Dementia in the Asia Pacific

The Epidemic is Here

An initiative of the Asia Pacific members of Alzheimer's Disease International

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Overview

- Dementia already affects 13.7m people in the Asia Pacific, which has over half the world's population.
- It has a major impact on public health and other costs.
- Demographic ageing is projected to drive steep increases in numbers of pwd to 64.6 million by 2050.
- While there is no cure yet, much can be done to improve quality of life for pwd, their carers and families.
- Dementia must be a health priority, with culturally sensitive action plans, collaboration and research in accord with the Kyoto Declaration framework.

The Asia Pacific region

- 15 ADI region members: Australia, China, TADA Chinese Taipei, Hong Kong SAR, India, Indonesia, Japan, Malaysia, New Zealand, Pakistan, Philippines, Singapore, South Korea, Sri Lanka and Thailand.
- 12 other countries also included in this analysis
- Region population (2005): 3.58 billion (UN data)
  - Aged over 65 years: 238.9 million
  - Aged over 80 years: 37.2 million people
- Great diversity in economies, language and religion.

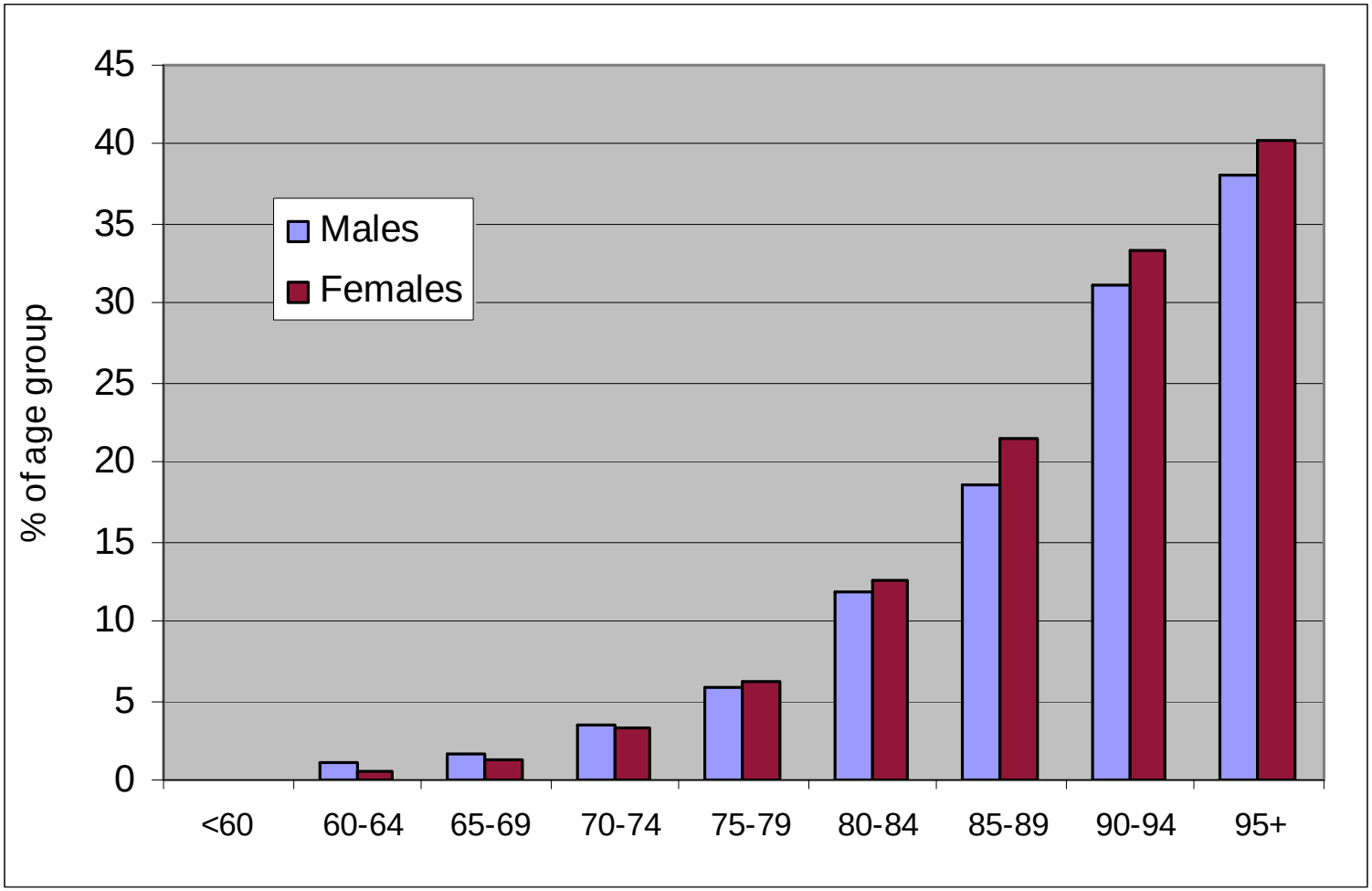
What is dementia?

- Dementias is characterised by loss of memory, other thinking (cognitive) abilities and daily functioning.
- Progressive and incurable - dementia specific mortality rate is twice that of people without dementia.
- Most common types: Alzheimer's disease (AD) and vascular dementia (VaD)

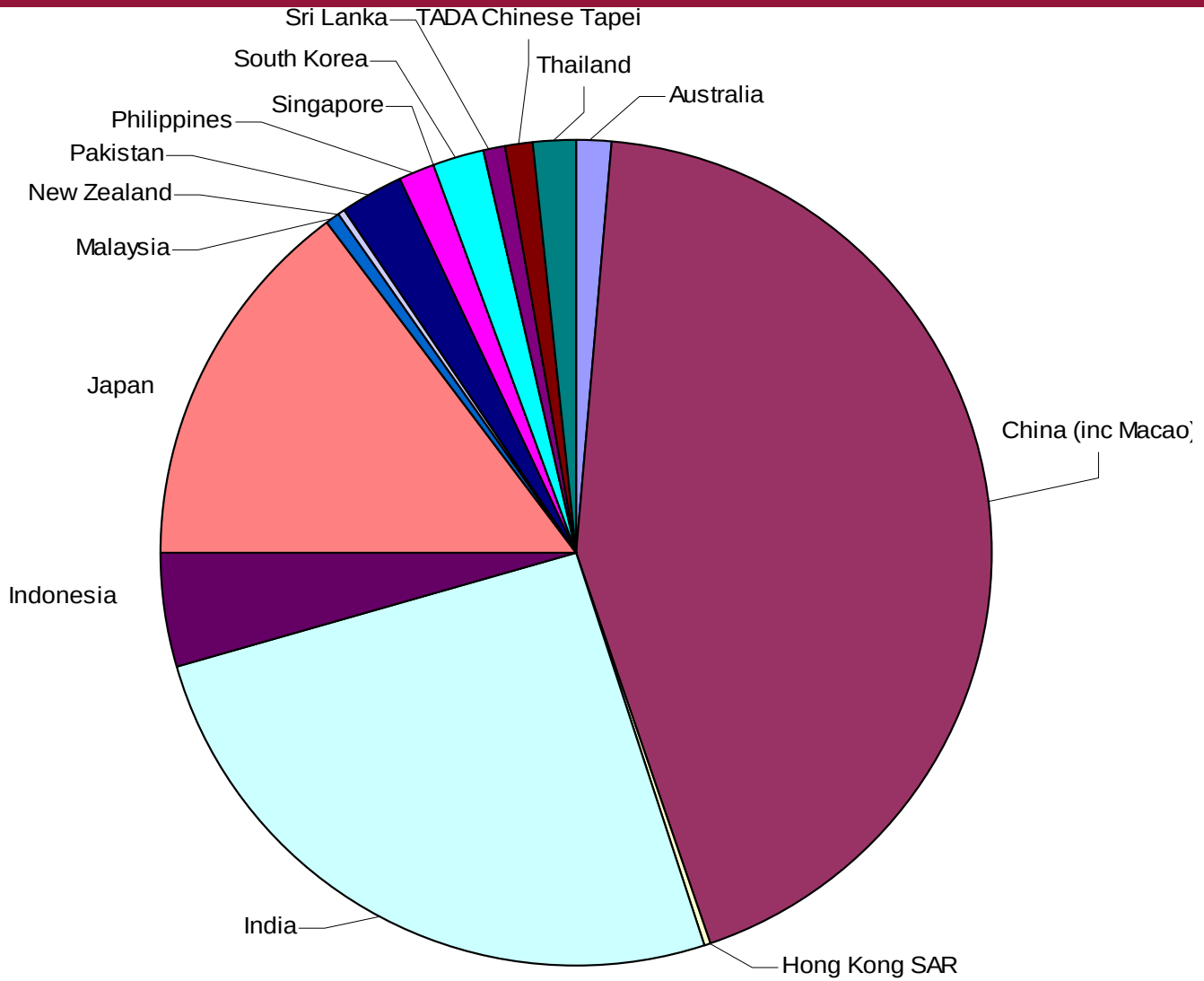
Prevalence/incidence rates

- Indian and African studies suggest dementia may be less common in rural areas and in developing countries
- Ethnicity may also cause variation
- Age is by far the greatest driver, so most international studies use the same prevalence rates in all regions

Prevalence rates used in this study



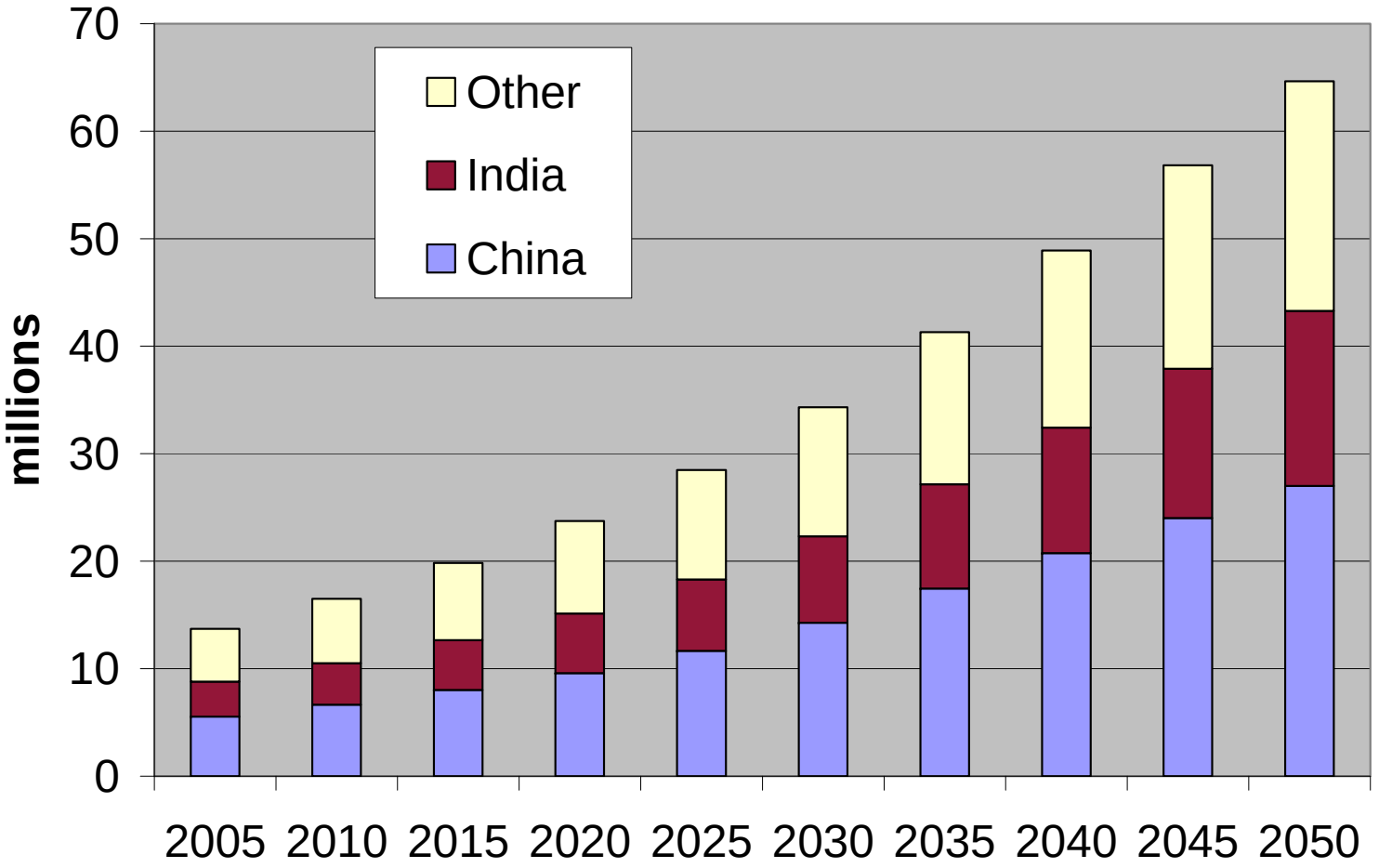
Prevalence 2005: 13.7m



Regional demographic trends

- Asia Pacific people aged 60+ will increase from under 10% today to 25% of the population by 2050
- People 80+ will rise from 1% to 5% of population.
- Pwd will increase from 13.7m in 2005 (0.4% of population), to 64.6m in 2050 (1.4%).

Total prevalence: China, India and other Regional, 2005-50



Burden of disease (BoD)

- Burden of disease = loss of wellbeing, measured in disability adjusted life years (DALYs)
- Dementia is among the most disabling of all chronic diseases. World Health Organization (WHO) data shows in Asia Pacific:
  - Neuropsychiatric conditions are second only in disability burden to infectious and parasitic diseases.
  - Disease burden of dementia exceeds that of malaria, tetanus, breast cancer, drug abuse or war.
  - Disease burden from dementia is projected to increase by over 76% over the next 25 years.

Economic impacts - now

- Wimo et al (2006): For ADI Asia Pacific member countries the cost of dementia is $60.4 billion, for 12.6m pwd.
  - $33.6 billion are direct costs;
  - $26.8 billion are indirect costs.
- 70% of costs are in advanced economies with 18% of the total prevalence.

The future?

- As prevalence increases, costs will likely rise relative to GDP.
- The cost impact may vary greatly depending on the country and what mix of care is provided.
  - In Australia, real financial costs are ~1% of GDP and likely to exceed 3.3% by mid-century.
- The most effective way to make savings would be if the onset of dementia could be delayed or incidence reduced through prevention approaches arising from new research.

Challenges - summary

- Limited awareness of dementia and in many countries a cultural context that denies its existence or attaches stigma to the condition.
- An assumption that dementia is a natural part of ageing and not a result of disease.
- Inadequate human and financial resources to meet care needs and limited policy on dementia care.
- High rates of institutionalisation in cities in some countries and lack of facilities in other regions.
- Inadequate training for professional care givers and a lack of support for family care givers.

Meeting the challenges

- There is a good understanding of the pathway of dementia from early difficulties through to high dependence, with individualised need for tailored service responses.
- A growing body of evidence demonstrates the *cost effectiveness* of various pharmacotherapies and the benefits from early diagnosis, early intervention and family care giver education, training and support.
- An action plan for dementia based on the “minimum actions required for the care of people with dementia” was presented at the 20th International Conference of Alzheimer’s Disease International in 2004 in Japan - the Kyoto Declaration.

Kyoto Framework

"Minimum actions required" as part of an action plan for dementia

Criteria for 3 types of Asia Pacific countries.

- Low level resources
- Medium level
- High level

1. Provide treatment in primary care
2. Make appropriate treatments available
3. Give care in the community
4. Educate the public
5. Involve communities
6. Establish national policies
7. Develop human resources
8. Link with other sectors
9. Monitor community health
10. Support more research

Recommendations for regional Governments

- Adopt the Kyoto Declaration in their own context.
- Develop individually tailored national strategies for dementia that:
  - Create a climate for change thru' greater awareness/ destigmatisation.
  - Build effective constituencies and coalitions for partnership.
  - Promote development of responsive primary and community care services.
  - Provide information on lifestyles that may reduce dementia risk.
  - Make provision for special needs, including for younger people and people with behavioural and psychological symptoms.
- Promote investment in research for cause, prevention and quality dementia care.

Thank you

Courtesy: Lynne Pezzullo, Director