

# Dementia risk reduction in primary care: what Australian initiatives can teach us

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## Abstract

Only limited research has been undertaken to identify factors that impede or facilitate the implementation of evidence-based health promotion, prevention and early intervention (PPEI) activities within primary practice. We examined recent Australian initiatives that encouraged primary care practitioners to implement PPEI activities to reduce the risk of chronic disease, particularly those that have focused on lifestyle risk factors. The aim was to identify barriers and facilitators to the uptake of these activities to inform the Australian National Dementia Prevention Strategy. Barriers that were consistently reported across evaluations and that appear to be of most concern to Australian general practitioners include the issues of financial remuneration and time constraints secondary to heavy work commitments. Factors that were effective in overcoming barriers included the integration of interventions within existing activities, the specification of a clear, funded role for practice nurses and the support of the Australian General Practice Network. It was concluded that these factors should be considered if PPEI activities for dementia are to be successfully incorporated within primary care.

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## What is known about the topic?

The evidence base regarding barriers and enablers to the inclusion of promotion, prevention and early intervention activities in primary care settings is limited.

## What does this paper add?

This paper summarises some important barriers and facilitators of promotion, prevention and early intervention activities for chronic disease by primary care practitioners that have been identified in recent Australian initiatives.

## What are the implications for practitioners?

If interventions for chronic disease are to be successfully implemented within primary care, the barriers imposed by inadequate financial remuneration for health promotion, prevention and early intervention activities and time constraints faced by general practitioners secondary to heavy work commitments will need to be addressed.

THE PREVALENCE AND INCIDENCE of dementia is predicted to increase substantially in Australia over the next 25 years, as it is worldwide.<sup>1</sup> Consequently, the burden imposed by this disease will increase considerably, as will the demand for dementia care.<sup>1</sup> If this is to be averted, immediate action is required to identify strategies that may prevent or delay the onset of dementia.

A number of potentially modifiable lifestyle and biomedical risk factors have been implicated as risk factors for cognitive decline and dementia, suggesting a range of possible targets for intervention. These risk factors include poor nutrition, inadequate levels of physical activity, risky alcohol consumption, tobacco smoking, obesity, depression, dyslipidaemia, hypertension and diabetes mellitus<sup>2</sup> — factors that have also been well established as risk factors for cardiovascular and cerebrovascular disease.<sup>3</sup> Importantly, interventions to address the growing burden of these diseases by targeting risk factors may also prevent or delay the onset of dementia, although there is

no guarantee of this and no research has directly tested this hypothesis.

It has been estimated that 97% of Australian adults have at least one modifiable risk factor and around 50% have two. As around 85% of Australians visit their general practitioner annually, GPs are ideally placed to intervene through the early identification of risk factors and health problems and brief interventions.<sup>4</sup> Research has shown that brief interventions by primary practitioners can be effective in encouraging lifestyle change and prompt small, positive changes in behaviour, at least over the short term.<sup>5</sup> Even modest reductions in the degree of risk when applied at the level of the whole population are likely to have a substantial impact in terms of minimising the impact of chronic diseases and perhaps also delaying the onset and progression of dementia. However, encouraging GPs to change established behaviour is difficult and considerable gaps exist between the best available evidence and current clinical practice.

We have recently undertaken a comprehensive literature review of barriers and enablers to the inclusion of health promotion, prevention and early intervention (PPEI) activities in primary practice for the Dementia Collaborative Research Centre 2.<sup>6</sup> The aim was to identify factors that would enhance or impede the uptake of dementia risk reduction activities in primary care and to make recommendations in this regard. Our results indicated that only limited research has been conducted to identify these factors and no studies were identified that examined these factors in relation to reducing the risk of dementia specifically.

In addition to the wider body of research literature, we examined recent Australian initiatives to encourage primary care practitioners to implement PPEI activities, particularly those that focused on lifestyle risk factors, the results of which are presented in this paper. It was considered imperative to include research specific to the Australian context before making our recommendations, as characteristics peculiar to Australia, including the social and economic climate, our health care system and unique geography, may

mean that factors that have been identified as important barriers or facilitators elsewhere will differ in relevance here.

## Methods

In addition to searching bibliographic databases and international websites, full details of which are provided in the final report,<sup>6</sup> the following websites were searched from July to October 2007 to identify relevant Australian studies:

- Australian Institute of Health and Welfare
- Commonwealth Department of Health and Ageing
- National Health and Medical Research Council
- The National Institute of Clinical Studies (NHMRC, Australia)
- The Royal Australian College of General Practitioners
- Australian General Practice Network
- Australian Primary Health Care Institute, New South Wales
- Adelaide Health Technology Assessment Unit
- University of New South Wales Research Centre for Primary Health Care and Equity
- Alzheimer's Australia
- Auseinet.

Studies were included if the focus related to barriers and enablers of PPEI activities for chronic disease in primary care that have relevance for dementia risk reduction.

## SNAP

In 2001, the Commonwealth Department of Health and Ageing developed a framework for addressing the lifestyle risk factors of smoking, nutrition, alcohol and physical activity (SNAP) in general practice with the aim of improving health outcomes for Australians.<sup>7,8</sup> The impetus for the framework came from evidence that these behavioural risk factors are significant contributors to the burden of disease in Australia as well as research showing that brief interventions by primary practitioners can be effective in promoting lifestyle change.

In 2003 and 2004, NSW Health funded a feasibility study of implementing SNAP in one

urban and one rural GP division. The intervention included the compilation of clinical and patient education materials, the development of local referral directories, motivational interviewing training sessions for GPs, the provision of information technology recall and reminder training for practice staff as well as visits by project officers to support the implementation of SNAP. Most GPs incorporated the SNAP framework into their existing management of patients with chronic disease such as hypertension and diabetes — especially with regard to assessing height, weight, body mass index, smoking and alcohol consumption.<sup>9</sup> The evaluation examined the cost and efficacy of the intervention and examined barriers and facilitators to the program's implementation through participant interviews. The main barriers to implementation of SNAP at the practice level were:

- lack of staff time (especially consultation time) and competing work demands. Staff time was also required to arrange referrals, follow-up, recall and reminders
- practice organisation and information systems not geared to support SNAP assessment and management
- limited availability of referral services and poor feedback from agencies
- the absence of specific funding for SNAP meant that the SNAP intervention had to be incorporated into the consultation for which the patient had presented and payment was not commensurate with the increased consultation time. No additional staff costs were covered
- low patient motivation associated with comorbid medical conditions influenced the priority patients placed on changing behaviour.

By comparison, facilitators to the implementation of SNAP included:

- the integration of the SNAP program with existing Division activities, particularly those relating to chronic disease management
- support and practice visits from the Division of GPs
- the provision of continuing professional training activities

- the establishment of information systems to support SNAP interventions.

Overall, it was concluded that implementing a model such as SNAP is feasible at the local level through the Divisions of General Practice (now the Australian General Practice Network [AGPN]) and was found to be more sustainable when it was integrated with existing programs and activities. Although the evaluation identified a number of important barriers and facilitators to the uptake of SNAP, it tells us little regarding the overall willingness or capacity of GPs to implement such activities. Of the 100 practices approached to participate in the evaluation, only 21 agreed to take part and although reasons for non-participation were not reported, reasons are likely to include time constraints and perhaps the perception that other clinical activities should take precedence over lifestyle risk factor interventions.

## Lifescrpts

The SNAP model provided the foundation for the development and implementation of the “Lifescrpts” initiative, also developed by the Commonwealth government.<sup>10</sup> The aim of Lifescrpts was to support GPs and practice nurses to maintain the focus that had been established through SNAP, on the management of lifestyle risk factors. The Lifescrpts package contains a number of evidence-based resources and manuals for Divisions, general practices and consumers, including assessment tools, training resources, written lifestyle prescriptions and patient handouts. A survey of Lifescrpts activities was conducted by the AGPN between 1 October 2006 and 30 March 2007.<sup>11</sup> In addition to the barriers and facilitators that were previously identified in the SNAP evaluation, two leading facilitators to the implementation of Lifescrpts were a strong, ongoing interest and a clear role for practice nurses in addressing lifestyle risk factors and utilising Lifescrpts resources. The specification of a clear, funded role for practice nurses in the newly introduced Medicare item, the 45 to 49 year old health check — a preventive health check for people between the ages of 45 and 49 (inclusive) who are at risk of

developing a chronic disease — may assist to facilitate the uptake of Lifescripts and other preventive interventions.<sup>12</sup>

### **PPEI for mental health in general practice**

In 2003, the Australian Network for PPEI for Mental Health (Auseinet) and the Australian Divisions of General Practice (ADGP) conducted a survey of Divisions of GPs as well as focus groups with GPs to identify barriers to, and opportunities for, mental health PPEI in general practice.<sup>13</sup> Fifty-nine percent (71/121) of Divisions completed and returned the survey and five focus groups comprising 33 GPs were conducted.

Divisions were asked to list barriers to the incorporation of PPEI activities in general practice, and 80% of Divisions identified at least one barrier. The most frequently reported barriers were:

- GP factors (eg, lack of time)
- Funding (eg, inadequate funding)
- Time demands on Division staff (eg, workloads, competing demands)
- Lack of resources (eg, staffing)
- Other services (eg, competition for funds).

In addition, rural Divisions also identified barriers relating to distance and isolation, heavy workloads and limited access to services and training programs.

Several of the barriers identified by the Divisions were also identified by GPs and confirm those reported in the SNAP evaluation including funding constraints and inadequate remuneration, limited time to undertake PPEI work, and a lack of resources or lack of knowledge of available support and referral services in the local area. Additional barriers identified by GPs included difficulties accessing referral resources, particularly in rural areas, and bureaucratic issues (initiatives that don't fit well with the realities of their work).

In addition to identifying barriers, Divisions and GPs were asked to indicate potential solutions to overcoming the barriers, providing the groundwork for recommendations for furthering

PPEI work in mental health in the GP setting. The solutions most frequently suggested by GPs that are relevant to dementia risk reduction included:

- Ensure appropriate remuneration for more complex clinical activities
- Provide recurrent funding of programs that have demonstrated effectiveness
- Educate mental health specialists to work more collaboratively with GPs
- Involve GPs in community education to increase mental health literacy
- Support GPs with appropriate resources, advice and skills
- Develop online resources for GPs including comprehensive local directories of available resources
- Effective dissemination of information regarding effective interventions
- Better access to, and communication with, allied health professionals.

### **Discussion**

Although the evidence is limited, many of the barriers identified in Australian studies are consistent with those identified overseas, despite differing health care systems.<sup>14</sup> While it is not known if all important barriers have been identified, barriers that were consistently reported across evaluations and that appear to be the most problematic for Australian GPs include the issues of financial remuneration for PPEI activities and time constraints secondary to heavy work commitments. If PPEI interventions are to be successfully introduced at the primary care level, these issues will need to be addressed. Other important barriers include the limited availability of resources, particularly for referral purposes, and inadequate feedback from referring agencies. More recently, the collocation of services, particularly allied health services within general practice, has been trialled in Australia and has shown promise in overcoming some barriers such as limited referral sources and poor communication between agencies.<sup>15</sup>

Factors that were found to be effective in overcoming some barriers include the integration

of the intervention within existing clinical activities in the SNAP initiative and the specification of a clear, funded role for practice nurses within the Lifescrpts initiative. Thus, if PPEI activities to reduce the risk of dementia are to be incorporated into everyday clinical practice, they should be included within existing primary care initiatives such as the Enhanced Primary Care Program,<sup>12</sup> or programs designed to reduce chronic disease or vascular disease generally. Further, research indicates that practitioners will be more likely to incorporate PPEI activities into their routine clinical practice if they are quick and easy to administer and have a sound rationale.<sup>16</sup> The establishment of automated health information systems is likely to further support the implementation of PPEI in primary practice through facilities such as electronic reminders and improved recording of preventive activities.<sup>9</sup>

The support provided by the Divisions of General Practice (now AGPN), as well as practice visits from them, were also reported to be important to the successful implementation of the SNAP initiative, and GPs and other primary care practitioners will require ongoing support if they are to successfully implement dementia risk-reduction activities in the form of lifestyle risk factor management within their clinical practice. While the level of support needed and the most effective means of providing that support requires clarification and is an area that warrants further research, the provision of ongoing education and training as well as ensuring the adequate availability of resources and their widespread dissemination will be important elements. Thus, it is considered imperative that any dementia risk-reduction strategies be developed and implemented in close collaboration with key bodies such as the AGPN and Alzheimer's Australia, whose assistance will be essential if such strategies are to be successfully implemented.

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## Competing interests

The authors declare that they have no competing interests.

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