

Bettina: It is with great pleasure that I introduce to you today our keynote speaker, Professor Susan Kurrle.

Okay, I will just give you a little brief introduction around Professor Sue Kurrle. Sue is a geriatrician who has been practicing at Hornsby Ku-ring-gai Hospital in northern Sydney for 35 years, and at Batemans Bay and Moruya Hospital in Southern New South Wales for 16 years. She holds the Curran Chair in Health Care of Older People in the Faculty of Medicine and Health at the University of Sydney.

Her research and practice interest centers on dementia, frailty, elder abuse, successful aging and intergenerational programs. And her work focuses on translating of research into clinical practice. She has set up memory clinics at Hornsby Ku-ring-gai Hospital and in Batemans Bay Hospital. And she's a member of the ADNeT-Memory Clinic Steering Committee.

Susan Kurrle: You can stop now.

Bettina: One more thing, she wants me to stop, but. She has also been advisor and commentator for the Emmy Award-winning ABC series, Old People's Homes for 4 Year Olds. I'm sure some of you might have watched that show, so I have to mention that Sue. You want me to stop?

Susan Kurrle: Yes.

Bettina: Okay. Too much information, so please welcome Sue for being here today.

Susan Kurrle: Thanks Bettina. Hi everybody, thank you for coming. It was fantastic they actually had to close the registrations. And I think it's good that for something to do with aging, we get so many interested people. I'm going to talk, when I get this going, about aging successfully. I hope there's a big orange slide up on the screen. Great, thank you. I can't see it. I can see what's on my computer.

I'm going to talk about aging successfully, but I'm actually also going to talk about dementia to a degree, and particularly dementia prevention. And then a little on loneliness and how we can address loneliness. And you will get a taste of Old People's Home for 4 Year Olds. I have to say for those of you that are interested, yesterday was the last day of filming for the second series of Old People's Home for Teenagers.

Instead of being filmed here on the northern beaches, which is where the last one was, it's actually in the western suburbs of Sydney. It'll be interesting to see how that one turns out. However, that's probably irrelevant at the moment.

This is the really important slide. I don't know if people know that in Australia our life expectancy is still going up every year. That is very different to the US where it is dropping, it is plummeting actually, their life expectancy. And a

number of European countries have flattened and are now going down. Ours is increasing. It's not by a lot, but every year you live you are going to live another three to four days. I know that doesn't sound very much, but it does add up over the years. And it shows as this graph shows, our life expectancy is still going up.

What does this mean? It means more old people and I think we all have a responsibility to age as gracefully... I don't know successfully whatever. One lady said to me, "I want to age disgracefully please." And I have to say at 86 she is. But I do think it's important. We know in Australia we are doing pretty well so far. And you can see men on average live 81 but a lot live longer. Women 85. They say that a child, a baby born today can expect to live to a hundred. Which is a bit scary when you think of retirement age, even if it has gone up to 67. I do laugh at the French getting very upset that it's gone from 62 to 64. I think, look around the world guys and just see what's happening. Anyway, I won't get political.

So successful aging, and I use these photos often. The lady in the top left, you'll hear a little more about, I think in that picture she's 120. The others are somewhat younger. But they're all Australian other than the one in the top left. And I love that they are doing things that are perhaps a little outside what you would normally expect.

And so I ask, what do they all have in common? Well, they're all over 85, so they've well and truly exceeded their life expectancy. They're outside, they're being active and they're engaged in activities that most people wouldn't think are normal. And I think it's important that we do not let ourselves not do something because oh, it's not the normal thing to do. These people haven't let age get in the way of doing what they want to do. And so you could say they are aging successfully.

This is that lady in the top left-hand corner, Madam Jeanne Calment. Now I often show, this is one of my favorite slides because she's my pinup lady. She is the longest living, or longest lived human that we know about. She lived to 122 and a half. We know when she was born, we know when she died. But it's really interesting when you look at her CV if you like, her dot points.

Taking up fencing, the sporting type, not the paddock type. At 85 she rode a bicycle till she was a hundred, and she only stopped because the gendarme in Arles where she lived in southern France, confiscated her bicycle because she had macular degeneration and she was running into people. She lived alone up three flights of stairs in an apartment till she was 110.

And I want you to look at what she drinks, her intake. Port wine, it was a good size glass, a day, of fortified wine. Two cigarettes a day. But she went up and down three flights of stairs every time she smoked one, because she didn't like the smell in her apartment. And she ate a kilogram of dark chocolate a week. And that's dark, dark chocolate. I think it's... Ooh, what happened there, sorry.

She did give up smoking at 120 and people say to me, "Well obviously giving up smoking killed her." But she gave up smoking because she had to go outside to smoke in the residential care facility she was living in. And she just didn't like doing that anymore. She was very much into olive oil, living very close to the Mediterranean, and I will mention that later.

And she outlived her husband, her child, and her grandchildren. I always like to say, and it's true, she also outlived her solicitor. And that is important, because when she was 75 and her solicitor was 45, she sold him her unit, her apartment. Because in France you have the ability to live in your home until you die. You can sell it, but still live in it. Well the solicitor died before Madame Calment, so he never actually got to live in the...

Don't know what's happening here. Sorry. I'll just stay right away. I think obviously, I'm back on track.

She died at 122 and a half. As I said before, she was frail, she was blind, she was deaf, but she was cognitively really good. We know this because an Australian psychologist called Karen Ritchie from Melbourne, she went to France to do some study, fell in love with a Frenchman, married him and now runs the large dementia research center in Montpellier, which is very close to Arles. She actually met with Jenny Calment on a number of occasions, so was able to tell us, "This is what happens."

So you can see some people can live, and live well, I'm not sure I'd want to live to 122, but she did. So, what do we know? What are the secrets of successful aging? And this is from a large number of centenarian studies, which are studies of people over the age of a hundred.

And the classic one comes from Okinawa, which are those islands to the south of Japan, they're the classic centenarians. But also Sardinia in the Mediterranean, and actually New England in North America. There's three studies that show very clearly that there are certain things that help you live longer.

Obviously the first one, it's too late to do anything about having the right genes, but if your parents have lived long, you are likely to live long. And that is important, but it's certainly not the only important thing.

Having the right personality is really, really important. Seeing the glass as half full, not half empty. We know that people who are more, if you like, more depressed, more pessimistic, live three to five years less than someone who's positive, taking everything else into account. So if you can, change yourself into a glass half full person. And you actually can do that, I'm told. But if you're here today, hopefully you're one of those glass half full people, and I think that's important. It's really important to have a sense of humor. Life can get pretty

dreadful in later age and it's important to be as optimistic as possible and to adapt.

The next three things I'm going to talk about in a minute. But maintaining independence, that six dot point may be obvious. And I think it's important to say, when someone offers you help don't accept it unless you really, really need it. We do it all the time. We say, "Oh we'll organize meals on wheels for you," when the person can still cook. And we should be saying, "We'll help you with your shopping," or something like that. Don't disable an older person by offering to do something they can still do. And I think that's really, really important. We do tend to think we are doing the right thing.

I have an older lady who loves doing her vacuuming because she says it is really good for her back and her legs. And her daughter wanted to get a cleaner in, and she's resisted it now for about 16 years. And all I can say is, "Good on her." I haven't been into her house recently, so I don't know, but no one ever died from not dusting. And I think that's important.

The seventh dot point is avoid disease. Now that may be pretty obvious, but you can avoid disease by very simple things like vaccination. I hope everybody here has had all their vaccinations. We get a lot of them free. I hope you've all had flu vacs, or have got it booked, that you've all had your fifth covid vaccine. I had one in each arm about two weeks ago. Not a good thing to do probably, but I thought I'll get it over and done with in one hit. But when you hit 70, you can get the shingles vaccine for free, you can get the Pneumococcal disease vaccine for free. Get everything you can. Prevent disease.

And of course watch your blood pressure and your cholesterol and your blood sugars, that's important. But a lot of people still don't know their blood pressure or their blood sugar. It's always worth asking your GP when you go, if you don't know, to check. Okay, now... This is really annoying.

I'm going to go onto those three areas of physically active, mentally active and socially active. And this is probably the most important slide today. And the message that I want to really make very clear is, keeping physically active is probably the most important thing you can do.

And we should be doing 30 minutes of brisk exercise five times a week. Doesn't matter what you do, but you need to get puffed. In other words, if you are walking and talking you should be puffing. They say you should be able to talk but not sing when you are walking. Which is interesting, try it. But it does make you work a bit harder. Strolling is all very nice, it probably makes you feel better, but you need to get puffed. Flush out your brain with oxygenated blood, flush out your heart, your arteries, and it's really good for your muscles and bones as well. That physical exercise is what we all must be doing. And I write it on my script pad, 30 minutes of brisk exercise five times a week.

And the second thing I write is 20 sit to stands a day. You will see the second picture down there, is doing sit to stand exercises. And if you don't want to do anything else, do 10 to 20 of those every day. Simply fold your arms and stand up from your chair and then sit down really slowly, without using your arms. Do that 10 times and you will know you've got thigh muscles. Why is it good? Because it's true resistance training, but also it's the three biggest muscle groups in the body, the quads, the hamstrings, and the buttocks. And it's good for coordination and it's good for balance. So, do it.

I've said resistance training there, and if you can go to a gym, that's really good. When you do resistance training though, it has to be hard work. We used to think one or two kilogram weights were good, and in fact I used to promote that. I now know it should be much, much more than that. I think if you do go to the gym, make sure you push weights, you can only push three or four times. That's the important thing. You've actually got to stress yourself.

And then balance training. Standing on one leg. Tandem stance, which is simply standing with one foot in front of the other. We don't do balance as we get older. If you look at kids, they run along the curb, they ride their bikes, they run along the top of fences, they do all sorts of things that promote balance. You need to start walking along the curb when you go for a walk, I do it and I usually get a beep from somebody. When I'm walking the dog I will walk along the concrete curb because that really makes you concentrate on balance. Stand on one leg when you are cleaning your teeth or standing at the stove. Just push yourself to do some of those balance things. It's so simple, doesn't take a lot of effort, but can make a huge difference when it comes to keeping your balance. And then of course not falling.

And there was an interesting article I saw in the Sydney Morning Herald, I think was it over the weekend, where they said you shouldn't use long dog leads because people trip over them. And the inference was, well maybe you should be not walking your dog at all. I think it's really important to say you get much more benefit from having a dog and walking it. You are much less likely to fall over as a result, particularly if you do your exercises.

But I think it is important to keep moving every day. And we know if you exercise, it's not just good for aging successfully, but it's good as I've said there, for preventing dementia, we'll talk about that in a minute. But also treating dementia. You can slow the progress of dementia significantly by regular exercise. But it's good for depression, heart disease, high blood pressure, diabetes. There is very little that exercise is not good for. But you ask most people, they would prefer to pop a pill, than go for a brisk walk. And that's the big issue. We have to get people doing a little more in terms of exercise.

You don't have to go and do 30 minutes straight off. There is something now called exercise snacking, and I think this is really a great idea. There's a lot on it.

The Centenary Institute at Sydney Uni actually distribute free books on exercise snacking.

And this is just an example of it, but you can do three or five minutes. Just do your sit to stands. Or go up and down two flights of stairs relatively briskly. Or walk fast around the block, 3, 4, 5 minutes, do it three or four times a day and you've got your exercise up. And I think that's really important. Do what they say and park a little further away from the shops. But just for goodness sake, remember where you parked. If you're like me, I've got a particular spot in Hornsby Westfield and if I put the car somewhere else it, I've really got to remind myself not just to walk back where I've parked for probably 30 years. But do the exercise, it's really important.

And there was a wonderful editorial in the British Medical Journal, which is one of the preeminent medical journals in the world. It was in February 2020, unfortunately because we were totally focused on covid, and I think the message was missed. But it said very clearly that, and this is talking about exercise at 85, that muscle stays plastic. In other words, you can keep molding it until you die, literally. And it's very, very adaptable right through lifespan. And the bottom line as you can see there, it is never too late and you are never too old to contract your muscles.

And I think that's important because a lot of people say at 60 or 65 or 70, I'm too old for that. That is absolute rubbish. As I said, you can stop when you're in your coffin, but not a minute before seriously, because it is so important to keep exercising. And there's a couple of reasons why it's important, rather than just successful aging and enjoying your life. There's two other important reasons to stay physically active.

The first one is frailty. An area that we've done a lot of work on at the University of Sydney, and particularly at Hornsby, but in Northern Sydney. And in fact we are working with the primary health network with Sydney North Primary Health Network, to do more in the community for frailty. And a lot of GPs are now measuring frailty in their surgeries. It is really important, and you think of the stooped older person, you become frail, you are much more likely to fall over, to go into hospital, to spend longer in hospital. All sorts of bad things happen to you in hospital like pressure injuries and falls. And you are much more likely to end up in nursing home care or at the undertaker.

And you can reverse frailty. I think that's the work we've been doing. We showed it in the community 10 years ago. We are doing it in hospital and community as well now. And it's basically what I've said already, get out and exercise. You can reverse that frailty and you need appropriate diet with plenty of protein. I will mention now, I don't know if people realize as you get older you increase your need for protein in your diet, not decrease it. At 50, .8 of a gram of protein per kilogram of body weight per day is recommended. At 75, it's 1.5 grams. So literally double.

How do you get that protein? You can use the gym junkie protein if you like. I prescribe two eggs a day. Two eggs gives you about 20 to 25 grams of good protein a day. Forget the cholesterol story, about one in 10,000 people have to worry about their cholesterol honestly. But eat eggs, it's so easy and it's cheap. And I will often write that on a script pad as well, just to try and drive home how important it is. And if you worry, give one of the yolks to the birds or the dog or the compost, whatever, but eat your eggs, particularly your egg whites. So that's frailty.

The second one that you can hopefully prevent with exercise, is osteoporosis. And that really is a silent disease. You don't know you've got it till you have a fracture. But if you are female you are likely to become osteopenic, which means on the way, or osteoporotic. And if you're osteoporotic and you fall, you are more likely to fracture. And there is so much you can do for it. There are medications to treat it once you've got it. And a bone mineral density scanner, a DEXA scan will show you. But if you do regular weightbearing exercise and eat plenty of protein and calcium, and skim milk powder will give you that. It's one way, very cheap way of adding protein in. You prevent that osteoporosis. So you can see exercise is really important in lots of places.

I will talk a little more too about keeping mentally and socially active. They are really important. Going to things like this, is improving your brain, it's improving the connections in your brain, and hopefully you're learning something. But interpersonal relationships are really important.

It's interesting, there was a study done about 15 years ago that showed if you are married you are less likely to develop Alzheimer's disease. We haven't quite worked out why. It's been repeated and it doesn't look like it holds in European communities, but it does in Asian and Indian communities. So it's quite interesting. We're not quite sure exactly what it is. And I'm not saying if you're not married, run out and get married to prevent dementia. But, it is interesting because you do have, hopefully, that intense social interaction.

But in terms of what you can do, developing the mental activities. And I don't know how many people here do Wordle every day, or the other ones? A few, good. No. We are a bit addicted to it at home, because you can do it in about five minutes. Scrabble is really good. They're really simple chess, old-fashioned exercises, computer games. But social networks are important.

Learning a new language. I've got a 98-year-old lady who is learning Spanish, and according to one of our Chilean physios, she speaks it quite well. She started learning at 94, she's not sure why, but she said it was such a musical language.

Playing a musical instrument, playing cards, mahjong, anything like that that stimulates the brain is good. We talk about men's sheds for the men. It's stitch and bitch for women, or it's certainly what the group I belonged to when my



kids were little, and we would sit down at night and do cross-stitch, but most of the time we just bitched. And you got all that interaction. It is so important. There is a quilting group that a lot of my ladies in Bateman's Bay go to, and they make the most beautiful quilts. So there's all those sorts of things you can do. Certainly the Hornsby village hub in Northern Sydney has a lot of lists of really good activities you can do. Probus, Rotary, Lions, all those sorts of things are really good for your brain.

Becoming a volunteer. And that's good because you develop a lot of satisfaction from that. And get out now Covid's over. Well it's not. But now covid is reduced, you can go to concerts and theaters, and go to galleries and enjoy it.

And the other important area in one of the seven factors in aging successfully, is diet. And we first heard about the Mediterranean diet maybe 25 years ago that it was a good way to go. But I would say every month there is an article in a good medical journal talking about the benefits of a Mediterranean diet. We are talking about lots of vegetables, fruit as well, but nuts, and legumes like lentils and peas and things like that. Rather than just lots and lots of meat. And I would have to say with the price of meat these days, it's quite good to pad your spag bowl out with lentils. My kids didn't notice when I did it. I put one tin of lentils in quite a lot of spag. But doing that sort of thing is really, really, really important.

Now we've lost it completely. Don't know what I did then. I'll go and find the... Yep, so back we go. Oh no, that's just the thing. Sorry, Hema has a really sensitive computer. You can find it.

But the important thing also... Can you still hear me? Avoid packaged foods, processed foods, takeaways, too much, because there's all sorts of bad things in those. And low to moderate use of alcohol. Don't go out and start drinking if you don't already. But we know that one to two drinks a day for women and two for men, and one alcohol free day a week is probably fine. There've been two studies recently published about diet to prevent dementia. And the one from China said, no alcohol. So I ignored that one. And then there is another one from Europe which says, one to two drinks a day. And so my gin and tonic, or my glass of Prosecco, is absolutely fine.

But it is quite interesting that a little alcohol is probably a good thing. That doesn't mean more is better. But we can enjoy a glass of wine or a glass of spirits, as long as you stick to the glass of wine. My husband was given six wine glasses recently. They contain 450 MLS. That is nearly four standard drinks. We've turned them into dessert glasses, because you can eat your ice cream out of them and think it's really swish. But seriously, if you're going to drink, it's 125 MLS of wine, 30 MLS of spirits, that's fine, but no more.

Okay, now. I'm going to get a little more into things in terms of dementia because it is of dementia, it's the Northern Beaches Dementia Alliance. But before I talk about dementia, I want to talk about normal aging. Because we see



people in our memory clinics who are really worried, but in actual fact their brain is just slowing down a bit, because it's what happens to all our brains as we get a bit older.

So normal cognitive aging, your brain is going to deteriorate slightly. You have been losing brain cells since the age of 18. Which is why when you look at older brains, whether they're 50 year old or 70 or 90 year old brains, they are a little more shrunken than say a 15 or a 20-year old's brain. That's normal.

With memory, we're a bit slower to remember things and we are slower to get out what we've remembered, but we will still remember it. And that's why a lot of the tests that you do for dementia, get you to remember something and then we do something else. And then you have to go back and try and remember what it was you were asked to remember. And most people will remember it, with, give them a little bit of time.

Executive functioning, we don't plan, we don't execute as well. We don't solve problems as quickly. That is not to say we can't do it, but it can decrease. And the other thing, and I think we do see this, as you get older you get less flexible in your thinking. I must admit I get really, I try and adapt and change my opinions a little bit, so I don't get too rigid. Because my kids said to me last year when I turned 70 that I was not allowed to act like an older person. I have a thought and keep it. You've got to be able to be flexible in your thinking. It is interesting, we do use past experience to solve problems or make judgments. And that's not a bad thing.

And I always think of one of my colleagues who had an 18-month-old daughter who went to her GP, it was a locum, old man. "Oh," she thought, "I'm not going." She went home with her sick daughter. She went to the emergency department. They said, "Oh it's just a fever, don't worry, give her Panadol." She went home, she was still worried. She went back to the GP, that older locum was still there. She walked in and he looked at the baby and he said, "Is she allergic to penicillin?" And Madeline, my colleague said, "No." And he told the receptionist to call 000 for an ambulance. He drew up the penicillin, gave it to this poor 18 month old, and the meningococcal disease rash came out as the child approached Westmead Children's Hospital. So this guy basically saved the life of that girl. It hadn't been picked up in the hospital by the pediatric registrar.

And it was interesting, because she went back with several bottles of wine at the end of the week to thank him. And she said, "How did you know that she was getting meningococcal disease?" And he looked at it and he said, "I've seen it before." And I think that's where experience will do it, whatever, you'll find that it is important. And that's why I think it's so important we do value older people continuing with their work and mentoring. Because quite often they've seen it before and they know what works and what doesn't.

The other one that people get really worried about is they can't remember names. Or they have a word on the tip of their tongue and they can't get it out. That is normal. It is absolutely normal to forget names and words. If the word finding difficulty becomes bad and you don't remember the word even five minutes later, that's when you can start to get worried. And that's when you should be thinking about, "Yeah, I'm just getting your GP to have a check."

Our vocabulary's pretty good. Our general knowledge is pretty good. And as I've said already, occupational expertise is good. The one thing we can't do is multitask, as well. And this is important because a lot of older people, particularly older men, sorry guys, think they can drive really well. If you put them through a difficult test, your ability to drive does decline as you get older because you can't multitask. Many people have the radio on or they're talking to someone in the car, and they don't drive as well, so I think it is important to remember that. And if you're driving in traffic, maybe turn the radio off for a while, don't get distracted. Because it is actually the cause of quite a few accidents.

That's what we can expect. That's normal aging and everybody will do it differently. And some people still have fabulous brains at 90, and others don't. But they don't have dementia, they just have an older brain.

Then we have mild cognitive impairment. Now this sometimes is on the way to dementia, but I see a lot of people with mild cognitive impairment. We used to call it benign senescent forgetfulness. Which I thought was a lovely name, but unfortunately it's not always benign because 10-12% of people with this go on to develop dementia. But 90% don't, and I think that's what's important.

And it's when you've got memory problems worse than would be expected for your age or your intellectual ability, but it doesn't impact day-to-day function. You can still function. You've got a diary or a list when you go to the shops. And you're still able to use your mobile phone and your computer and drive. It is really important, we do see a lot of people with mild cognitive impairment. As I said, some will go on to develop dementia, most won't, in the next few years.

And my classic was a lady that I saw who was sacked by her bridge partner because she couldn't remember calls. 18 years later I went to her funeral. Her memory had never changed. It was not fantastic on testing. She was still living independently and was lucky enough literally to drop dead in her kitchen. It shows that you can have this for a long time and it is important to know about mild cognitive impairment because it doesn't mean you're going to get dementia.

When it comes to dementia, what we are talking about is a progressive irreversible syndrome where you've got impaired memory. We all know about the memory, but it can be speech, it can be calculation, it's impaired intellectual function. There's often a change in personality and behavior, and sometimes

you'll get that change in behavior before you get the memory symptoms. When my mum was developing her dementia, and we didn't recognize it at the time, but looking back, she got very anxious about two years before she actually developed the memory symptoms. And looking back, that was anxiety, and a bit of depression associated with the development of a dementia.

There's a lot of things that can happen. The big thing is, whatever you've got, causes significant impairment in day-to-day function. When you can't use your mobile phone or your computer anymore, you can't work out how to put the key into the car. Although these days you don't have to do that, so it doesn't matter so much. But seriously, when you can't function relatively normally, that rings the alarm bells for me, because the definition of dementia is memory and other cognitive problems which impact on function. So that's important.

You've got mild dementia, there are plenty of people living with mild dementia in the community. You just need a little bit of help sometimes with organizing things. But you can still manage. Moderate dementia is when it's noticeable to everybody.

Severe dementia. Advanced dementia is when we are looking at probably residential care, or a lot of help at home. But there is quite a lot we can do. I'm not going to go into that today, other than to say and I'll say it in a minute, exercise still slows... If you've got a diagnosis of dementia, one of our recommendations in the clinical practice guidelines is to exercise, because it's slows functional decline, which is really important.

Just the stats, you've always got to have stats. And they do vary because it depends how you count it. But there's a lot of people basically in Australia at the moment with dementia. We are looking at 2050, well I won't be around but some of our younger colleagues will, 800,000 people with dementia, unless we get the silver bullet. And look, I've been doing drug trials at Hornsby Hospital for nearly 25 years, dementia drug trials, we haven't found the silver bullet. And I'm not sure it's going to happen anytime soon.

We are looking at 1900, 2000 new cases a week diagnosed across Australia. And there's a lot of people out there, and I work in the country quite a bit. I see people who are right at the end of their dementia and have not been diagnosed till that last couple of years. They've just managed. So there's a lot of people out there without a diagnosis as well.

At 65, it's one in 12 people have dementia. And 80, it's one in four. At 85, and remember that's the life expectancy, it's one in three. At 90, it's one in two. So if you want to live to 90, if you haven't got dementia, you're probably going to be living with someone that does have it.

I think it's important, as the Northern Beaches Dementia Alliance is doing, we have to think about a dementia friendly community, because there's going to be

a lot of us with dementia in the community. And look, a community that's dementia friendly is also age friendly and it's also child friendly, so everybody wins. But it is something I think we have to think about because this is really common.

It is the leading cause of death for women. All of us ladies, this is the most common thing, the most likely thing that we will die with and of. Men at second, but it's getting up there really quickly to be the leading cause of death. It is incredibly common. And it's definitely the highest cause of disability. And remember the 28,000 or so people under the age of 65. People have probably heard me say this before, but my youngest patient was 31 and six months pregnant. And she had a genetic mutation, which fortunately the baby didn't have, and neither of her parents had it. But she died of her dementia, at age 32, and she had Alzheimer's disease. Pure and simple.

So you will get the young ones, not common, but we definitely see it in 40 to 50 year olds unfortunately. The only good thing about getting dementia before you're 65 is NDIS. Because with NDIS, you get some really, really good supports, which you can continue on after you turn 65. But you have to get into NDIS before 65, which to me is a really severe form of discrimination. I think it's tough if I make a diagnosis in a 64-year-old, they can get literally hundreds of thousands of dollars of assistance, not means tested. If you are 66 when I make the diagnosis, you get what you get, which is basically you pay for it yourself until the government steps in, if you're in a high home care package. So there are some issues I guess that we as a society will have to think about.

What are the causes of dementia? Alzheimer's disease is the communist cause in Australia. Alzheimer's disease was described by a German neuropathologist called Alois Alzheimer, in 1905. And here we are nearly 120 years later and we don't know what causes Alzheimer's disease, and we don't have a cure. No matter what you read, we can cure it in rats and mice, but we cannot cure it in humans. And it is maybe 60 to 70% of all dementia.

Vascular dementia is stroke related dementia, lots of little strokes, or a big one. Second most common. And then a lot of people as they get older have a mixed version. It's important because if we are looking at medication, you need to know what the cause is. I mentioned dementia with Lewy bodies. And Lewy bodies are interesting. Dr. Lewy who described them, was a student of Dr. Alzheimer in the same university in Tubingen, in southern Germany.

If you have Lewy bodies in the back of your brain, you get Parkinson's disease. If you have Lewy bodies in the front of your brain, you get dementia with Lewy bodies. Probably 15 to 20% of the people we see will have that. And then frontotemporal dementia can affect behavior, you can make some really, really odd decisions. Or it can affect speech. And it's often called degeneration rather than dementia because you may not get the classic dementia.

I have a patient down the coast who has frontotemporal, he has the speech version. He is still successfully running four large caravan parks, with quite significant speech problems. He doesn't have dementia, it's as though he's had a stroke. So it is important, but it's there. Not that common, but it's there. Parkinson's disease with dementia.

Alcohol related brain damage, we still see. And then the next one is in the media a lot. And every time I watch a rugby league match, which my husband does not me, but I get to watch it too, I look at the head knocks and I think, "Oh, there's another patient." Because we know CTE, Chronic Traumatic Encephalopathy, or footballer's brain, is quite common. And it's much more common than we think, because a number of the people who've had it have actually committed suicide before if you like, they've come out saying they've got dementia. But we've seen it in the last two or three months, the number of highly respected older footballers who've died or developed dementia is quite significant. We really have to watch that. Head knocks.

I mentioned prion disease. Do you remember mad cow disease, that was prevalent in the eighties? It's still there, but pretty uncommon.

I do want to mention this, the dementia guide, this is free from Dementia Australia, just Google it. If you just go to dementia guide it'll come up, through dementia.org.au. It's free, and it's really good if you are looking after someone with dementia, it's a very good guide to have.

I was asked a couple of questions to do, before I just go on to dementia prevention. When should I worry about my memory and seek health help? I hope from what you've heard, I've said so far, if it's just you can't remember a name, don't worry. If you're having difficulty using a mobile phone, that's when you worry. If you're having difficulty driving, anything like that, go and ask. A little bit of memory problem's okay.

And the other question I was asked, should I see a geriatrician or a neurologist? Either is fine. But the geriatrician tends to look at you as a whole person. The neurologist is very good at looking at your brain and deciding what is actually going on. But aged care psychiatrists can also do it. However, doesn't matter who you go to...

Oh, that's all right. That's a good way of turning me off. Was that you Bettina?

The most important thing is post diagnostic support. If a diagnosis is made of dementia, go to Dementia Australia, they have really good post diagnostic support, and that's really, really important. Okay, so I've managed to jump a bit. But that was just two questions I was asked to put in.

Quickly because I realize now we're running out of time, dementia prevention. 40% of dementia is preventable. 40%. So what are we all doing about it?

Fortunately, I've already mentioned quite a few of the things you can do. I will just show you, this diagram was published in The Lancet, which is another of the world's good medical journals. It looks like a dragon to me.

But basically it's when the factors that can cause dementia, when they occur... Look, don't get worried about this one, because this one is the best slide in terms of what you can do about dementia prevention. And what is top left-hand corner? Exercise. As I said, if you take anything away from today, go and exercise. And look, people can have the presentation or we can certainly make this slide available. I do pass it round quite a bit. It's a slide actually from the Alzheimer's Society in Great Britain. But it's really, really good.

If you look at all these things, you can see them there. The physical activity. Giving up smoking, well it's pretty sensible. Not too much alcohol, says excessive alcohol consumption. Air pollution is really interesting, very interesting, and it's one of the newer ones, but very clear. Head injury, we know about. Certainly intellectual function's important. What have we said?

Children who have less education are more likely to develop dementia at the other end of their life. And that's very clear. I think we're doing much better in that area in terms of more education. And you can see the other important things there.

But the important thing is, do something about it. I will mention specifically, hearing impairment. When the first Lancet Commission on dementia prevention came out, none of us knew that hearing loss was a significant risk factor for dementia. It was quite out of the blue, but it is really important. 80% of hearing aids in Australia are in the drawer, not in the ear. So I would encourage people, let's turn that percentage around and make it 80% are in the ears. Because being able to hear is really important. And we have cured a few of our early dementias by simply making them wear their hearing aids. So they were hearing what they were being asked or told, and not constantly saying, "Now when are we leaving?" Or, "What are we doing?" So it is very important. But you need your hearing to stay I guess, engaged.

I do quickly want to mention loneliness. And we saw this particularly during Covid. A lot of older people live alone. 1.7 million older people live alone. Some of you no doubt are living alone. But not everybody who lives alone is lonely. And not everybody who lives with other people isn't lonely. Loneliness is that emotion of feeling alone, even if you're actually living in a group. We are pack animals, as humans we like to be connected. We always like to be part of something. And we certainly saw during Covid that caused issues.

But the big thing about loneliness, and again this is probably fairly recent, the last few years, being lonely puts your health at risk for heart disease, dementia, diabetes, stroke. And it is the same as smoking 15 cigarettes a day. We go on and on about smoking and stopping it, we should also be reducing loneliness.

And I think that's a really, really important message, because we can do something about loneliness.

I might skip this. Actually I'll see if it works. It is good. Can I go a little over time, Bettina? Is that all right? I'm just going to see if I can get this to work. No, doesn't look like it wants to, which is a pity, but that's okay, we can put the link on the website. I will go on. Oh, there we go. No, no sound. I will actually stop it, because you do need the sound. And so I will go on and that saves us a couple of minutes.

I do want to talk about intergenerational care. And for those of you that saw Old People's Home for 4 Year Olds, series one, I apologize but I can give it to you if you like as a scientific study, where we looked at... There were 11 older people, ten four year olds, we brought them together, actually at RSL Life Care at Narrabeen for seven weeks of mental, physical, and social activities. Now, when we did this in late 2018, we had no idea of the impact that it would have. We thought, "Oh yep, interesting social experiment, but we'll see what happens." What we found, I think blew all of us that were involved in the study, quite away. It was just significant improvements across the board, in physical performance.

How many people saw it? Oh, okay, good. Yeah. It's amazing because it's on Netflix now, so there's a whole lot of young people emailing me who would never watch the ABC in a pink fit, but now can watch it on Netflix. And I think it really did show improvement in the older people, but also improved confidence in the children. The benefits continued, and the relationships have continued. Those four year olds are now eight, and they're still interacting with the older people who are still alive. Eric unfortunately died, Grace, Maureen, Bevin. But Ben, the 99-year old is still with us.

It was such a success that the ABC commissioned a second series. And that was when we said, "Okay, most older people live in the community, let's get older people from the community into a preschool." So in the first one, we took the preschool into older people. This one, we brought older people into the preschool, series two. And again, there were marked improvements in physical performance, in depressive symptoms, but particularly in quality of life.

And that bottom left-hand corner is Verna. Verna, I think scored one out of 10 on his quality of life when he started. And I think he was a eight out of 10 when he finished. And he joined the family of Joseph. Joseph is a little boy that, they kind of bonded, and he's still very much part of that family. And that's happened a few times. But it was such a fantastic story. And we say, "Why can't we be doing this more?" And probably the main answer is, Covid. But you can see what happens.

And then we thought, "Well bugger it, we've done it with four year olds, what about teenagers?" And I must admit I was really doubtful about this. And I don't



know how many people saw Old People's Home for Teenagers, where we had 10 older people and I think it was nine teenagers. And it was quite amazing, the interactions between the teenagers and the older people. But unlike the others, in this one it was the teenagers who were helped by the older people.

And I think it illustrates beautifully what we as older people have to offer to teenagers, even if they don't know it most of the time. But it was really important. The older people loved it as well. But I think the really interesting thing, we didn't do a lot of physical stuff in it, but we did look at attitudes. And at the beginning we said to older people, "Give us five words for teenagers." And they were things like lost, angry, resentful, stubborn, horrible. At the end of that six weeks, smart, caring, loving, open, honest. It was quite incredible the change in attitudes. And it was a real lesson. This is how we can change attitudes. Those interactions continue. And as I said, we are just at the stage of filming series four.

And series three, that one won the actor award, that's in December, for Best Factual Entertainment. And it's interesting because they took Ken and Louie and they accepted the trophy, not the producers, which I thought was really lovely. Ken and Louis both gave a small speech. So watch this space for the series four. I'll be interested to see how it works, I don't know, I've only been involved in the first couple of weeks, so we'll see.

Now one thing I do want to mention, people say to me, "How can we get involved in research in dementia and aging?" There is this really good, it's an online platform, you can volunteer. I'm on it as a volunteer, as well as on the advisory board. It's called Step Up for Aging Research. And you just register if you want to be involved in studies. And it might be a questionnaire, it might be a real good going study on exercise, whatever. It's there, and if you just Google Step Up, you'll find it. I might stop there and show you the fountain of life, which we still don't have. And this was painted I think in the 17th century. Hope really does spring eternal, but we are still looking. And I'd be very happy to answer any questions.

There's a mic down here if you can't yell. I've silenced you.

Audience: Sue, when I've [inaudible 00:57:49], and you said the geriatrician, what was the other thing?

Susan Kurrle: Oh, sorry. Yeah, so obviously the aged care psychiatrist up there didn't like what I said. The answer was, who should you go to? And I really think it's up to your GP to decide. Geriatricians look at the whole person. Neurologists look particularly at the brain. Either are really good, but aged care psychiatrists will also look at that area as well. And in fact, in Britain it's aged care psychiatrists that do almost all the dementia diagnosis. It's quite interesting, different ways in different countries. Up the back. Oh, one here, yep. And then, yep.

Audience: [inaudible 00:58:54].

Susan Kurrle: So you asked about the doubling of the numbers. Yeah, so what should we be doing about it? Well, I'm doing my best. Northern Beach's Dementia Alliance are out there talking about it. I think we need to be making people aware, 40% of dementia is preventable, but you have to start relatively early, certainly midlife. But it is never too late to start exercising. And I think that's what we have to do. We are going to have a lot of people with dementia. And people say to me, "Well, why would you bother treating it? Why don't you let them just die?"

My mom had dementia, and she had 11 years on medication that really made a difference. And she was never really unhappy. It's quite interesting, we're going to have a lot of people with dementia, as you say. We have to make sure that life for them is as good as it can possibly be. And one thing I will say and it's come up a few times. When I make a diagnosis of dementia, and I do it very carefully, but I do it a lot unfortunately because mainly my work is seeing people with possible dementia. I always point out to them, they are the same person today as they were yesterday before they got the diagnosis. So get out there and do what you want to do, enjoy yourself. It doesn't change a lot of things. You can still get a lot of pleasure.

And I think, it isn't a nice diagnosis and we don't have a cure, but there is so much you can do. And I think that's the really important thing. And having a dementia-friendly community where people understand what it's like.

I live in Hornsby. When my mum came to live with us for a little while, I took her along the street, we live in a cul-de-sac, I introduced her to everybody. She had a tendency to wander, and she was returned home probably about 20 times by lovely neighbors, because she wanted to wander. Unfortunately, that was probably 19 times too many. So she went to residential care.

She was expelled from her first residential care facility at North Tamara because she went over the fence three times, and it was a 1.6 meter fence. And they had to get in the car to chase her because at 88 she could still run fast. My kids know what is ahead of them. But quite seriously, we then had to move her to Hammondville, and then finally back here to HammondCare at Wahroonga. So obviously I'm very biased towards HammondCare, even though they expelled her from her first facility.

But I think it's important, she was allowed to be who she was, and we found her somewhere where she could wander. And there was one fence to climb and she thought, "Good, I've climbed the fence, now I'm off." But there was another fence beyond it. So it's having the right place for those 800,000 people, and we've got a lot of work to do there.

Audience: Thinking about the [inaudible 01:02:19]. What could they do?

Susan Kurrle: Okay. Yeah look, dementia can be misdiagnosed. I am really careful. I'm very slow. It's probably one of the few things I'm conservative in. I'll get a person back several times if I'm worried, because I have undiagnosed... I probably undiagnose one a month, people with dementia. They've got depression, or they've had a delirium after an operation and their brain's still pretty foggy. I've had two people with brain fog due to covid. So there are a number of diseases that can mimic if you like, dementia, but they are not true dementia.

In terms of medication, we have symptomatic treatment for Alzheimer's disease. There's a drug called Aricept which is probably the most common, but Exelon, Reminyl, these three, they are symptomatic only. However, we do know they probably slow the progress of the disease a little bit. And those people who take them live longer than those people who don't.

There's just been a very good study published of about 80,000 people showing that those who took the medications did live longer. My question would be, "Do you really want to live longer? And was the quality of life okay?" That being said, I always offer the medications.

It's a trial. Third of people do well, third of people stabilize, third of people does nothing at all. But I think it's worth always having a look to see if we can improve things. My mum was on one of them for 11 years, made a huge difference I think, to her. And it does to a lot of my patients. But yes, the diagnosis, we do have to be very careful. Once you've got a diagnosis of dementia, you have to have a restricted license. So it can really impair people, particularly in the bush. So yeah, we are careful when we make the diagnosis.

There's one down the front. Oh, one more? One more. Quick one. Yep.

Audience: What's your take on people with dementia [inaudible 01:04:31]?

Susan Kurrle: Yeah, that's, where are you Dementia Support Australia. The question was, what about those people with dementia that become disinhibited, that lash out, that become aggressive, that they lose their filter? With that, that's really, really hard. It's not huge numbers. Often something triggers it, so we have to be really careful.

The bottom line is there is medication that can help. We're often dissuaded from using it because it does have side effects. But it is one of those things. But Dementia Support Australia, the dementia behavior management advisory service, 1 806 99799. They will help, they're free, they're available anywhere in Australia. So wherever you are guys, I've just done a free ad for you. I don't know. Are they're there somewhere? Yes. Yeah?

Audience: Can I just ask what the side effects are, what do you notice?

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Susan Kurrle: Oh, the side effects of the medication? The medication increases the amount of something called acetylcholine in the brain. A nerve transmitter. That nerve transmitter's in muscle and it's in bowel. You get over activity, so you can get muscle cramps, twitches, or diarrhea. Occasionally it will slow the heart, not dangerously, but you just do need to be careful.

Yep, sorry. I think we've got to stop. They'll turn the mic off again.

Bettina: So if you'd like to join me in thanking Professor Sue Kurrle.

Susan Kurrle: Oh, thank you. Oh, wow. Thank you.