

<p>トピック1:地域における認知症予防とケア～認知症の状態に応じた適切な予防とケア 前日の最初のセッションの各国の現状報告、OECDの報告から、現状に対し共通の認識をしたうえで、前日のセッション1で話し合われた地域における適時適切な予防とケアについても各スピーカーから話をし てもらう</p>
<p>鳥羽 研二(独立行政法人国立長寿医療研究センター)</p>
<p>Christian Berringer (厚生省, 独)</p>
<p>Yves Joannette (カナダ保健研究機構&amp; モントリオール大学, 加)</p>
<p>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)</p>
<p>Jacqueline Hoogendam (福利・厚生・スポーツ省,オランダ)</p>
<p>Jeremy Hughes (アルツハイマーソサエティ, 英)</p>
<p>Geoff Huggins (Acting Director of Health and Social Care Integration, スコットランド)</p>
<p>Etienne Hirsch (国立保健医学研究機構,仏)</p>
<p>Jeff Huber (Home Instead株式会社,米)</p>

## Shared Points

- 1) Dementia challenges
- 2) Establishing Care System
- 3) Education of professionals (including GP)
- 4) Dementia at home
- 5) Dementia friendly community
- 6) Co-ordination of efforts
- 7) Co-lab internationally

認知症の人ができるだけ地域で暮らすことは、  
各国の認知症対策の基本的理念  
Aging in place is essential for people with dementia. To achieve this,

認知症は進行性の疾患であり、その対応には  
ステージに応じた適切な、医療、ケア、リハビリ等が必要  
Adequate medical, rehabilitational as well as  
social services should be provided

予防は1次、2次それぞれに適切な時期に適切な場での対応が必要  
Primary as well as secondary preventive approach  
to dementia are key challenges.

このような取り組みを推進するためには、地域においてシームレスに  
ケアと予防が提供されること、地域住民の積極的な関与が必要  
The well balanced trails from MCI to advanced stage of dementia  
need Co-operation of people indwelling community.

メモリークリニック、初期集中支援チームなど  
早期診断・早期対応は重要

Easy access to memory clinic and /or care service is essential  
for aging in place.

Out reach intervention is considered to be  
beneficial for smoothing the access to services.

ケアについて、ケア従事者への支援が不可欠である

To ease caregivers' burden should be more seriously considered.

行政レベルだけではなく、民間の力も必要

Integrated services of public sector and private sector are preferable  
for increased demand of service and for high quality of care.

## Session 1

Dementia Prevention and Care:  
Providing Timely and Appropriate Support

Global Dementia Legacy Event Japan  
-New Care and Prevention Models-

## Prevention

- Promotion of preventative measures
- Included in most dementia plans and referred to as crucial component
- Different levels of prevention
  - Preventing the ND to occur
  - Preventing the ND to induce dementia
  - Preventing dementia to interfere with social participation

ICF

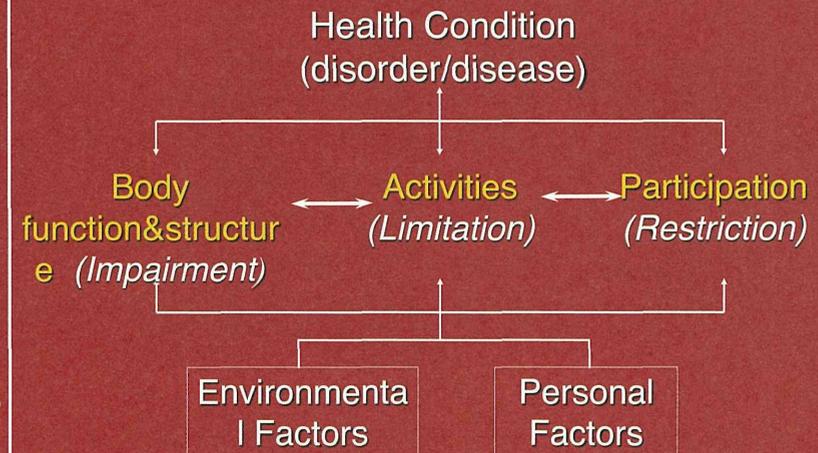
Human Functioning not disability alone

- **Body functions** vs impairments
- **Body Structures** vs impairments  
Neurodegenerative Disease
- **Activities** vs activity limitation  
1980 disability  
Dementia
- **Participation** vs handicap  
Social Participation



ICF

## Interaction of Concepts ICF 2001



## Early & Timely Diagnostic

- Advantage and disadvantage of early detection while questioning the concept of « timely »
- Necessity of early support following early detection
- ROKEN facilities to support and provide intensive tailored rehabilitation
- Tools to support GPs such as calculator and risk-evaluation information

## Models of Care

- Specific to dementia vs integrated in the community-based system vs hybrid model
  - Education of health professionals
  - Availability of specialists
  - Necessity of including co-morbidity management
  - Specific needs of special populations, such as YOD
- Orange Plan, Kumamoto model, UK Hybrid approach, Specialized-center-based model

## Balanced Approach

- Balance between efforts to cure/delay/modify course and offering social inclusion and adaptation
  - Importance of reaching the young elements of society
  - Advantages of inter-generational initiatives

## Unique Opportunities

- Coordination
  - At all the levels health/social, long/short term, information dissemination, inter-disciplines
- Measures
  - Measure the impact, associated conditions, falls, etc.
- Evaluation
  - Necessity to evaluate all the innovative initiatives, including the technology
  - Notion of participatory evaluation
- Patient-centered care
  - With emphasis on the trajectory

## Some Points Discussed

- Costs
- Costs
- Costs
- Costs
- Financial/Social/Quality of Life

## Session 1

Dementia Prevention and Care:  
Providing Timely and Appropriate Support

**Global Dementia Legacy Event Japan**  
**-New Care and Prevention Models-**





Ministry of Health, Welfare and Sport

# Reform in Dutch Long Term Care

## The Positive Effect on Dementia Care

Jacqueline Hoogendam

Ministry of Health, Welfare and Sport  
The Netherlands



## Creation of a sustainable long term care system

- no decrease of long term care
- increase quality of care
- increase quality of life for patients
- increase social involvement of all residents

2

Reform in Dutch Long Term Care , Jacqueline Hoogendam



## Development of long term care in the past

- disproportionate increase in costs of ltc
- growing number of elderly people
- decreasing number of working people
- dementia most expensive illness in ltc

3

Reform in Dutch Long Term Care , Jacqueline Hoogendam



## Dementia Care as a Model for LTC

- 2008: second national dementia programme
- aims:
  - to offer coordinated care for people with dementia in accordance with their needs and wishes
  - to improve guidance and support for people with dementia and their relatives
  - to measure the quality of this care annually

4

Reform in Dutch Long Term Care , Jacqueline Hoogendam



## Results

- 2011:
  - 86 (sub)regions offer coordinated care (95% of the Netherlands)
  - all regions offer case management
  - some regions have projects to involve the general public in dementia care
- 2013:
  - steady increase of quality of care and patient satisfaction
  - cost effective
  - Dementia Care Standard

5

Reform In Dutch Long Term Care , Jacqueline Hoogendam



## Reform in Long Term Care

- three main parts:
  1. more tasks for municipalities, focus on welfare and participation in society, public funding
  2. home nursing part of private health insurance
  3. care in nursing homes, public insurance
- effective from January 1<sup>st</sup>, 2015

6

Reform In Dutch Long Term Care , Jacqueline Hoogendam



## Expected Positive Effect on Dementia Care

- legal foundation for important parts of coordinated dementia care
- more attention to social involvement of all residents, with focus on a dementia friendly society
- less burden on informal carers
- more tailor-made care → more patient satisfaction and better quality of life

7

Reform In Dutch Long Term Care , Jacqueline Hoogendam



## Expected Reform Results

- sustainable ltc system
- increase in quality of care through:
  - more coordinated care
  - care organised closer to home
  - more involvement of informal carers/volunteers
  - tailor-made solutions
- increase in quality of life for all people dependent on ltc, especially those with dementia and their relatives

8

Reform In Dutch Long Term Care , Jacqueline Hoogendam



THANK YOU FOR YOUR ATTENTION

## Diagnosis and Support

Jeremy Hughes  
Chief Executive

alzheimers.org.uk

## National Dementia Declaration

- I have personal choice and control or influence over decision about me
- I know that services are designed around me and my needs
- I have support that helps me live my life
- I have knowledge and know-how to get what I need
- I live in an enabling and supportive environment where I feel valued and understood
- I have a sense of belonging and of being a valued part of my family, community and civic life
- I know there is research going on which delivers a better life for me now and hope for future

## Diagnosis rates in the UK



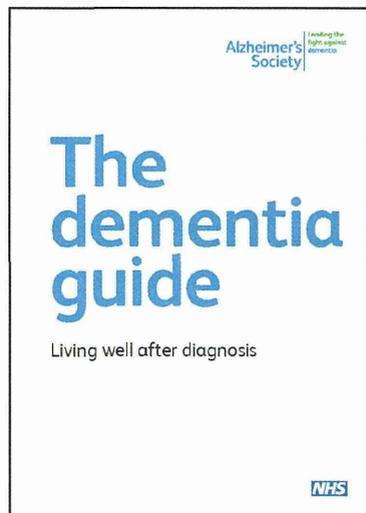
alzheimers.org.uk

## Working with primary care

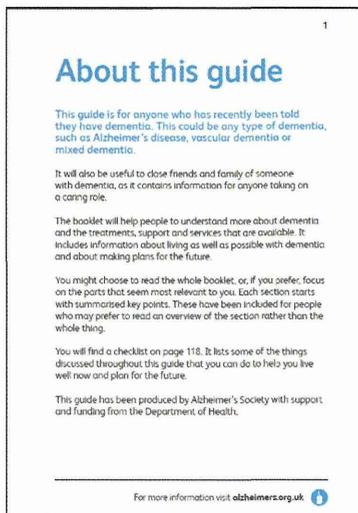
- Family doctors
- Health centres
- Specialists

alzheimers.org.uk

# Post Diagnostic Support



alzheimers.org.uk



alzheimers.org.uk

## Thank you

Jeremy Hughes  
Chief Executive, Alzheimer's Society  
[jeremy.hughes@alzheimers.org.uk](mailto:jeremy.hughes@alzheimers.org.uk)

[www.alzheimers.org.uk](http://www.alzheimers.org.uk)