

**KEYNOTE SPEECH  
TO ALZHEIMER'S DISEASE INTERNATIONAL**

**given by**

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**at**

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**We know a lot about dementia. The people of Singapore do not. So let us teach people some of what we know.**

**In my country one out of every two people is touched by dementia. That means that if this audience was divided into two by a line – there - all the people on that side would be personally touched with this disease. They would know a parent, or a grand-parent, or a friend, or a partner, or someone they meet at formal religious observances, or someone they meet at the golf or bowling or football club, or someone they know from work, or someone dear to a friend, who has dementia.**

**That is millions of people. About fifteen million people in this region (excluding China) have - dementia - now.**

**That is a lot of people. It is three times the entire population of the Republic of Singapore.**

**The disease burden of dementia today exceeds that of:**

- malaria world wide**
- tetanus world wide**
- breast cancer world wide**
- war world wide**
- drug abuse world wide**

**That is how big a problem it is.**

**It is already a major social issue. The Government of Australia has made dementia a national health priority - the first government so to move.**

**Not only that. We know that, locked irrevocably into the pipeline, is an avalanche of more dementia in the future.**

**Imagine a tidal wave that one can see coming – or knows is coming. Yes – it is some way off, but it will arrive and will overwhelm us all unless we are ready for it. Or imagine a train, that is out of control and coming towards us fast. We are running away, not successfully, along the tracks. That is how it is with dementia.**

And because dementia is related to ageing more than anything else, just two things that politicians are so proud of – including here in Singapore

- • increasing length of life

• diminished infant mortality

mean inevitably that there will be an increase in the numbers of persons with dementia in every one of those lands with those laudable and braggable demographic advances.

Yes, increased length of life and decreased infant mortality really do mean more dementia, the flip side of the coin if you will.

That is not counting all the people with younger age onset of dementia.

Of course most people with dementia live in the community - but late in disease most of them need residential care.

And if there are not enough places now for older people needing residential care, think how much worse it will be in just a few years.

And if we lack adequate community support now for people with dementia think how much worse it will be in the future.

And if there are not enough dementia-specific places available now, think how much worse it will be in just a few years.

And if hospital beds are occupied inappropriately by elderly people with dementia and nowhere else to go now, how much worse will it be in just a few years?

We have figures which show that just less than half of the people in long term residential care have dementia - and most nursing homes are not set up to deal with age plus dementia.

My mother was a good example of the lack of accomodation. She saw the local aged care assessment team (that was the designated gatekeeper in my country) and got the necessary approval to seek residential care. No government funded place was available for her, in spite of having

**that approval. All the places were full. There were no spare beds. We had to use a private facility – because there was no choice.**

**Just think how things are here.**

**There are probably not enough places now.**

**If things are going to get worse, then what is bad now, will become awful very soon. And it will get worse and worse and worse as the population continues to age.**

**The sad thing is that governments know the figures. Governments are aware of what lies ahead, what is coming down the track.**

**Governments are not preparing adequately.**

**Governments are concentrating on immediate problems and ignoring to a large extent tomorrow's problems.**

**Not that governments are doing nothing. We will talk a little about Singapore later on – it is just that not enough is happening. Certainly it is not happening quickly enough.**

**There is no sense of urgency.**

**The trouble is that what we tell governments lies outside the cycle of time within which they operate, the so-called “electoral cycle”.**

**Another problem is that good intentions and glossy documents, often produced by governments, are not always matched with action on the ground.**

**Put very bluntly government ministers and prime ministers sometimes leave ministers for health to do what they can. Real extra resources are needed - and are often not forthcoming.**

**Planners have to make do too, sometimes putting off building a new aged care facility, or a dementia specific facility, because they do not have the money. Sometimes there is a domino problem**

**in which a new building cannot be built until an old building is demolished on a crowded campus.**

**But that is not all.**

**Not only must facilities be built. they must be staffed too. So there is a need for a lot of training of tomorrow's workers – otherwise things might be worse than they seem now in spite of new buildings and new facilities and new commitment.**

**Did you know that, if China is included, over half of the population of the world lives in the asia-pacific region? Expressed another way, this region with China has and will have about half the numbers of people with dementia in the entire world.**

**And the numbers of people with dementia in this region will at least triple by 2050. For every person with dementia now there will be three by 2050. So instead of having half the people here knowing someone with dementia, we all will, and some of us will know several people with dementia. If we go back to our division of this room into two and assume that this audience is typical of any crowd of people, (of course we know that it is not typical) then in 2050 everyone will know one person with dementia and that half will know two people with dementia.**

**And since Singapore is one of the more developed nations in this region, and because Singapore is rather more urbanised than some other places, and because there are more nuclear families here than elsewhere, and because too many elderly people live on their own, with poor social networks – you know the networks people need - children, grand-children, friends local community and because Singapore's citizens live longer and have more time to become demented, Singapore will bear an even greater share of this epidemic than other, less advantaged, societies.**

**The problem will be worse here, in part because of the success you have had in increasing length of life.**

**The numbers of old people in the asia pacific region will rise to 25% of the population by 2050. Imagine that. One in every four people**

**you see in street will be over the age of 65. Lots of grey heads. Lots of elderly people.**

**True the Ministry of Health here has established a comprehensive and integrated blueprint on dementia care. We hope it works well. We are looking at your results here to see how they work and to learn what we can take from the experience of Singapore. If good things happen here, we want to copy those things elsewhere. Let us not re-invent the wheel, if you have already done it for us. The late Victorian and Edwardian Poet Rudyard Kipling once put it this way:**

**“when ‘omer struck his bloomin’  
lyre,  
and people ‘eard by land and sea,  
well what he thought he might require,  
‘e went and took – like you and me.”**

**We are ready and only too willing to take anything you do that really works – with or without modifications.**

**People with dementia are as liable to surgical and medical conditions as anyone else of the same age. The health systems do not cope at all now with people whose dominant illness is dementia. They already cannot cope with older people with dementia and some surgical or medical emergency. The publicly funded health systems will buckle, are buckling now. Hospital beds will be occupied and blocked even more than they are now by our patients and other patients will not be able to get in. Injustice upon injustice! Diligent social workers will tear their hair out as they spend more and more time trying to find suitable accommodation for elderly people with dementia - accommodation that does not exist.**

**Not only all that, but the burden is unequally distributed within society. The rich and powerful and well educated get more and better services than the poor, the powerless and the less educated. That is just not fair. If it applies here (and it applies to every other society ever studied) then this inequity should be remedied as a matter of social justice.**

**But there is so much we can offer to people with dementia and so much we can offer to people before they get dementia. That is, we can offer things for you and for me while we are well.**

**Let me tell you about some of the things we do.**

**You probably do them too.**

**Firstly, we encourage people to keep their bodies healthy. If they have treatment for hypertension, if they have prompt treatment of heart disease, if diabetes is well controlled, if people exercise, if they do not smoke, if they do not drink to excess, then vascular dementia, (the second most common form of dementia), would not increase as sharply.**

**We would actually lessen the increase in the amount of vascular dementia if we did those things.**

**Secondly, the diagnosis must be made earlier than it is now if people are to gain the maximum benefit from good treatments. We look for earlier diagnosis so people can get lots of help early when intervention is particularly useful. That diagnosis is not easy. It must often be made by someone familiar with this disease.**

**Thirdly, if people keep their minds active, by reading, doing puzzles, playing bridge and playing intellectual games, they will delay the onset and the progression of dementia. It sounds so simple, so unbelievable, but it is true.**

**Fourthly, we have a help line, open to anyone, staffed by volunteers. It has a freecall number and is a public service. There is so much of a practical nature we can advise worried friends and relatives about.**

**And good advice often helps turn a difficult situation into one that can be managed in the community for longer. Sufferers stay successfully in their own homes for longer. Carers gain confidence. They learn just how much they can do. We advise people about simple things. We urge them to get the same health and dental care for their relatives with dementia as anyone else gets. We ask carers to be aware of people's likes and dislikes so that activities are likely to be things they enjoy doing. We supply them with carer's cards which can be shown discreetly to a shopkeeper or a waiter if people are behaving strangely, or are likely to behave strangely. We tell them how wanderers can**

**be got home again. We advise them how to deal with difficult behaviours, and so on.**

**Fifthly, we have vans called memory vans which go around the country and city and encourage people to “mind your mind” and which hand out instructional material and advertise our free helpline number. People are more willing to engage if the message is about memory or mind and less likely to engage if the message is about dementia. It is less confronting and less threatening to talk about memory or mind.**

**Sixthly, we are aware of the importance of the health of the carers and try to help them arrange respite care, for themselves as well as for the person with dementia when that is needed. Maybe extended families have to come to this party, have to insist that carers look after themselves, take rests, get time off, take holidays. It is no good to anyone if the designated carer falls over. Extended families need to share the burdens to see that these good things happen.**

**But let us be clear. Respite care is lacking, both for patients and those who care for them.**

**And as women rightly enter the workforce in increasing numbers there will be fewer carers and fewer volunteers of a younger age over time. It has been happening for thirty years and it will happen more rapidly in the future.**

**Seventhly, we have support groups in which carers share experiences and learn from each other. They learn tricks from those who have already travelled this road.**

**Eighthly, we have multiple inputs to sufferers, things like multi-sensory rooms, or music therapy, for dementia is often “spotty” and certain functions are retained even while other functions are lost. This was brought home when a friend had dementia which was very marked, and yet he did the cryptic crossword every day well into his illness just as he had done for years. Another patient could not talk, could not remember names, but could dance well, and enjoyed music late in her journey with dementia.**

**One other thing we do with everyone while they are legally competent is to ask them to complete an advanced care directive for themselves. Having an advanced care directive is not as good as having a competent patient tell you what they want - but it is certainly better than nothing. That is something we should all do.**

**Here is an illness that damages people, isolates carers, disrupts families, makes the lives of everyone more difficult, makes everyone bone tired, takes away pleasure, and is an illness which goes on for many years.**

**People have to watch as beloved parents or partners or friends go progressively downhill, cease to read, cease to talk, do not recognise them at all.**

**These helpers and family members are heroines and heroes in our modern society but they get little thanks for what they do. If they were not there with their devotion and their love and their time and their effort society would not cope even half as well as it does now.**

**So let us say to them all a great big, genuine, and heartfelt, “thank you” from everyone at this meeting.**

**And if the problem is going to increase, as it will and if the number of carers is going to decrease, as it will, if new arrangements are not made as they may not be, we will be a poorer and sadder and certainly a less coping community.**

**What is so unfair in my society is that services are available in some areas and totally lacking in others. This is clearly inequitable and we are seeking to do something about it. We are extending our reach to forgotten and hidden areas and to forgotten and hidden people. And we are pressuring those who should be offering help to people in those areas, to give them that help, help that they have not had before in spite of good intentions and glossy brochures.**

**What you are doing is helping roll back the frontiers, increase knowledge, increase our capacity, decrease our ignorance, lessen our feelings of inadequacy and impotence.**

**Your work helps to make society a better place.**

**Our communities will grow and change and age. We know that. Much of the change is already locked in.**

**We want governments to understand the extent and the urgency of this problem and to develop strategies that will meet it, not avoid the problem as they are doing now.**

**You know that your work will be needed more and more as just a few years progress.**

**Good luck to your efforts, your endeavours, your involvement, your planning, your commitment.**

**May your work prosper for the sake of the society that is now inevitable in all our countries.**