

# National Dementia Action Plan

**Response to consultation  
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## **Recipient**

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## About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 8000 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for food and nutrition for healthier people and healthier communities.

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians have an important role to play in caring for people living with dementia, such as in the assessment and dietary management of clients with dementia and malnutrition, in the planning and coordination of food service within aged care homes and home delivered meal programs, and in the training of aged care sector staff.

## Recommendations

1. Dietitians Australia recommends expanding on the evidence in the National Dementia Action Plan to highlight evidence for dietary factors associated with a decreased risk of dementia.
2. Dietitians Australia considers it vital for nutrition screening and dietary support from Accredited Practising Dietitians to be an integral part of dementia management. In the proposed 'Brain Hubs' with multidisciplinary teams established across the country, it is essential to include a range of allied health professionals, including Accredited Practising Dietitians to assist with nutrition screening and provide dietary support to people living with dementia.

## Discussion

Dietitians Australia welcomes the National Dementia Action Plan and commends the Australian Government Department of Health and Aged Care for including seven objectives in support of the vision described. Here follows some specific feedback and recommendations from the leading voice on nutrition and dietetics, Dietitians Australia.

### **National Dementia Action Plan - Objective 2: Minimising risk, delaying onset and progression**

The infographic on page 24 outlines 'Proven ways to reduce the risk and/or delay the onset of dementia'. Dietitians Australia is pleased to see 'Eat healthy meals', 'Limit alcohol consumption' and 'Keep a healthy weight', as there is evidence to support all three dietary risks. However, the details on page 25 outlining the evidence for reducing the risk of developing dementia does not specify anything about eating healthy meals - only evidence for healthy weight loss and reducing alcohol consumption is presented for dietary risks. Dietitians Australia recommends expanding on the evidence in the National Dementia Action Plan (outlined on page 25) to include evidence for dietary factors associated with a decreased risk of dementia.

The World Health Organisation (WHO) Guidelines on risk reduction of cognitive decline and dementia<sup>1</sup> provide evidence-based recommendations on lifestyle behaviours and interventions to delay or prevent cognitive decline and dementia. Dietary factors may be involved in the development of dementia, both directly and through their role on other risk factors, and a healthy diet may have a great preventive potential for cognitive impairment.

The Mediterranean diet is the most extensively studied dietary approach, in general as well as in relation to cognitive function. Several systematic reviews of observational studies have concluded

that high adherence to the Mediterranean diet is associated with decreased risk of mild cognitive impairment (MCI) and Alzheimer disease (AD), but modest adherence is not<sup>2,3</sup>.

While there is no single Mediterranean diet, such diets tend to include higher intakes of vegetables, fruit, legumes, cereals, fish and monounsaturated fatty acids; lower intakes of saturated fat, dairy products and meat; and a moderate alcohol intake.

Other promising dietary approaches associated with better cognitive function include:

- The DASH Diet<sup>4</sup> - Dietary Approaches to Stop Hypertension Diet.
- The MIND Diet<sup>4</sup> - Mediterranean diet + DASH Intervention for Neurodegenerative Delay, which has additional specifications for the consumption of berries and leafy green vegetables.
- Consumption of fruit and vegetables<sup>5,6</sup> and fish<sup>7,8</sup>. Higher fish consumption has been linked to lower memory decline among healthy participants in many studies<sup>9</sup>, as well as intakes of polyunsaturated fatty acids (PUFA) (fish-derived)<sup>8</sup>.

The WHO Guidelines on risk reduction of cognitive decline and dementia<sup>1</sup> recommend the following:

- Recommendation 1: The Mediterranean-like diet may be recommended to adults with normal cognition and mild cognitive impairment to reduce the risk of cognitive decline and/or dementia.

Quality of evidence: moderate

Strength of the recommendation: conditional

- Recommendation 2: Healthy, balanced diet should be recommended to all adults based on WHO recommendations on healthy diet.

Quality of evidence: low to high (for different dietary components)

Strength of the recommendation: strong

- Recommendation 3: Vitamins B and E, PUFA and multi-complex supplementation should not be recommended to reduce the risk of cognitive decline and/or dementia.

Quality of evidence: moderate

Strength of the recommendation: strong

#### **National Dementia Action Plan - Objective 4: Improving Treatment, Coordination and Support along the dementia journey**

Unintentional weight loss is a prominent clinical feature in some individuals with dementia<sup>10</sup>. Data from research indicates that 30–40% of patients with dementia may experience clinically significant weight loss<sup>11-13</sup>. This weight loss is indicative of loss of lean body mass and malnutrition. Any loss of lean body (muscle) mass in an older person potentially increases morbidity and mortality. Weight loss in someone living with dementia rapidly impacts quality of life as well as physical and cognitive capacity.

An understanding of nutrition risks associated with dementia can identify modifiable issues around eating to assist individuals to continue enjoyment of food and drinks and maintain adequate nutritional intake. The observation of Dietitians Australia members is that more needs to be done in all care settings to ensure nutrition screening and assessment is in place for people diagnosed with dementia, and that processes are in place to ameliorate the impact of dementia on nutrition.

The ESPEN guidelines on nutrition in dementia<sup>14</sup> include 26 recommendations for nutritional care of older persons with dementia. A summary of a number of recommendations is outlined here. In every person living with dementia, screening for malnutrition and close monitoring of body weight are recommended. In all stages of the disease, oral nutrition may be supported by provision of adequate, attractive food in a pleasant environment, by adequate nursing support and elimination of potential causes of malnutrition. Supplementation of single nutrients is not recommended unless there is a sign of deficiency. Oral nutritional supplements are recommended to improve nutritional status, but not to correct cognitive impairment or prevent cognitive decline. Artificial nutrition is suggested in patients with mild or moderate dementia for a limited period of time to overcome a crisis situation with markedly insufficient oral intake, if low nutritional intake is predominantly caused by a potentially reversible condition, but not in patients with severe dementia or in the terminal phase of life.

In light of current evidence, including the ESPEN guidelines on nutrition in dementia, Dietitians Australia considers it vital for nutrition screening and nutrition support from Accredited Practising Dietitians to be an integral part of dementia management.

In the proposed 'Brain Hubs' with multidisciplinary teams established across the country (page 46 in the National Dementia Action Plan), it is essential to include a range of allied health professionals, including Accredited Practising Dietitians to assist with nutrition screening and provide dietary support to people living with dementia. To reflect this, proposed rephrasing (for page 46) follows:

*'Exploring the feasibility of having Brain Hubs with multidisciplinary teams established across the country that can work holistically with the person on a range of allied health needs including dietetics (for nutrition screening and dietary support), physiotherapy, occupational therapy and social work'.*

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