



**ASSOCIATION ALZHEIMER
MAURITIUS**

**WIN EVENT
26TH SEPTEMBER 2013
"DEMENTIA" A JOURNEY OF CARING"**

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ALZHEIMER MONTH

21 September International Day for Alzheimer's Disease

Launch of World Report 2013 on “ *Journey of caring*”- an analysis of long-term care for Dementia

Dementia , including Alzheimer, is one of the biggest global public health challenges facing our generation

35 m worldwide to double in 2030 and treble in 2050 to 115 m

Alzheimer's and Dementia must become a public health priority

To develop adequate long term care systems to look after people with the disease now and in the future



WHAT IS DEMENTIA?

A degenerative condition of the brain – progressive or chronic syndrome- with no cure

Disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language and judgement.

Accompanied by deterioration in emotional control, social behaviour or motivation

Alzheimer's Disease – most common form of dementia (60 -70 % of cases), vascular dementia, Lewy Body dementia and fronto temporal dementia

COMMON SYMPTOMS

Early Stage – overlook, “ old age”, gradual, difficult to know when it begins

Forgetful, difficulty with finding words, lost in familiar places,

Difficulty in making decisions, handling personal finance,

Carrying out household tasks

Mood changes – depressed and anxious

Behaviour - unusually angry or aggressive

Middle Stage _ progression of disease with limitations and restrictions

Become very forgetful (recent events and people’s names)

Difficulty with communication, need help with personal care

Unable to successfully prepare and cook food, clean or shop

unable to live alone safely

Behaviour changes- wandering, repeated questioning, disturbed sleep , hallucinations

DEMENTIA SYNDROME

Last Stage – total dependence and inactivity, memory disturbances are serious and the physical side of the disease becomes more obvious

- unaware of time and place
- difficulty understanding what is happening around them
- unable to recognise friends, relatives and familiar objects
- unable to eat without assistance, difficulty in swallowing
- need for assisted self- care, may have incontinence
- change in mobility
- behaviour changes

DEPENDENCE – NEEDS FOR CARE

“The need for frequent human help or care beyond that habitually required by a healthy adult”

world population dependence - 13% for aged 60 yrs and above

Will increase as ageing population

more dramatic in low and middle income countries

Long term care for older people more for people with dementia

Around half the people with dementia need personal care and the others will develop such needs over time

Four fifths of old people in nursing homes have dementia

Policy makers need to pay more attention to dementia and to older people's needs of care



LONG TERM CARE

The current and future costs of long term care will be driven to a large extent by the course of the global dementia epidemic

People with dementia have special needs for care, more personal care, more hours of care, and more supervision, all of which is associated with greater caregiver strain and higher costs of care

Their needs for care start early in the course of the disease and evolve constantly over time, requiring advanced planning, monitoring and coordination

The challenge is to support” living well with dementia” across the journey of care

It is imperative that government makes policies and plans for the future provision and financing of long-term care



ARCHITECTURE OF THE DEMENTIA LONG TERM CARE SYSTEM

Long term care is a complex system – the needs for each individual and family are specific

Different agencies may be involved in providing , supporting, organising and financing care; the family will always have a central role, supported by formal professional and paraprofessional care services. Care can be provided at home, in the community, and to a resident of a care home.

A comprehensive system of long term care for people with dementia comprises both health and social care services- diagnostic and medical continuing care services; informal family care, supported and supplemented by paid home caregivers, respite opportunities, high quality care homes and palliative end-of-life care;



CARE HOMES/AT HOME

Preferences; culture

Cost

Complex intensive needs of care

Care in care homes is and will remain an important component of the long term care system for people with dementia

1/3 to 1/2 in high income countries and 6% in middle and low income countries are cared for in care homes

Demographic, economic and social trends are likely to increase demand for high quality formal care services(paid care at home or in a care home)

Caregiver multicomponent interventions (comprising education, training, support, respite) maintain caregiver mood and morale and reduce caregiver strain. This is the only intervention that has been proven to delay or reduce transition from home to care home, particularly effective when applied early in the journey of care

IMPROVING QUALITY OF LIFE

“Living well with dementia” is an attainable goal

Maintaining and enhancing quality of life is the ultimate objective:

- 1. Measure and monitor quality of care**
 - 2. Promote autonomy of choice**
 - 3. Coordinate and integrate care for people with dementia**
 - 4. Value and develop the dementia work force**
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AFFORDING GOOD QUALITY DEMENTIA CARE

In 2010 World Alzheimer Report / ADI – estimated world wide societal costs to be \$ 604 billion or 1% aggregated world wide GDP

80% of world wide costs are incurred in high income countries, reflecting the dominance of informal care in less developed countries and their lower wages;

Costs will increase in line with increase numbers of people with dementia

ADI Report predicts a near doubling societal costs of \$ 1.117 billion by 2030

The financial sustainability of long term care system in high income countries has been called to question



FUTURE COSTS OF LONG TERM

Will be affordable but only if governments act now to implement policies and reforms, the recommended key strategies:

- 1. Bolstering Social protection for all older people**
- 2. Generating a second demographic dividend**
- 3. Pooling risk**
- 4. Ensuring that long term care schemes are fully funded**
- 5. Rationing (targetting) public spending on care**
- 6. Supporting and incentivising informal care by family carers**
- 7. Having a national discussion**
- 8. Questions to be asked : who needs care? Whose needs should be prioritised? How should care be delivered and by whom? What cost would be reasonable and affordable? How should this be financed?**