GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Atal dementia a'r Fframwaith Iechyd a Gofal sy'n seiliedig ar atal

Dementia prevention & the Prevention-Based Health & Care framework

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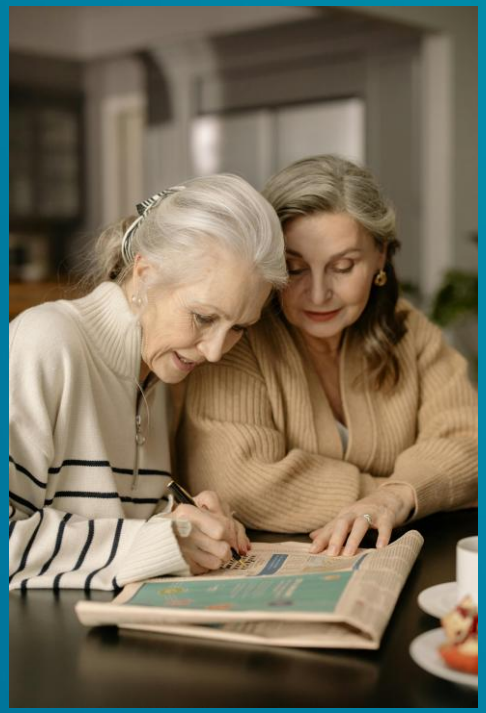
17 Gorffennaf/ July 2025



Dementia

- Term cyffredinol sy'n disgrifio'r symptomau sy'n digwydd pan fydd yr ymennydd yn cael ei effeithio gan rai afiechydon neu gyflyrau.
- Gall symptomau gynnwys colli cof ac anawsterau gyda meddwl, datrys problemau neu iaith
- Cyffredinolrwydd dementia yn y DU:

  Tua 3% o'r rhai 70-74 oed

  11% ar gyfer y rhai rhwng 80-84 oed

Dementia

- An umbrella term that describes the symptoms that occur when the brain is affected by certain diseases or conditions.
- Symptoms may include memory loss and difficulties with thinking, problem-solving or language
- Dementia prevalence in the UK:

  Around 3% of those aged 70-74y

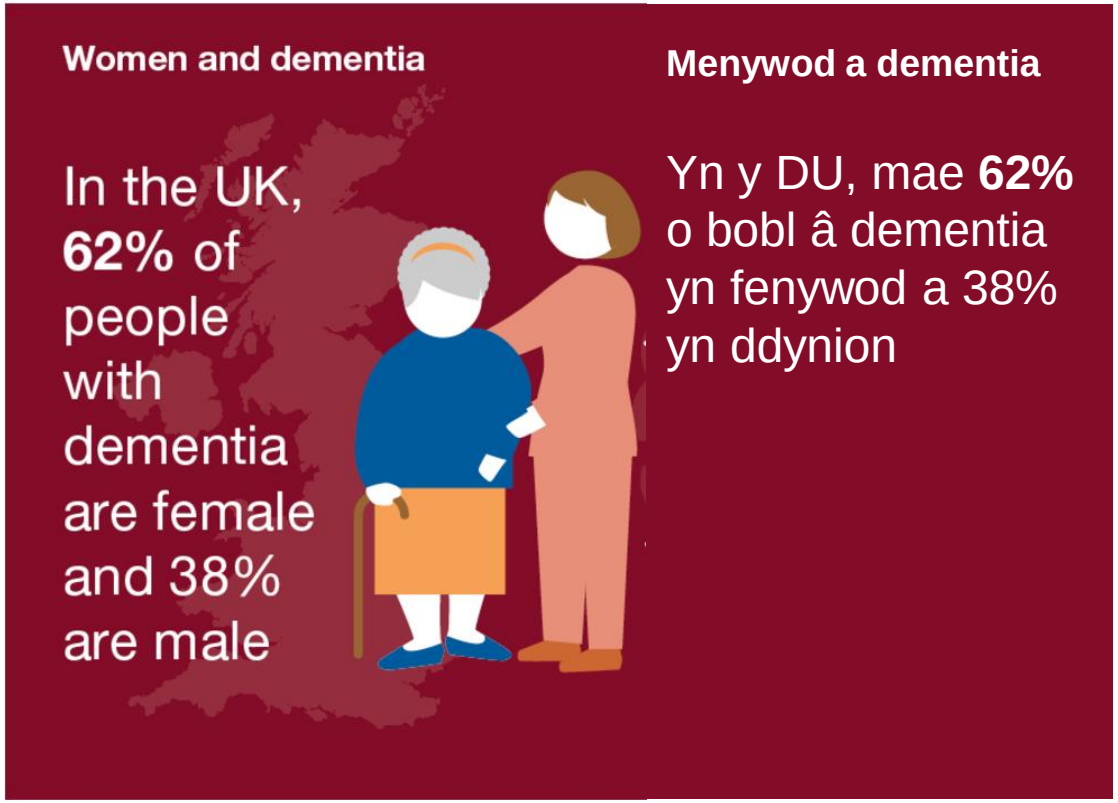
  11% for 80-84y

Dementia ac anghydraddoldebau

- Mae mwy o achosion o ddementia ymhlith grwpiau ethnig Du a De Asiaidd
- Yn ôl Cymdeithas Alzheimer's, roedd 25,000 o bobl â dementia o grwpiau Du, De Asiaidd a lleiafrifoedd ethnig yng Nghymru a Lloegr, yn 2011
- Disgwylir i'r nifer hwn ddyblu i 50,000 erbyn 2026 a chodi i dros 172,000 erbyn 2051

Dementia and inequalities

- There is a greater prevalence of dementia among black and South Asian ethnic groups
- In 2011, there were 25,000 people with dementia from black, South Asian and minority ethnic groups in England and Wales, according to the Alzheimer's Society
- This number is expected to double to 50,000 by 2026 and rise to over 172,000 by 2051



Beth yw'r ffactorau risg a all arwain at ddementia?

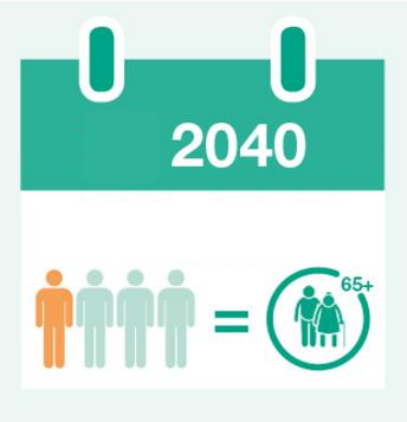
- Clefyd Alzheimer yw'r achos mwyaf cyffredin o ddementia a dementia fasgwlaidd yw'r ail fath mwyaf cyffredin o ddementia
- Fodd bynnag, mae tystiolaeth gynyddol bod achosion unigol o ddementia yn aml yn gymysgedd o clefyd Alzheimer a dementia fasgwlaidd.
- Mae gan ddementia fasgwlaidd yr un ffactorau risg â chlefyd cardiofasgwlaidd a strôc, ac felly mae'n debygol y bydd yr un mesurau ataliol yn lleihau'r risg.

What are the risk factors that can lead to dementia?

- The most common cause of dementia is Alzheimer's disease and vascular dementia is the second most common type of dementia
- However, there is increasing evidence that individual cases of dementia are often a mixture of Alzheimer's disease and vascular dementia.
- Vascular dementia has the same risk factors as cardiovascular disease and stroke, and so the same preventive measures are likely to reduce risk.

Oedran yw'r ffactor risg mwyaf ar gyfer dementia

Age is the biggest risk factor for dementia#



Pa gamau y gellir eu cymryd i leihau'r risg o ddementia?

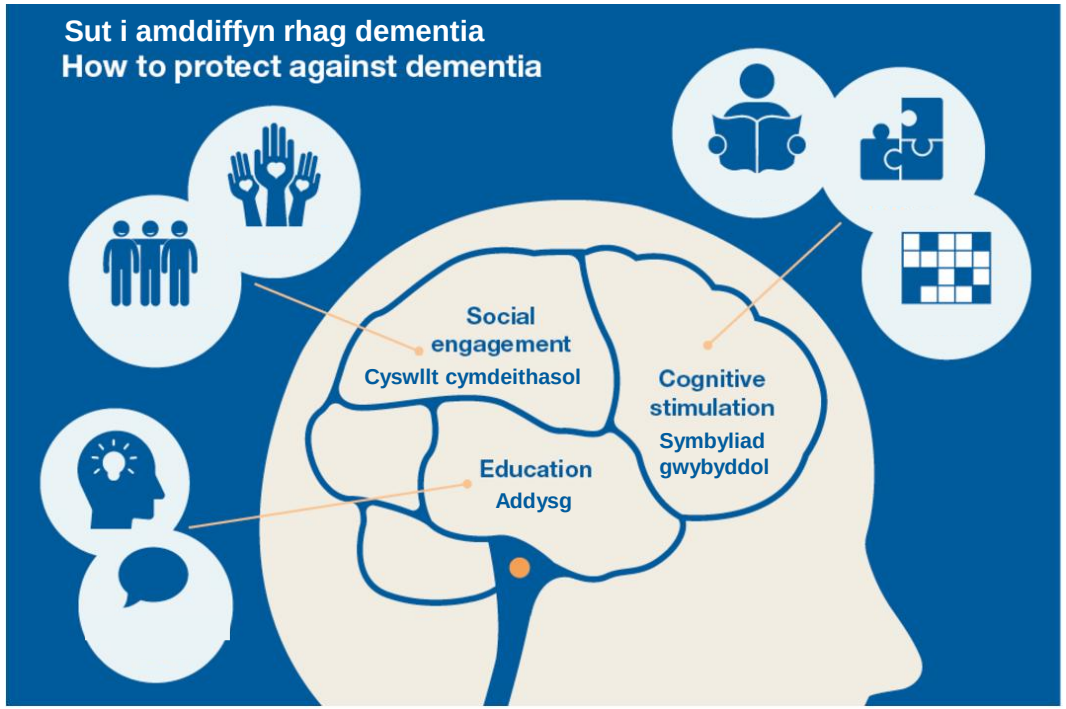
- Gellir priodoli tua 40% o achosion o ddementia i ffactorau risg y gellir eu haddasu. Gallai gostyngiad o 20% mewn ffactorau risg bob degawd leihau nifer cyffredinrwydd achosion yn y DU 16.2% erbyn 2050.
- Mae mesurau i addasu ffactorau risg CVD wedi cyfrannu at ostyngiad mewn marwolaethau o glefyd y galon a strôc dros y 50 mlynedd diwethaf.
- **Credir bellach fod yr hyn sy'n dda i'r galon hefyd yn dda i'r ymennydd.**
- Cefnogir hyn gan ganllawiau y Sefydliad Cenedlaethol dros Ragoriaeth mewn Iechyd a Gofal (NICE) ar ddulliau canol oed i ohirio neu atal dechrau dementia, anabledd ac eiddilwch yn ddiweddarach mewn bywyd

What steps can be taken to lower risk of dementia?

- Around 40% of dementia cases might be attributable to modifiable risk factors. A 20% reduction in risk factors per decade could reduce UK prevalence by 16.2% by 2050.
- Measures to modify CVD risk factors have contributed to a decline in deaths from heart disease and stroke over the past 50 years.
- **It is now believed that what's good for the heart is also good for the brain.**
- This is supported by NICE guidance on midlife approaches to delay or prevent the onset of dementia, disability and frailty in later life

14 ffactor risg y gellir eu haddasu o bosibl

- Canfu astudiaeth wedi'i diweddaru ar ddementia a gyhoeddwyd yn y Lancet y gallai tua 40% o achosion o ddementia ledled y byd fod yn ganlyniad i 14 ffactor risg y gellir eu haddasu o bosibl:
  - llai o addysg
  - amhariad ar y clyw
  - lefel uchel o golesterol lipoprotein dwysedd isel (LDL)
  - iselder
  - anaf i'r pen
  - anweithgarwch corfforol
  - diabetes
  - ysmygu
  - pwysedd gwaed uchel
  - gordewdra
  - yfed gormod o alcohol
  - ychydig o gyswllt cymdeithasol
  - llygredd aer
  - colli golwg

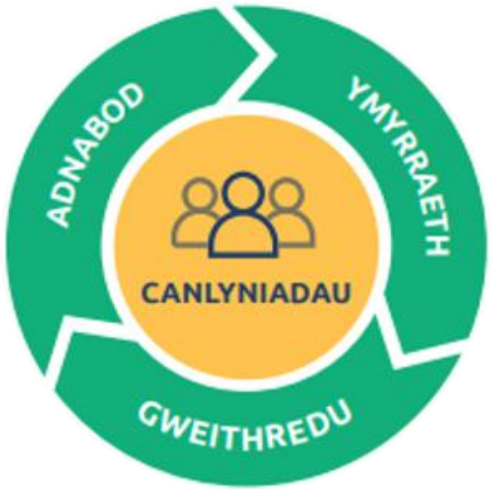


14 potentially modifiable risk factors

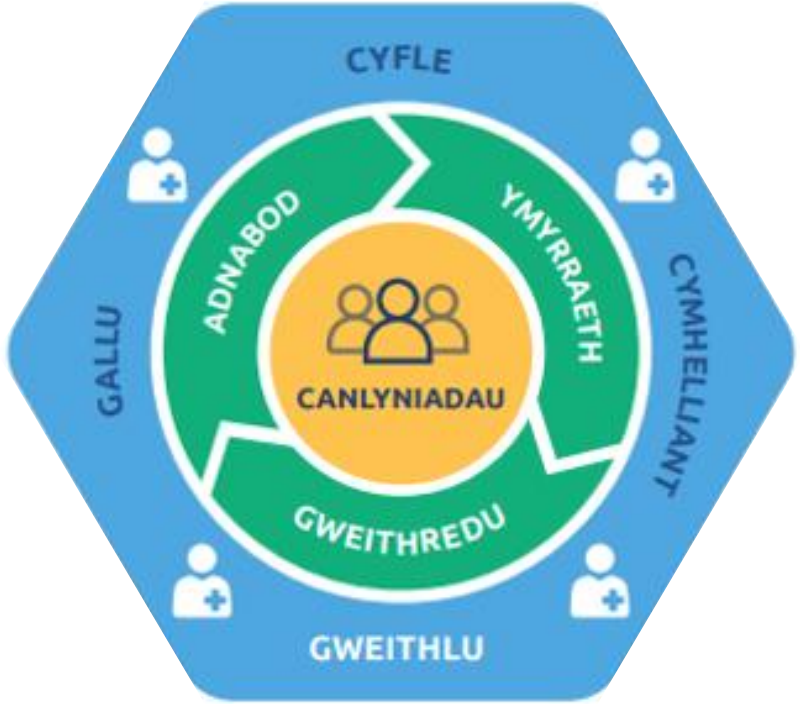
- An updated study on dementia published in the Lancet found that around 40% of dementia cases worldwide might be attributable to 14 potentially modifiable risk factors:
  - less education
  - hearing impairment
  - high ldl cholesterol
  - depression
  - head injury
  - physical inactivity
  - diabetes
  - smoking
  - hypertension
  - obesity
  - excessive alcohol consumption
  - infrequent social contact
  - air pollution
  - visual loss


CANLYNIADAU


OUTCOMES


ADNABOD
YMYRRAETH
CANLYNIADAU
GWEITHREDU


IDENTIFICATION
INTERVENTION
OUTCOMES
IMPLEMENTATION


CYFLE
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OPPORTUNITY
INTERVENTION
MOTIVATION
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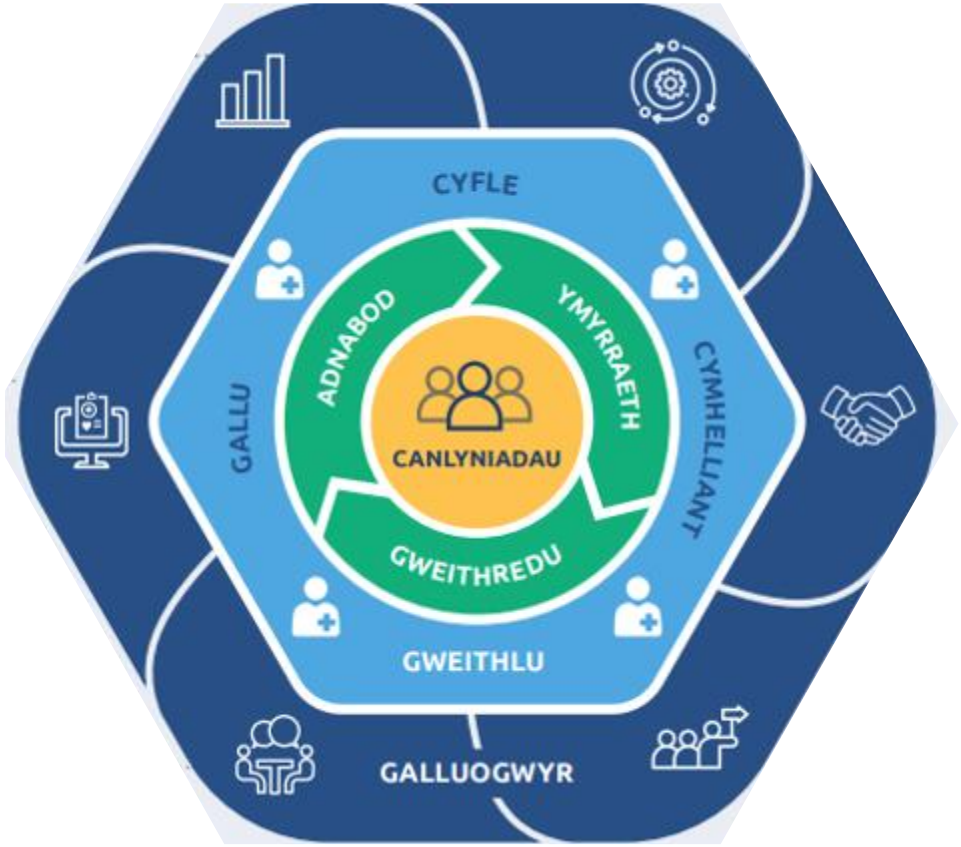
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GWEITHLU
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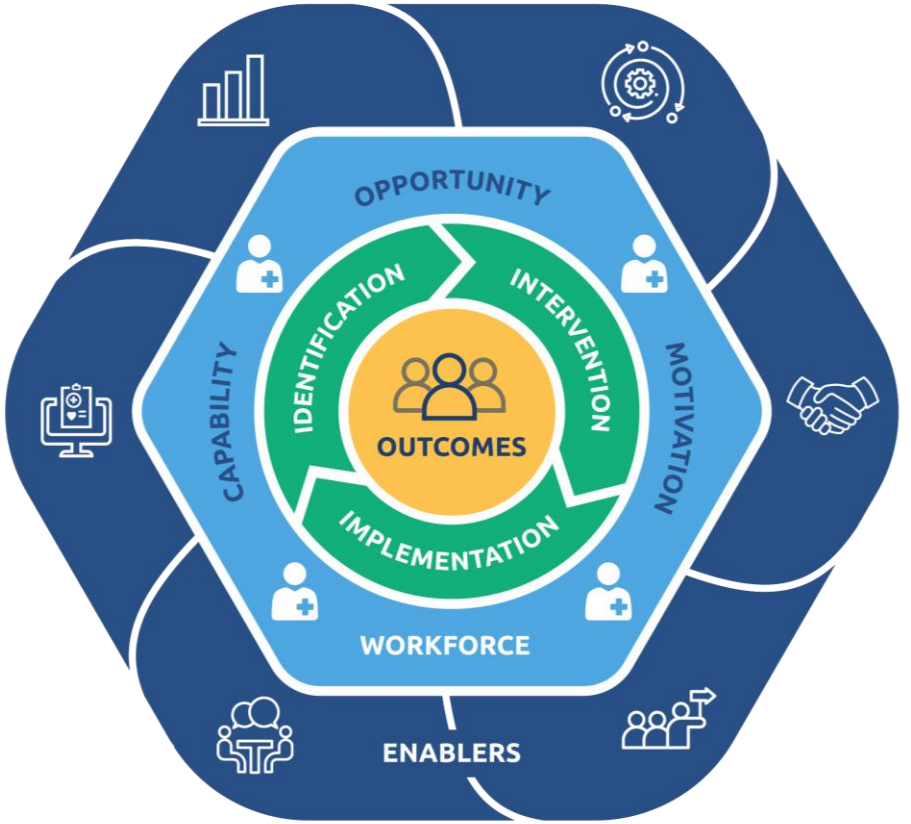
OPPORTUNITY
IDENTIFICATION
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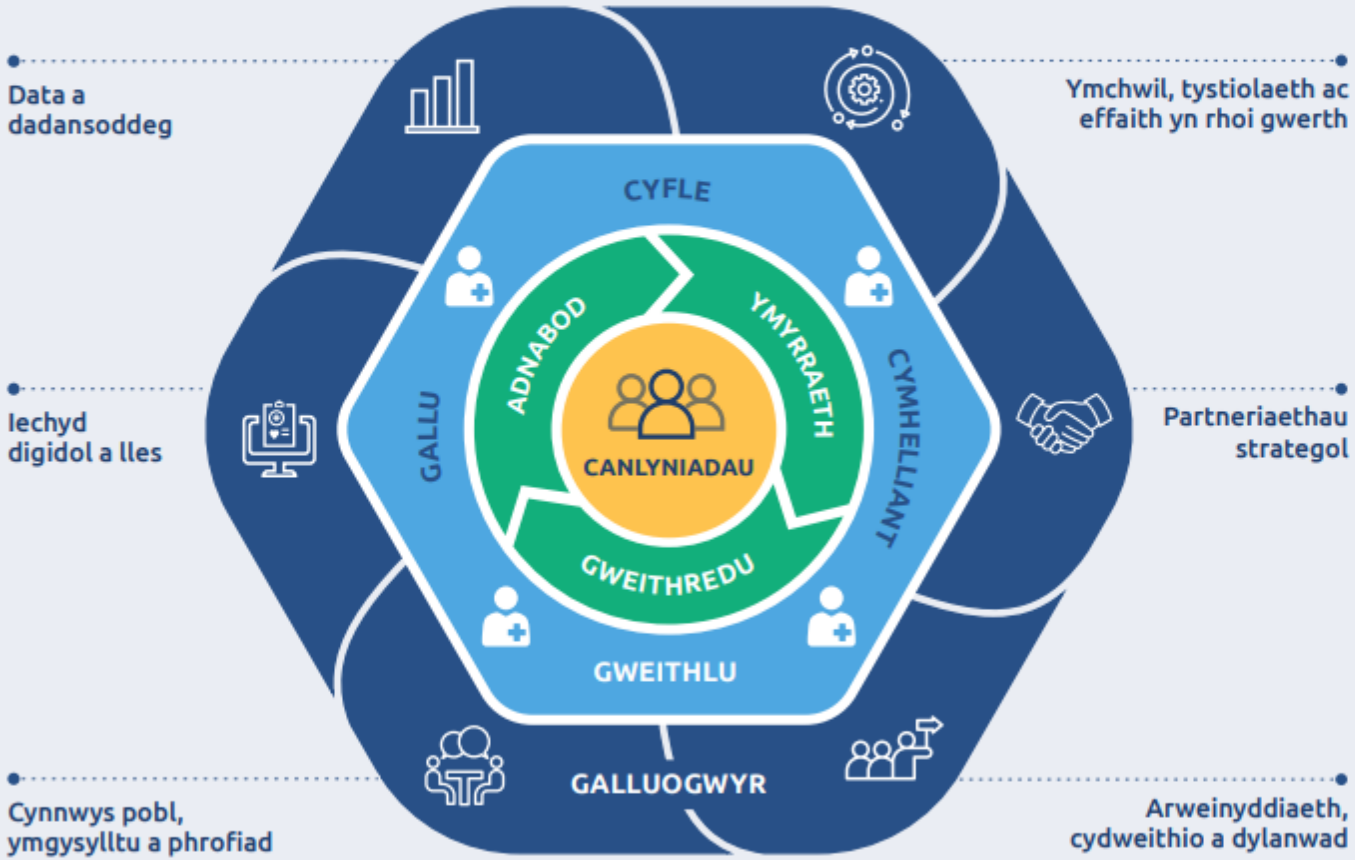
WORKFORCE
ENABLERS

IECHYD A GOFAL SY'N SEILIEDIG AR ATAL

Fframwaith i wreiddio atal yn y system iechyd a gofal yng Nghymru



Canlyniadau

- Beth yw'r canlyniadau a ddymunir?

Adnabod

- Pwy sydd angen cael budd a sut y gellir eu cyrraedd yn deg?

Ymyrraeth

- Pa weithgarwch atal o ansawdd uchel sydd ei angen?

Gweithredu

- Sut y dylid darparu gweithgarwch atal yn ddiogel, yn deg ac mewn modd amserol sy'n canolbwyntio ar yr unigolyn?
- A yw gweithgarwch atal yn cael ei addasu i ddiwallu'r angen? A oes bylchau yn y ddarpariaeth? A oes amrywiad direswm?

Gweithlu

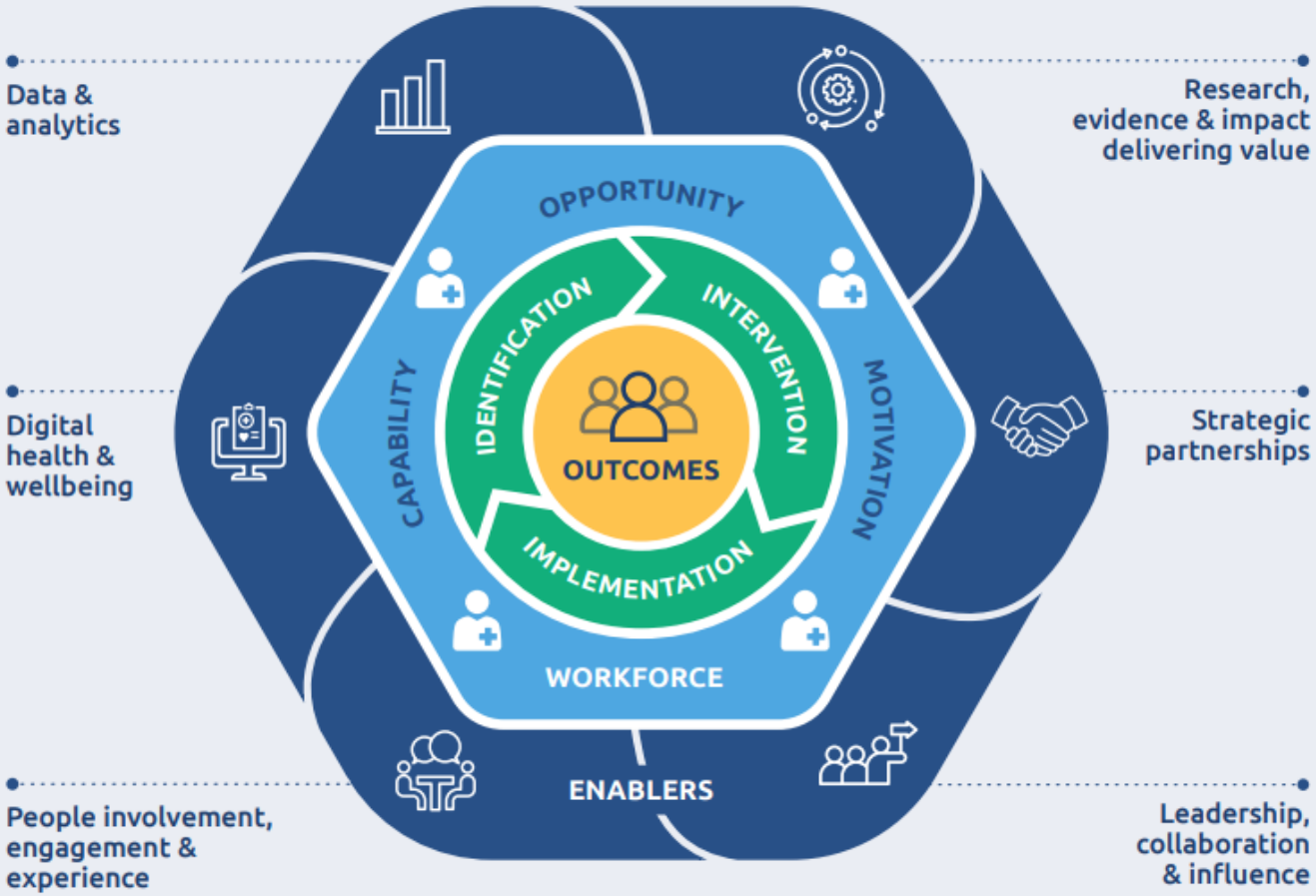
- Pwy fydd yn darparu'r gweithgarwch atal?
- Sut y gellir creu'r amodau gorau posibl i gefnogi gallu, cyfleoedd a chymhelliant y gweithlu i ddarparu gweithgarwch atal?

Galluogwyr

- Sut y gall galluogwyr gefnogi dull cydgysylltiedig a systematig o ddarparu gweithgarwch atal?
- Sut y byddwn ni'n gwybod a yw'r canlyniadau a ddymunir yn cael eu cyflawni?

PREVENTION-BASED HEALTH & CARE

A framework to embed prevention in the health and care system in Wales



Outcomes

- What are the desired outcomes?

Identification

- Who needs to benefit and how can they be reached equitably?

Intervention

- What high quality prevention activity is needed?

Implementation

- How should prevention activity be delivered safely, equitably and in a timely and person centred way?
- Is prevention activity scaled to meet need? Are there gaps in provision? Is there unwarranted variation?

Workforce

- Who will deliver the prevention activity?
- How can optimum conditions be created to support the workforce's capability, opportunity and motivation to deliver prevention activity?

Enablers

- How can enablers support a coordinated and systematic approach to delivering prevention activity?
- How will we know if the desired outcomes are being achieved?