

Tom Wright, CBE

Group Chief Executive, Age UK and Age International

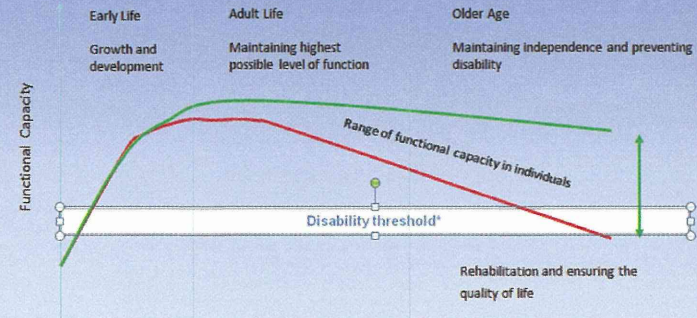


New models of healthcare for dementia and co-morbidities

- The Age UK approach – life long cognitive ageing
- Dementia and co-morbidity
- New models of integrated care – including technology

The Age UK approach – life long health and wellbeing

MAINTAINING FUNCTIONAL CAPACITY OVER THE LIFE COURSE



* Changes in the environment can lower the disability threshold, thus decreasing the number of disabled people in a given community.

The Disconnected Mind



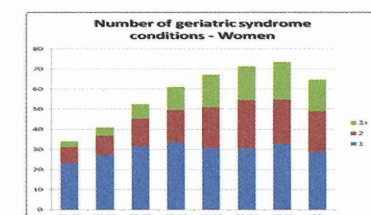
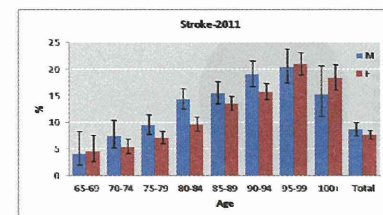
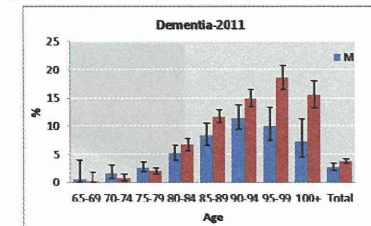
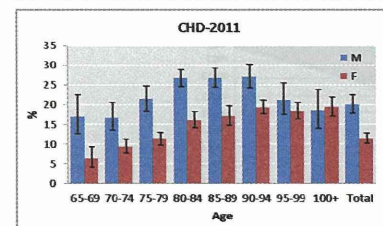
- Longitudinal cohort study on cognitive ageing
- Location: University of Edinburgh
- Aim: Determine factors and mechanisms that influence cognitive ageing during the life-course *and* during ageing itself
- Unique study using cohort of 1,000 people in their 70's
 - access to validated IQ data age 11
 - assessments at age 70, 73 and 76
 - World's most advanced brain imaging protocols



- Global importance: "...one of the most important scientific projects in the world at the present time." Professor Timothy Salthouse, Brown - Forman Professor of Psychology, University of Virginia
- Prestigious publications: Science 346, 6209, 568-571 (2014); Nature 482, 7384, 212-215

Dementia and co-morbidity

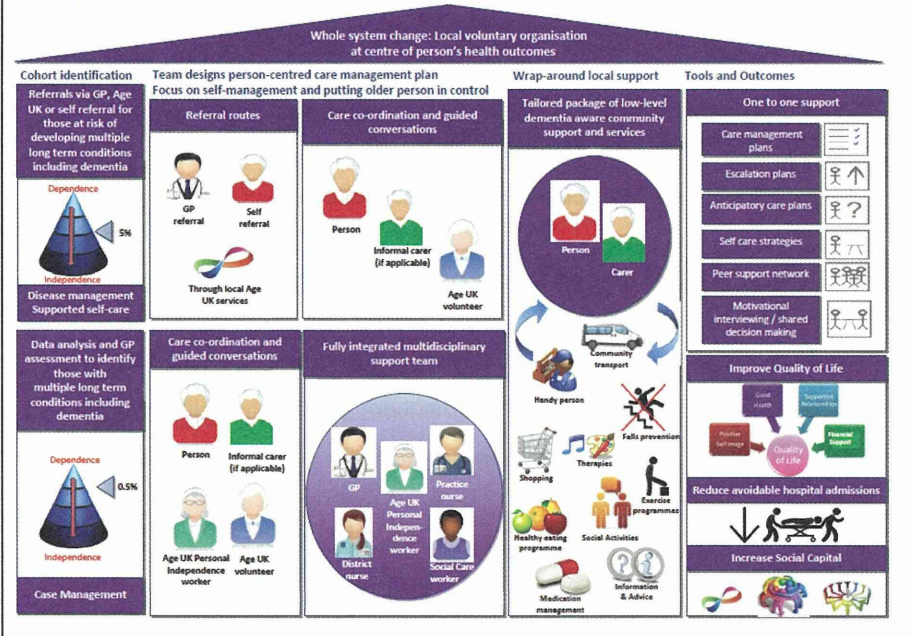
(Diagnoses in primary care, UK 2011)



Only 15% of those diagnosed with dementia have no other condition

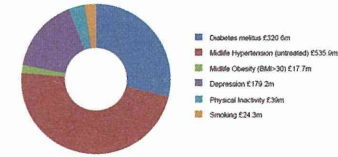
Melzer et al, Age & Ageing 2014, and related data (Exeter University, UK)

Age UK Model of Integrated Care

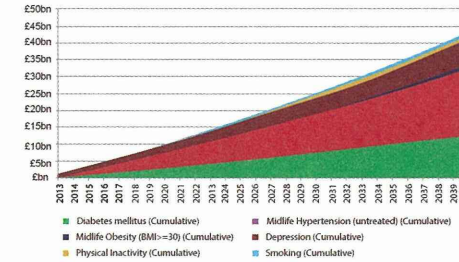


Savings to the state

If each risk factor were reduced by an amount equivalent to the best practice intervention the state would save £1.12bn a year in 2013, increasing to £1.95bn by 2040¹.
Potential Savings for the state in 2013 of risk factor reduction scenarios



If the reduction were maintained the state would save **£42.9bn** between now and 2040.



Note: graph assumes that programmes are implemented uniformly during the period shown

(Source: ILC, London, 2014)



Thank you for listening

Tom Wright, CBE

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Global Dementia Legacy Event Japan

Secular trends in dementia and its risk factors in a Japanese Community: the Hisayama Study

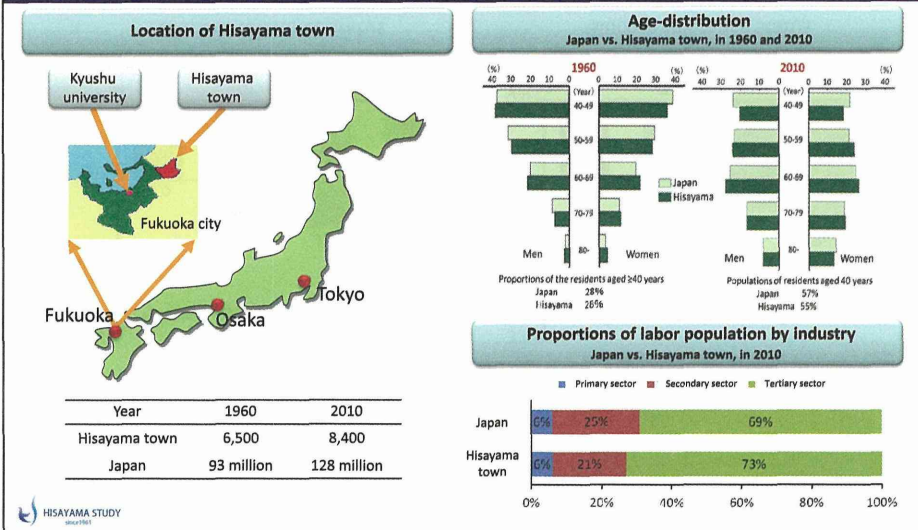
Toshiharu Ninomiya^{a)}, Yutaka Kiyohara^{b)}

a) Center for Cohort Studies, Graduate School of Medical Sciences, Kyushu University

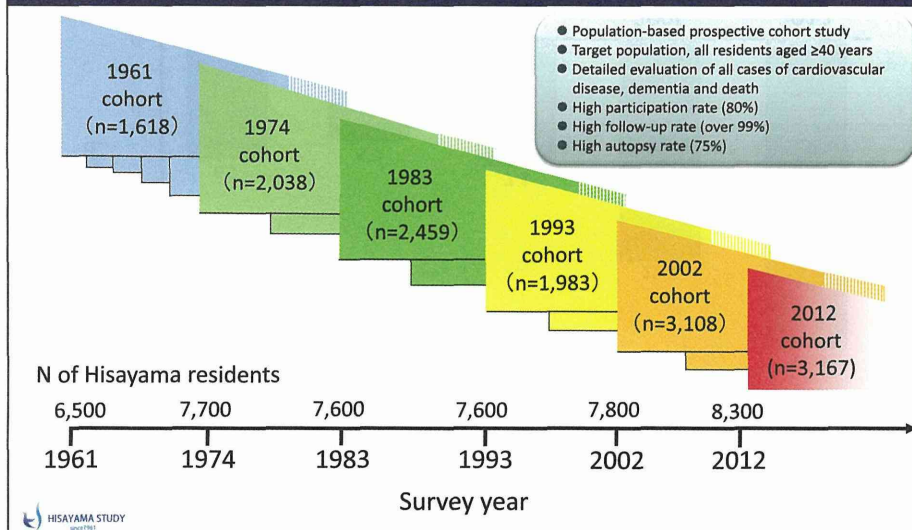
b) Department of Environmental Medicine, Graduate School of Medical Sciences, Kyushu University

Nov 6, 2014
Academy Hills
Roppongi, Tokyo

Population of Hisayama town

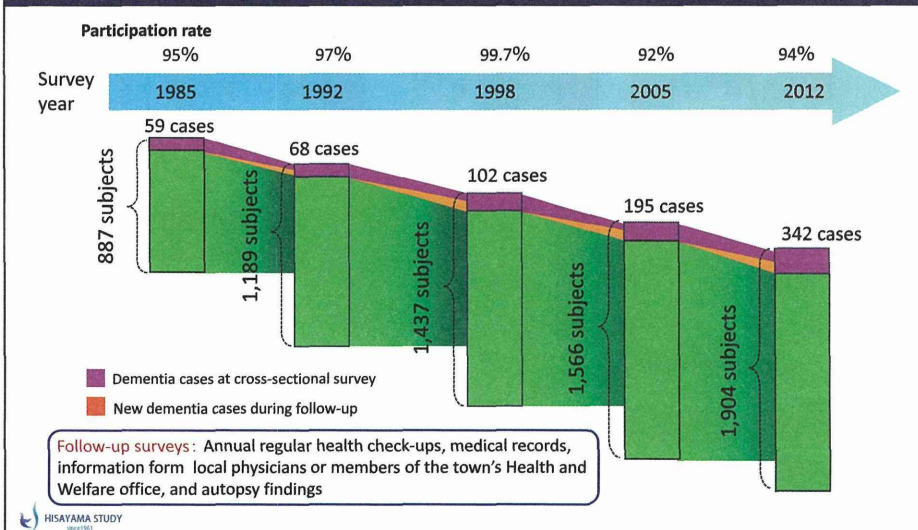


The Hisayama Study



Cross-sectional and follow-up surveys of dementia in the Hisayama Study

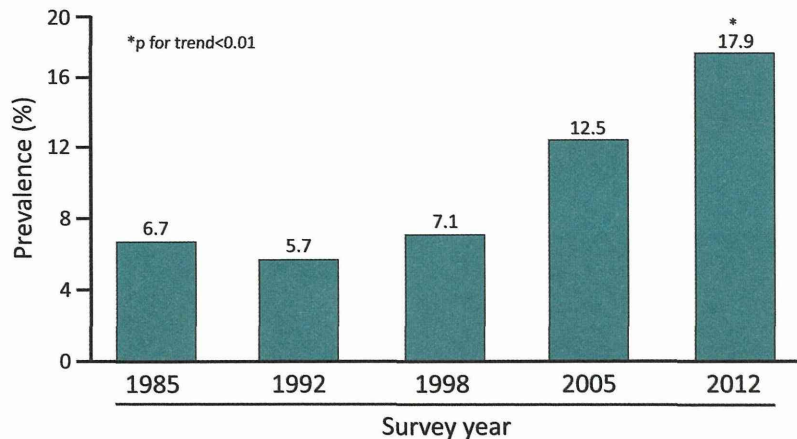
Hisayama residents, aged ≥65 years



Trend in prevalence of total dementia

Hisayama residents, aged ≥65 years, unadjusted

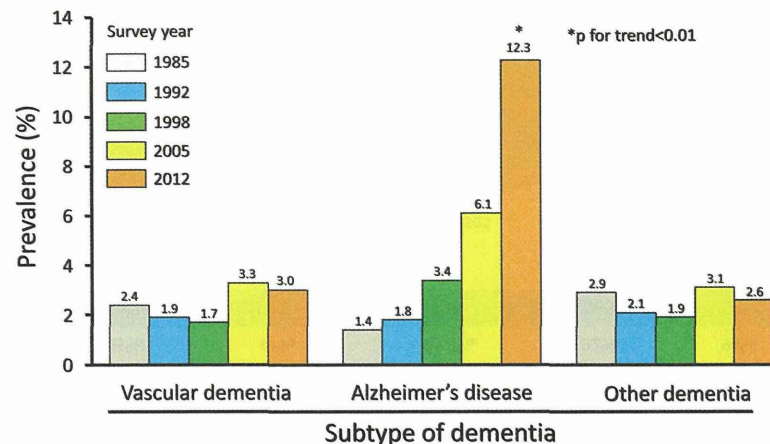
Prevalence of total dementia increased with time.



Trends in prevalence of dementia subtypes

Hisayama residents, aged ≥65 years, unadjusted

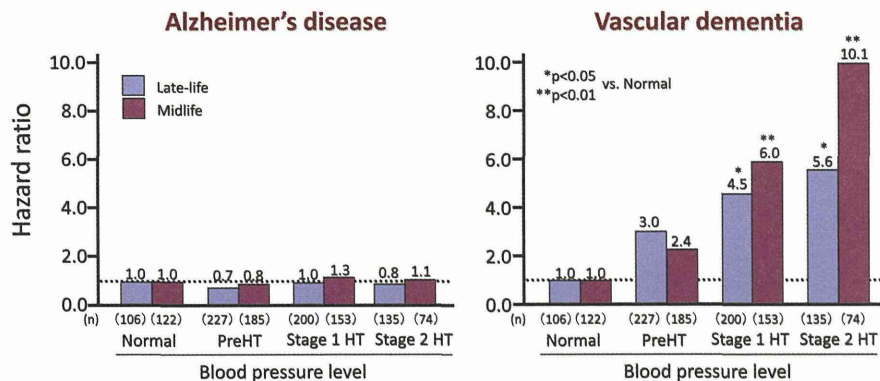
Prevalence of Alzheimer's disease increased with time.



Risks of dementia subtypes in people with late-life or midlife hypertension

Hisayama 668 residents aged 65-79 years (1988-2005) and 534 residents aged 50-64 years (1973-2005), multivariable-adjusted

Hypertension, especially from midlife, is a risk factor for vascular dementia.



PreHT: prehypertension, HT: hypertension

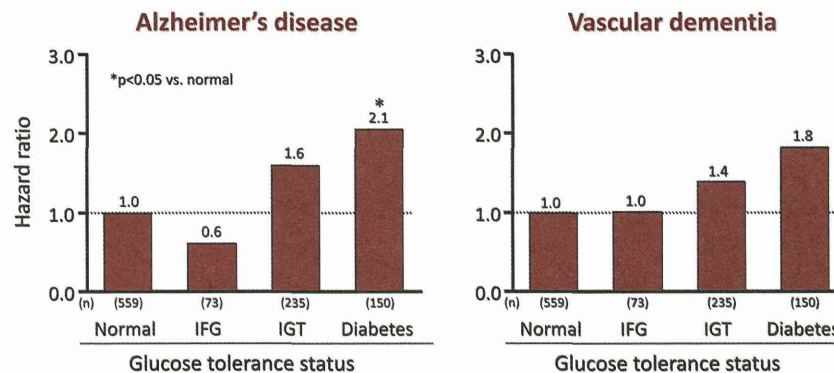
Adjusted for age, sex, education level, antihypertensive agent use, diabetes, chronic kidney disease, serum total cholesterol, body mass index, history of stroke, smoking habits, and alcohol intake

Ninomiya T, et al. Hypertension 58: 22, 2011

Risks of dementia subtypes in people with diabetes

Hisayama 1,017 residents aged ≥60 years (1988-2003), multivariable-adjusted

Diabetes is a risk factor for Alzheimer's disease.



IFG: impaired fasting glycemia, IGT: impaired glucose tolerance

Adjusted for age, sex, education level, hypertension, total cholesterol, body mass index, waist to hip ratio, electrocardiogram abnormalities, history of stroke, smoking habits, alcohol intakes, and physical activity

Ohara T, et al. Neurology 77:1126, 2011

Risk factors and protective factors for dementia

Summaries of the results from the Hisayama Study

Risk factors

- Hypertension (from Midlife)
(Hypertension 2011; 58: 22-28)
- Diabetes (postprandial hyperglycemia)
(Neurology 2011; 77: 1126-1134)
- Smoking *(Submitting)*
- Genetic factors (APOE-ε4, PICALM)
(J Am Geriatr Soc 2011; 59: 1074-1079)
(Psychiatr Genet 2012; 22: 290-293)

Protective factors

- Japanese diet+ Milk (or dairy consumption)
(Am J Clin Nutr 2013; 97: 1076-1082)
(J Am Geriatr Soc 2014; 62: 1224-1230)
- Exercise *(Submitting)*

Establishing a large scale, multisite cohort study for dementia in Japan

A large scale, multisite cohort study for dementia in Japan

Target population: 10,000 community-dwelling residents aged ≥65 years

Baseline survey (in 5-6 sites)

[Screening of dementia and depression]
First: Neuropsychological tests
Second: Diagnosis by psychiatrists
[Questionnaires]
Medical history, family history, medication, smoking, drinking, diet, exercise, etc.
[Physical examinations]
Height, weight, blood pressure, etc.
[Blood tests]
Lipid, kidney function, blood sugar, etc.
[Blood samples] Serum, DNA
[Imaging] Brain MRI/CT

Outcomes

Dementia, depression, cardiovascular disease and death

Follow-up survey

Omics data

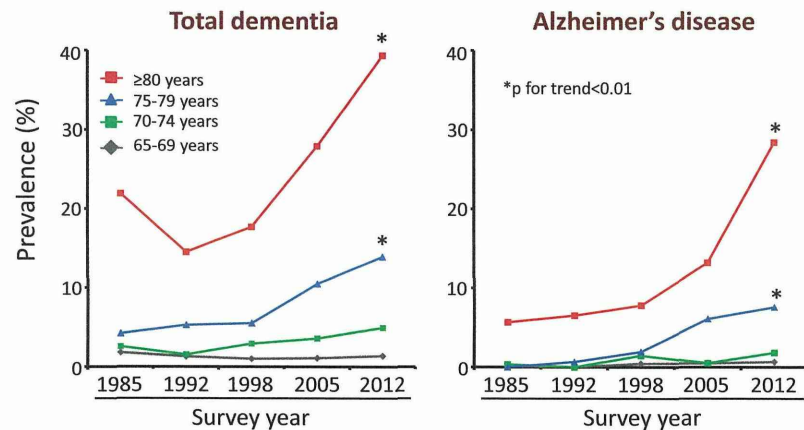
- Genome
- Metabolome

Elucidating the etiology of dementia and establishing its preventive strategies

Trends in age-specific prevalence of total dementia and Alzheimer's disease

Hisayama residents, aged ≥65 years, unadjusted

Age-specific prevalence of Alzheimer's disease increased with time in individuals aged 75-79 years and 80 years or older.



"Ninchisho (Dementia) Supporter Caravan" Supporter Training in Communities



National Caravan-Mate Coordinating Committee
Hiroko Sugawara

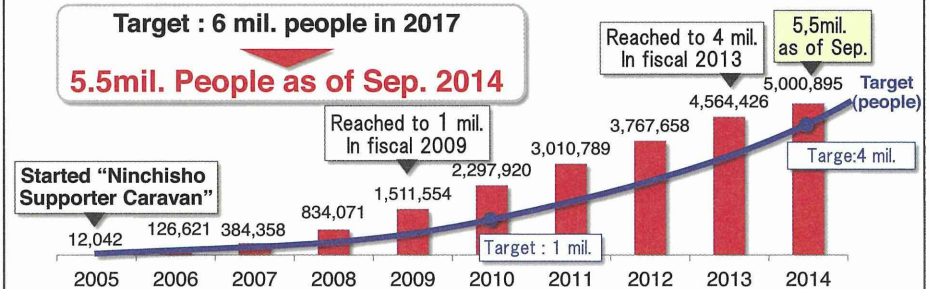
"Ninchisho Supporter Caravan" = Dementia Edification

Campaign to encourage early detection and treatment while reducing prejudice and gaining awareness

Ninchisho(Dementia) Supporter is... **not a special someone**

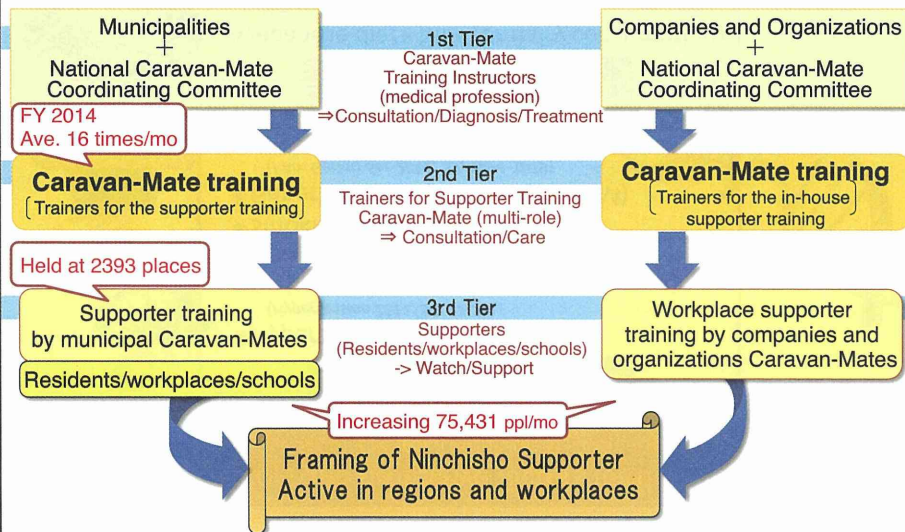
With proper knowledge of dementia, they aid, support, and watch over the people and their families

Caravan-Mate is... Trainer for the Ninchisho Supporters



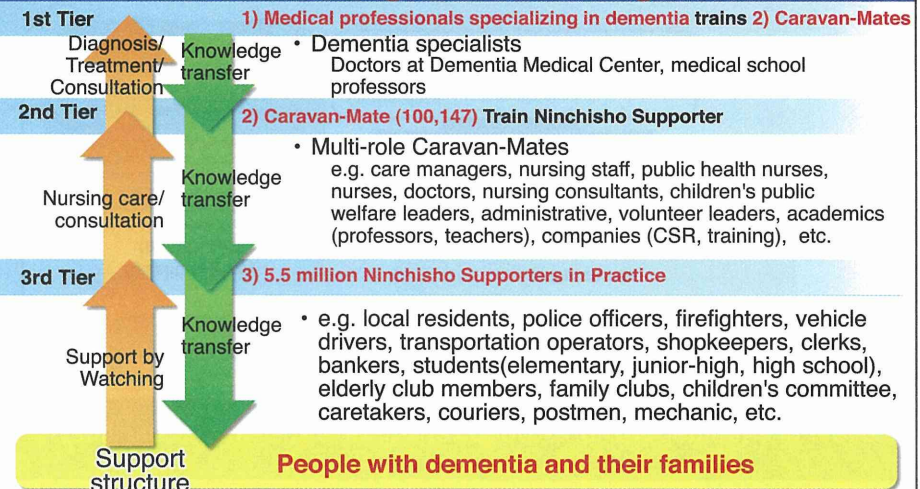
1. "Ninchisho Supporter Caravan" System

[Able to keep living in the familiar environment with multi-tiered support for dementia]



2. Dementia Awareness Campaign and Support Structure

Knowledge Transfer and Multi-Tiered Support Infrastructure Using Unified Learning Resource

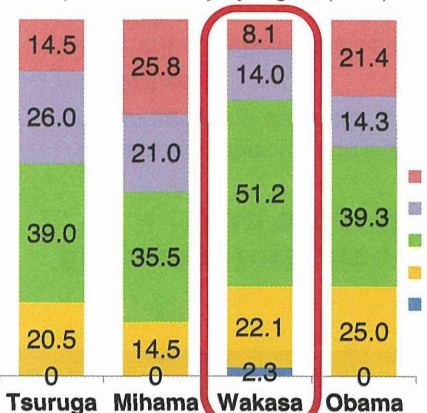


3. Effect of "Ninchisho Supporter Caravan"

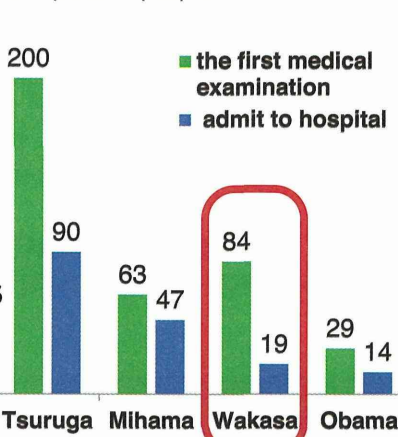
(1) Early Detection and Treatment

Number of patients hospitalized, and severity upon their initial visit
Towns with 2 Ninchisho supporters per elderly over age 65

2012 comparison of 4 Reinan towns in Fukui prefecture
New patient severity by region (CDR): %



2012 New patient and inpatient comparison: people



*CDR=Clinical Dementia Rating

3. Effect of "Ninchisho Supporter Caravan"

(2) Supporter activities: Zero Wandering-Missing (Kikuchi-shi, Kumamoto prefecture)

Regional-Watch Helpers

- Dementia Regional Watch Helpers
- Dementia Regional Watch Contributors and Collaborators
- Night Watch Helpers

当地区域高齢者見守り協力者届出書

平成 年 月 日
(あて先) 届出者長

住所 菊池市 番地 代表者 印

私の家族は、認知症の人や認知症の予を介与されている家族が地域で見守り「協力者」として届け出ます。なお、届け出た個人情報は必ず保護します。

郵便番号 電話番号 0968-()-() (携帯)

フリック登録番号 フォックス登録番号

氏名(フリック) 氏名(登録)

住所(フリック) 住所(登録)

認知症サポーター-タ-養成講座受講の有無

1. 認知症サポーター-タ-氏名 (フリック) (フリック)

2. 今般受講予定

3. 認知症の人に優しい気持ちで接します。

4. 店舗に認知症の予が知られたら、具争りに協力します。

5. 認知症の予を介与されている家族の理解に努めます。

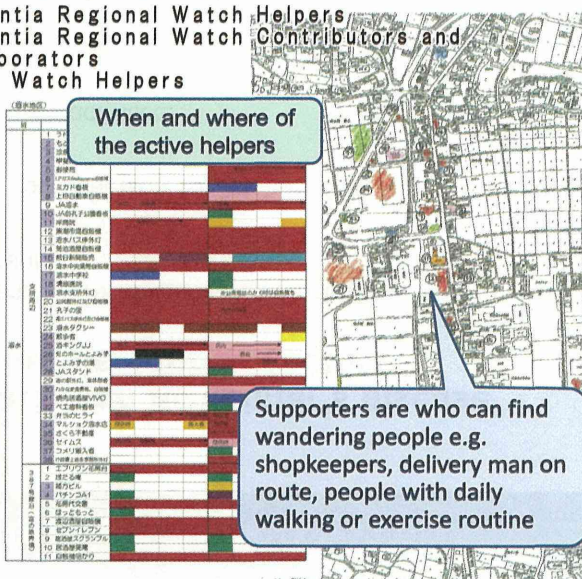
6. 道に迷った人がいたら優しく声をかけます。

7. 迷った人を発見した小学生や中学生の前は口を閉ざします。(席や名前などの関係情報に漏れさせません。)

8. その他、可能な範囲で協力します。

9. 届への承諾がありましたら、ご意見を伺いいたします。

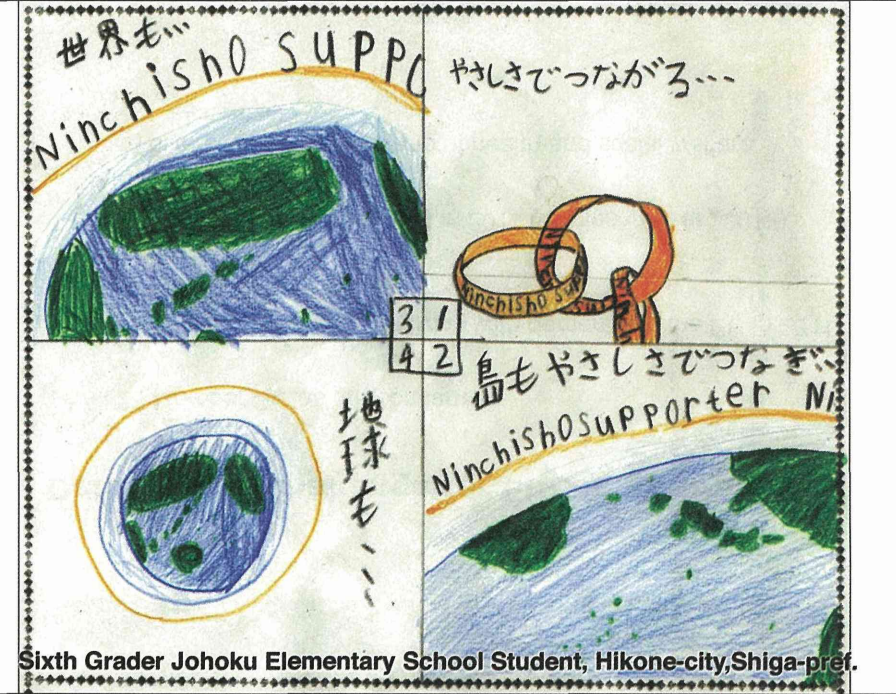
Dementia Regional-Watch Helper Registration Form



4. "Ninchisho Supporter Caravan" for overseas

New York(U.S.A.)【The Japanese American Association of New York】 Aug., 2010 : Caravan-Mate Training	Caravan-Mate	56
	Supporter	148
Toronto(Canada)【Toronto Japanese Social Services】 Oct., 2013 : Caravan-Mate Training	Caravan-Mate	52
	Supporter	7
Vancouver(Canada)【Nikkei Seniors Health Care & Housing Society】 Sep., 2014 : Caravan-Mate Training	Caravan-Mate	56
Dusseldorf(Germany)【Deutsch-Japanischer Verein für kultursensible Pflege】 Oct., 2014 : Caravan-Mate Training "Ninchisho Supporters Training Course"	Caravan-Mate	51
	Supporter	124

- * Supporter Training planned in Netherlands, Denmark, and Switzerland at Japanese societies
- Planned in Thailand (Embassy in Thailand) Caravan-Mate Training
- "Ninchisho Supporters Training Course by Chinese" for the Chinese Returnees (on July 25, 2014) at China Returnees Support and Exchange Center





Future initiatives - the EU-level perspective

Global Action Against Dementia Legacy Event,
Tokyo,
06 November 2014

Jürgen Scheftlein
Unit "Health Programme and Diseases"
Health and Consumers Directorate General
European Commission



Dementia: a challenge for EU-Member States

All 28 Member States are concerned:

- 6.37 million people were living with dementia in the EU in 2011 (JA ALCOVE-report, 2013)
- Economic costs of €105 M in 2011 (J. Olesen et al., 2012)
- A diversity of situations and of health and social welfare systems.



European Initiative on Alzheimer's disease and other dementias (2009)

Developed under French EU-Presidency to launch European collaboration on dementia.

Priorities:

- Early (timely) diagnosis of dementia and promoting well-being with age;
- Better understanding dementia, epidemiological knowledge and coordination of research;
- Best practices in care for people with dementia;
- Respecting the rights of people with dementia.

Implementation report published on 16 October 2014.



European Initiative on Alzheimer's disease and other dementias (2009)

Developed under French EU-Presidency to launch European collaboration on dementia.

Implementation report published on 16 October 2014.

Some key implementation activities:

- Joint Action ALCOVE (2011 – 2013);
- European Innovation Partnership Active and Healthy Ageing (2011);
- EU Research Framework Programmes and eHealth Action Plans



Joint Action ALCOVE (2011-2013)

- Led by France and involving 19 Member States;
- Funded by Member States and EU-Health Programmes.

Developed recommendations and toolkits on:

- Timely diagnosis of dementia;
- Epidemiology of dementia;
- Support systems for Behavioural and Psychological Symptoms in Dementia (BPSD);
- Advance Declarations of Will;
- Limitation of antipsychotics use.



Second EU- Joint Action on dementia (2015-2018)

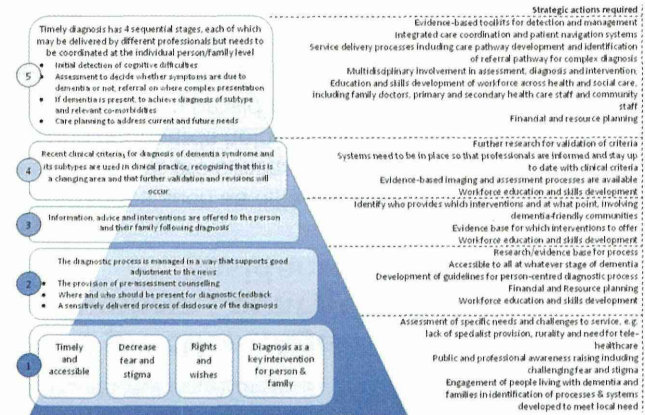
- To be led by United Kingdom (Scotland);
- Good interest among Member States in participation.

Proposed focus themes:

Postdiagnostic support, improvement of care pathways, use of medicinal products and psychotropic substances, care for family carers, workforce skills, quality of residential care.



ALCOVE Toolkit Timely Diagnosis of Dementia



Second EU- Joint Action on dementia (2015-2018)

- To be led by United Kingdom (Scotland);
- Good interest in participation.

Proposed focus themes:

Postdiagnostic support, improvement of care pathways, use of medicinal products and psychotropic substances, care for family carers, workforce skills, quality of residential care.



European Innovation Partnership Active and Healthy Ageing

- This EU-flagship initiative was launched in 2011. It is mobilising one thousand European regions and municipalities, involving 3000 partners and 300 leading organisations.
- All relevant actors involved in ageing are involved: industry, research, healthcare providers, NGOs,...
- The objective is to increase the average healthy life years of EU-citizens by two years by 2020 by identifying European good practices and scaling them up;
- The Partnership includes two activity strands relevant for dementia: one on „**prevention of frailty and cognitive decline**“ and a further one on „**innovation for age-friendly environments**“.



Reaching Scale



One example of good practice on prevention of cognitive decline (21 identified)

Create a Circle of Care around the person with dementia

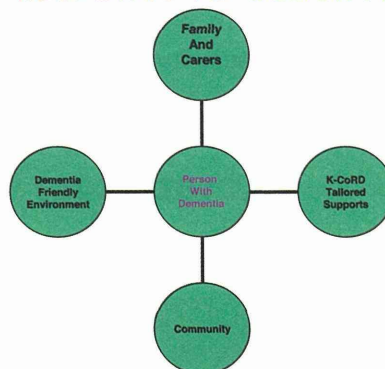
Collaborating with, enhancing and Coordinating existing services

Delivering to the clients a package tailored to their individualised needs

Introducing the benefits of Assisted Technology

Develop Kinsale as a Dementia Friendly Environment

K-CORD
KINSALE COMMUNITY
RESPONSE TO DEMENTIA



Good practice „Age-friendly environment“ Cumbria County Council Investment in Residential Care (2010)

Activities:

Simple changes such as different colours on walls and door frames, plain carpets that are similar in colour and texture and clear signage on rooms and cupboards help reduce stress and anxiety levels of people with dementia, and provide a safer environment by reducing the risk of slips, trips and falls.

Outcome:

A reduction in slips ,trips and falls (reduction from 22 in a 4 month period to 0 in the 4 months after refurbishment) . Evidence of a reduction in antipsychotic medication, improved food intake (half a pound additional intake per person per day).

The first scheme at Elmhurst, Ulverston was awarded the University of Stirling Gold Standard for dementia design.