NICE PUBLIC HEALTH GUIDANCE

Independence and mental wellbeing (including social and emotional wellbeing) for older people: Call for Evidence

From 21 March 2014 – 25 April 2014
Evidence to be submitted by Friday 25 April 2014

PUBLISHED EVIDENCE SUBMISSION FORM

- When submitting evidence that is published please provide reference details (which are to include author/s, title, date, journal or publication details including volume and issue number and page numbers)

- Comments forms with attachments such as research articles, letters or leaflets will not be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline.

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<tr>
<th>Stakeholder Organisation</th>
<th>Evidence Submission</th>
<th>Full Reference</th>
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<tbody>
<tr>
<td>Royal Pharmaceutical Society on behalf of the National Association of Women Pharmacists</td>
<td>In the context of barriers and facilitators: Public health guidance and documentation should publicly move away from classifying ‘over 65s’ as a discreet age group. This is no longer consistent with employment law and practice, pension status, and much insurance provision. It can distort perceptions and help to stereotype older people. For example, dementia rates are often reported for the ‘over 65s’, despite the incidence</td>
<td>(E.g. Author, date of publication, full title of paper/report and where can a copy be obtained from)</td>
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The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Please submit completed form to: Olderpeoplementawellbeing@nice.nhs.uk
rate for 65-69 year olds being less than 0.3% per annum. Such a change would be a public acknowledgement that those in the 40 year age group from 65-105 are as varied as those in the 25-65 year age group. As well as being sensible, it could help to improve attitudes to older people by staff working in health and social care. Community pharmacies offer many Public Health services that are not age-dependant.

Regarding barriers and facilitators:
The incidence of dementia in Europe in 65-69 year olds is put at about 0.2% men, 0.3% women. At 60-64 years, it is put at 0.2% for both genders. (see relevance below)

Regarding barriers and facilitators:
The RoAD project identified the linking of specific ages to services as a significant contributor to age discrimination both within and outside the NHS.

Regarding barriers and facilitators:
The ‘NHS Choices About Dementia’ webpage begins by stating. “If you’re becoming increasingly forgetful, particularly if you’re over the age of 65, it may be a good idea to talk to your GP about the early signs of dementia.” This is hard to reconcile with the very low incidence of dementia in the 65-69 age group that is barely any different to that in the 60-64 age group, and appears to reinforce the problems identified in the RoAD report.


http://www.nhs.uk/Conditions/dementia-guide/Pages/about-dementia.aspx