



Alzheimer's Disease
International

June 2012
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Global Perspective

A newsletter for Alzheimer's Disease International: The International Federation of Alzheimer's Disease and Related Disorders Societies, Inc.

27th International Conference of Alzheimer's Disease International

Uncovering science, fact and fiction

In partnership with Alzheimer's Society, ADI welcomed more than 1500 delegates to London, UK in March. Under the theme of *Science Fact Fiction*, ADI's annual International Conference delivered a wide variety of sessions, workshops, symposia and social events.

For the first time, a stream of sessions led by people with dementia was incorporated into the conference programme. Attracting a large number of delegates, these sessions covered such topics as battling for diagnosis and treatment, life history and end of life issues. The Scottish Dementia Working Group also used the occasion to mark their tenth anniversary alongside people with dementia and supporters from around the world.

Professor Peter Piot, former Executive Director of UNAIDS, and British author Sir Terry Pratchett, who is living with dementia, delivered inspirational speeches during the conference Opening Ceremony.

Agnes Houston from the Scottish Dementia Working Group



CONTINUED ON PAGE 6

PHOTO: TOBY PHILLIPS

WHO calls governments to action



Oleg Chestnov, WHO, Marc Wortmann, ADI, and Birgitta Martensson, Association Alzheimer Suisse, at the launch of the report

On 11 April the World Health Organization (WHO) launched, in partnership with ADI, a new report on dementia, calling on governments and policymakers across the world to make dementia a public health priority.

The report, titled *Dementia: a public health priority*, provides the most authoritative overview of the impact of dementia worldwide today, offering a comprehensive collection of data, best practices in current policy and case studies from around the world. The report was prepared by four working groups of experts from the dementia field with input from 26 international contributors, 43 representatives from national Alzheimer associations, and 31 expert reviewers.

The report was well received by media across the world, with a major increase in coverage of ADI and some strong messages. ADI would like to thank all who took part in the development and promotion of the report. To find out more about how ADI members around the world played their part in the launch turn to page 3.

To view the report visit www.alz.co.uk/WHO-dementia-report

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Alzheimer's Disease International

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Send us your comments

If you have any comments about or items for the newsletter please contact the Secretariat. Articles for the next issue of Global Perspective to arrive by 3 August 2012.

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ADI welcomes a new staff member



In May, ADI were pleased to welcome a new member to the team in London. **Johan**

Vos has taken up a new post of Director of Development. In this role, Johan will play a key part in ADI's fundraising efforts as well as managing new projects. Johan was previously Executive Director of Alzheimers New Zealand.

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www.twitter.com/AlzDisInt

Editorial



Jacob Roy, Chairman

It gives me immense pleasure to address you all in my capacity as the Chairman of Alzheimer's Disease International. A significant development in the recent past is the WHO report, declaring dementia a public health priority. WHO's recognition of the size and complexity of the dementia challenge has validated ADI's claim.

The report serves as a knowledge base to facilitate governments, policymakers and other stakeholders to address the impact of dementia as an increasing threat to global health. This has been a major achievement for ADI in its 27 years of service. Unlike the previous ADI reports, the WHO's report will reverberate in its 194 member countries. It will certainly be a powerful tool in promoting global advocacy. It is also gratifying to note that the report has been widely covered by the media in several countries.

I wish for the ADI member countries to use this report to influence their health ministries to include dementia in their national programmes. No doubt this will raise expectations and the national Alzheimer associations should be prepared to play a bigger role in advocacy and in creating dementia friendly communities to take up the emerging challenges.

Each member organisation should be able to form a national network of people with dementia and their carers supported by dedicated professionals. We should be working towards developing communities that are sensitive to the needs and problems of dementia.

Our efforts now should focus on mainstreaming dementia on the development, social welfare, public health and human rights agendas in the coming years. To realise this we need to take it to a larger level, giving it the shape of a global movement. I am sure all member countries will play to their strength in such a global movement.

Events

14 – 19 July 2012
Alzheimer's Association International Conference 2012 (AAIC)
Vancouver, Canada
Email: aaic@alz.org
Web: www.alz.org/aaic

27 – 28 September 2012
1st Africa Regional Conference of Alzheimer's Disease International
Mauritius
Email: ameenah_sorefan@yahoo.com

4 – 6 October 2012
22nd Alzheimer Europe Conference
Vienna, Austria
Web: www.alzheimer-europe.com/EN/Conferences

18 – 20 October 2012
VI Congreso Iberoamericano de Alzheimer
Santiago, Chile
Web: alzheimeriberoamerica.org

26 – 28 October 2012
15th Asia-Pacific regional meeting of ADI
Beijing, PR China
Email: adi2012aprc@gmail.com
Web: www.aprc-beijing.com

29 – 31 October 2012
5th Clinical Trials Conference on Alzheimer's Disease (CTAD)
Monaco
Web: www.ctad.fr

8 – 11 November 2012
International Conference on Clinical Practice in Alzheimer Disease (CPAD)
Budapest, Hungary
Email: secretariat@cpadconference.com
Web: www.cpadconference.com

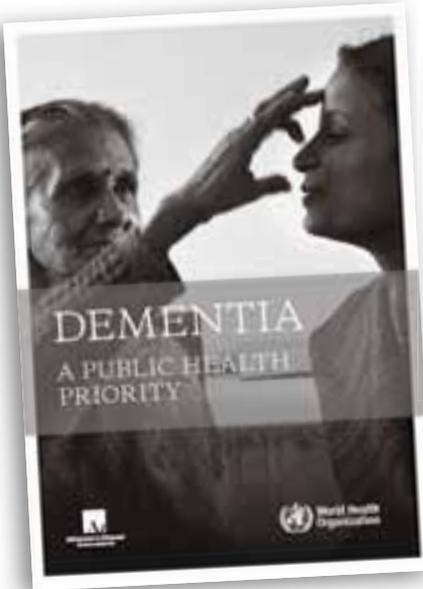
28 – 29 November 2012
1st Middle East Regional Conference of Alzheimer's Disease International
Cairo, Egypt
Email: adicairo2012@mci-group.com

18 – 20 April 2013
28th International Conference of Alzheimer's Disease International
Taipei, Chinese Taipei
Web: www.adi2013.org

Members' forum

ADI members: do you have any news you would like to share with the global dementia community? Please contact us.

Twelve ADI member associations produced news releases for the launch of the WHO's dementia report



ADI members call for national action

In the promotion of the World Health Organization's (WHO) report on dementia, launched on 11 April, it was highlighted that there are currently only eight countries within the 194 WHO member states with a national dementia plan in place. The launch of the report provided ADI member associations with a unique opportunity to call for a plan to be developed in their countries.

CANADA

The Alzheimer Society of Canada emphasised the lack of a national plan with the message 'Where in the world is Canada?' being used in their media promotion. Their call for government action was well received with the Society's CEO, Naguib Gouda, appearing on national television on the day of the report's launch.

CUBA

ADI were informed by SCUAL in Cuba that the report had been featured on the official website of the country's Ministry of Public Health from 11 April. The launch was widely promoted in Cuba, a real achievement for a developing country where the need for government action is so great.

NEW ZEALAND

Gaynor Duff, Interim Manager at Alzheimers New Zealand, reinforced the key messages of the report and detailed the impact of dementia on New Zealand during an interview on national television. The launch of the report had added weight to the association's recent efforts to call for dementia to be made a national health priority.

SINT MAARTEN

One of ADI's newest members, Sint Maarten Alzheimer Foundation was quick to ensure the report reached the country's Public Health Minister. Following the presentation of the report directly to the Minister on 11 April it was announced that initial efforts were being made to develop a national plan of action on dementia.

Reports from members were still being received at the time of going to press. It is hoped that the report will continue to provide a strong platform for members' advocacy and awareness-raising efforts. To find out more visit www.alz.co.uk/WHO-dementia-report

AUSTRALIA

A plan to tackle dementia

Glenn Rees
CEO, Alzheimer's Australia

The announcement of *Living Longer, Living Better*, an aged care reform package which sets out a \$270 million plan to tackle dementia, proves to Alzheimer's Australia that evidenced based advocacy pays off.

The reform package responds to Alzheimer's Australia's Fight Dementia Campaign and the heartfelt stories of people living with dementia that have shown the health and care system is failing them.

On 20 April 2012, the government introduced *Living Longer, Living Better* and are proposing that dementia be added to the existing list of eight National Health Priorities. *Living Longer, Living Better* lays a basis for reform that responds to the advocacy of Alzheimer's Australia in five important ways.

First, the reforms hold out the promise of strengthening the community care system to make it possible for people with dementia to stay at home longer. There will be more community care packages and more funding for respite care.

Second, adopting consumer directed care in all care packages will enable consumers to have more say over the services they need, when they need them and who delivers them.

Third, the approach to funding will embrace the principle of supplementary funding to meet the extra costs of dementia care in both residential and community settings.

Fourth, there are measures that should help reassure consumers that there will be greater transparency in the quality of dementia care in community and residential services.

Lastly, the government's proposals for tackling dementia address key priorities in Alzheimer's Australia's Fight Dementia Campaign,

particularly: timely diagnosis; improving the quality of dementia care in acute care services; and providing support for people with younger onset dementia. These are priorities that have not been addressed before.

Not all our priorities have been addressed. Investment in dementia research has not been addressed and is important if we are to reduce the future numbers of people with dementia. This is an issue the organisation will continue to pursue.

The full impact of the reforms will take years to work their way through. This is because the reforms are not just a question of funding but changing the way services are delivered. Throughout this process, Alzheimer's Australia will seek to be a partner in the implementation of the reforms to ensure they meet the needs of people with dementia.

For more information on the aged care reform package, visit www.fightdementia.org.au

ADI welcomes two new member associations

ADI is delighted to welcome two new member associations this year, Russia and Sint Maarten.

Help For Patients With Alzheimer's Disease And Their Families in Russia was formally established in 2009. They provide free consultations, a helpline and run seminars for carers. They have a twice-yearly 7-week school for carers and people with dementia in 3 hospitals and their colleagues are planning to implement the same programme in Saint Petersburg and Nizhny Novgorod. They host an annual conference for medical and social care professionals and provide information materials for carers, doctors and social workers. For more information about the association in Russia visit www.alzrus.org

Sint Maarten Alzheimer Foundation (SMAF) was established in 2010 and is made up by a small, but dedicated, group of volunteers who run a 24-hour free helpline, a support group for carers and provide printed materials. They also host a weekly one-hour radio show on dementia. The association's website is



Raymond Jessurun from Sint Maarten and Olga Sokolova from Russia

currently in development, but to find out more about SMAF you can contact alzheimersxm@gmail.com

We welcome both associations and look forward to working closely with them in the future.

■ Member profile

EMDA – Alzheimer's Association of Israel



In this issue's Member profile ADI's member association in Israel describes recent activities

Support groups

EMDA operates two types of support groups nationwide: for patients and their family members, and for family members only. The support groups meet on a regular basis, usually once a month. Currently, there are groups for family members in many regional councils and urban areas (excluding Eilat) – approximately 52 groups in total – and a total of 10 support groups for people with dementia and their family members.

Three new support groups for family members were launched in the past three months: in Tiberius, Raanana and in Kiryat Hain near Haifa city. Two new support groups for people with dementia and their family members are planned for the near future, one in Kiryat Ono and the other at the Sharon beach regional council.

'Activities for Health'

EMDA has volunteers in approximately 25 regional councils in Israel that cover the main urban areas nationwide. The volunteers participate in a special training course where they obtain a general knowledge about Alzheimer's disease, and learn how to use the 'Activities for Health' kit – a special activities kit that was developed at EMDA for people who experience memory decline.

At the end of the course the volunteers visit people with dementia in their homes and provide them with suitable stimulation based around the activities in the kit. Each person with dementia has 10-12 ninety-minute sessions with a volunteer.

Intervention programme

A special intervention programme designed for couples who live together at home when one of them has dementia. The aim of this project is to provide the main carer with emotional and practical tools to cope with the disease. The professional assistance lasts for two years. This project is based on a plan developed and implemented across the USA for twenty years, and was accompanied by evaluation studies by Prof Mary Mittelman from New York University.

Recruitment to the project started at the end of December 2011 and there are already more than 20 families participating in the project. Initial feedback indicates that main carers feel a sense of being supported in their situation.

Training and raising awareness

EMDA plans and executes various training programmes for the purpose of raising awareness of dementia and provides information to families. Information is also given to professionals who work with people with dementia in sheltered housing and nursing homes.

In recent months dozens of training sessions were held for professionals in the field of dementia. Feedback from the field indicates employees now feel a greater sense of security in dealing with people with dementia.

'On the Armchair with Picasso'

'On the Armchair with Picasso' is a special art kit developed at EMDA and intended to provide, through art, a quality experience for people living with dementia. People with dementia retain the ability to enjoy the aesthetics until the later stages of the disease. Use of art opens a window to the world of the person with dementia and thus allows direct encounter, fun and dynamics that can enrich their lives. Such activity contributes to the quality of human life and helps maintain the levels of cognition, communication and emotional expression.

The kit includes 50 coloured cards printed with different works of art. On the back of each card there is information and suggestions for activities. Families and professionals around the country who work with people with dementia use the kit.

Museum tours

The museum tours are based on a similar model operated at the Museum of Modern Art in New York. People with dementia and their families participate in a short tour at a local museum. This project is intended for day care centres and other institutions used by people with dementia and is currently available at six museums in Israel.

To find out more about the work of EMDA visit www.alz-il.net or contact office@alz-emda.org.il

UK

**Society welcomes new
Challenge on Dementia**

On 26 March, the UK's Prime Minister, David Cameron, announced the launch of his *Challenge on Dementia*, a programme which aims to improve dementia care and research by 2015.

The programme will include an increase of £66 million on research, health checks for people over 65 to identify any symptoms of dementia with referral if necessary, and diagnosis targets will be set for each part of the country by April 2013. The government have also committed to funding ongoing awareness campaigns and working alongside Alzheimer's Society and Dementia Action Alliance to create Dementia Friendly Communities within the UK.

Three Champion Groups will be formed and co-chaired by high profile figures with the aim of supporting the development of the programme by bringing together leaders from the health and social care fields as well as industry and broader society. Jeremy Hughes, Chief Executive of Alzheimer's Society, will co-chair one of these groups, which will report back to the Prime Minister in September 2012 and March 2013.

These advances come after five months of advocacy efforts from Alzheimer's Society, which has been in frequent discussion with the Prime Minister's advisers and health department officials. The programme was announced during the Society's Dementia 2012 conference where the Society also launched new findings on the challenges faced by those currently living with dementia in the UK.

To view Alzheimer's Society's *Dementia 2012 report* visit www.alzheimers.org.uk/dementia2012

ADI CONFERENCE CONTINUED FROM FRONT PAGE

The busy poster viewing area generated great interest and discussion

PHOTO: TOBY PHILLIPS



Professor Piot highlighted the parallels between the dementia and AIDS movements, pointing out that dementia was also a human rights issue, a message that was echoed throughout the conference.

The exhibition and poster viewing area with its Memory Garden and picnic benches, reflecting the theme of an English garden, proved popular with conference delegates, with many sharing a game of croquet courtesy of Jiminy Wicket. An ADI cinema presenting films from various parts of the world was also a welcome addition to the conference.

ADI hosted a number of workshops on topics such as working with volunteers, the research agenda for Alzheimer associations and the Alzheimer movement. A well-attended workshop focused on the findings and projects of the 10/66 Dementia Research Group provided some important feedback and direction on the future developments of the group's training programme.

Issues surrounding the portrayal of dementia in the mass media were debated, including the relationship between stigma and the media, media management of the subject and the changing representation of dementia in the UK media.

Alzheimer's Association Japan was the winner of the prize for best ADI member exhibition stand

PHOTO: TOBY PHILLIPS



The well-attended ADI Council meeting took place shortly before the start of the conference



PHOTO: TOBY PHILLIPS

A debate on prevention and risk reduction marked the final plenary session of the conference, following on from other keynote topics including new diagnostics and new lexicon of Alzheimer's disease, non-pharmacological interventions, and preparing for the dementia epidemic.

The conference programme aimed to appeal to medical and scientific professionals, people with dementia, formal and informal carers and Alzheimer associations alike. ADI would like to thank Andrew Ketteringham and the team at Alzheimer's Society for their strong support in achieving this goal. Thanks also go to all who attended and helped to make the conference such a successful event.

ADI's next International Conference will take place from 18 to 20 April 2013 in Taipei. To find out more about the conference and register your interest visit www.adi2013.org

ADI 2012 conference in figures...

More than 1500 delegates

303 poster presentations

44 sessions

21 people with dementia speaking during the conference

50 ADI member associations represented

22 member association stands in the exhibition hall

How associations help

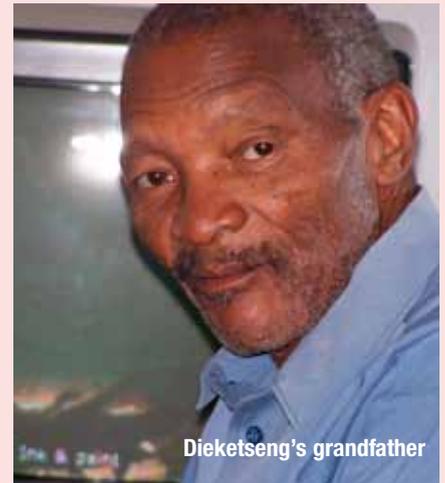
My grandfather

Dieketseng M Nova, South Africa

This letter was sent to Alzheimer's South Africa in February 2011

I don't know if you will remember me. My name is Dee Nova. I got in touch with you, desperate for help, two years ago, about my grandfather who was suffering from Alzheimer's.

My grandparents are in South Africa and I am in New York. You were very helpful in guiding my family and me in getting informed about the disease and also referred us to Lorraine Sepeng [co-ordinator of the Alzheimer's South Africa volunteers in Soweto].



Dieketseng's grandfather

Lorraine met up with my family and they all adored her. I think she was the one who told my grandmother about primary care for the elderly in Diepkloof.

I am writing this to thank you and your organisation and all the people who make what you guys do, happen. Unfortunately, my grandfather passed away last Tuesday and will be buried this Saturday. His health deteriorated rapidly over the last few months and God called him home.

I was home for two weeks, late last year, and it was hard seeing him that ill and I think we all knew it was coming and it hurt. Especially for me, knowing that the day that I left would be the last time I saw him. But, with your organisation's help, the people left behind are in a position to deal a lot better with everything that led up to that day.

My grandmother holds no grudges against him for the times when he would be aggressive and whatnot. She understands that it was not my grandfather but his condition that made him that way. He died a loved and better understood man because of all the knowledge you guys passed on to us.

I honestly wish I could send you more than an email to show our appreciation. Thank you, from the bottom of my heart.

Above is a picture of him, to put a face to the granddad I've written to you about.

To find out more about the work of Alzheimer's South Africa visit www.alzheimers.org.za

Living with dementia

Intergenerational activities

István Kappéter, Hungary

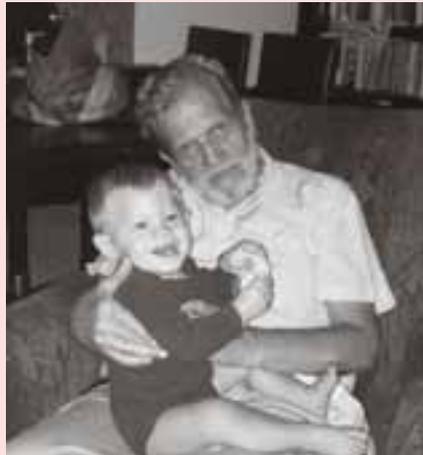
István explains his idea that to combat depression, elderly people – with dementia or otherwise – should teach and care for children and young adults. Children and young children should help and support the elderly as well.

Hello, my name is István Kappéter MD. I am from Hungary: Corvinus University, Budapest; Psychiatric Nursing Home in Tápiógyörgye. I have had Lewy Body dementia since 1995 and Alzheimer's disease since 2005.

I work in psychiatry; I started as a nurse in 1950. I have been a special education teacher, pedagogy and psychology teacher since 1955. I got my medical degree in 1962 and I have been a neurology specialist since 1966, a psychiatry specialist since 1968, a psychotherapy specialist since 1984, and a self-made futurist since 1991.

Elderly people – those with and without cognitive impairment – should care intensively for children and young adults; children and young adults should help and support elderly people.

I have read several reviews on how children and young adults think and live in different countries. At first these facts made me depressed – for the first time in my life – because I doubted if the children and young adults of today would be able to live with lesser financial, entertainment and travel opportunities that will be inevitable if we want humankind to live further. It seems that the worldwide habit of sending them to visit their relatives, grandparents in the country – to live closer to nature – in their school holidays has been made impossible. It was a way for



Istvan with his youngest grandchild

them to get to know a more normal way of life than life in cities; they could join and help in agricultural work.

As I know that depression is not a solution for anything, I started thinking how to start new customs to supplement the old ones. I think it would be useful to make an organised habit of having children and young people live and take care of elderly people and of old people teaching and preparing children to survive and live wisely and happily under modest conditions.

People taking care of those with cognitive impairment report positive experiences of them interacting, living and taking care of cats and dogs. It would be even better if they could live with kids, but the two of course are not mutually exclusive. We have to get over the idea brought to us by people considering themselves as liberals,

that being individuals, taking into consideration everyone's wishes, feelings and personal interests is the most important thing. This idea was a logical reaction to the old feudalistic approach where everyone was instructed to live according to the orders made divine by different religions and churches. It is true that lack of liberty sets back growth, because it oppresses all initiative. But as it turns out, a wholly individualistic society sets back growth just the same. The more crafty and lucky can create an order, where they influence the markets and become distinctly more wealthy and powerful than others – they control power and are able to tell others how and what to do. I am convinced that in the – post-industrial – societies of the future, people with wealth and power above a limit should be obligated to use their resources and power in a way useful to all of humanity. One of the most important tasks for them is to organise the establishments allowing the living together of young and old people.

I would be very pleased if many people with cognitive impairment, professionals, activity directors, nurses and leaders of carer groups would read my ideas and help me make them even better.

István can be contacted at kappnov@yahoo.com

■ Carer's story

They refer to me as 'Edna's husband'

Raymond Jessurun, Sint Maarten

I am one of those persons affected by the severe dementia of my mother-in-law. I had to give up my social life in Curaçao when I decided to support my wife who wanted to take care of her mother. We sold almost all our stuff to move from Curaçao to Sint Maarten in July 2008.

I met my wife and my mother-in-law, Edna Lucille Scot, in 1996, after hurricane Luis and Marilyn hit Sint Maarten. At that time Edna was still a very energetic, organised woman. She loved to cook, kept everything neat and clean, and swept the yard every day. Every year we spent the month of July in Sint Maarten during the school vacation.

As first signs of forgetfulness we started to notice that she would open the pipe in the kitchen or in the bathroom and leave the water running. She would put on the stove and forget to shut it off. She would walk to the shop next door repeatedly and buy the same stuff more than once. She started to forget names. At that time we thought it was the normal ageing process, and we did not know that these were the first signs of a disease that eventually would kill her one day at a time.

Edna needed supervision and could no longer be left alone. Her forgetfulness became too dangerous. We looked for a live-in assistant that could help with the cleaning and the guiding of Edna. When my brother-in-law alone was confronted with the care burden, my wife wanted to share the burden and take care of her mom herself. We

moved into the residence of my mother-in-law. My two sons and my daughter also had to leave their friends in Curaçao. We all got involved in trying to prevent Edna from doing harmful things. I got the night shift, because my wife and the kids had to go to school during the day.

The psychiatrist, after a 5-minute home visit, concluded that she could get medication and that she could be admitted to the Sint Maarten Home for professional care. After four months Edna was admitted to the Sint Maarten Home.

I learned how important it is to share your affection

This gave us some relief, but still every day we went to visit her and gave her something to eat and to drink before she would go to bed, as was her custom. She was alone in a room with only a bed where she had to spend her hours waiting for some activities that made sense. The whole day she could be cleaning the wall with her hands.

One day my daughter decided to give Edna one of her dolls. That doll became very meaningful company for Edna. By visiting her we could walk with her and give her some warm attention. When we refused to have Edna sedated with medication because of the unwanted side effects, we got a letter that we could take her back home. This was the moment for me to set up the Sint Maarten



Raymond Jessurun with his mother-in-law Edna

Alzheimer's Foundation, to defend the rights of people with dementia and their family members and to improve the quality of the care.

Once I had to leave for Curaçao for two weeks to assist and organise an international sports tournament. Nobody understood why Edna stopped eating. They started to force feed her through a tube through her nose to prevent her from dying. Family members all observed that when I returned Edna showed signs of good humour again. She started to eat and drink normally. She was humming songs again. Edna's mood improved because they said that 'Edna's husband' came back.

I really felt her acceptance and, by visiting her, I observed and learned how important it is to share your affection, your warmth, your hugs and kisses with a person with severe dementia.

To find out more about the work of the Sint Maarten Alzheimer's Foundation contact alzheimersxm@gmail.com

Research update

The General Practitioner Assessment of Cognition (GPCOG)

A brief screening tool for primary care

Katrin Seeher and Henry Brodaty, Australia



Prof Brodaty administering the web-based GPCOG to one of his patients

The worldwide ageing of the population is attended by a growing number of dementia patients. General practitioners (GPs), as the main provider of medical care for elderly people, are in the best position to screen for and identify new dementia cases. However, research indicates that GPs often miss significant numbers of mild cases due to time constraints and a lack of suitable screening instruments.

The General Practitioner Assessment of Cognition (GPCOG) was specifically designed to meet the unique needs of primary care, namely having easy access to a reliable cognitive screening instrument that is time efficient, easy to administer and that has been evaluated in the intended patient population.

To further accommodate the particular challenges that GPs are facing when assessing cognition in the elderly, the GPCOG contains both a brief patient assessment (nine items) and a short carer interview (six questions).

Conducting the carer component offers valuable additional information which is unaffected by patient's or carer's age, gender, or education. To allow for maximum time efficiency, both parts can be administered separately, together or sequentially. In any case, the total administration time is less than 5 minutes (roughly 3 minutes for patient, and less than two minutes for the carer component).

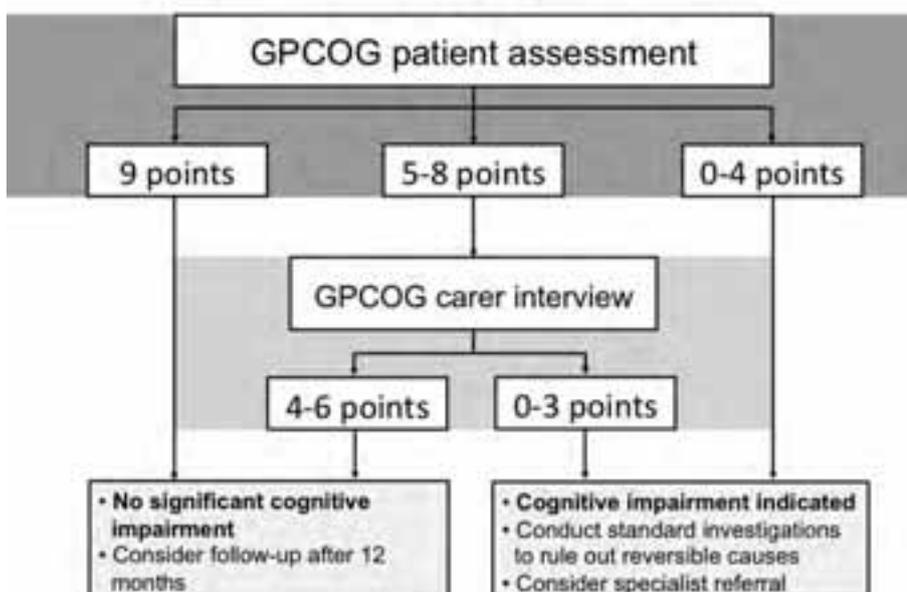
Compared to other commonly used screening instruments, such as the

Mini-Mental State Examination (MMSE) and the Abbreviated Mental Test (AMT), the GPCOG performs at least as well if not better than the MMSE and the AMT in detecting dementia and cognitive impairment.

For clinicians, the GPCOG is available free of charge and can be accessed through the GPCOG website. It comes as a paper-and-pencil test in PDF format or as a web-based assessment which automatically adds up total scores and prompts the user to conduct further standard investigations as appropriate and necessary. As of 30 April 2012, the GPCOG has been validated and published in English, French, Italian and Chinese. It has also been or is currently being translated into Arabic, Afrikaans, Croatian, German, Greek, Japanese, Korean, Maltese, Polish, Portuguese, Romanian, Russian, Spanish, Thai, and Vietnamese.

Overall, based on its psychometric properties and time efficiency, the GPCOG has been recommended by independent reviews as one of three dementia-screening instruments to be used in the primary care setting. With the development of the GPCOG website, dementia screening is now only a mouse-click away for GPs all over the world and is free of charge.

The sequential scoring of the GPCOG



For further information on the GPCOG, relevant publications and the current status of validation studies, please check the GPCOG website at www.gpcog.com.au

■ News

Sarkozy receives ADI Award

French President Nicolas Sarkozy was presented with the ADI Award 2012 for his efforts to improve the lives of people with dementia and their carers in France and across the European Union. Sarkozy's groundbreaking *National plan for Alzheimer and related diseases 2008-2012* has become an important example for many other countries around the world.

The Award was presented during the Opening Ceremony at ADI's International Conference on 7 March. Mme Marie-Anne Montchamp, Secretary of State to the Minister of Solidarity and Social Cohesion in France, accepted the award on behalf of President Sarkozy and delivered a personal message from the President.

President Sarkozy stated in his message, 'I attach so much importance to this Alzheimer's Disease International Award 2012 because it comes from those who are the undisputed specialists in the subject, who are the authorities on this subject internationally, the leading experts and practitioners.'

The ADI Award is presented to an individual who has made an extraordinary contribution towards increasing awareness of dementia and encouraging policy initiatives



PHOTO: TOBY PHILLIPS

Mme Marie-Anne Montchamp delivered a personal message from President Sarkozy during the conference Opening Ceremony

and improvements in the quality of life of people with dementia and their carers. The first ADI Award was presented to ADI founder, Jerome Stone, in 2006.

Nominations for the ADI Award 2013 are now being accepted. As the ADI conference will be held in the Asia Pacific region next year, nominations are first being accepted only from within this region. If you know of someone who you feel deserves to be nominated, please email info@alz.co.uk.

ADI-FMA award winners announced

The winners of the 4th ADI and Fondation Mederic Alzheimer Award for evidence-based psychosocial interventions were announced in March. The best evidence-based psychosocial intervention was awarded to Prof Lynn Chenoweth from Australia for her *PerCEN* study, which examines the cost-effectiveness of improving quality of life and care through person-centred environments and care for people with dementia. Wider dissemination of this project will now be possible thanks to the funds received from the award.

The award for the most promising evidence-based psychosocial intervention was presented to Dr Radha S Murthy for her submission, *The effect of culture based comprehensive psychosocial care program on*

outcomes in residential patients with dementia – An Indigenous Model. The initial studies for this project have taken place in the only comprehensive dementia care facility in India. The centre is a 77-bed facility that includes an activity room, Snoezelen room, pet therapy, hydrotherapy, and

a sensory garden. Dr Murthy's prize will now help to fund further implementation.

ADI would like to congratulate both Prof Chenoweth and Dr Murthy on their success and look forward to seeing the progression of these very important interventions.

LEFT Lynn Chenoweth was announced as the winner of the best intervention category
RIGHT Radha S Murthy from India received her award for most promising intervention



News

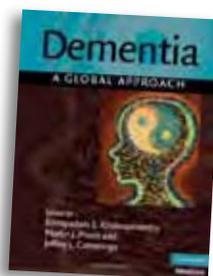
A global approach

Dementia: A Global Approach brings together current cross-cultural knowledge about dementia, covering clinical, epidemiological and scientific areas as well as examining models of care from across the world.

The book highlights the differences in clinical approaches to people with dementia in a number of countries, including Australia, China, Japan, Peru, Nigeria and the USA.

The book was edited by Ennapadam S Krishnamoorthy of the Institute of Neurological Sciences in Chennai, Martin Prince of the Institute of Psychiatry, King's College London, and Jeffrey Cummings of the Cleveland Clinic Lou Ruvo Centre for Brain Health.

The publication brings together a range of literature reviews from contributors including ADI Executive Director Marc Wortmann, ADI Chairman Jacob Roy, members of the 10/66 Dementia Research Group and of ADI's medical and scientific advisory panel.



Copies of the book were distributed to ADI member associations during ADI's international conference in March.

The book is published by Cambridge University Press, ISBN 9780521857765.

Dementia newsflash

■ Bulgaria

Compassion Alzheimer Bulgaria has registered with the Bulgarian coalition of the EU Year of Active Ageing 2012. Their involvement will increase awareness of the association through participation at events across the country during the year.

■ Italy

Federazione Alzheimer Italia will launch a free app, AlzheimerApp, this month. The app will include information about dementia, advice for carers and answers to some frequently asked questions. To find out more about the app, which will be available from Apple's App Store and Google Play, contact info@alzheimer.it

■ Trinidad & Tobago

In April, the Dementia Awareness and Research Group (DARTT) launched a project, *The Prevalence and Economic Cost of Dementia in Trinidad and Tobago*. The study will provide some much-needed data to support the work of the Alzheimer's Association of Trinidad & Tobago.

September 2012 is the first World Alzheimer's Month

In September, ADI will launch the first World Alzheimer's Month!

Building upon the success of World Alzheimer's Day, 21 September, over the past eighteen years, the Month will provide national Alzheimer associations around the world the flexibility they need to schedule or extend their activities and events. World Alzheimer's Day will continue to play a key part in the awareness-raising and advocacy efforts.

A new website dedicated to World Alzheimer's Month will be launched as a tool for members to promote their activities and the general public to find an event in their country or city.

We do hope you will join us, and the rest of the world, in marking World Alzheimer's Month 2012 this September!



ADI have developed promotional materials for members during World Alzheimer's Month

In the next issue of Global Perspective September 2012

- **ADI at the World Health Assembly**
- **A report on this year's Alzheimer University on public policy**
- **World Alzheimer Report 2012**