



## Event

### Social prescribing for dementia

Extraordinary is not a word to be used lightly, but it fits the 2021 Arts4Dementia conference (May 20–21). Entitled *Arts for brain health: social prescribing as peri-diagnostic practice for dementia*, the conference was an exhibition of enthusiasm, creativity, and critical thinking. The programme was impressive for its quality, innovation, diversity, and inclusion, providing a collage of thought and activity to whet the appetite of most attendees and provide a sense of movement towards cultural change, with influencing policy a clear focus of the organisers.

In bringing together the two complimentary movements of Arts4Dementia and social prescribing, the conference created a diptych with considerable public appeal. It also made a fundamental statement going beyond traditional treatment options—namely, that our creative and social faculties are central and critical to our humanity and nourishing these faculties contributes to wellbeing and health. From this perspective, attention was drawn to the underlying conference themes of creative ageing, partnership, and early access.

Creative ageing is an implicitly optimistic concept that captures a current national zeitgeist. The lived-experience contributions to the conference emphasised vividly the potential impact of engaging the whole person in their own health enterprise. The compositional development of artist Jane Frere's *D-iagnosis! Arts to preserve wellbeing* was a parable of intellectual expansion inspired by creative opportunity—a lesson for all.

Partnership was seen as the key to sustainability. The take-home message from all stakeholders was that collaboration works: it enables sharing of the best ideas to maximise benefit while distributing risks to minimise failure. Varied patterns of partnership were presented during the conference, from global international initiatives, through national networks, to community-inspired fun things to do, such as dancing, exercising, and singing. Fundamental to the success of these partnerships—repeated explicitly and implicitly—is the alignment of goals and co-design by stakeholders.

Early access was pragmatically expressed as art-related social prescribing at the onset of dementia-related symptoms. However, there is an inexorable logic to benefit not being restricted to symptom onset, let alone post-diagnosis. Broadening support to the peri-diagnostic period makes sense. The importance of a life-course/lifestyle approach for prevention was a recurrent theme in this discussion. Amongst the many proposals and possibilities on display, perhaps Muir Gray (Nuffield Department of Primary Care, The University of Oxford, Oxford, UK) provided the simplest portfolio, relating art engagement

to inflammatory, vascular, and motivational processes ([table](#)). Without pretending to fully understand the complex pathologies underlying dementia, this sage advice is easy to understand, can do little harm, and will benefit many.

Moving beyond the justifiable enthusiasm of the conference, important scientific and policy issues were raised. Although there is substantial evidence that creative and social engagement improves and extends quality of life, the mechanisms are moot. Hypotheses include art affecting neuropathology directly through creative intellectual activity, indirectly through lifestyle including exercise, and indirectly through motivation to social engagement, which can lead to improved quality of life independent of pathophysiology. Although not mutually exclusive, these hypotheses are unrealistically simple, rather serving to illustrate the complexity of the problem. For example, in the CNS, the boundary between neuroregeneration and neurodegeneration is blurred, with neural plasticity being a more helpful concept. However, the modifiable upstream determinants of neural plasticity—whether they be intellectual, behavioural, or motivational—are largely unknown, and evidence is largely from animal models. In an imprecise treatment environment, these ambiguities are of little importance, but clarity would and should help shape expectations and decision making.

Policy issues might be less complex but are no less tractable. Perhaps they require a canvas with deeper layers than those provided by community activists or party politics. A persistent undercurrent of opinion throughout the conference was the intrinsic value and dignity of the individual, regardless of extant capability or health status. This belief was variously expressed in terms of co-design, consultation, flexibility, enrichment, holistic approaches, and shared decision making. However, approaching dementia support purely from within a medical model attracted ire—from this, all other sins seemed to proceed.



Credit: Jane Frere

For more on the [Arts4Dementia](#) conference programme and access to the presentations see <https://arts4dementia.org.uk/2021/04/a4d-best-practice-conference-2021-may-20-21/>

#### Further reading

Nagappan PG, Chen H, Wang D-Y. Neuroregeneration and plasticity: a review of the physiological mechanisms for achieving functional recovery postinjury. *Mil Med Res* 2020; 7: 30. <https://doi.org/10.1186%2Fs40779-020-00259-3>.

Dementia risk reduction stream	Contribution of arts
Protect the brain tissue	Reduce stress Sleep better
Keep the blood and oxygen flowing	Music and movement "Daily Dozen"—healthy food, drink, and exercise
Keep engaged, positive, and with a purpose	Join groups Join groups with a social purpose Work and purpose

Reproduced with permission of Muir Gray.

**Table: Art engagement to reduce dementia risk [A: please suggest a title (if mine is not OK) and obtain permission from Muir Gray]**

By contrast, clinical insight contextualised within a person-centred framework was clearly welcome. Perhaps this model could form the basis of a popular alliance to command the attention of policy makers? This is no aspirational conclusion.

The necessity of brain health-focused policy grows. Our task is to help shape it to the benefit of all.

*John Gallacher, Alistair Burns*