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Dementia – the next impending epidemic knocking on our door – are we ready?

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DEMENTIA – THE NEXT IMPENDING EPIDEMIC KNOCKING ON OUR DOOR – ARE WE READY?

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Late-onset dementias are life-shortening diseases of largely unknown cause. Predictions of the number of persons living with dementia by 2050 have spawned alarming headlines forecasting a “tsunami” of dementia cases that will overwhelm families and health care systems and impose unbearable economic burdens [Whalley]. The world population of elderly persons will continue to rise rapidly and by the year 2045 will overtake the number of children, which will remain stable [Sosa-Ortiz]. The number of people with dementia in an ageing world is estimated to reach 66 million by the year 2030 and 115 million by 2050. The main increase will take place in low-to-middle income countries (LMIC), where more than 70% of the people with dementia will live by 2050 [Wortmann]. In LMIC where resources to diagnose and treat dementia are limited, dementia is the most important independent contributor to disability in the elderly [Maestre].

Dementia unfortunately is very low on priority in the health care system of Pakistan. Not only that dementia awareness is lacking in the general population [Siddiqui M], the health care professionals are also fairly uninformed about dementia. There is no formal training of family practitioners and internal medicine trainees about dementia, who are the foremost medical contacts for patients with dementia. Even in the neurology training, dementia is not given adequate priority. To the best of authors’ knowledge, there is no formally trained specialist in the field of dementia in the whole country. Most of the dementia care is provided by psychiatrists and/or family physicians and internists. Although no published data is available, it is the observation of most specialists in the field that a large number of dementia patients never get to see health care providers, let alone neurologists.

The traditional risk factors of dementia are advancing age, illiteracy, addiction, hypertension, diabetes, poor socioeconomic status, trauma, familial or genetic factors, nutritional factors, and stroke [Das SK]. Although firm conclusions cannot be drawn about the association of any modifiable risk factor with cognitive decline or Alzheimer’s disease, potentially modifiable risk factors for dementia identified are related to cognitive reserve (education and occupational attainment), cardiovascular risk factors (smoking, hypertension, diabetes and obesity), and lifestyle and psychosocial factors (depression, physical activity and alcohol consumption) [Sosa-Ortiz]. Older age, apolipoprotein E genotype e4 allele, and family history of dementia are consistent but nonmodifiable risk factors for dementia [Sosa-Ortiz]. Many factors contribute to limited diagnosis of dementia in resource-poor areas including low health literacy, limited access to health care, and the stigma associated with dementia [Maestre].

Dementia is an economic challenge for the world, countries and individuals, with the costs of dementia dwarfing those of the illnesses that are currently prioritized at national and international levels such as HIV, cancer, heart disease, stroke and diabetes [Banerjee]. If dementia was a country it would be the 18th largest in terms of gross domestic product, listed between Turkey and Indonesia [Wortmann].

Pakistan is one of the countries where the demographic and epidemiological transition is occurring fast. The burden of disease is changing from communicable diseases of early life to non-communicable disease of late life, and economic and socio-cultural changes are increasing the number of nuclear families, and individuals living alone or only with the spouses with children moving out of home early. Adaptation of Western lifestyle without having the social and health infrastructure brings unique challenges for the medical community and policy makers. A consensus statement from the 10/66 Dementia Research Group while defining the priorities in dementia in developing world recommended increasing the awareness of the problem of dementia at all levels, shifting from a concept of ‘senility’ (dementia as an inevitable feature of ageing) to one of ‘disease’ (dementia as a health condition), and formulating a policy on ageing [Prince M]. The recent start of dementia registry at Shifa International Hospital, Islamabad and an effort by Pakistan Society of

Neurology to prepare national guidelines for dementia are the beginnings in the right direction, but are still far from what is required. It is imperative that the urgency of the problem is felt and all concerned get involved including public, health care providers, health care administrators, policy makers and media. The problem of dementia need to come to limelight. Not only memory issues, but changes in behavior, psychological health, and day to day life activities are hall mark of dementia and can vary according to the type of dementia. There is a need to recognize the caregiver burden and infrastructure needs to be created about dementia care, not only at primary care level, but also at the community level with adequate support systems for those affected, as well as those who are involved in providing the care. Cheap and easily available home health care, and nursing care should be ascertained for this population so that already over burdened tertiary care is not further pushed to limits. The available medications should be made easily available at low cost.

Some of the recommended measures are establishment of nationwide dementia registry, public awareness through print and digital media including social media. There should be emphasis on dementia training at all levels of health care education including undergraduate and graduate medical training, nursing training and paramedical training. Continued medical education on dementia should be made mandatory for practicing physicians particularly in the fields of internal medicine and family medicine. At the administrative and public policy level, there is an urgent need to bring dementia in the list of highly important and pressing diseases which is an impending threat to our future health policies. There is a need to develop legislation and prioritize dementia in the health policy.

Unless an imperative and passionate approach is taken towards this threat, our health care system and the society at the whole will suffer tremendously in near future. This issue of journal is publishing official guidelines of Pakistan Society of Neurology for dementia care in Pakistan. These guidelines are prepared to address and cater Pakistani population. We believe that these guidelines will be extremely helpful for General practitioners, family physicians, health care authorities and health policy makers.

REFERENCES

1. Whalley LJ, Smyth KA. Human culture and the future dementia epidemic: Crisis or crossroads? *Neurology*. 2013 Apr 17. [Epub ahead of print]
2. Sosa-Ortiz AL, Acosta-Castillo I, Prince MJ. Epidemiology of dementias and Alzheimer's disease. *Arch Med Res*. 2012 Nov;43(8):600-8.
3. Wortmann M. Dementia: a global health priority highlights from an ADI and World Health Organization report. *Alzheimers Res Ther*. 2012 Sep 21;4(5):40.
4. Maestre GE. Assessing dementia in resource-poor regions. *Curr Neurol Neurosci Rep*. 2012 Oct;12(5):511-9.
5. Siddiqui M, Siddiqui NS, Khatri IA, Javed AY, Mateen F, Raza Y. Awareness of dementia among general population of Islamabad/Rawalpindi. *Pak J Neurol Sci*. 2011; 6(3):1-4
6. Das SK, Pal S, Ghosal MK. Dementia: Indian scenario. *Neurol India*. 2012 Nov-Dec; 60(6):618- 24.
7. Banerjee S. The macroeconomics of dementia- will the world economy get Alzheimer's disease? *Arch Med Res*. 2012 Nov;43(8):705-9.
8. Prince M. Dementia in developing countries. A consensus statement from the 10/66 Dementia Research Group. *Int J Geriatr Psychiatry*. 2000 Jan;15(1):14-20.