

**"Dementia Supporters" Training Program**

5.5 million Participants

as of Sep, 2014

-people of every generation, every occupation are becoming "Dementia Supporters"

- Community
- Office
- School
- Public office
- LTC Service Providers

7

## セッション-1

### 認知症予防とケアー 適時適切な支援の提供 (13:00～15:00)

オーデトリウム

予防・ケアの新たなモデルについて、認知症の時間的経過に即した観点から検討することを目的とする。  
早期の診断から初期対応、予防、診断後の支援からターミナルケアに至る各段階における介入・支援の形態と各主体の連携方策についての新たなモデルを見出す。

【座長】長谷川 和夫(社会福祉法人浴風会認知症介護研究・研修東京センター)

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Peter Whitehouse (ケースウェスタンリザーブ大学, 米)

Francesca Colombo (OECD)

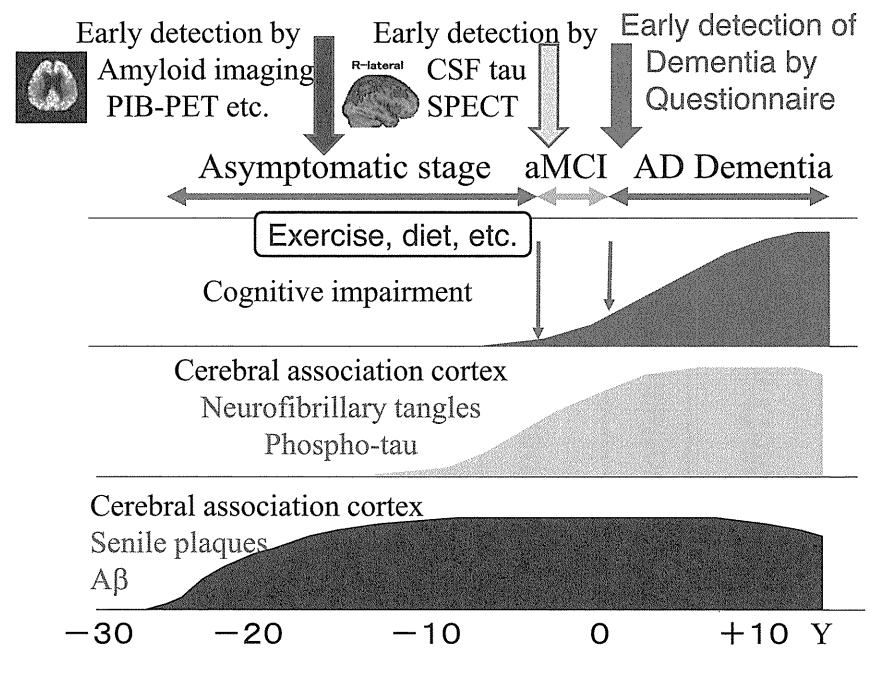
# Early detection of dementia and the "Initial-phase intensive support team" for preventing BPSD.



Haruyasu Yamaguchi, MD  
Gunma University  
Graduate School of Health Sciences

Japanese cat is now doing weight training. To prevent dementia ?? Exercise is the best way. But exercise prolongs one's life, enhancing occurrence of dementia. Prevention is to postpone.

I found it at a souvenir shop in Takayama.



# Advantages and Disadvantages of early detection of dementia

	Advantages	Disadvantages
Patients	Receiving pharmacological and non-pharmacological therapies Access to appropriate agencies and support networks Prevention of BPSD	Psychological damages of anxiety and depression Risk of withdrawal, isolation, stigma and social exclusion Risk of false positive diagnosis
Families and caregivers	Mental preparation for disease progression Access to appropriate agencies and support networks	Stigma and exclusion Care burden from early stages
Social services	Net cost reduction effects including delay of institutionalized care	Shortage of social resources, including human resources

Maki Y et al: Geriatr Gerontol Int 14(Supple 2):2-10, 2014

# Early detection of dementia by SED-11Q, and assessment of anosognosia

Symptoms of Early Dementia-11 Questionnaire (SED-11Q)

Date(MM/DD/YYYY) / /

Patient Name : \_\_\_\_\_

Respondent Name : \_\_\_\_\_

Respondent-completed / Interview by Name: \_\_\_\_\_

How do you feel? **Patient answers**

How have your daily life been for the last month? Please answer the following questions by circling the appropriate responses (Exclude any difficulties caused by physical issues, e.g., pain). Please ask for any help if needed.

How have your daily life been for the last month? Please answer the following questions by circling the appropriate responses (Exclude any difficulties caused by physical issues, e.g., pain). Please ask for any help if needed.

7 by caregiver

Only 2 by patients

Question	YES	NO	N/A
He/she talks and asks about the same things repeatedly.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she has become unable to understand the context of facts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she has become indifferent about clothing and other personal concerns.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she has begun to forget to turn off the faucet and/or close the door, and/or has become unable to clean up properly.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
When doing two things at the same time, he/she forgets one of them.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she has become unable to take medication under proper management.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she has begun to forget to turn off the faucet and/or close the door, and/or has become unable to clean up properly.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she has become unable to make a plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she cannot understand complex topics.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she has become less interested and willing, and stopped hobbies, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she has become more irritable and suspicious than before.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TOTAL SED-11Q SCORE			

2 more Qs: Delusion and illusion for medicine

Same 11 Qs

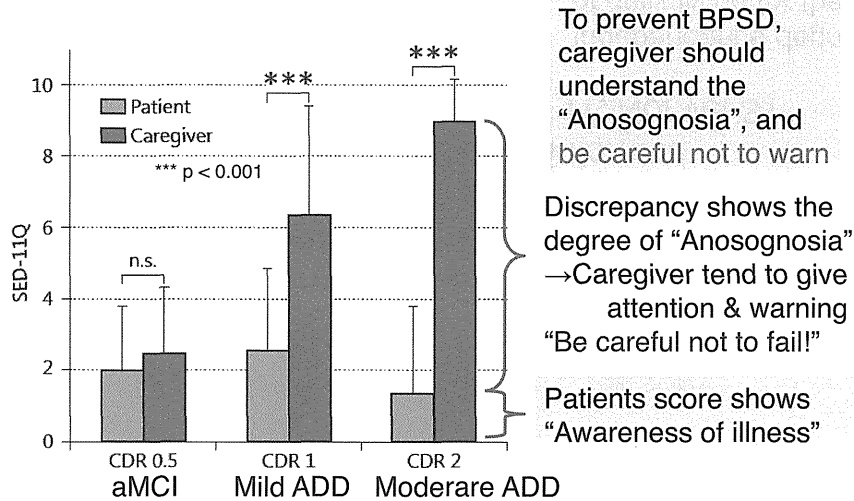
Free PCM article

Maki Y et al: Dement Geriatr Cogn Disord Extra 3:131-142, 2013  
Maki Y et al: Geriatr Gerontol Int 14(Supple 2):2-10, 2014

# Anosognosia evaluated by SED-11Q

Symptoms of Early Dementia-11 Questionnaire

Subjects: 13 in aMCI (CDR 0.5); 73 in Mild ADD (CDR 1); 21 in Moderate ADD (CDR 2)



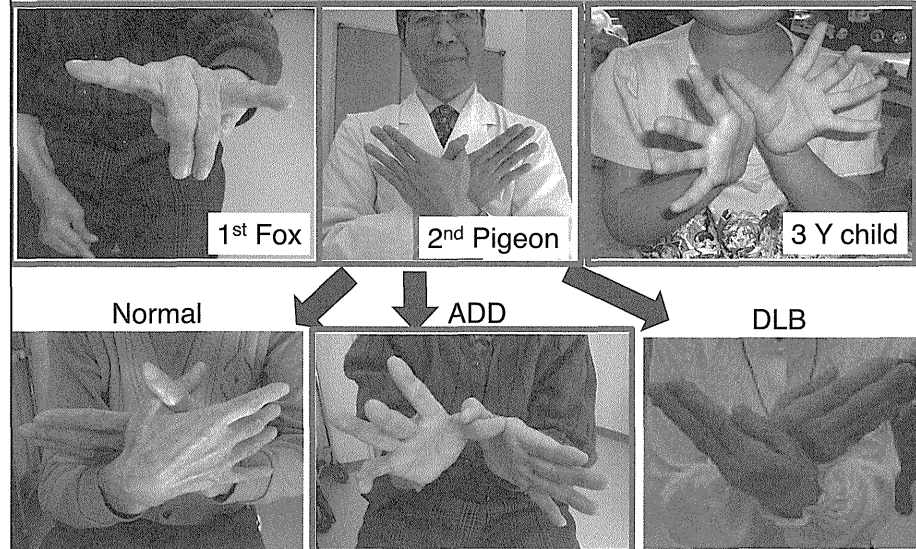
To prevent BPSD, caregiver should understand the "Anosognosia", and be careful not to warn

Discrepancy shows the degree of "Anosognosia" → Caregiver tend to give attention & warning "Be careful not to fail!"

Patients score shows "Awareness of illness"

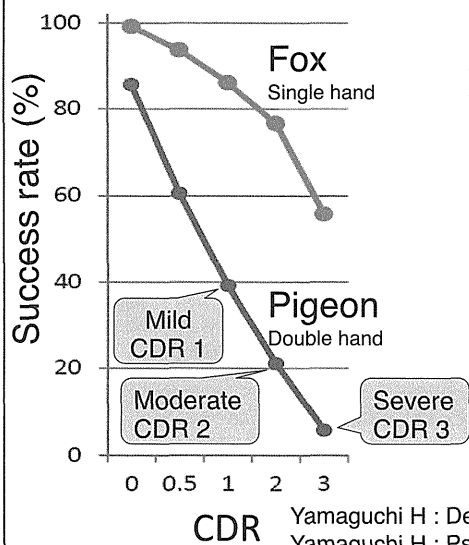
Maki Y et al: Dement Geriatr Cogn Disord Extra 3:351-359, 2013

# Easy, quick detection of dementia by the Yamaguchi fox-pigeon imitation test



# Yamaguchi fox-pigeon imitation test (YFPIT); 20 secs.

Subjects: 1,219 aged people; 387 normal; 497 ADD; 98 DLB; etc.



About 70% of demented subjects failed the imitation of pigeon.



ADD patients showed difficulty in taking the 3rd person's viewpoint.

(Perspective taking)

→ Self-monitoring ↓ Anosognosia

Yamaguchi H : Dement Geriatr Cogn Disord 2:254-258, 2010  
Yamaguchi H : Psychogeriatrics 11:221-226, 2011

視線を落とす→落ち目  
Looking down causes being out of luck.  
うつむく→うつ気分  
Neck flexion causes depressive feeling.

He was given a diagnosis of dementia just now.  
He said,  
"Early diagnosis" thrown me into "Early despair".

早期診断 = 早期絶望

Early diagnosis should be associated with early support to reduce psychological damages of anxiety and depression.



## Initial-phase Intensive Support Team (IPIST)

**[purpose]** to organize supporting system for early detection and early diagnosis. To enable elderly people to live in their community in a pleasant and familiar environment throughout their life, even if they come to require advanced-level care.

### 【What is IPIST?】

IPIST visit people with dementia (and their households).

IPIST support includes:

assessments of patient's state, supports for family in initial-phase (6-months) etc.

Community general support center

#### Members of IPIST

Medical and Care specialists (public health nurse, nurse, occupational therapist, social worker, LTC public aid worker)



### 【People supported by IPIST】

◆ People with or suspected to be with dementia (40 years old and over)

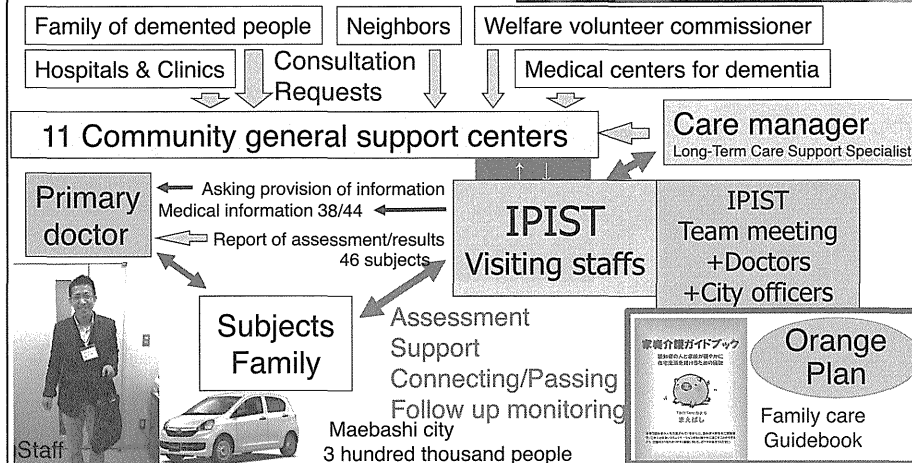
◆ People live in home

◆ Person with one of (a) to (d)  
 (a) without proper diagnosis.  
 (b) without continual medical services.  
 (c) without proper welfare services  
 (d) with proper diagnosis and discontinuous services

◆ Person with severe BPSD

Five-year Plan for Promotion of Dementia Measures (2013-2017)  
 “Earlier diagnosis and Intervention” < Orange Plan >

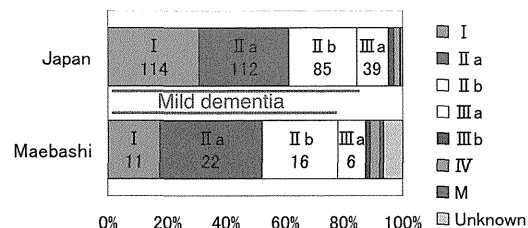
## Stream of the task Meeting → Assessment → Meeting → Support → Connecting → Monitoring



## IPIST in Maebashi city

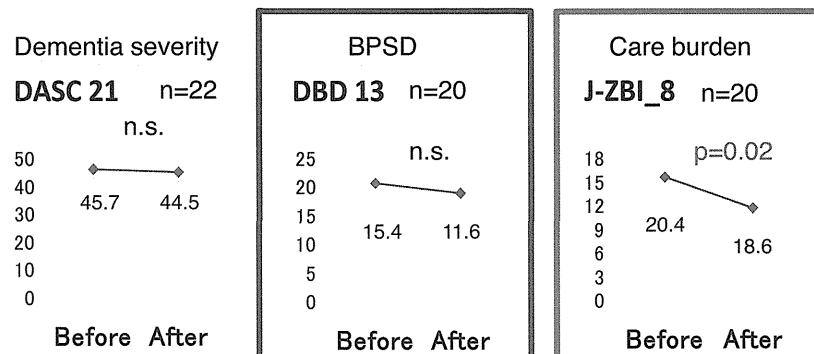
Orange Plan

- Subjects: 63 persons (Visited: 58 persons; Not visited 5 persons)
- Number of visit:  $2.5 \pm 1.9$  times First visit 101min.
- Disease: Dementia? 51; Psychiatric? 3; Alcoholic 5
- Problem in caregiver rather than in subjects 8
- Family doctor (GP): Having 46; Not having 17  
 → Response form GP: 38/44 informed
- Diagnosis of dementia: Already 11; Not yet 31



Independence degree of daily living for the demented elderly

## Initial-phase intensive support team in Maebashi city: 1 year achievement from Sep 2013 to Sep 2014



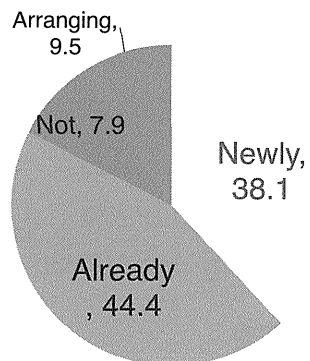
- # Dementia severity, assessed by DASC21, did not changed.
- # Behavioral disturbance, assessed by DBD13, tended to improve.
- # Care burden, assessed by Zarit 8, improved significantly.

DASC21 is a Dementia Assessment Sheet in Community-based Integrated Care System, which consisted of 21-items questionnaire asking living functions

Initial-phase intensive support team in Maebashi city:  
1 year achievement from Sep 2013 to Sep 2014

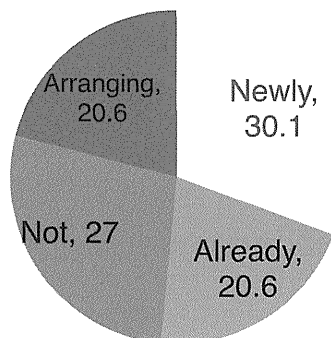
Total 63 Subjects; Visits 2.5 +/- 1.9 times (n=46)

Connected to  
Medical treatment



Most were connected to  
medical treatment

Connected to  
Welfare service



More than half were  
connected to welfare service

## Initial-phase intensive support team for dementia in 2013 in Japan <Orange plan>

Model project Half year: 2013.9 to 2014.3



# 14 areas (city, town, village, ward)

# Cases: Total 636 cases, 45.4 cases/area (mean)  
50% of cases have difficulty in support  
<anosognosia (refusal), neglect, alcohol, etc>

# Visits: Total 2,106 visits, 3.14 visits/case (mean)  
First visit 77 min. (mean); Third visit 55 min.

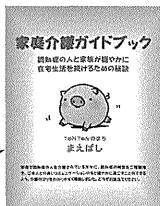
# Team staff meeting: Total 316 times, 22.6/area (=1/w)  
Taking 89 min. ; 20 min./case (mean)

Now going on in 108 areas (2014.9)

## Take Home Message

Early detection & Initial-phase intensive support team (IPIST)

# Questionnaire (SED-11Q) and the Yamaguchi fox-pigeon  
imitation test (taking 30 sec.) contribute to  
early detection of dementia as a screening.

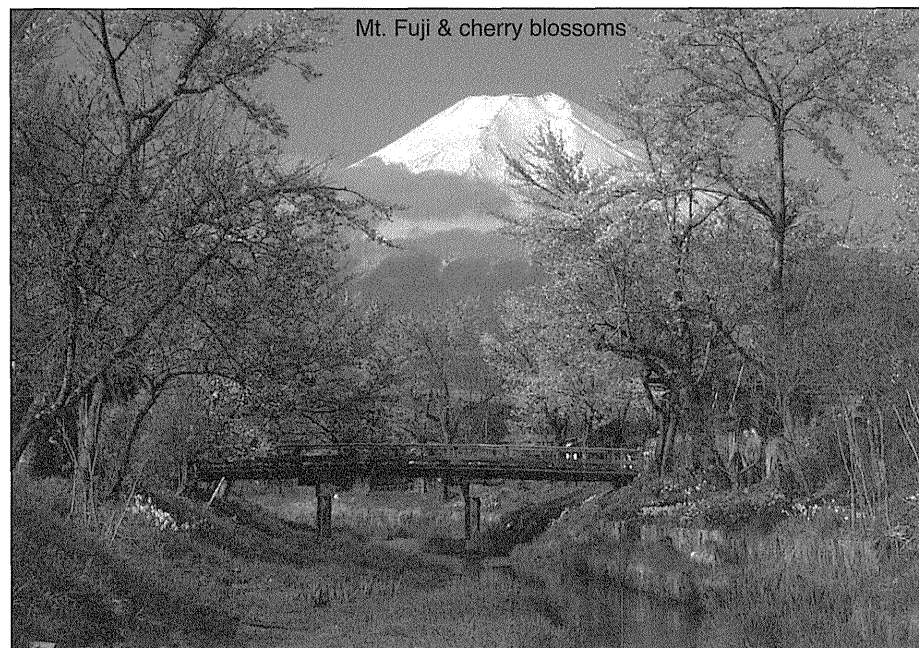


# Furthermore, SED-11Q evaluates "anosognosia"  
that is difficulty in self-awareness, and is useful  
to prevent BPSD through caregiver education. Tool

# As an early support system, IPIST in the orange plan  
connects demented subjects to medical and social supports  
to reduce care burden, and to prevent BPSD.

# We hope the subjects continue to live at-home with dignity.

Five-year Plan for Promotion of Dementia Measures (2013-2017)  
"Earlier diagnosis and Intervention" < Orange Plan >



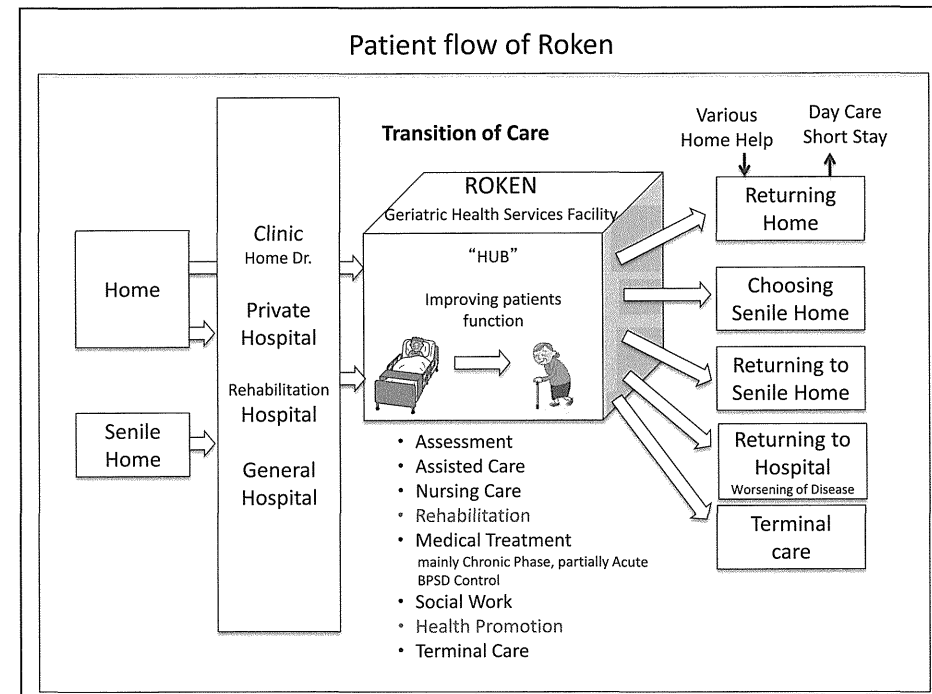
Mt. Fuji & cherry blossoms

Thank you for your attention. Oshino-Hakkai 忍野八海 2006.5.4

## Effectiveness of Rehabilitation and Health Promotion Activities in Japanese Intermediate Facilities (Roken)

*Jiro Okochi<sup>1-3</sup>, Kentaro Higashi<sup>1</sup>*

1. Japan Association of Geriatric Health Services Facilities, Tokyo, Japan
2. Tatsumanosato Geriatric Health Service Facility, Tatsuma, Daitou, Osaka, Japan
3. Department of Health Services Researches, Faculty of Medicine, Tsukuba



## Two recent services by specialists team at Roken facilities

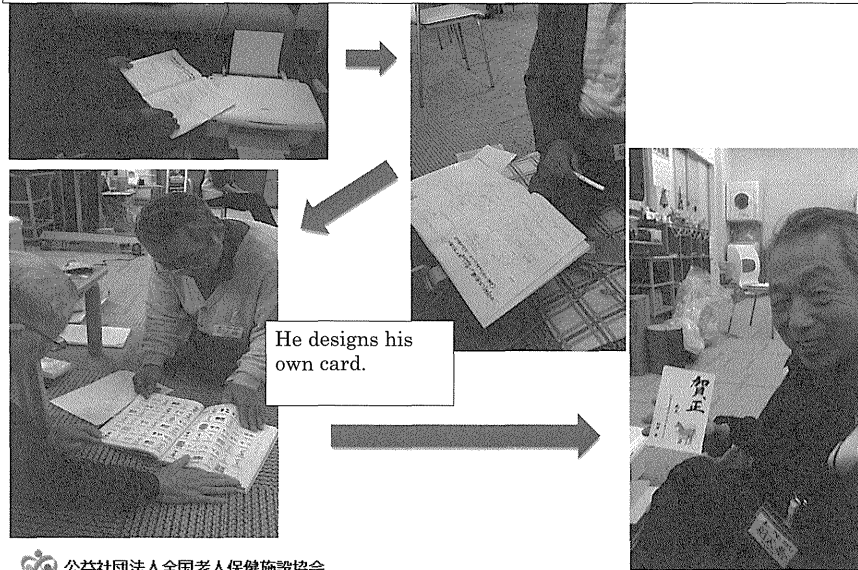
- Intensive Rehabilitation for Dementia patients
  - For elderly inpatients eligible for public long-term care insurance (LTCI) services
- Health Promotion activities (Kaigo-Yobo Salon)
  - For elderly persons in the community not eligible for LTCI, but with risks of developing disabilities, including cognitive deteriorations

## Health Promotion activities (Kaigo-Yobo Salon)

- Aimed at Prevention of Frailty of the elderly people living in the community
- Roken provides the facility space
- Participants take initiative on deciding the activities in a group discussion.
- Staffs and therapists provide help as needed.

## Making an Original New Years Greeting Card

Facility staff gives an instruction on how to use a PC and printer while he takes a note.



He designs his own card.

公益社団法人全国老人保健施設協会

## Intensive rehabilitation for dementia patients

- The rehabilitation program was designed in a tailor-made manner to meet individual needs
- The personal sessions were carried out three times a week for three months by physical, occupational or speech therapists

Assessment of functional profile with regard to both abilities and disabilities

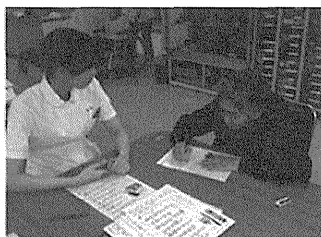
Selection of training activities

Training Sessions  
Three times/week x 3 months  
(Group therapies in the control group)

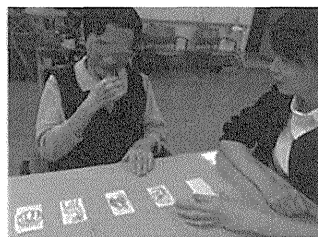
Re-assessment

Toba et al. GGI 2014 Jan;14(1):206-11  
Please see the poster session for detail

## Example of rehabilitation program



Learning session



Training with memory card



Music therapy



handcrafts session

## Outcome of intensive cognitive rehabilitation

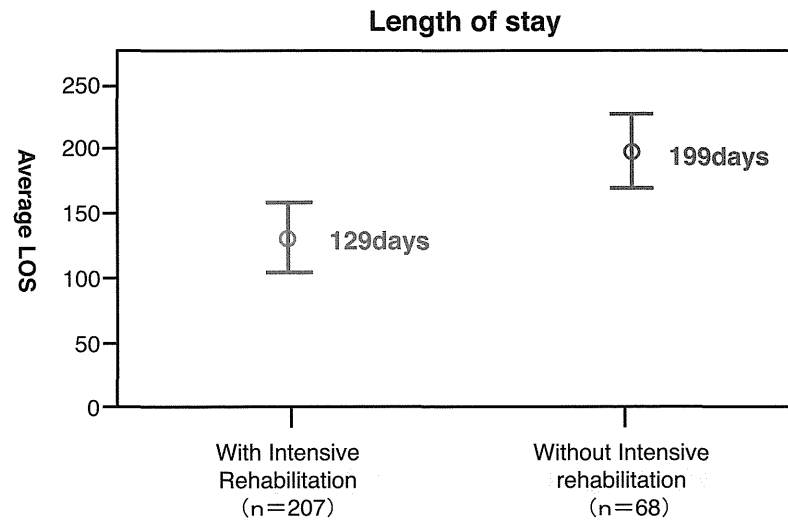
Table 2 Outcome of intensive cognitive rehabilitation

test item	Intervention group(n=158)					Control group(n=54)					
	mean	SD	mean	SD	P value	mean	SD	mean	SD	P value	
Short term memory	HDS-R	16.9	5.7	17.9	6.5	0.001	17	5.9	16.7	6.3	0.48
	N-Memory scale	30.4	9.1	32.1	9.5	P<0.001	31.4	9.8	30.7	10.9	0.38
Activity of daily living related scales	Barthel Index	16.4	7.1	17.3	7.1	0.001	15.7	7	15.9	6.9	0.621
	Social activity scale	8.6	3.3	8.8	3.4	0.038	8.5	3.1	8.6	3.2	0.972
Vitality and Depression	Vitality Index	8	1.7	8.2	1.6	0.004	8.1	1.8	8.2	1.8	0.864
	Geriatric Depression scale	2.5	1.8	2.4	1.9	0.042	2.3	1.5	2.4	1.5	0.634
Behavior Disturbance	Dementia Behavior Disturbance scale	4.5	5.1	4	4.1	0.004	4.5	4.2	4.8	4.7	0.413

Toba K et al GGI. 2014 Jan;14(1):206-11.  
Higashi K. Monthly book medical rehabilitation (164), 66-71, 2013-11



## Dementia Rehabilitation - Effectiveness on Length of Stay



## Effectiveness of Roken stay

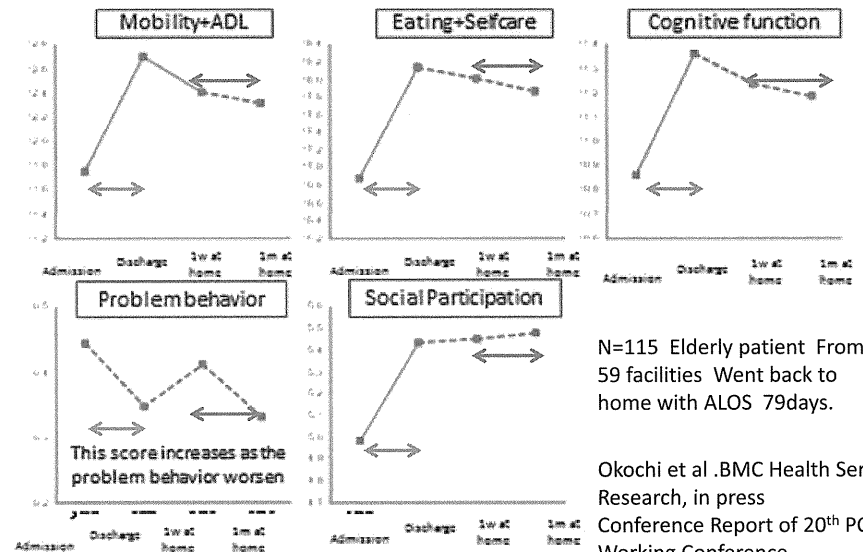
- As a result of rehabilitation, treatment and care at Roken, the functions of elderly persons improve during the stay
- When they go home...
  - functional deterioration is gradual
  - Social participation continue to improve

## ICF staging and Five summary scales

Basic Mobility		Stage	Status	Illustration
		5	Maintains standing position	
Maintains standing position without help for duration	Yes	7		
	No	1		
Does not maintain standing position for transfer from sitting position to lying position	Yes	4		
	No	1		
Transfer while sitting	Yes	3		
	No	1		
Maintains sitting position without assistance	Yes	2		
	No	1		
Does not maintain sitting position, but change lying position	Yes	1		
	No	1		
Change lying position and/or change sitting position	Yes	1		
	No	1		
Does not change lying position	Yes	1		
	No	1		

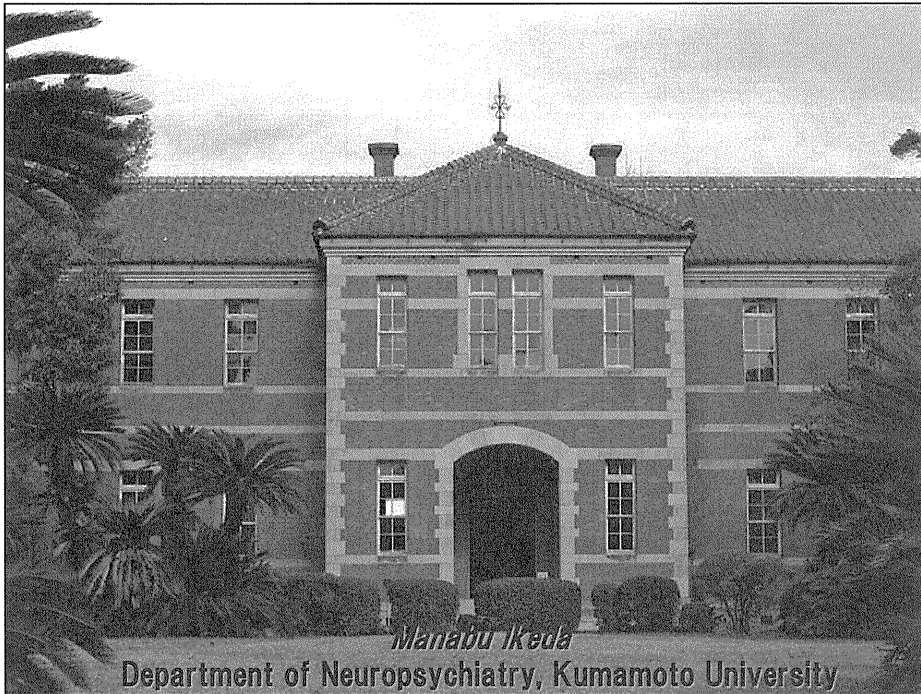
Mobility	Basic mobility, Walking	
ADL	Toileting, Bathing	
Eating	Eating maneuver, Swallowing	2
Self care	Personal care, Dressing, Oral hygiene,	2
Cognition	Orientation, Communication, mental activity	3
Behavior	Behavior problems	4
Participation	Leisure activity, Social communication	5

## Change of functional status during Roken stay and after discharge



## Conclusion

- Roken stay contributes to functional improvement, cognitive and physical
- Roken stay enhances Elderly person's dignity and promote their social participation

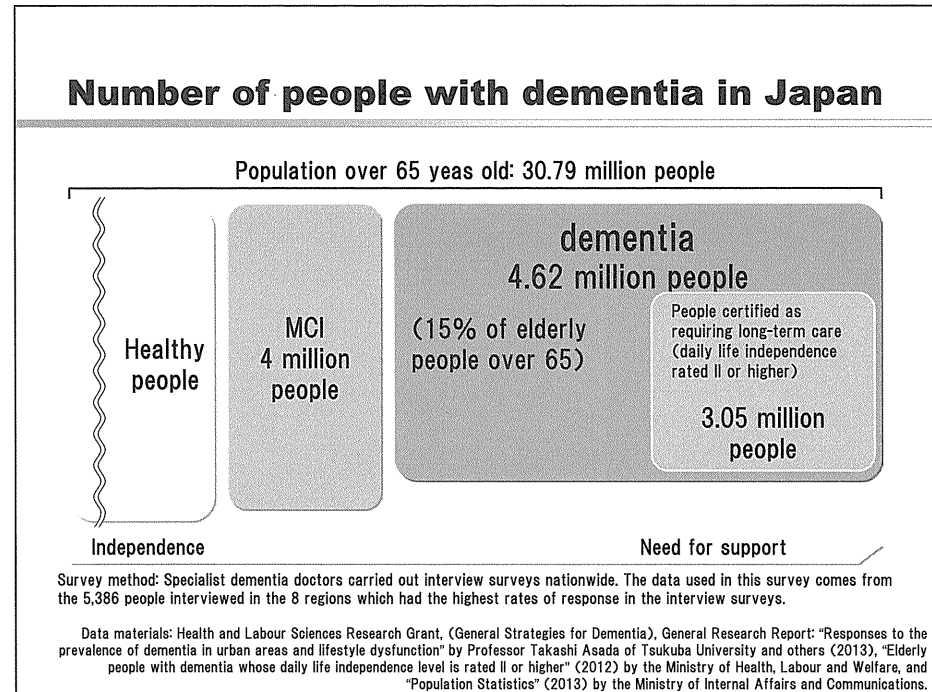
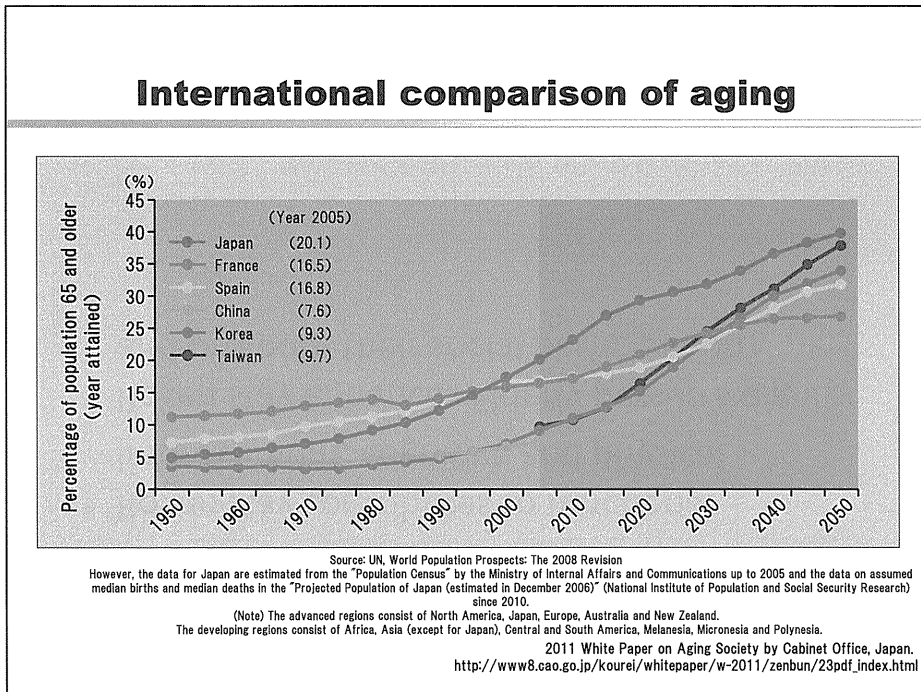


## Medical service network with cultivating human resources for dementia in Japan

**The Kumamoto Model**

*Manabu Ikeda*  
Department of Neuropsychiatry, Kumamoto University

2



# Specialists for dementia

## The Japanese Psychogeriatric Society

- Years of foundation : 1986
- Number of members : 2,598
- Number of psychogeriatric specialist : 1,497

## Japan Society for Dementia Research

- Years of foundation : 1982
- Number of members : 3,150
- Number of dementia specialist : 890

*Specialists for Dementia : Patients with dementia = 1 : 2000*

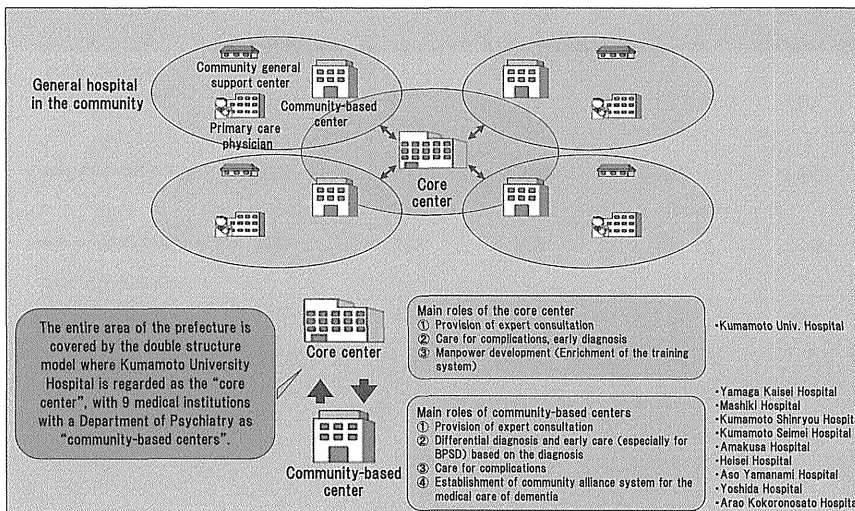
# Challenges faced by dementia treatment



## Establishment of medical centers for dementia care

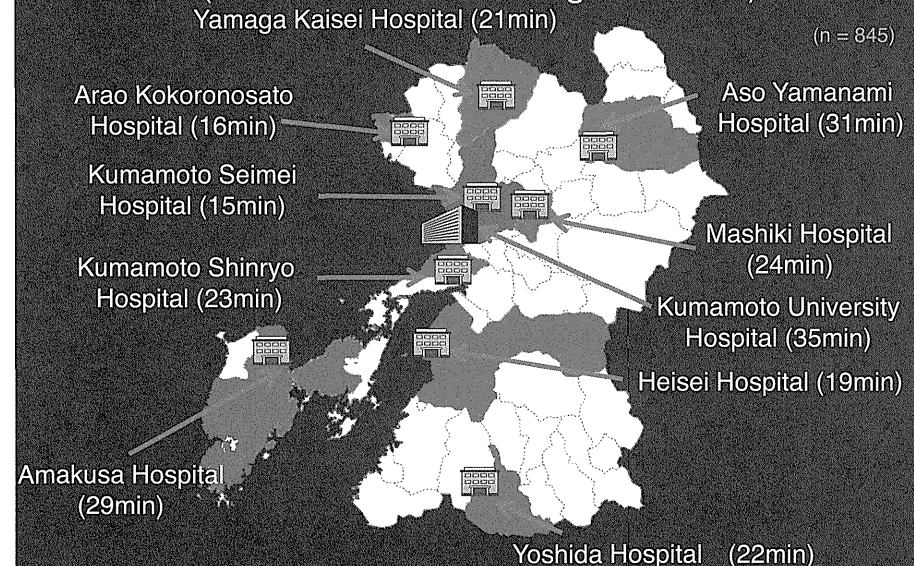
1. Early diagnosis (differential diagnosis)
2. Provision of specialized medical care
3. Treatment for BPSD
4. Management of concomitant physical symptoms
5. Regional cooperation (Education for GP, care staffs, and caregivers)
  - Widespread use of a standardized treatment for dementia
  - Coordination with long-term care
6. Manpower development (Enrichment of the training system)
- 6 <sup>6</sup> 7. Prefecture-wide distribution of specialized medical care

## Example of the Dementia-related Medical Center operation project (Kumamoto Model)



Textbook for Dementia (edited by Japan Society for Dementia Research, ChugaiGakusha), p208.

## 10 Dementia-related Medical Centers in Kumamoto (mean time for receiving treatment)

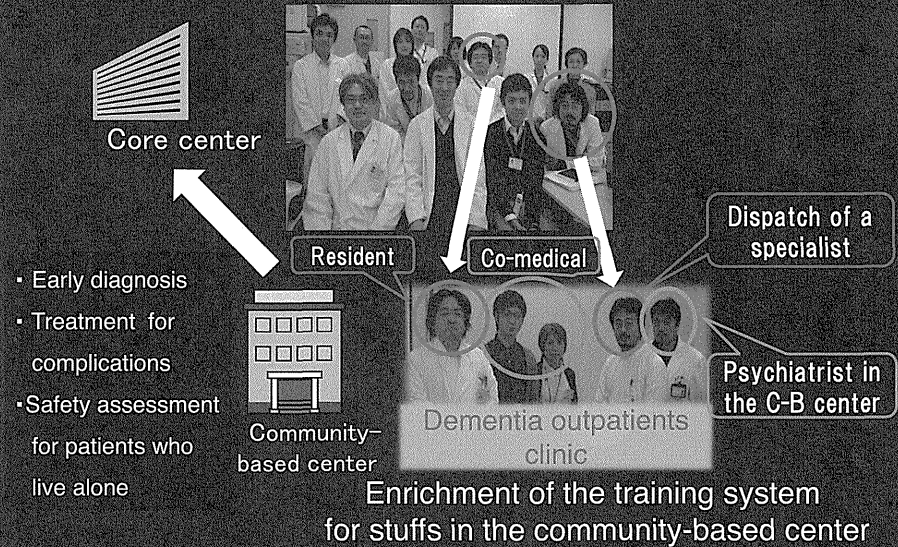


## Provision of specialized medical care for dementia

	2009.12	2010.12	2011.12	2012.12	2013.12
Consultation (No. of times)	143	471	571	578	647
New outpatients (n)	106	203	223	194	229
Total outpatients (n)	2,777	3,200	3,876	3,982	4,245
No. of Medical care centers	8	8	10	10	10

- ◆ Monthly average of ten centers in 2013  
 Consultation cases: 621    New outpatients: 221  
 Total outpatients: 2,679    Hospitalized patients: 52

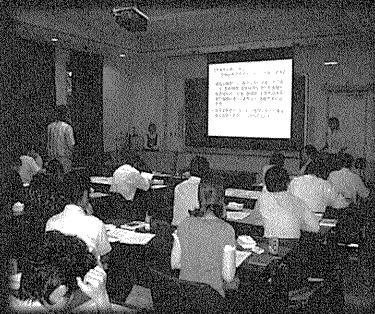
## Core center: Manpower development for community-based centers



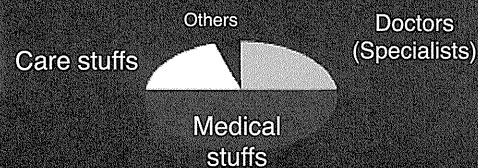
## Case conferences prepared by the core center

Difficult case-study conferences are held by the core center. The aim of this conference is to improve multi-disciplinary stuffs' skill. 33 conferences are held by now (6 times per year).

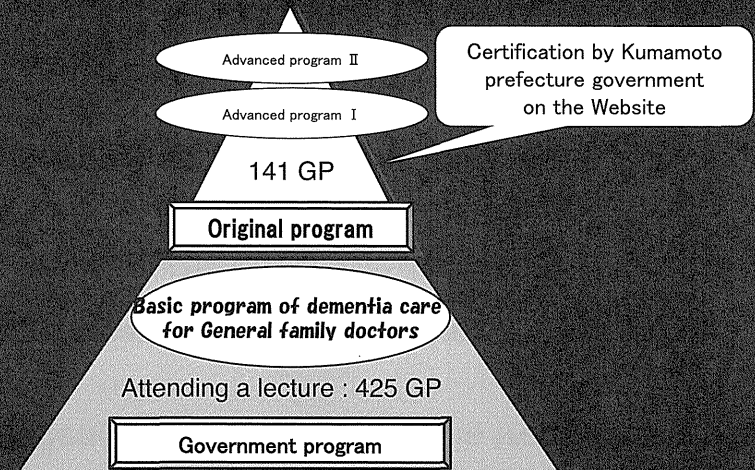
Multi-disciplinary participants : Dr, Ns, PSW, CP, OT, local government stuffs (Stuffs of call center & Community general support centers as observers )



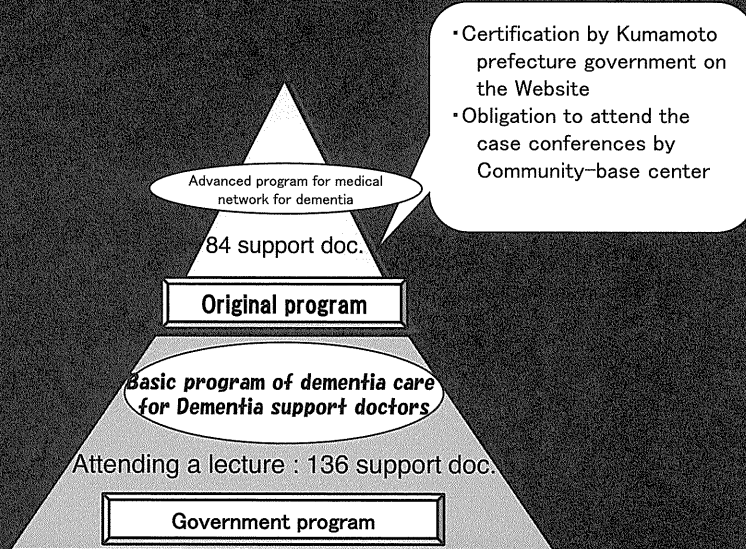
### Multi-disciplinary participants



## Training programs for General family doctors



## Training programs for dementia support doctors



## Case conferences prepared by the community-based centers

Difficult-case-study conferences are held by the community-based center.  
The aim of this conference is to support the care for difficult dementia cases in the community.  
30-40 conferences are held per year.

Multi-disciplinary participants : Dr (specialist, GP, & dementia support doctor), Ns, PSW, OT, PT, ST, CP, care worker, home helper, care manager, local nurse, policeman, and so on from community-based centers, community general support centers, clinics, general hospitals, psychiatric hospitals, group homes, nursing homes, police station, and so on.  
(Stuffs of local government & the core center as observers)



## Outreach services for dementia before discharge from the core center

Aim : Guarantee safety and high QOL life after discharge from the university hospital

- Visiting patient's home between April 2012 and September 2014
- Subjects: 40 patients (M/F 13/27)  
(patients living alone 17 (M/F 1/16名))
- Multi-disciplinary visiting team : OT, PSW, Ns, ST, CP, Dr



## Case Mrs. K

78yr Female DLB  
MMSE 22/30  
Living alone in the apartment care lank 1  
Visiting with her care manager and daughter



### Check points

- ★ Handrail in the bathroom
- ★ Chair in the bathroom
- ★ Her movements when taking a bath



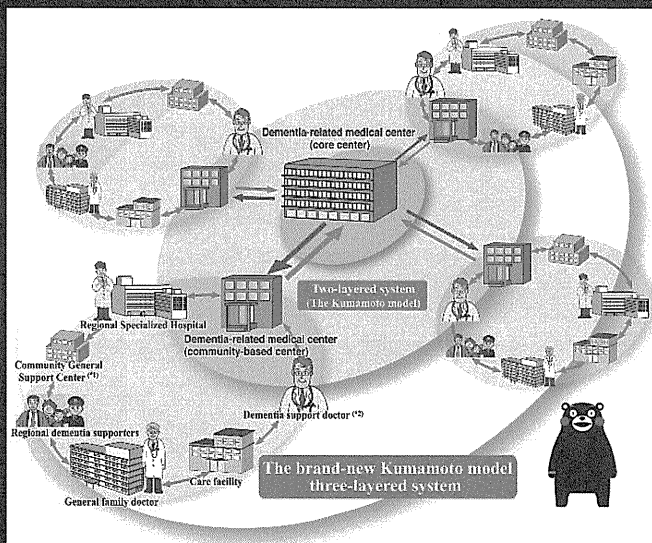
Preparation for safety life

- ★ Install handrail  
(lengthwise direction)
- ★ Purchase a chair for bathroom
- ★ training for taking a bath



# The brand-new Kumamoto model

## Three-layered system with GP, care stuffs, & dementia supporters



# Dementia in England

Dr Charles Alessi  
Senior Advisor on Dementia, Public Health England

## The health and care system in England

### National Health Service (NHS)

World's largest publicly funded health service (and 4<sup>th</sup> biggest employer in the world). Current budget of ca £110bn (\$177.5bn). Funded through taxation and provided free at the point of use.

### Public health

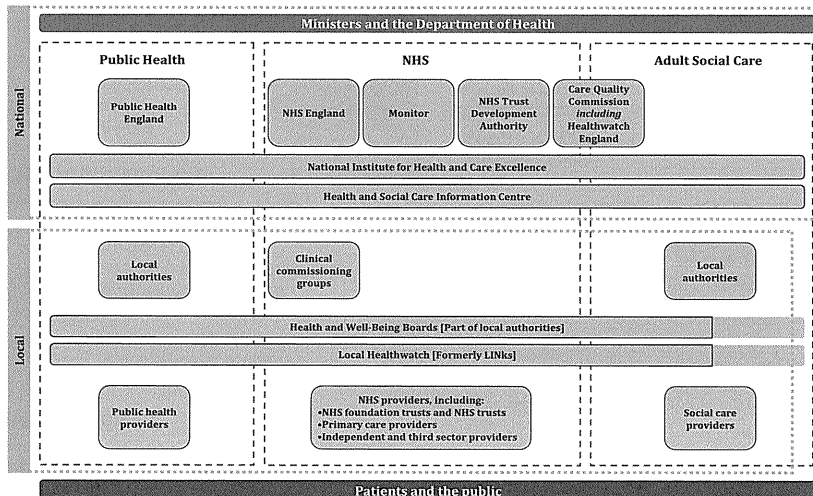
System of national, regional and local organisations, including Public Health England, the NHS and local government, with responsibilities for protecting, promoting and improving the health and wellbeing of the population and reducing health inequalities

### Adult social care

Care and support in addition to healthcare e.g. to help older people or people with disabilities to live their lives. Unlike healthcare, social care is means-tested. Local government is responsible for ensuring social care is commissioned and provided for those who qualify as eligible in their area and that those who are not eligible for free care have the information they need to buy their own care.

2

## Overview of the system

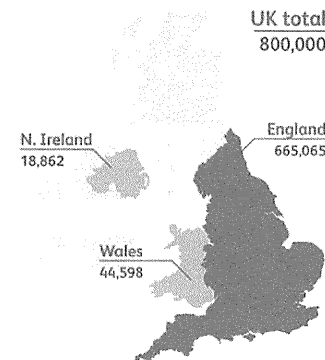


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## The dementia challenge

### The size of the challenge

The breakdown of the population with dementia across the UK.



- Currently more than 800,000 people with dementia in the UK – projected to increase to over 1m by 2021 and over 2m by 2051
- Overall economic impact estimated to be £26 billion a year (ca. \$42 billion)
- Four-fifths of people over 50 fear they will develop dementia
- Prime Minister recognised “One of the greatest challenges of our time” and created the Dementia Challenge. In December 2013 the UK made the fight global by hosting the first G7 summit

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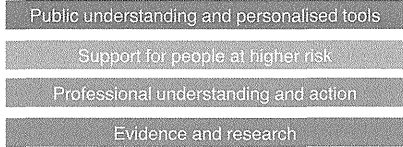
Public Health England

## Areas of focus: risk reduction and early identification

### Risk reduction

- **Blackfriars Consensus:** ground-breaking agreement that concerted action is needed to reduce dementia risk
- **A key priority for Public Health England.** We want to "transform a generation's risk of dementia"

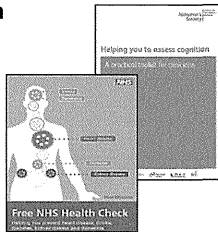
Dementia risk reduction work programme covers:



### Early identification

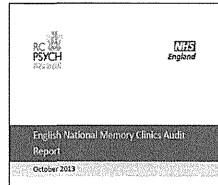
#### Primary Care

- Innovation in detection of dementia in primary care
- NHS Health Check
- Case finding in primary care for at risk groups



#### Memory Clinics

- National Network
- Four-fold increase in activity in two years; half of people seen in early stages
- 75% of clinics asking about research



Public Health England

## Areas of focus: diagnosis and post-diagnostic support

### Diagnosis and post-diagnostic support

- On average, in England, **53%** of people with dementia receive a diagnosis
- **Significant variation** across the country in diagnosis rates and post-diagnostic care
- **National ambition:** by March 2015 two thirds of people with dementia should receive a diagnosis and appropriate post-diagnostic support



- We want everyone to get a **timely assessment**. People with suspected dementia are referred to and assessed by a memory clinic within an average of six weeks in ¾ of England. We are working with the areas with the longest waits..

- **Improving post-diagnostic support** is a key part of the Dementia Challenge, e.g. by
  - improving access to dementia advisors
  - investing in better care environments
  - reducing use of anti-psychotics
  - building staff understanding
  - integrating care better

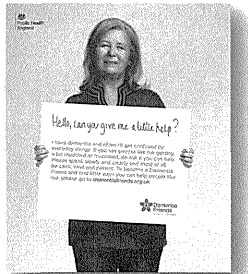


Public Health England

## Areas of focus: society & communities and equity

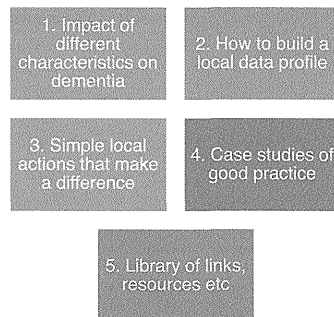
### Society and communities

- **Dementia Friends Campaign:** more than 500,000 Friends so far
- **Dementia Friendly Communities and Dementia Action Alliances** to help support people living with dementia and enable them to be active in their communities



### Equity

- Developing **briefings** to help commissioners address the equality issues associated with dementia services.

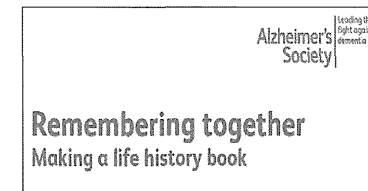


Public Health England

## Areas of focus: carers and knowledge & intelligence

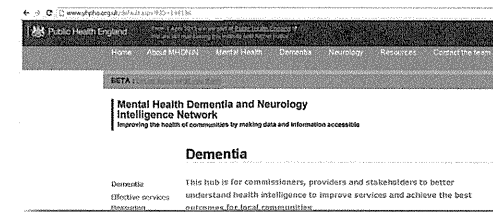
### Support for carers

- **Quality of post diagnostic support** is key e.g. life story work
- Evaluation of dementia advisers published in 2013
- **"The Dementia Guide"** - over 100,000 copies distributed



### Knowledge and intelligence

- **Dementia Intelligence Network** to provide authoritative intelligence, research and evidenced best practice for commissioners, local decision makers and other health professionals



# Innovation in health system improvement in dementia care

The Canadian perspective  
Example of the Quebec Alzheimer Plan

**Howard Bergman, MD, FCFP, FRCPC**  
Chair, Department of Family Medicine  
Professor of Family Medicine, Medicine and Oncology  
The Dr. Joseph Kaufmann Chair of Geriatric Medicine  
McGill University

**Isabelle Vedel, MD, PhD**  
Assistant Professor, Department of Family Medicine  
And Division of geriatric medicine  
McGill University

Tokyo 3.11.14

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Meeting the Challenge of  
Alzheimer's Disease and  
Related Disorders

A Vision Focused on the  
Individual, Humanism, and  
Excellence

REPORT OF THE COMMITTEE OF EXPERTS FOR  
THE DEVELOPMENT OF AN ACTION PLAN ON  
ALZHEIMER'S DISEASE AND RELATED  
DISORDERS  
HOWARD BERGMAN, M.D., CHAIR

Québec 

May 2009

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## Seven priority actions 24 recommendations

1. Raise awareness, inform and mobilize/prevention
2. ***Provide access to personalized, coordinated assessment and treatment services for people with Alzheimer's and their family/informal caregivers.***
3. In the advanced stages of Alzheimer's, promote quality of life and provide access to home-support services and a choice of high-quality alternative living facilities.
4. Promote high-quality, therapeutically appropriate end-of-life care that respects people's wishes, dignity and comfort.
5. Treat family/informal caregivers as partners who need support.
6. Develop and support training programs.
7. Mobilize all members of the university, public and private sectors, for an unprecedented research effort.

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## An approach focused on the individual, humanism and excellence

- Respect the dignity and choices of people with Alzheimer's and their families
- Draw on emerging solutions validated by:
  - Evidence-based knowledge and research findings
  - Canadian and international experience
  - In the context of the Quebec health care system
- Promote an organizational culture characterized by:
  - Empowering people
  - Evaluating practices
  - Continuously improving quality and accessibility
  - Ensuring accountability
- Recognize and mobilize all sectors concerned by Alzheimer's disease and foster synergies among them.

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## Priority Action 1 Raise awareness/prevention

- ◆ Incorporate Alzheimer's disease into Quebec's public health plan
  - Hypertension, hyperlipidemia, diabetes
  - Promote education
  - Prevent head injuries
  - Encourage physical, social and intellectual activities, good eating habits, no-smoking, drinking in moderation

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## Access to personalized, coordinated evaluation and treatment *The Challenge*

- ◆ Poor access to:
  - Diagnosis, treatment (including behavioral issues), support for patients and their caregivers
  - Integrated management through the stages of the disease
    - ◊ Including in crises
- ◆ Memory clinics cannot handle the volume nor assure comprehensive continuity of care
  - Resulting in very long waiting lists, delayed diagnosis and late intervention
- ◆ Primary care generally not prepared to deal with patients with ADR

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## Why primary care is seen as the way forward

- ◆ Canadian Consensus conferences recommendations since 1989
- ◆ First contact, has longitudinal experience with patient and family; best trained and equipped to deal with older persons with multi-morbidity in the community
- ◆ Will never be enough specialists interested and trained in ADR
  - Enormous costs
- ◆ Preparing for the advent of bio-markers and disease-modifying medications

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## The Way Forward

- ◆ Important primary care reform: Medical Home (Groupes de médecine de famille (GMF) in Qc, Family Health teams (FHT) in ON:
  - group practice, team based, interdisciplinary (nurse clinician/practitioners, other healthcare professionals) and inter-specialty practice
- ◆ Quebec Alzheimer Plan (Bergman Report) (2009) emphasized the central role of primary care.
- ◆ In Ontario: Bottom up development: 60 FHT'S have already implemented innovative interventions-rural and urban
- ◆ Progress in other provinces

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## Quebec AD Plan

Provide access to personalized coordinated services  
**Collaborative care model**

- ◆ Approach based on the chronic-care model and the collaborative-practice model, introduced gradually, starting in Family Medicine Groups (GMFs)
- ◆ The primary care physician and the nurse clinician in partnership with patient and family in assessment, diagnosis, treatment, monitoring, and follow-up
  - The nurse clinician plays the role of Alzheimer’s pivotal nurse.

Callahan JAMA 2006

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## Provide access to personalized, coordinated services

### ◆ Fast, easy, flexible access to specialized resources as necessary

- Memory Clinics
  - ◊ Secondary and tertiary care
- Behavior and Psychological Systems of Dementia teams
- Psychosocial resources
  - ◊ Alzheimer’s Support Centres (ASC)
- Home care programs
- Optimal hospital stay and transitions

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## Implementation in Quebec

- ◆ Ministerial decision with budget after ministerial study of the Qc AD plan recommendations
- ◆ Priority: enable/empower primary care clinicians (mainly MD-Nurse team) to detect, Dx, Tx, follow vast majority of AD
- ◆ Funded Implementation projects in 40 GMF’s to then scale-up
- ◆ Produced an interdisciplinary, proactive trajectory of care with practice guidelines and training strategy for MDs, nurses, other clinicians
- ◆ Evaluation for scaling up

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## Canadian Consortium on Neurodegenerative Diseases of Aging( CCNA) PI Howard Chertkow-47co-PI’s \$35 million budget (CIHR and other partners)

CROSS-CUTTING PROGRAMS	Theme 1: PREVENTION	Theme 2: TREATMENT	Theme 3: QUALITY OF LIFE
TRAINING & CAPACITY BUILDING	1. Genetics of NDD 2. Inflammation & Growth Factors	7. Vascular Aspects of NDD 8. Lewy Body Dementia 9. Biomarkers	14. How Multi-Morbidity Modifies the Risk of Dementia and the Patterns of Disease Expression
KNOWLEDGE TRANSFER	3. Protein Misfolding 4. Synapses & Metabolomics 5. Lipids & Lipid Metabolism 6. Nutrition, Lifestyle, & Prevention of AD	10. Cognitive Intervention and Brain Plasticity 11. Prevention and Treatment of Neuropsychiatric Symptoms 12. Mobility, Exercise, and Cognition 13. Frontotemporal Dementia	15. Gerontechnology & Dementia 16. Driving & Dementia 17. Interventions at the Sensory and Cognitive Interface 18. Effectiveness of Caregiver Intervention
ELSI			19. Integrating Dementia Patient Care into the Health Care System
WOMEN & DEMENTIA			20. Issues in dementia care for rural and indigenous populations

### Eight Platforms to Support the Teams

- |  |                             |
|--|-----------------------------|
| 1. Clinical Cohorts                        | 5. DNA Sequencing           |
| 2. The Normative Comparison Group          | 6. Brain Banking            |
| 3. Imaging/Database/Information Technology | 7. Transgenic Colonies      |
| 4. Blood, Saliva & CSF Biosamples          | 8. Academic Clinical Trials |