

102 - Dementia and primary care – lessons from Europe: Symposium

Primary care doctors /General Practitioners are sometimes criticised for failing to recognise dementia in its early stages. Old age psychiatrists, neurologists or geriatricians take on the tasks of recognition, diagnosis (subtyping) and post-diagnostic support, and some Primary care doctors /General Practitioners welcome this division of labour as a way of avoiding the demanding tasks of dementia recognition and response. However, the rising prevalence of dementia syndromes in an ageing population is undermining the ability of secondary care specialists to fulfil their tasks of timely recognition, diagnosis and support. Primary care doctors /General Practitioners will be encouraged to take over some secondary care tasks. This will pose problems for Primary care doctors /General Practitioners, who may not have been trained to work with people with dementia, and who may not be able to incorporate such work into their practice even when trained. This symposium will explore the current and future challenges Primary care doctors /General Practitioners face in recognising and responding to dementia, and outline some lessons from four European countries (Ireland, Spain, Portugal and England). Themes to be presented include:

- Barriers to the recognition of dementia,
- The dementia-specific educational needs of Primary care doctors/General Practitioners,
- Interprofessional education of community-based primary care teams,
- Case management of people with dementia in primary care,
- IT solutions to problems of support for people with dementia.
- Effective dementia-care interventions in primary care post-diagnostic care pathways,
- Systemically-inspired brief interventions in primary care.

Chair: Emeritus Professor Steve Iliffe, Centre for Ageing Population Studies, University College London [England]; co-chair: Professor Manuel Gonçalves-Pereira, Professor of Behavioural Medicine and Psychiatry, Nova Medical School, Universidade Nova de Lisboa [Portugal]

Speakers:

Dr Tony Foley, Lecturer Department of General Practice, University College Cork [Ireland]

Professor Manuel A. Franco, Head of Psychiatry and Mental Health Department.
University Rio Hortega Hospital (Valladolid) [Spain]

Dr Conceição Balsinha, General Practitioner & Assistant professor/PhD student, Nova Medical School, Universidade Nova de Lisboa & Professor Manuel Gonçalves-Pereira, Nova Medical School, Universidade Nova de Lisboa [Portugal]

Emeritus Professor Steve Iliffe, Centre for Ageing Population studies, University College London [England]

103 - Risk and prevention of dementia: from observation to implementation

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General introduction

Dementia is a global health problem with increasing numbers of people with dementia, especially in low and middle-income countries. Over the past decade, research and policy have been gradually expanding their view on lowering the burden of dementia by exploring the possibilities for dementia risk reduction strategies targeting modifiable risk factors. In this symposium, four speakers will present on new insights in dementia prevention from epidemiological research, randomized controlled trials and innovative implementation projects in primary and secondary care.

Social and cognitive activity as resilience factors for dementia

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Objectives

Active ageing includes engagement in social and cognitively-stimulating activities, which have been associated with lower risk for dementia through increased brain reserve. We studied whether social and cognitive activities have independent or joint associations with dementia risk.

Methods

We used data from the population-based prospective English Longitudinal Study of Ageing (ELSA). Levels of social and cognitive activities were measured by self-report from a broad range of leisure time activities in 5,454 participants aged 50 years and older. Associations with incident dementia over eight years of follow-up were tested in Cox proportional hazard models adjusting for age, gender, education, SES and a compound score of lifestyle-based and somatic dementia risk factors.

Results

During follow-up, 192 participants developed dementia. Social activity and cognitive engagement were both associated with a lower risk of dementia, independent from each other and of covariates. Level of education and SES at baseline did not significantly moderate these associations. In addition, there was no interaction between social and cognitive activity, but those engaged in both showed the lowest risk on average

Conclusions

People who engage in social and cognitive activities show a lower dementia risk that is independent from other demographic and lifestyle-based risk factors.

Quantifying dementia prevention potential in the FINGER randomized controlled trial using the LIBRA prevention index

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