

Embracing Positive Healthy Ageing in The New Year

Welcome to the second edition of the Positive Healthy Ageing Newsletter, brought to you by the Positive Healthy Ageing Programme (PHAP). As we usher in the new year, it is my pleasure to extend warm wishes of joy, health, and happiness to you and your loved ones.

Our commitment to promoting positive healthy ageing practices remains steadfast, and we are excited to keep the momentum going with this second issue. The Positive Healthy Ageing Newsletter is more than just a publication; it is an effort to educate and empower Malaysians towards living a healthier and more fulfilling life as they age.

In this issue, we delve into crucial aspects of elderly health with three insightful articles. "Exercise for The Elderly: Why It Is Essential" explores the benefits of staying active in the golden years. "Keep Bones Strong and Prevent Osteoporosis as We Age" sheds light on the importance of bone health as we age, and "Understanding Mild Cognitive Impairment & Dementia" provides valuable insights into the importance of cognitive well-being in elderly individuals.

We encourage you to connect with us beyond the pages of this newsletter. Follow us on Facebook (Positive Healthy Ageing Malaysia) and Instagram (positivehealthyageing.my) to stay updated on the latest news, tips, and events. Don't forget to share our social media pages to friends and loved ones!

For those eager to explore more content and resources, visit our website (positivehealthyageing.org.my). There, you will find a wealth of elderly health-related articles. I would also like to invite everyone to sign up as a member, which ensures that you receive your complimentary copy of the newsletter alongside updates on upcoming events and activities.

Thank you for your continued support of the Positive Healthy Ageing Programme. Let's embark on this journey towards positive healthy ageing together, embracing the opportunities that each new day brings!

Wishing you all a joyful New Year!

Enjoy the read,
Dr Tee E Siong,
Committee Chair, Positive Healthy Ageing Programme -
An initiative of Elderly Health Awareness Society Selangor

积极拥抱全新一年的乐龄岁月

欢迎参阅由马来西亚积极健康乐龄化计划 (Positive Healthy Ageing Programme) 出版的第二期《积极健康乐龄化期刊》。迎接全新一年的，我衷心祝愿您和您所爱的人快乐、幸福和安康。

随着第二期期刊的推出，我们致力于促进积极的乐龄健康实践仍然保持不变。《积极健康乐龄化期刊》不仅是一份刊物；它更是教育和赋权马来西亚人随着年龄的增长，掌握更积极健康、更充实的乐龄生活。

在本期刊，我们刊载三篇深入探讨老年人健康的关键文章。“老年人，有运动的必要吗”将探索在黄金岁月保持活跃的好处。“保持强壮骨骼，预防骨质疏松症”揭示了我们在变老时骨骼健康的重要性；而“了解轻度认知障碍和失智症”将提供有关老年人的认知健康的重要性和宝贵见解。

除了参阅我们的期刊，也欢迎您关注我们的面子书Positive Healthy Ageing Malaysia; Instagram: positivehealthyageing.my) 随时了解最新的资讯、提示和活动讯息。您也别忘了与亲友们分享我们的社交媒体！

对于某些渴望探索更多内容和资讯的人士，请浏览我们的网站 (positivehealthyageing.org.my)。此网站提供您相关老年人健康的文章。我也诚邀大家注册成为会员，获取免费期刊、及时的资讯和活动讯息。

感谢您对积极健康乐龄化计划的支持。让我们携手迈向积极健康的黄金岁月，拥抱充满生机的每一天！祝大家新年快乐！

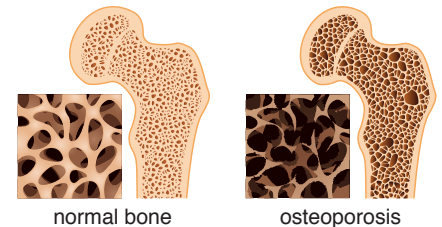
祝阅读愉快，
郑怡祥博士
积极健康乐龄化计划委员会主席



Keep Bones Strong and Prevent Osteoporosis as We Age

By Dr Tee E Siong, Consultant Nutritionist and Chairman, Positive Healthy Ageing Programme Malaysia

Osteoporosis, also known as “porous bone disease”, is a bone condition where bone mineral density and bone mass decreases, therefore making bones more fragile and susceptible to fractures. This is commonly seen during ageing, but the reality is that bone mass begins to decline as early as our mid-30's. Malaysians are at a higher risk of osteoporosis with the prevalence of a staggering 24.1% among post-menopausal women, therefore underlining the importance of understanding this condition.



Osteoporosis – A disease that can often go unnoticed

A distinctive feature of osteoporosis is its “silent” nature, which refers to the way the disease manifests in individuals. At first, individuals may not experience any noticeable symptoms when they start to lose bone mass. However, as the condition progresses, individuals may experience symptoms such as persistent back pain and a loss of height over time. In addition, estimates indicate that 33.3% of women aged over 50 years and 20% of men will experience an osteoporosis-related fracture, particularly in the wrists, hips and spine. In fact, osteoporosis related fractures

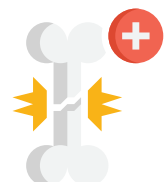
are recognised as a major health problem by the World Health Organisation (WHO).



Back pain



Loss of height



Bone fractures

Osteoporosis and risk factors

The risk factors of osteoporosis can be divided into two categories: non-modifiable and modifiable factors.

Non-modifiable factors include things we cannot change, like getting older, having a family history of hip fractures, having a personal history of fractures, ethnicity, or gender. Interestingly, the latter two have been shown to have a significant impact on osteoporosis. In fact, older women who have undergone menopause are particularly vulnerable. Looking at a local study in Malaysia, it was found that Chinese individuals had the highest rates of hip fractures compared to Malays and Indians. Notably, the study highlighted that Chinese women faced a significant risk, accounting for 44.8% of all hip fractures.

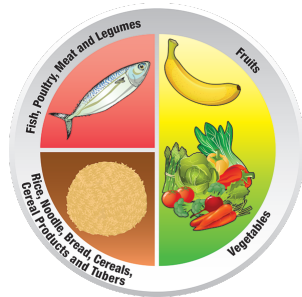
On the other hand, modifiable factors include things that we can change, for example our calcium or vitamin D intake, our lifestyle, smoking habits, and alcohol and caffeine intake.

Taking steps to prevent osteoporosis

To keep your bones strong and prevent osteoporosis, it is important to consider making changes in your nutritional intake, physical activity and to regularly attend health screenings.

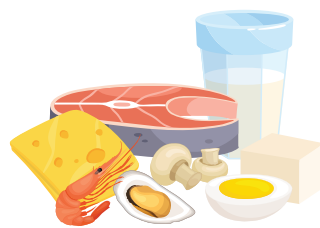
Preventing osteoporosis through nutrition and active living

Preventing osteoporosis is important, and it's never too late to take the right steps, even if you're ageing. One of the most important things you can do is to eat right. This involves eating a balanced, varied, and moderate diet in order to provide your body with the necessary nutrients to build and maintain strong bones. One helpful guideline is to follow the Malaysian Healthy Plate ("Suku-Suku-Separuh"), which suggests dividing your meal into quarters: one-quarter for protein-based foods, one-quarter for carbohydrate-based foods, and half for fruits and vegetables. This approach makes it easier to ensure you're getting the right nutrients to support your bone health.



Malaysian Healthy Plate

In addition to following the Malaysian Healthy Plate concept, it is important to include foods that are rich in bone-protecting nutrients like calcium and vitamin D. Calcium is important to keep the bone healthy and prevent osteoporosis while vitamin D helps the body absorb calcium better. Good sources of calcium-rich foods include milk, yoghurt, cheese, green leafy vegetables such as broccoli and kailan, tofu, sardines and beans; while vitamin D can be found in foods such as salmon, sardines, canned tuna, egg yolk, cereals and dairy products fortified with vitamin D. Alternatively, one can simply boost vitamin D production by spending 10-15 minutes in the sunlight each day. Leading a healthy lifestyle is also vital. Staying active by walking, jogging, or climbing



Foods rich in calcium, vitamin D and protein



Sun exposure



Staying active

Keep a healthy weight

Cut down on alcohol and caffeine intake

Quit smoking

stairs is important, as is keeping a healthy weight. Include muscle strengthening exercises such as *tai chi* or sit-to-stand exercise in daily physical activity is important too as these can help to strengthen the muscles which are important for supporting healthy bones. Additionally, as we age, it is advisable to cut down on alcohol and caffeine intake and to quit smoking if you are a smoker. These habits will not only help protect your bones but also improve your overall health and well-being, to help you stay mobile and maintain independence for living a healthy life.

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SCAN FOR MORE

Preventing osteoporosis by regularly attending health screenings

Some may not notice any problems with their bones until a minor accident occurs or if they break a bone. Do include screening for osteoporosis as part of your routine health screening. This is especially crucial for those “at-risk” populations, which include women aged 50 years or older and those who have a history of bone fractures, height loss, or regular falls.

It is recommended to speak with a doctor about the tests available for osteoporosis. One such test is the Bone Mineral Density (BMD) test, which measures how strong one's bones are, predicts the risk of fractures, and helps diagnose osteoporosis. In addition to this, the test can also be used to monitor how well osteoporosis treatments are working. In general, women aged 65 or older and men aged 70 or older should consider having a BMD test as part of their regular health screenings.



bone mineral density (BMD) test

The skeletal system serves as the fundamental framework of our body, providing essential support, enabling movement, and safeguarding vital organs like the heart and brain from harm. It also functions as a “storehouse” for essential minerals. Therefore, we should all take the right proactive measures to ensure our bone health. By doing so, we not only ensure a future with resilient bones but also a life lived well in good health. Remember, healthy bones are the foundation of a stronger you!

This educational article by Positive Healthy Ageing Programme (PHAP) is supported by an educational grant from Anlene Malaysia.

保持强壮骨骼，预防骨质疏松症

郑怡祥博士

营养顾问 & 马来西亚积极健康老龄化计划主席

骨质疏松症，也被称为“多孔骨骼”，是指骨密度和骨质下降，骨骼变得脆弱且容易发生骨折的

一种疾病。虽然骨质疏松症是中老年时期常见的骨骼疾病，但实际上，30多岁以后骨质就会开始流失。大马人存在较高的骨质疏松症风险，其中更年期后女性患病率达24.1%，因此骨质疏松症不容被忽视。

骨质疏松症，一种常被忽视的疾病

骨质疏松症的一个显著特点是它的“沉默”特性，通常在骨质开始流失初期不会出现症状。然而，随着骨质疏松症使得骨骼变弱，可能会出现诸如持续性背部疼痛和渐渐地身高会降低等症状。据估计，由骨质疏松症引起的相关骨折，尤其是手腕、髌部和脊柱的骨折，影响着三分之一的50岁以上的女性和五分之一的男性。事实上，世界卫生组织（WHO）已把骨质疏松症相关的骨折视为一项重大的全球健康问题。



骨质疏松症的危险因素

骨质疏松症的危险因素可分为两类：不可改变的因素和可改变的因素。

不可改变的因素包括年龄增长、家族髌部骨折史、个人骨折史、种族和性别。这些因素中，值得注意的是，女性在更年期后更容易患骨质疏松症。马来西亚国内的研究发现，华人的髌部骨折率最高，而马来人和印度人骨折率相对较低。研究也显示华人妇女面临显著的髌部骨折风险，占有髌部骨折的44.8%。

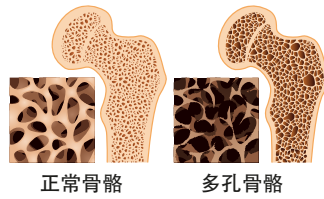
另一方面，可改变的骨质疏松症因素包括我们的生活方式因素，如饮食中钙和维生素D的摄取、吸烟习惯以及酒精和咖啡因的摄入。

采取措施预防骨质疏松症

膳食营养、体能活动和定期筛查是保持骨骼强壮，预防骨质疏松症的重要措施。

实践健康营养，保持身体活动以预防骨质疏松症

年龄的增长不应限制我们采取措施预防骨质疏松症。其中我们可以采取的最重要措施之一就是正确饮食。



这包括摄入平衡、多样化和适度的饮食，为身体提供建立和维护强壮骨骼所需的营养素。在这方面，我们可以遵循马来西亚健康餐盘“四分之一 - 四分之一 - 一半”（“Suku-Suku-Separuh”）的进餐概念，即将每餐的餐盘分成四等分：一等分蛋白质食品，一等分谷类或谷类制品，两等分水果和蔬菜。这样的饮食方式可更容易的确保我们获取支持骨骼健康所需的营养素。

此外，在日常饮食中摄入富含钙和维生素D的食物也至关重要。钙对于保持骨骼健康和预防骨质疏松症起着重要作用，而维生素D有助于身体更好地吸收钙。富含钙的食物包括牛奶、酸奶、奶酪、绿叶蔬菜如西兰花和芥兰、豆腐、沙丁鱼和豆类等；而维生素D可以在鲑鱼、沙丁鱼、金枪鱼、蛋黄、强化麦片和奶制品中获得。此外，每天在阳光下待上10-15分钟也可以帮助制造和补充一定份量的维生素D。

营养并不是保持骨骼健康的唯一因素，养成日常锻炼和身体活动也非常关键。日常中如步行、慢跑或爬楼梯等身体活动以及一些增强肌肉的锻炼，如太极或坐起站立锻炼有助增强肌肉，支撑健康骨骼。此外，随着年龄的增长，建议减少酒精和咖啡因的摄取，并戒烟。这些习惯不仅有助于保护骨骼，还有助于改善整体健康和保持灵活的活动能力，确保生活质量。

定期接受骨质疏松症筛查

由于骨质疏松症通常没有症状，人们很可能发生骨折，才意识到患上骨质疏松症。因此，有必要将骨质疏松症纳入例行健康筛查中，这对于“高风险”人群尤为关键，包括50岁以上的女性和有骨折史、身高减少或经常跌倒的人。

您可以向医生咨询了解骨质疏松症的筛查测试。其中之一是骨密度（Bone Mass Density）检测，它可以检查骨骼矿物质密度，即骨骼的强度，预测骨折的风险并帮助诊断骨质疏松症。此外，该测试还可以用于监测骨质疏松症治疗的效果。一般而言，65岁或以上的的女性和70岁或以上的男性应考虑定期进行骨密度检测。

骨骼系统不只具有构成人体的支架支撑身体的作用，还有着赋予我们活动能力，保护内脏器官免受伤害和作为矿物质贮存仓库等作用。因此，我们应主动采取正确的措施来确保骨骼的坚韧和健康，从而保持整体健康并享受更强健的身体机能。切记，健康的骨骼是你健康生活的基础！

此教育文章由马来西亚积极健康老龄化计划撰写，并获得Anlene Malaysia给予教育资助。

Exercise for The Elderly: Why It is Essential

By Dr. Lee Hock Bee, Consultant Surgeon, Positive Healthy Ageing Programme Malaysia

When was the last time you exercised? Have you given up on exercise because of fear of injury due to your age? Or do you assume that older people are too frail to exercise? Although it is true that we tend to have lower stamina as we age, don't let these misconceptions be a barrier for you to exercise. This article will try to shed some light on this matter.

“Why should I exercise?”

The fact is, exercise is even more essential and beneficial as we age. Did you know that we begin to lose muscle after our 30s? The amount and size of our muscle mass decreases as we become older, especially if we lead a sedentary lifestyle. In addition, our bones start to weaken as we get older. Our bone density also begins to decline in our 40s, thus increasing the risk of bone fractures and osteoporosis.

As we age, we also tend to be more inactive and have a slower metabolism. This means that it is easier for us to gain weight and body fat, thus increasing the risk of developing other related health conditions, e.g. diabetes, high blood pressure, high cholesterol, and heart disease. Some of us may also experience more pains as we get older, e.g. joint pain and back pains. With the loss of muscle strength and balance problems that some may experience, there is also an increased risk of falls after the age of 60.

Exercise and physical activities are part of the solution to fight these age-related physical challenges. Staying physically active helps to maintain and improve our health. It also reduces the risk or delays the development of health conditions that are common among the elderly.

On top of that, regular exercise also helps us to prevent or delay bone degeneration. Exercise also helps to maintain and improve our balance and coordination, thereby decreasing the risk of falls. It is also important to keep our strength and flexibility, especially after the age of 60. All these are vital to help us stay strong and independent as we grow older.

Apart from physical health, exercise can also help to boost our immunity and memory, as well as improve our mental health and mood. When we exercise, the “happy hormones” (e.g. endorphins and dopamine) are released in our body, triggering the feeling of pleasure. This is linked to how exercise can relieve stress, promote better sleep and improve confidence. Exercise is also a good social activity. For example, playing sports or doing yoga with friends and family helps us stay connected with them.






“How much exercise do I need?”

The amount of exercise recommended for the elderly does not differ from other adults. Generally, older people aged 65 and above should aim:

- To be physically active every day; light activities also count
- For at least 150 minutes a week of moderate-intensity activity, OR at least 75 minutes a week of vigorous-intensity activity, OR an equivalent mix of moderate- and vigorous-intensity activity
- To include 2 or more days a week of muscle-strengthening and balancing activities

The only difference is older people are also recommended to add balancing activities (e.g. standing on one foot), about 3 days a week, to their exercise routine. However, you don't have to force yourself. If certain health conditions hinder your ability to meet these recommendations, try to be as physically active as you can. Any amount of physical activity can benefit your health and well-being.

Examples of light, moderate- and vigorous-intensity activities

Light activities	Moderate-intensity activities	Vigorous-intensity activities
<ul style="list-style-type: none"> • Shopping • Walking around the home • Cleaning • Standing up • Cooking • Washing dishes 	<ul style="list-style-type: none"> • Brisk walking • Slow dancing • Recreational bicycling • Mopping floor • Recreational badminton 	<ul style="list-style-type: none"> • Jogging • Running • Swimming 

“What are the activities that can help strengthen my muscles?”

We tend to lose our muscles when we age. This is why exercise is important to maintain strong muscles. With strong muscles, we can perform daily tasks, prevent falls and stay independent. You don't have to go to a gym to do these muscle-strengthening activities. Various activities can be easily carried out at home to strengthen muscles, for example:

- Carrying groceries bags
- Carrying little grandchildren
- Carrying a full laundry basket
- Gardening
- Exercise using resistance bands
- Weightlifting, e.g. dumbbell exercises
- *Tai-chi*
- Pilates



Safety tips

- 1) Before starting any exercise routine, check with your physician to decide the types and amounts of physical activity if you:
 - Have been sedentary and are not used to exercising.
 - Have pre-existing health conditions that may limit the type of exercise, e.g. osteoporosis, heart disease, arthritis, etc.
- 2) When exercising:
 - Wear loose, comfortable clothing.
 - Wear suitable shoes.
- 3) Drink water before and after to stay hydrated. Avoid sports or isotonic drinks.

- 4) Stop and take a rest if you experience any discomfort, e.g. chest discomfort, breathlessness, and joint pains. Get immediate help if it becomes severe.

Every step counts when it comes to exercise and physical activity. Some amounts of exercise are better than none at all. We don't have to spend hours every day on exercise to reap the benefits. What's important is to start off slowly, choose safe and comfortable exercises that are suitable for you, and continue consistently.

60岁以上老年人，有运动的必要吗？

Lee Hock Bee医生，外科顾问医生
马来西亚积极健康乐龄化计划

你还记得上一次运动是几时吗？还是因为担心年龄渐长，害怕受伤而早已放弃运动？又或者你认为老年人体质太弱不适合运动？虽然随着年龄增长，我们的耐力确实会有所下降，但不应让这些误解成为你运动的障碍。让我们来一同探讨为什么运动对于老年人而言还是有所必要的呢？

运动有何必要？

事实上，随着年龄增长，体能运动更是必要并带来益处。在30岁后，我们的肌肉开始流失，肌肉的质量和大小会随着年龄增长而减少，特别是如果我们在日常生活中常常久坐不动。此外，我们的骨骼也开始变得脆弱，骨质密度在我们40多岁时开始下降，从而增加了骨折和骨质疏松症的风险。

年龄愈增，我们容易变得不比往常活跃，新陈代谢也逐渐变缓。这意味着体重更容易增加和累积体脂肪，从而增加罹患其它相关健康问题的风险，例如糖尿病、高血压、高胆固醇和心脏疾病。某些疼痛问题也可能愈发常见，如关节和背部疼痛。达到60岁后，肌肉量和功能的下降以及平衡问题等因素也将倍增，加剧跌倒的风险。

锻炼和体能运动是应对以上身体挑战的方法之一。保持体能活动有助于维护和改善我们的健康，降低老年人常见的健康风险和延迟问题的发生。定期运动也助于预防或延迟骨骼退化，改善身体的平衡力和协调，在60岁以后，锻炼以保持肌肉力量和身体的灵活度，对年老时能依然独立强壮尤为重要。

除了身体健康之外，运动还可以帮助提高我们的免疫力和记忆力，以及改善心理健康和情绪。当我们运动时，身体内会释放内啡肽和多巴胺，俗称“快乐荷尔蒙”，让我们产生愉悦和满足的感觉，这就是有关运动如何缓解压力、促进更好的睡眠和提高信心。运动也是一项很好的社交活动，与朋友和家人一起运动或锻炼有助于保持联系。

老年人需要多大的运动量？

老年人的运动推荐量与其它成年人并无太大差异。一般而言，65岁及以上的老年人可以参考以下运动量：

- 每天都要保持身体活动；轻微强度活动也计算在内
- 每周至少进行150分钟中等强度有氧活动
- 或每周至少进行75分钟的剧烈强度有氧活动
- 或等量的中等强度和剧烈强度组合活动
- 每周至少2天进行中等或更高强度的肌肉强化活动和功能性平衡和力量训练

与其它成年人不同的是，老年人也被建议在日常锻炼中增加身体平衡的活动，如每周大约3天进行单脚站立。对于以上的运动量建议，我们可以量力而为，不应强迫自己每天要完成多少强度的运动。如果基于

某些健康理由，则可以做些力所能及的活动，比如站起来踱步也是不错的选择。少量运动总比完全不动为佳，并有益健康。

轻微、中等强度和剧烈强度活动例子

轻微强度活动	中等强度活动	剧烈强度活动
<ul style="list-style-type: none">• 在家里走动• 站立• 简单的家务劳动如： 烹饪、洗碗、 购物、清洁	<ul style="list-style-type: none">• 快步走• 慢舞• 休闲骑自行车• 抹地• 休闲羽毛球	<ul style="list-style-type: none">• 慢跑• 跑步• 游泳

哪些活动可以帮助增强肌肉？

年龄增长，我们的肌肉会逐渐流失，因此通过锻炼，保持肌肉强健非常重要。强健的肌肉不仅让我们可以完成日常工作，预防跌倒，更有助我们继续过独立自主的生活。进行锻炼保持肌肉强健并不一定需要去健身房，其实有不少增强肌肉的活动在家里就可以轻松进行，比如：

- 提杂货袋
- 搬运洗衣篮
- 弹力带运动
- 太极拳
- 抱小孙子
- 园艺工作
- 举哑铃
- 普拉提



安全提示

- 1) 运动要注意安全，若有以下情况应先询问医生，并听取医生的建议与安排：
 - 常久坐不动，没有运动的习惯
 - 受限於身体状况，如：骨质疏松症、心脏疾病、关节炎等。
- 2) 锻炼时穿着适当
 - 穿宽松、舒适的衣服
 - 合适的鞋子
- 3) 运动前后喝水以补充水分，避免饮用能量饮料。
- 4) 若有不适的痼疾就该停止，如胸部不适、呼吸困难和关节疼痛。如果情况变糟应马上求医。

适量运动总比完全不动好。我们无需要挑战极限而每天花上几个小时运动才能获取运动的好处。重要的是根据个人情况选择合适的运动项目，循序渐进、持之以恒。

Understanding Mild Cognitive Impairment & Dementia

By Dr Alan Ch'ng Swee Hock
Positive Healthy Ageing Programme Malaysia

As we age, it is normal to forget things from time to time. However, for some people, memory and thinking issues can become more serious and lead to difficulty completing everyday tasks. Therefore, it is important to understand the differences between age-related normal forgetfulness and conditions like mild cognitive impairment (MCI) and dementia.

What is Mild Cognitive Impairment?

Mild Cognitive Impairment (MCI) is a condition in which individuals experience minor problems with cognition, such as memory or thinking, that are more noticeable than those typically associated with normal ageing. These difficulties are not severe enough to significantly interfere with daily life, and individuals with MCI can usually take care of themselves and perform their normal activities. However, they or their close contacts may notice these changes. While MCI may increase the risk of developing dementia, some individuals with MCI may not experience further decline, and in some cases, the symptoms may even improve. People with MCI have a higher risk of developing dementia, but not everyone with MCI will go on to develop dementia. Globally, more than 6% of people in their 60s have MCI, and the number climbs to more than 37% by age 85.

What is dementia?

Dementia is a syndrome in which cognitive function deteriorates over time. People with dementia experience more serious cognitive performance symptoms

than MCI, affecting memory, thinking, orientation, calculation, language, judgment, emotional control, and social behaviour.

As the severity of dementia deteriorates, it leads to increasing dependency on caregivers. During the mild stage, a person with dementia would require assistance in performing complex tasks like cooking, driving, shopping, managing medications, managing money, paying the bills, and using the phone. In the moderate stage, he would require help in performing personal daily activities i.e. personal hygiene, grooming, dressing, toileting, walking to different places, and eating. During the severe stage, a person with dementia is fully dependent on others in every aspect of daily activities.

Caregivers often face challenges in managing Behavioural and Psychological Symptoms of Dementia (BPSD), which can elevate their stress and lead to a decline in their psychological well-being. Strategies to minimise stress and address the needs of both the person living with dementia and the caregiver are essential for promoting caregiver well-being. It is crucial to identify and manage BPSD to support the mental and emotional health of caregivers

Alzheimer's disease is the most common type of dementia, accounting for 60-70% of cases. Risk factors for dementia include advancing age of ≥ 65 years, female gender, genetic factors, cardiovascular risk factors such as hypertension, diabetes mellitus, hyperlipidaemia, obesity, smoking, excessive alcohol consumption, physical inactivity, hearing loss, and psychiatric illness such as depression.

Strategies to reduce the risk of developing cognitive decline/dementia

- **Prevent or manage existing health conditions.** Take steps to address any existing health conditions (e.g. hypertension, diabetes, high cholesterol, obesity, depression, etc.) to reduce the risk of developing cognitive declining conditions.



- **Get active.** Engage in physical activity to support both physical and cognitive health. In general, individuals above 65 years old should have at least 150 minutes of moderate-intensity activity and at least 75 minutes of vigorous-intensity activity each week.



- **Eat a healthy and balance diet.** Use the Malaysian Food Pyramid and the Malaysian Healthy Plate to ensure a healthy and balanced diet. It is also important to eat a nutrient dense diet.



- **Stay cognitively active.** Make sure to exercise the brain by taking part in activities like puzzles, reading, or learning new skills.



- **Avoid or reduce alcohol consumption and smoking.** Reduce or eliminate alcohol consumption and smoking, as these can impair cognitive function.



Distinguishing between normal age-related forgetfulness and more serious cognitive conditions like Mild Cognitive Impairment (MCI) and dementia is important, and it begins with understanding the conditions and their associated risk factors. If you are experiencing any consistent memory issues, talk with your doctor to find out the cause.

During an evaluation, doctors may perform tests and assessments to help determine the source of memory problems so that the right treatment plan can be made. Caregivers of people with dementia also face many challenges. To help them, it is important to stay focused on the feeling the person is demonstrating and respond with

verbal and physical expressions of comfort, support, and reassurance. Caregivers should also take time for themselves and seek support from others.

了解轻度认知障碍和失智症

By Dr Alan Ch'ng Swee Hock
Positive Healthy Ageing Programme Malaysia
马来西亚积极健康乐龄化计划

随着年龄增长，偶尔忘记一些事情是很正常的现象。但是，对于某些人来说，记忆力和思考问题可能会变得愈加严峻，以致无法胜任原本熟悉的日常事务。因此，了解与年龄相关的正常健忘及轻度认知障碍 (MCI) 和失智症等之间的差异极为重要。

什么是轻度认知障碍？

轻度认知障碍(MCI)是指个人在记忆或思维等认知能力出现小毛病，这些小毛病往往又比与正常老化有关的问题略为明显。这些认知能力方面的瑕疵，显然尚未严重至会干扰日常的起居作息。轻度认知障碍患者通常可以自理和进行日常活动。然而，患者本身或其身边的人可能会察觉到这些变化。虽然轻度认知障碍可能会增加患失智症的风险，但一些患者的认知能力可能不会持续减退，而在某些情况下，有关症状甚至可能会逆转和改善。值得注意的是，轻度认知障碍患者患失智症的风险较高，但并非所有有轻度认知障碍的人都会出现失智症。在全球，60多岁的人群有超过6%患有轻度认知障碍；到85岁时，此数字将攀升至37%以上。

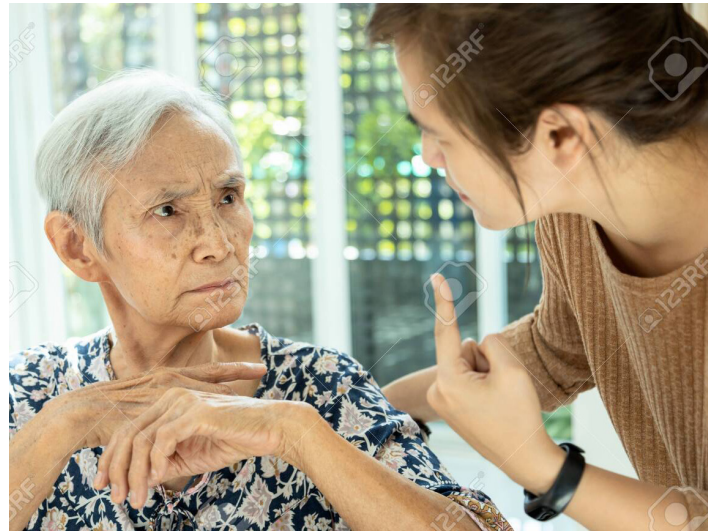
什么是失智症？

失智症是一种综合症，患者的认知能力会随着时间的推移而恶化。失智症患者会经历比轻度认知障碍更严重的认知表现症状，影响记忆力、思考能力、分辨方向、计算、言语表达、判断力、情绪控制和社会行为。

随着失智症的加剧，患者对照护者的依赖也日益增加。初期的失智症患者在执行复杂的工作，例如做饭菜、驾驶、购物、管理药物、处理金钱、缴付账单、使用电话时需要旁人协助。中期的失智症患者在个人日常活动，如个人卫生、梳洗、穿衣、如厕、行走和饮食时需要他人协助。至于晚期的失智症患者，在日常生活方面完全需要仰赖他人的照顾。

在管理失智症伴发的精神行为症状(BPSD)方面，照护者经常面临挑战和压力，导致心理健康素质下降。尽量减少压力并满足失智症患者与照护者需求的策略，对改善照护者的福祉非常重要。识别和管理失智症伴发的精神行为症状，对于支持照护者的心理和情绪健康不可或缺。

阿尔茨海默病是最常见的失智症类型，占失智症病例的60-70%。失智症的风险因素包括年龄 \geq 65岁、女性、遗传因素、心血管风险因素，例如高血压、糖尿病、高脂血症、肥胖、吸烟、过量饮酒、缺乏运动、听力损失和精神疾病，如抑郁症。



降低认知能力减退/失智症风险的策略

- **预防或控制现有的健康状况。** 采取措施解决任何现有的健康问题（例如高血压、糖尿病、高胆固醇、肥胖、抑郁等），以降低发生认知能力减退的风险。
- **动起来。** 进行体力活动对身体的健康和认知能力有帮助。一般来说，65岁以上的人每周应进行至少150分钟的中等强度活动，以及至少75分钟的高强度运动。
- **健康均衡的饮食。** 马来西亚食物金字塔和马来西亚健康餐盘可作为健康、均衡饮食的指南。另外，也别忘了摄取营养丰富的饮食。
- **认知能力常保活跃。** 进行拼图游戏、多阅读或学习新技能等活动可以帮助锻炼我们的大脑。
- **远离或减少饮酒和吸烟。** 减少或停止饮酒和吸烟，因为饮酒和吸烟会损害认知功能。

区分正常的，及与年龄相关的健忘和更严重的认知疾病，例如轻度认知障碍 (MCI) 和失智症很重要。因此，我们有必要先了解这些疾病及其相关的风险因素。若您持续面对记忆力问题，请咨询医生以找出原因。在评估过程中，医生可能会进行测试和评估，找出记忆力问题的根源，拟定正确的治疗计划。与此同时，照护失智症患者的人也面临许多挑战。为了帮助他们，我们需要关注他们的情绪反应，透过言语和行动给予他们安慰、支持和肯定。另外，照护者本身也要腾出一些时间给自己，以及寻求支持的力量。

Challenges/Issues 挑战/问题	Helpful tips 实用小提示
<p>Forgetfulness: People With Dementia (PWD) do not recall what they talked about and with whom they talked to.</p> <p>健忘 失智症患者想不起自己说过了什么以及和谁说话。</p> 	<p>Courteously answer the questions because PWD have difficulty to recall and may be repeatedly asking question for confirmation as a result of being anxious.</p> <p>礼貌地回答问题，因为失智症患者对回忆有困难，并可能因焦虑而反复询问以求确认。</p>
<p>Disorientated to time, place and person: PWD may repeatedly ask the day, date, where they are and who the people around them are.</p> <p>分不清时间、地点和人: 失智症患者可能会反复询问日子、日期、地点以及周围的人是谁。</p> 	<p>PWD may have problems organising, making plans, and executing tasks correctly. Confirm with them the actions that they are doing and ask what they want to do next step by step.</p> <p>失智症患者可能在安排和计划事情，以及正确执行任务时有困难。向失智症患者确认他们正在采取的行动，并询问他们下一步想要做什么。</p>
<p>Impaired understanding and judgement: For instance, PWD may become unable to cook, use the remote control for the television, or operate the washing machine.</p> <p>理解和判断能力变差: 例如，失智症患者可能无法自己做饭菜、使用遥控器看电视或操作洗衣机。</p>	<p>Engage in the activity together with PWD. For example, instead of allowing person with dementia to cook, let them do simple things like washing vegetables or peeling onions and, at the same time ensure their safety.</p> <p>与失智症患者一起动手做。例如，勿让失智症患者做饭菜，而是让他们做简单的事情，比如清洗蔬菜或剥洋葱，同时确保他们的安全。</p>
<p>Delusion: A false belief that is beyond challenge. For instance, PWD may have delusion of theft, that is the false belief that their valuable thing, e.g. money or purse, has been stolen by someone despite being reassured that this did not occur.</p> <p>妄想: 一种不容置疑的错误信念。例如，失智症患者可能出现被盗窃的妄想，错误地认为自己贵重的东西，例如金钱或钱包被某人偷走，尽管已被确认告知这种情况不会发生。</p>	<p>Caregiver should show interest in looking for the item together with the PWD. Once search is done, steer the conversation away using a distraction. For example, “we have tried searching for the item, but can't find it. Lets have a cup of tea and look again later.”</p> <p>照护者应关注并与失智症患者一起寻找有关物品。在经过一番搜寻后，照护者可以其他事情来分散失智症患者的注意力，例如：“我们已尝试寻找该物品，但找不到。现在我们先去喝杯茶，待会再找吧”。</p>
<p>Wandering: PWD may also try to leave the house to go somewhere but loses his or her way before reaching the destination.</p> <p>迷路: 失智症患者可能尝试出门前往某个地方，但在到达目的地之前就迷路了。</p> 	<p>PWD may have their own reason to go out. The carer can try to engage by asking “where are you going” and “why are you going there?” Carer may then help them to achieve their purpose. It is also useful to put a name tag with their name, address and contact details on their clothes so that others can assist them in finding their way home.</p> <p>失智症患者可能有自己的外出理由。照护者可以从旁协助，问“你要去哪里”和“你为什么要去？”，并帮助他们完成目标。在失智症患者的衣服上贴上写有姓名、地址和联系方式的名牌，可以让其他人帮助失智症患者找到回家的路。</p>
<p>Anger: PWD may suddenly get upset and become verbally or physically agitated. They can be sensitive to certain conversations and may become angry and restless as they are unable to express their feelings and difficulties.</p> <p>愤怒: 失智症患者可能会突然变得心烦意乱，并在言语或身体上出现激动反应。他们可能对某些谈话很敏感，并且可能会因为无法表达自己的感受和难题而变得愤怒与焦虑。</p>	<p>Carers will need to be more accommodating and avoid triggers or situations that hurt their feelings.</p> <p>照护者要有一颗包容的心，避开那些可以伤害失智症患者感情的诱因或情况。</p> 
<p>Eating: PWD often forget they have eaten and may also not recognise edible/food items from non-edible items.</p> <p>饮食: 失智症患者经常忘记自己已经吃过饭，也可能无法分辨可食用/食品和不可食用的物品。</p>	<p>Explain regarding timing of meals by mentioning actual time. Avoid having non-edible items within reach for those who cannot tell the difference.</p> <p>指出实际的时间，说明什么时候用餐。对于分不清可食用和不可食用物品的失智症患者，切勿将不可食用的物品摆放在他们可以轻易拿到的地方。</p>
<p>Bathing: PWD may not be co-operative to take a bath; they may refuse to undress, wash themselves or dress after their bath.</p> <p>洗澡: 失智症患者可能不配合洗澡；他们可能拒绝脱衣、洗澡或在洗澡后穿衣服。</p> 	<p>When a PWD who usually takes bath refuses to do so, it may be due to being unwell. Hence, caregiver need to ask about their physical condition.</p> <p>平时有洗澡习惯的失智症患者如果不愿意洗澡，有可能是因为身体不适。这时，照护者需要了解他们的身体状况。</p> <ul style="list-style-type: none"> • During the bathing process - talk to them gently and be careful not to hurt their pride. 洗澡时 - 心平气和地与他们说话，注意不要伤害他们的自尊心。 • During the dressing process - replace their clothes fasteners or buttons with Velcro tape; put signs on their clothes to distinguish the front and back; prepare their clothes in the correct order of putting on. 穿衣时 - 用魔术贴 (Velcro) 替换衣服的扣件或纽扣；在衣服上贴上标志，以区分正反面；按照正确的穿衣顺序准备衣服。
<p>Excretion: PWD may urinate in inappropriate places, repeatedly go to the bathroom or do not understand the need to urinate or defecate.</p> <p>大小便: 失智症患者可能会在不适当的地方小便、反复去洗手间或不明白何时要上厕所。</p>	<p>Caregiver may put a large sign on the bathroom door, keep the doorways bright and switch on the lights in the bathroom at night. Another tip is to bring the PWD to the toilet at frequent intervals.</p> <p>照护者可以在浴室门上贴一个大标牌，保持浴室门口敞亮，并在晚上打开浴室的灯。另一个建议是每隔一段时间带失智症患者去厕所。</p>