Social health and dementia

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Welcome
Welcome

Leading question

How can social health contribute to a better life with dementia?

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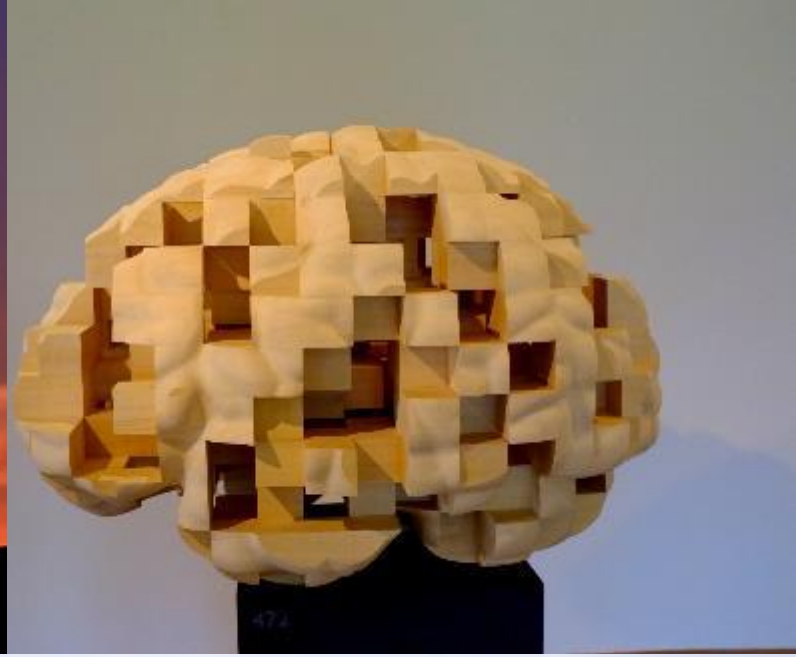

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Relevance social health

Strongest predictors of how long you live:

- Social integration: how much you interact with people as you move through the day
- Close relationships

- Quit smoking
- Exercise
- Overweight

(Holt-Lunsted)

Social health

Social health: dynamic balance between opportunities and limitations, influenced by social and environmental factors

(Huber,Knottnerus, Green, Jadad, Kromhout,Leonard, van der Meer,Loureiro, van der Meer, Schnabel, Smits, van Weel, BMJ, 2011)

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Social health

Social health:

Capacity of people to fulfil potential and obligations

Ability to manage their life with some degree of independence despite a medical condition

Ability to participate in social activities

(Huber,Knottnerus, Green, Jadad, Kromhout,Leonard, van der Meer,Loureiro, van der Meer, Schnabel, Smits, van Weel, BMJ, 2011)

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Social health and dementia

- Social health challenged by dementia
- Change in social behaviour often reason for diagnostics
- Challenging behaviour threatens societal position of person with dementia

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Potential social health and dementia

- No defectology, but attention for capacities (Oliver Sacks)
- Connection with normal life
- Potential for prevention and treatment

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Models of social aspects and health

Upstream: conditions that influence the development and structure of social networks

Downstream: health influenced by social support and by negative interactions such as abuse

(Berkman, Social Science and Medicine, 2000)

How can social health contribute to better use of cognitive reserve?

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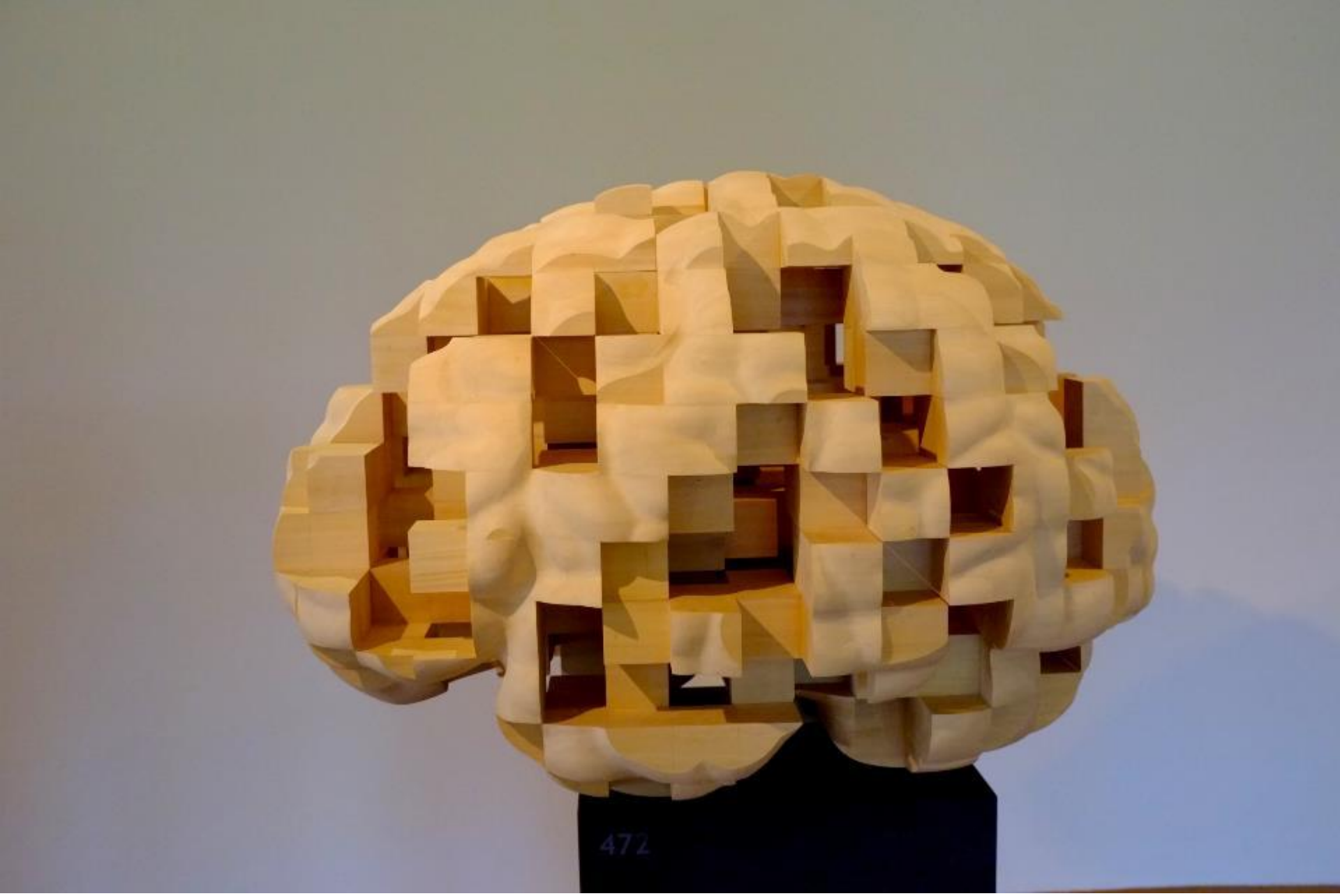

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Neuropathology and cognitive impairment

Discordance between neuropathology and cognitive impairment: the role of brain or cognitive reserve (Bennet, Arnold, Brayne, Schneider, Neuropathol, 2013)

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Discrepancy neuropathology and cognitive symptoms

Nearly 50% of people with dementia did not have sufficient neuropathology in their brain to explain their cognitive symptoms

High levels of AD pathology were present in one third of very old people without dementia

Certain compensatory factors provide brain reserve and cognitive reserve

(Winblad et al. Lancet Neurology, 2016)

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Hypothesis cognitive stimulation

Cognitive stimulation influences brain processes by using alternative and more efficient brain networks

(Liberati et al., Cogn Process 2012)

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Neuroplasticity

- Ability to rearrange structure as well as connections between neurons
- Leads to capacity of the brain to change with learning, to repair and to compensate
- The environment plays a key role in influenicing plasticity
- Sustained in late life

(Fratiglioni et al., J Alz Disease, 2007)

Brain reserve hypothesis

Ability to tolerate age related changes and the disease related pathology in the brain without developing clear clinical symptoms or signs

(Fratiglioni et al., J Alz Disease, 2007)

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Social health and neuropathology

Social networks modify relation of neuropathology to cognition (Bennet et al., Acta Neuropathol 2014)

Cognitive interventions cause changes in brain activation patterns (van Os, de Vugt, van Boxtel, Biomed Res int, 2015)

Combination of physical, mental and social activities seems to contribute to brain reserve (Fratiglioni, Wang 2007)

Memorabel SHiMMy

- Brain reserve hypothesis and social health
- Aim: to identify the role of social health in the onset of dementia
- Integrated analyses of data on social health, cognitive functioning, brain structure and neuro-inflammation in humans and mice
- Towards an early intervention

Social pathology

Being treated as an ‘other’ rather than ‘one of us’
Being treated as ‘lesser’ rather than a full, valued member of society

(Patterson, Clarke, Wolverson, Moniz-Cook, International Psychogeriatrics, 2017)

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Dignity

Importance not being perceived as a burden to others as well as continuing to be useful (Anderberg, Lepp e.a., J Adv Nursing, 2007; Mulley, BMJ, 2010)

Patient Dignity Inventory (Chochinov et al. , J Pain Symptom Man, 2008)

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Reciprocity

Ability to give something in return for receiving (Gouldner, 1960)

If I get something, I want to give something back (Vernooij-Dassen et al., BMJ 2011)

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Hypothesis:READY

(Vernooij-Dassen M, de Lange 2015, In Droes et al. 2015)

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Social health: capacity of people to fulfil potential and obligations

Occupational therapy (Graff , Vernooij-Dassen et al., BMJ 2006)

Information and communication technologies
(Martinez-Alcala et al., JMIR Rehabil Assist technol, 2016)

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Social health: Management of life with some degree of independence

Effective interventions:

- Goal-oriented tailored cognitive rehabilitation therapy
- Cognitive stimulation group therapy
- Cognitive training
- Exercise and psychomotor therapy

(Droes, Charras et al, Aging & Mental Health, 2017)

Social health: facilitating engagement and support

Activities:

- Community based interventions: staff training Alzheimer Nederland: Jumbo. UK: Tesco, Barclays Bank
- Art and dementia (Droes et al., 2017: Mittelman)
- Community meeting centres (Droes)
- Advance care planning (Tiburgs, Perry, Engels, Vernooij-Dassen, Memorabel)
- Shared decision making (Groen et al., 2016; Mariani, Chattat, Engels, Vernooij-Dassen)

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Contribution social health and psychosocial intervention research

From disaster scenario to scenario of living well with dementia

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