

Conclusion: Lithium treatment may protect older bipolar patient, even those at high risk for CVD, from atherosclerotic development. Furthermore, persistent inflammatory activation, particularly macrophage activation, may be associated with the accelerating development of atherosclerosis.

531 - Dementia prevention and utilising the "teachable moment" in the New Zealand context

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Dementia is a debilitating disease with wide-reaching impacts. Up to 40% of dementias are estimated to be preventable through modifiable risk factors, which is essential as no disease-modifying treatments are currently available. A literature review was performed using the OVID database, Google Scholar, and following references. Dementia as a key word was combined with the following key words: education, prevention, risk reduction, risk perception, family members, adult children, health promotion, behaviour change, Maori Health, health literacy, healthy aging, behavioural intervention, attitudes, teachable moment, psychoeducation.

This presentation discusses that while evidence for dementia risk reduction is present in academia, the general population's dementia health literacy remains inadequate. The teachable moment offers an alternative to this by targeting individuals at higher risk and most receptive to behavior change, namely the family members of the patient diagnosed with dementia. It is showing promise thus far in other health contexts such as smoking cessation.

New Zealand Māori represents a vulnerable population who are over-represented in statistics for increasing dementia risk. A challenge is how this teachable moment can be utilized in the Māori population in a culturally appropriate way. Interventions need to utilize more effective methods than mass public education. We suggest that utilizing the teachable moment of a family member's dementia diagnosis would prove more effective.

We propose that the Maori model of health, "Te Whare Tapa Wha", created by Mason Durie in 1994, encompasses this aspect of prevention in the family members of those with dementia which is often neglected in an old age psychiatry context. This model is created with taha tinana (physical), taha Whānau (family/social), taha wairua (spiritual), and taha hinekaro (mental/emotional components). It is based on a whare (house) structure where the different principles make up the walls. All walls are needed for a sturdy structure, demonstrating the importance of all the aspects concerning Māori health. This model not only is important for Maori, but has important lessons for all New Zealanders and the importance of Whanau (family) in people with dementia, not only in terms of caregiver support but also in terms of the teachable moment and dementia prevention.

532 - "Mapping the Lived Experiences: The Dyad Journey of People with Agitation in Alzheimer's and Their Care Partners"

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Organization(s)

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Abstract (400 words)

A substantial amount of analysis has been dedicated to understanding the individual journeys of the "patient" and the "caregiver" in Alzheimer's disease. This work has provided valuable insights, but a few priorities remain: