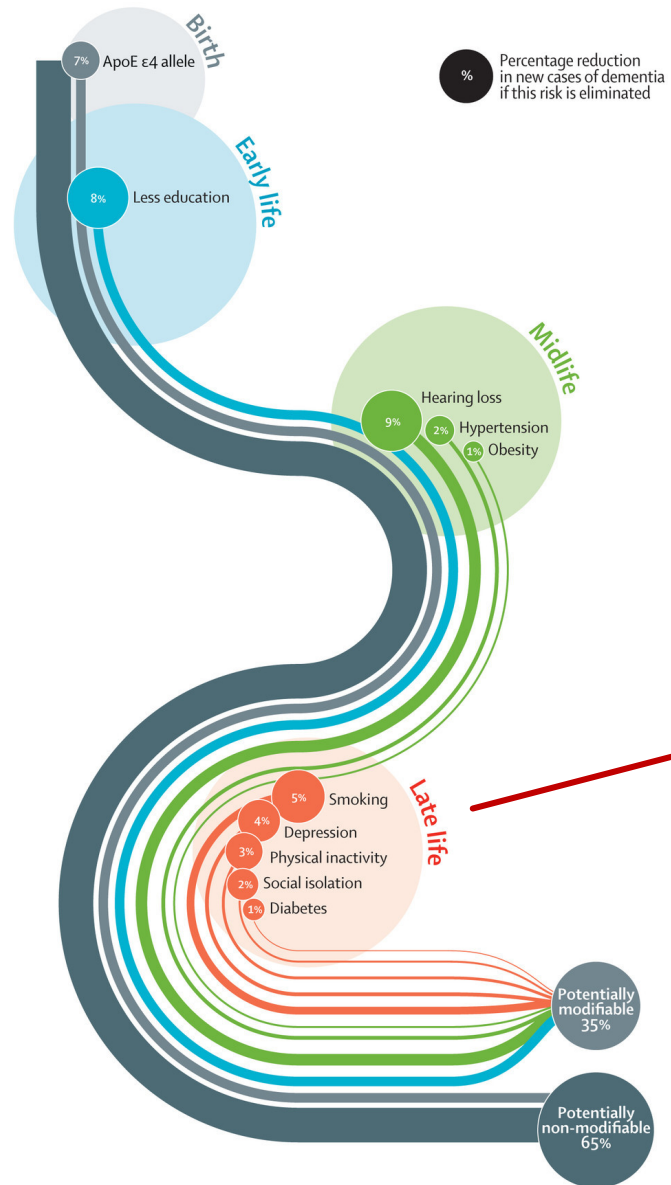
The best science for better lives

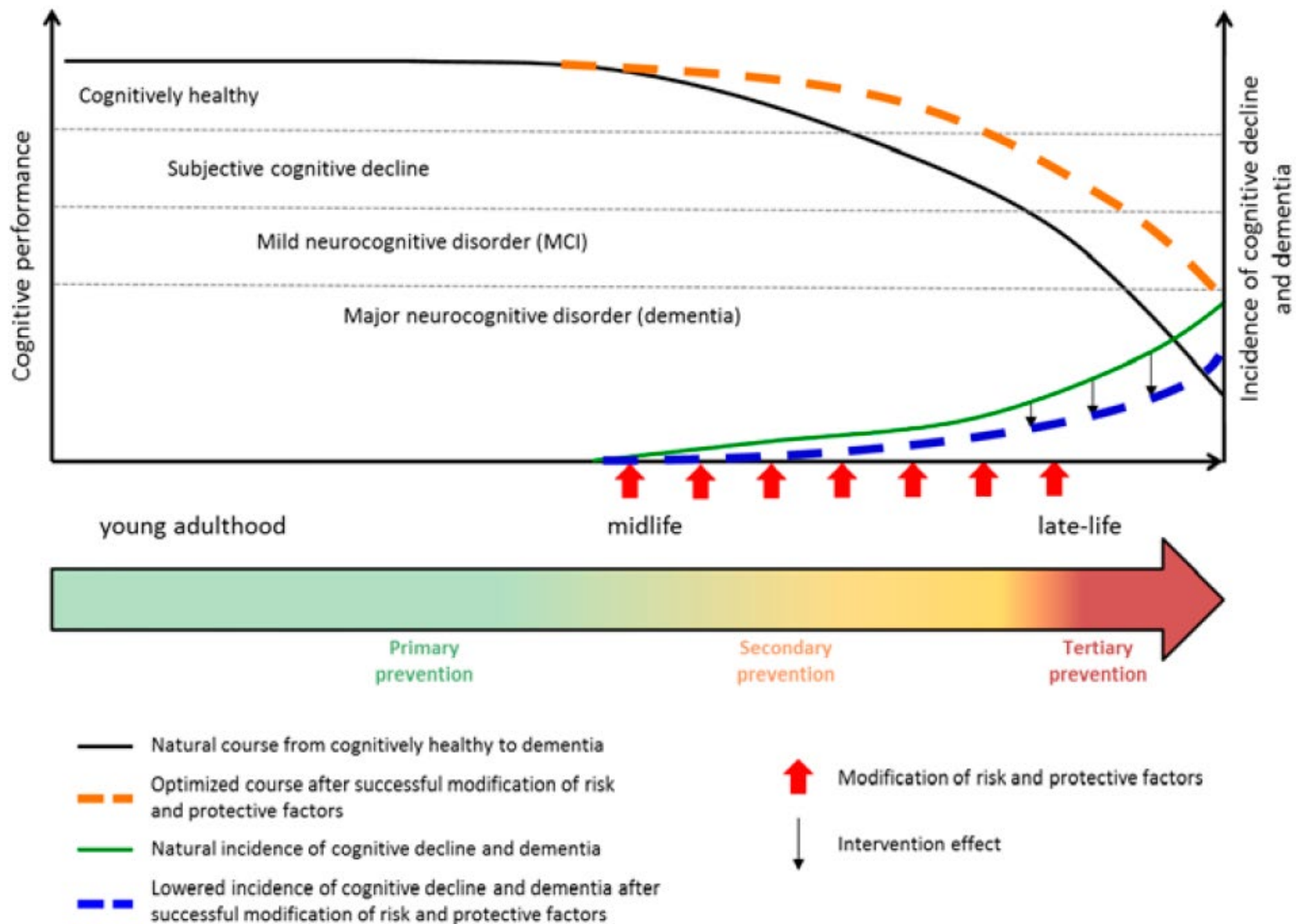


<https://www.latimes.com/science/sciencenow/la-sci-sn-dementia-prevention-age-20170720-htmstory.html>

Risk factors for dementia

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HOW TO ...

get from theory to EFFECTIVE practice?

AKO ..

sa dostať od teórie k účinnej praxi?

	preDIVA	FINGER	MAPT
Sample size	3526	1260	1680
Age range	70–78	60–77	70+
Main inclusion criteria	Not demented ^b	Dementia risk score ≥ 6 ^a Cognitive performance at mean or slightly lower level	Not demented ^b Memory complaints or limitations in daily living or slow gait speed
Intervention	Nurse-led intensive vascular care	Diet advice, exercise, cognitive training and vascular care	Cognitive training, advice on physical activity and nutrition, and vascular care +/- omega 3 polyunsaturated fatty acids
Intervention period	6–8 years	2 years	3 years
Follow-up period	6–8 years	2 years	3 years
Primary outcome	Dementia, disability ^d	Cognitive function ^c	Composite z-score of 4 cognitive tests ^e
Main secondary outcomes	Cardiovascular disease, vascular factors, cognitive decline, depression	Vascular and lifestyle factors, depressive symptoms, disability	Physical performance, depression

FINGER: Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability; MAPT: Multidomain Alzheimer Prevention Study; preDIVA: prevention of Dementia by Intensive Vascular Care. ^a assessed with Cardiovascular Risk Factors, Aging, and Dementia (CAIDE) risk score; ^b defined as no clinical diagnosis and a Mini-Mental State Examination >23; ^c assessed with the neuropsychological test battery (NTB); ^d assessed with the AMC Linear Disability Score; ^e items from the Free and Cued Selective Reminding test, Mini-Mental State Examination, Digit Symbol Substitution Test, and Category Naming Test.

Prevenca demencie - PODMIENKY PRE BUDÚCE INTERVENCIE (1)

Cieľová populácia

- Age: 50-70 years
- Community based
- No significant cognitive impairment
- Few exclusion criteria
- Select subjects at increased risk

Intervencia

- Multi-component, pragmatic
- Combined pharmacological and non-pharmacological
- Flexible (different countries)
- Adapt to population (too intensive can lead to less compliance)

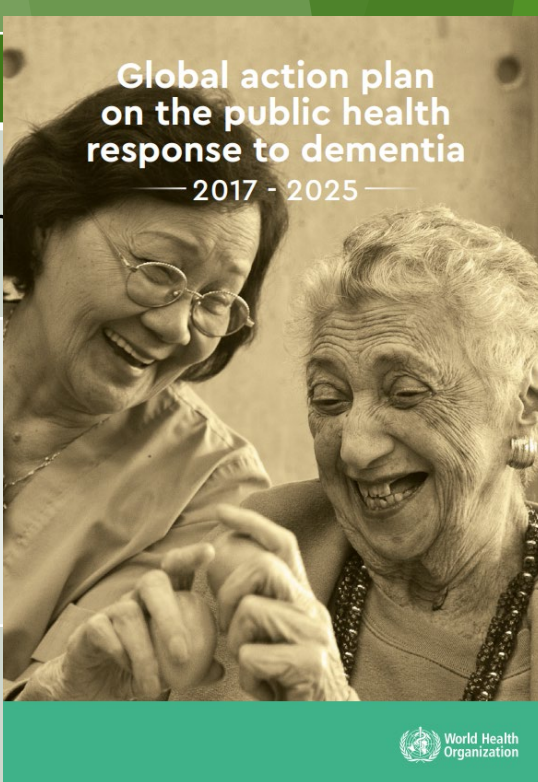
Dizajn

- Randomised controlled trial
- Randomised individuals or clusters
- Open, single-blind, or double-blind

Prevenca demencie - PODMIENKY PRE BUDÚCE INTERVENCIE (2)

Primary outcome measure	<ul style="list-style-type: none">○ Time to onset of dementia○ Cognitive decline○ Handicap or disability
Secondary outcome measures	<ul style="list-style-type: none">• Cognitive decline• Cardiovascular disease• Cardiovascular risk factors• Surrogate endpoints (biomarkers, imaging parameters)• Depression• Quality of life• Utilisation of health resources
Dĺžka intervencie	<ul style="list-style-type: none">○ Realistic: 4-8 years○ Open-label extension possible
Dĺžka follow-up	<ul style="list-style-type: none">• 4-8 years• Delayed outcome assessment for primary outcome can be several years after intervention has finished

ACTION AREA	GLOBAL TARGET
1. Dementia as a public health priority	75% of countries will have developed or updated national policies, strategies, plans or frameworks for dementia , either integrated into other policies/plans, by 2025
2. Dementia awareness and friendliness	100% of countries will have at least one functioning public awareness campaign on dementia to foster a dementia inclusive society by 2025; 50% of countries will have at least one dementia friendly initiative to foster a dementia-inclusive society by 2025
3. Dementia risk reduction	The relevant global targets defined in the GAP for prevention and control of NCDs 2013–2020 and any future revisions are achieved for risk reduction and reported
4. Dementia diagnosis, treatment, care and support	In at least 50% of countries, as a minimum, 50% of the estimated number of people with dementia are diagnosed by 2025
5. Support for dementia carers	75% of countries provide support and training programs for carers and families of people with dementia by 2025
6. Information systems for dementia	50% of countries routinely collect a core set of dementia indicators through their national health and social information systems on which they report every 2 years by 2025
7. Dementia research and	The output of global research on dementia doubles between 2017 and 2025



Napĺňanie „GAP on the PH response to dementia“ v SR???

VÝZVA pre CELÚ SPOLOČNOSŤ tj. pre KAŽDÉHO

✎ **Spájajme sa a spolupracujme**
každý MÁ vedieť „čo najviac“, ale NEMUSÍ robiť „čo najviac“

✎ **Ovplyvňujme politiku a politikov**
komunikujme, pozývajte ich (k nám)
choďme voliť (NR SR, VÚC, mestá/obce)
zodpovedne zvažujme, koho volíme

Ďakujem za pozornosť

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Táto práca bola podporovaná Agentúrou na podporu výskumu a vývoja na základe Zmluvy č. APVV-15-0719.

