Bushwalking Victoria
towards better bushwalking

Management of Risks for Bushwalking for Older People
Background Issues Paper for Bushwalking Victoria – 16/01/18

Colin Macdonald

Introduction

As people age, they face increased risks of a number of health issues, including chronic physical health conditions, such as cardio-vascular disease, diabetes and arthritis, as well as cognitive decline and dementia. It is important to note that the most beneficial thing we can do to mitigate the risk of all these chronic health conditions is to stay physically, socially and mentally active, all of which are encompassed in bushwalking with a club.

This paper raises some of the issues for Bushwalking Clubs, whose members may have cognitive decline or dementia, or face physical impacts of ageing. The information in this paper has been sourced from experts from the National Ageing Research Institute (NARI), experts in the field and the Dementia Australia website.

What is cognitive decline?

Many people, when moving into older age, experience changes to their memory. The milder forms of these changes are called subjective cognitive decline (SCD) or mild cognitive impairment (MCI). Both SCD and MCI are health conditions in which people experience changes in memory or in other aspects of thinking. These changes are not severe enough to cause problems in day-to-day tasks and they are not the same as dementia.

What is dementia?

Dementia describes a collection of symptoms that are caused by disorders affecting the brain. It is not one specific disease. Dementia affects thinking, behaviour and the ability to perform everyday tasks. Brain function is affected enough to interfere with the person's normal social or working life.

The hallmark of dementia is the inability to carry out everyday activities as a consequence of diminished cognitive ability. Doctors diagnose dementia if two or more cognitive functions are significantly impaired. The cognitive functions affected can include memory, language skills, understanding information, spatial skills, judgement and attention. People with dementia may have difficulty solving problems and controlling their emotions. They may also experience personality changes. The exact symptoms experienced by a person with dementia depend on the areas of the brain that are damaged by the disease causing the dementia (Dementia Australia Help Sheet #1).

There are a number of different types of dementia and the most common type is Alzheimer's disease. Approximately 1 in 10 people over 65 experience dementia and 1 in 3 people over 85.

There is no cure for dementia but there are some medications and behavioural interventions that help people manage the symptoms.

Dementia is usually a progressive condition. It is likely to get worse over time and is often terminal. The extent of disability will depend on the stage of the disease, so people with early stage dementia may be indistinguishable from the general population and could benefit from being involved in a bushwalking club. At this stage and as the disease progresses, they may need assistance to participate in the form of a walking companion who makes sure they don't get disorientated or separated from the group. At the later stages of the disease they are unlikely to be able to participate at all.

Bushwalking is an activity that can reduce the risk of dementia by providing physically activity, encouraging social engagement, mental activity and supporting the management of cardio-vascular risk factors.

Physical Impacts of Aging

Ageing has a number of impacts on peoples physical abilities. These can include reduced strength, reduced bone density, reduced balance, coordination and stamina. As bushwalking club members are impacted by ageing their physical abilities may decrease. This may mean that they are unable to undertake as strenuous walks as they used to and may also be at great risk of falls.

In general people will be aware of the decline in their physical abilities and will make adjustments for these decreases

Implications for bushwalking clubs

As the average age of bushwalking club members increases, so too will the risk of members developing cognitive decline and dementia, and declining physical abilities. Having said that, it is important to note that bushwalking has probably reduced their risk of cognitive decline, so the prevalence is likely to be lower than in the general population.

It is not possible for bushwalking clubs to identify who within their membership has cognitive decline or dementia unless the member chooses to disclose this.

Leaders may become aware of changes in regular club members functional abilities. In the case of declining physical abilities, the club member will likely be aware of the changes and will adjust accordingly such as only going on walks graded as easy.

In the case of declining cognitive function, the person may not be aware of the decline.

The normal risk management strategies that are required by clubs on walks such as having a whip ensuring that there is a line of sight between all walkers and that no one leaves the group may need to be more rigorously adhered to if a leader has concern about a member's functioning.

Walk leaders may also ask for another trip member to act as a "walk companion" for the concerned member. The walk companion should be asked to always ensure that they can see or hear the person. This includes toilet stops.

If a leader believes that a group member's behaviour such as disorientation or inability to recognise members of the group, is causing a risk to them and the group, then the leaders

should have the authority to not permit them to participate in a walk. This should be done with tact and after discussion with a club's leadership group.

If these rules were applied always and in all circumstances, the risk of harm coming to older members, whatever their health condition, would be reduced.

Recommendations

- That general information regarding the importance of bushwalking for mitigating against the affects of ageing be passed on to clubs.
- That clubs be made aware of the potential impacts of physical and cognitive decline.
- That clubs be encouraged to carefully adhere to their risk management strategies when walking with older people.
- That leaders should, when concerned about a group member's functioning, seek to have another walker take responsibility for keeping the group member in sight.
- That if a leader is concerned that a member of the groups' behaviour is causing a risk to them and the group, the leaders should have the authority to not permit them to participate in a walk.