Physical Activity and Dementia Risk Reduction in Black, Asian and Minority Ethnic Communities
Introduction

This booklet has been put together in partnership with Public Health England, Age UK, Sporting Equals and Alzheimer’s Research UK to help raise awareness of the health benefits of keeping physically active and how that may reduce the risk of developing dementia.

It is specifically aimed at Asian, black and minority ethnic (BAME) communities whose uptake of physical activity among older people is traditionally low and who often have limited knowledge about dementia. The project has been funded through Public Health England and forms part of a bespoke training module, Moving Moments, which was developed to inform and help raise physical activity levels in BAME communities. This is available through Sporting Equals and Age UK, as part of the national fit as a fiddle training programme. This booklet can also be used independently to help inform staff, volunteers and local communities about raising physical activity levels as a way of reducing the risk of dementia.

Dementia in BAME communities

BAME communities in the UK are experiencing a rapid rise in their ageing population and around 25,000 people from BAME communities are thought to be living with dementia in England and Wales.

This number is growing more rapidly than the UK population average. If you are from a BAME background or work with people from BAME communities, these are some of the challenges you and your community may come across:

• Dementia may be a new experience for some people, especially if families that migrated to the UK were of working age and did not bring older relatives.

• Some languages, including some South Asian languages, do not have a word for dementia.

• In some countries dementia can be viewed more as a normal part of ageing, or it can be wrongly thought of as punishment or possession by spirits.

• Where there is a lower awareness of dementia and poorer literacy in English, this can reduce access to information and support services. Consequently, people from BAME communities tend to be diagnosed later.

What is dementia?

Dementia is caused by a number of different illnesses which each lead to damage to the brain. It can affect both men and women as they age. Symptoms vary with different types of dementia but similarities include loss of memory and communication skills, and difficulties thinking and reasoning clearly.

Dementia is a progressive condition, meaning that people with dementia, their families and their carers, have to cope with changing abilities over time. As the condition progresses, people need increasing support. Symptoms may affect personality, lifestyle, quality of relationships, mental and physical health. Eventually the person will lose their ability to carry out the most basic tasks in daily life.

We know that modifying our lifestyle and dietary habits can help to protect us from conditions like heart disease, stroke, diabetes and obesity, but there is evidence to suggest that by looking after our bodies, we can also help to keep our brains healthy and reduce the risk of dementia.

Research is telling us more about the causes of dementia and suggesting that regular physical activity, a healthy balanced diet, stopping smoking, avoiding excessive alcohol consumption and keeping happy and socially connected may reduce the risk of developing dementia.

The damage to the brain that leads to dementia starts many years before symptoms become obvious, so lifestyle changes to help reduce the risk of dementia should start as early as possible.
Types of Dementia

Dementia does not affect everyone in later life, but you are more likely to develop it as you get older. One in three people over 65 will live with dementia. This diagram shows the main types of dementia:

Causes of dementia
- Alzheimer’s disease
- Vascular dementia
- Mixed dementia
- Dementia with Lewy bodies
- Other
- Parkinson’s dementia
- Frontotemporal dementia

Alzheimer’s disease

Alzheimer’s disease is the most common type of dementia and it accounts for about two thirds of all dementia cases in older people. People with Alzheimer’s disease develop clumps of harmful proteins in their brain, which stop brain cells from doing their job properly.

Vascular dementia

This is the second most common cause of dementia. It happens when less blood reaches the brain than normal. Sometimes this can happen suddenly, for example after someone has a stroke, or it can happen more slowly over time.

Frontotemporal dementia

Frontotemporal dementia is caused by damage to the parts of the brain that control our personality, emotions, behaviour, and thinking and language skills. This can cause different problems, depending on which parts of the brain are most affected.

Dementia with Lewy bodies

Dementia with Lewy bodies is the third most common cause of dementia. Lewy bodies are tiny, round clumps of protein that build up inside brain cells. They stop brain cells from working properly and can cause problems such as seeing things that aren’t really there, having slowed and stiff movements, and sleep disturbances.
Symptoms of dementia

Symptoms will vary according to the type of dementia and will typically affect three abilities:

- **Memory and thinking skills** – ability to make new memories and remember, understanding and problem solving.
- **Emotional** – mood and social interaction with other people.
- **Function** – ability to carry out daily activities such as washing, dressing and cooking.

The symptoms someone experiences will get slowly worse over time. The speed of change varies from person to person and can depend on the underlying causes of dementia, as well as the stage at which their dementia is diagnosed.

Common signs of dementia

- Memory loss that starts to affect the way you are able to live life.
- Difficulty with problem solving or planning tasks.
- Inability to carry out familiar tasks.
- Becoming disorientated about time and place.
- Trouble with words when speaking or writing.
- Getting lost and not being able to retrace your steps.
- Poor judgement and difficulty making decisions.
- Social withdrawal.
- Repetitive behaviour.
- Changes in sleep patterns.
- Mood and personality changes; people may appear unfeeling or disinterested.

If you are worried that you have some of the symptoms of dementia that are starting to affect your everyday life it’s important to visit your GP. Links to charities and helplines that provide further information and/or help are also listed at the back of this booklet.

It should be noted that dementia affects people in different ways (becoming more forgetful does not necessarily mean that you have dementia).
What is a risk factor?

A risk factor is something that increases your likelihood of developing a condition. Some risk factors, like age and genetics, can’t be changed. There are others, including lifestyle factors such as smoking, that you could try to do something about.

The biggest risk factor for dementia is age – the older you are the more likely you are to develop the condition, but it is not an inevitable part of getting older.

While the causes of dementia are complex, research suggests that a healthy balanced diet, regular physical activity, stopping smoking and avoiding excessive alcohol consumption can reduce the risk of developing dementia. It’s also important that you keep your blood pressure and cholesterol levels in a healthy range. Your doctor can advise you on how to do this.

Risk factors in BAME communities

High blood pressure, diabetes, stroke and heart disease are more common in South Asian and Black African communities. By the age of 80, twice as many people of South Asian and African descent have diabetes than those of European descent – in some communities this increases to four times as many. This is likely to also put them at greater risk of dementia.

Although there is no accurate data about the incidence of dementia in different ethnic groups in the UK, there is some evidence of higher rates of dementia in BAME communities as well as an earlier onset of symptoms. Some have attributed this to poorer cardiovascular health.2

Reducing risk

Evidence suggests that having good lifestyle habits will help to improve our health and quality of life and protect us in the future. Risk reduction should start at an early age and we need to look after our bodies to help protect our brains.

In 2015, NICE published the guidelines ‘Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset’.3 It encouraged people and organisations to promote dementia risk reduction by making it easier for people to:

- be more physically active
- achieve and maintain a healthy weight
- adopt a healthy diet
- stop smoking
- reduce alcohol consumption.

2 http://bjp.rcpsych.org/content/bjprcpsych/early/2011/06/08/bjp.bp.110.086405.full.pdf and http://pb.rcpsych.org/content/39/4/162

3 www.nice.org.uk/guidance/ng16
Exercise

Getting regular exercise is an important way to help reduce your risk of dementia. Regular exercise can be incorporated into your daily routine, for example, by taking the stairs instead of the lift, walking to your place of worship or getting off the bus one or two stops earlier than usual.

As little as 10 minutes of moderate physical activity at a time provides numerous health benefits. As long as the activity causes you to get warmer and breathe harder and for your heart to beat faster, then it counts as moderate physical activity. Therefore cycling, swimming, gardening, walking or housework, or a combination of them all, all contribute and count as moderate physical activity. Strength exercises and activities, including lifting the shopping, chair based exercises, walking and swimming can also improve muscle and bone strength, and therefore reduce the risk of falls. Any physical activity is better than none.

Some communities have particular cultural and social priorities to consider when taking part in physical activity sessions and classes. So when considering the appropriate forms of exercise and activities, consideration should be given, for example, to having male and female only sessions, the wearing of particular clothes, translating information and provision of interpreters, and holding classes in particular local buildings and centres.

Physical activity can help to prevent and manage over 20 chronic conditions and diseases, including some cancers, heart disease, type 2 diabetes and depression. Supporting inactive people to become more active could prevent one in ten cases of stroke and heart disease in the UK and one in six deaths from any cause.4

Government guidelines indicate older adults should be doing 30 minutes moderate-intensity activity five times a week or 15 minutes high-intensity activity five times a week, as well as some muscle-strengthening activity twice a week.

4 https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day
Diet

Most of the dietary advice to help reduce your risk of dementia is the same as that to prevent heart disease. A healthy balanced diet is lower in fat and high in fibre, so it will ideally feature lots of fruit and vegetables (at least five portions a day), whole grains, beans, pulses and cereals. Regularly consuming meals, snacks and drinks that are high in salt, fats and sugar is bad for your health.

It’s important in cultural diets to try to cut down on saturated fats like those found in fatty or processed meats, butter or ghee, cheese, chocolate, biscuits, palm oil, coconut oil and cream. Saturated fats can be swapped for unsaturated fats, which are less harmful. These can be found in olive oil, avocados and nuts like almonds and peanuts, and oily fish. Most foods in supermarkets now carry labels that indicate the levels of fat.

Men should aim to eat no more than 30g saturated fat per day, women only 20g.

High intake of salt can not only put up your blood pressure and increase your risk of heart disease, but could also increase the risk of dehydration, particularly in older people who don’t exercise regularly.

Guidelines say that adults should have no more than 6g of salt per day.
Smoking
We have all been told that smoking is bad for you. It affects your heart and lungs and is linked to different cancers. It is bad for your brain as well, and smoking also doubles your risk of getting dementia.

Your doctor will be able to advise you on how to take steps to stop smoking.

Alcohol
If you are regularly drinking more than the NHS lower-risk guidelines you are at higher risk because it can affect your heart, blood pressure, liver and brain.

The guidelines advise no more than 14 units per week for both men and women. People who drink as much as this should spread their drinking over three or more days.

1 unit
Half a pint of normal strength beer, cider or lager
(almost 300ml, for example, 3.5% ABV)

1.5 units
A small glass of wine
(125ml, 12% ABV)

1 unit
A pub measure of spirits
(25ml)

Get involved
An active social life can improve wellbeing and could help to protect the brain from damage linked to diseases like Alzheimer’s. Reading, writing, learning new skills or languages, having hobbies, attending places of worship or classes are all enjoyable ways to engage with others and stay socially active.
References and resources

• Dementia Friendly Communities Programme/Dementia Friends

• Helpful hints for carers. Practical solutions for carers living with people with dementia. University of Leeds, Feb 2012


• First steps to living with dementia, Dr Simon Atkins, 2013

• Alzheimer’s disease and other dementias, Dr Nori Graham and Dr James Warner, British Medical Association, 2014


• http://bjp.rcpsych.org/content/bjpcpsyc/early/2011/06/08/bjp.bp.110.086405.full.pdf and http://pb.rcpsych.org/content/39/4/162


• Dementia 2014, Opportunity for Change, Alzheimer's Society

• https://publichealthmatters.blog.gov.uk/2016/07/19/health-matters-getting-every-adult-active-every-day/
Which organisations can help?

• **Age UK** – Age UK is the country’s largest charity dedicated to helping everyone make the most of later life. Age UK has produced a range of guides and leaflets aimed at supporting people with early stage dementia and their carers. Further information can be found here: [www.ageuk.org.uk/health-wellbeing/conditions-illnesses/dementia/what-is-dementia](http://www.ageuk.org.uk/health-wellbeing/conditions-illnesses/dementia/what-is-dementia)

• **Local Age UK’s** – Local Age UK’s across the UK provide information, advice and services for people with dementia and their carers. These can include a wide range of physical activity classes and opportunities for people to meet and socialise, as well as health and social care. Information about local Age UK’s can be found here: [www.ageuk.org.uk/about-us/local-partners](http://www.ageuk.org.uk/about-us/local-partners)

• **Alzheimer’s Research UK** – the UK’s leading dementia research charity, funding world-class research into dementia. English language information about dementia is available online at [www.alzheimersresearchuk.org](http://www.alzheimersresearchuk.org) and booklets can be ordered free of charge. The charity runs the **Dementia Research Infoline**, an email and telephone service to provide information about dementia and research. Contact: 0300 1115 111 or infoline@alzheimersresearchuk.org. Translator services are available.


• **Dementia UK** – a charity providing mental health nurses who specialise in dementia, called Admiral Nurses. They can provide advice on referrals to appropriate services and liaise with other healthcare professionals on your behalf. Helpline number is 0800 888 6678 or email direct@dementiauk.org

• **National Dementia Helpline** – operates in England, Wales and Northern Ireland on 0300 222 11 22 or enquiries@alzheimers.org.uk

• **PHE** – PHE exists to protect and improve the nation’s health and wellbeing and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health: [www.gov.uk/phe](http://www.gov.uk/phe). Follow on Twitter @PHE_uk

• **Sporting Equals** – a charity promoting ethnic diversity across the sport and physical activity sector. Sporting Equals has been working in partnership with Age UK to deliver dementia risk reduction training aimed at raising physical activity levels through a bespoke training module, Moving Moments, linked to the national fit as a fiddle training: [www.sportingequals.org.uk/projects/fit-as-a-fiddle.html](http://www.sportingequals.org.uk/projects/fit-as-a-fiddle.html)
About Age UK

Age UK is the country’s largest charity dedicated to helping everyone make the most of later life.

We believe in a world where everyone can love later life and we work every day to achieve this. We help more than 5 million people every year, providing support, companionship and advice for older people who need it most. The Age UK network includes Age UK, Age Cymru, Age NI and Age Scotland and around 165 local Age UK partners in England. Learn more at www.ageuk.org.uk