

Kyoto Declaration: Minimum actions required for the care of people with dementia

Ten overall recommendations	Scenario A Low level of resources	Scenario B Medium level of resources	Scenario C High level of resources
1. Provide treatment in primary care	Recognise dementia care as a component of primary health care. Include the recognition and treatment of dementia in training curricula of all health personnel. Provide refresher training to primary care physicians (at least 50% coverage in 5 years).	Develop locally relevant training materials. Provide refresher training to primary care physicians (100% coverage in 5 years).	Improve effectiveness of management of dementia in primary health care. Improve referral patterns.
2. Make appropriate treatments available	Increase availability of essential drugs for the treatment of dementia and associated psychological and behavioural symptoms. Develop and evaluate basic educational and training interventions for caregivers.	Ensure availability of essential drugs in all health care settings. Make effective care giver interventions generally available.	Provide easier access to newer drugs (e.g. anticholinesterase agents) under public or private treatment plans.
3. Give care in the community	Establish the principle that people with dementia are best assessed and treated in their own homes. Develop and promote standard needs assessments for use in primary and secondary care. Initiate pilot projects on development of multidisciplinary community care teams, day care and short term respite. Move people with dementia out of inappropriate institutional settings.	Initiate pilot projects on integration of dementia care with general health care. Provide community care facilities (at least 50% coverage with multi-disciplinary community teams, day care, respite and inpatient units for acute assessment and treatment). According to need, encourage the development of residential and nursing home facilities, including regulatory framework and system for staff training and accreditation.	Develop alternative residential facilities. Provide community care facilities (100% coverage). Give individualised care in the community to people with dementia.
4. Educate the public	Promote public campaigns against stigma and discrimination. Support nongovernmental organisations in public education.	Use the mass media to promote awareness of dementia, foster positive attitudes, and help prevent cognitive impairment and dementia.	Launch public campaigns for early help-seeking, recognition and appropriate management of dementia.
5. Involve communities, families and consumers	Support the formation of self-help groups. Fund schemes for nongovernmental organisations.	Ensure representation of communities, families, and consumers in policy-making, service development and implementation.	Foster advocacy initiatives.

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6. Establish national policies, programs and legislation	Revise legislation based on current knowledge and human rights considerations Formulate dementia care programs and policies. - Legal framework to support and protect those with impaired mental capacity - Inclusion of people with dementia in disability benefit schemes - Inclusion of care givers in compensatory benefit schemes Establish health and social care budgets for older persons.	Implement dementia care policies at national and subnational levels. Establish health and social care budgets for dementia care. Increase the budget for mental health care.	Ensure fairness in access to primary and secondary health care services, and to social welfare programs and benefits.
7. Develop human resources	Train primary health care workers. Initiate higher professional training programs for doctors and nurses in old age psychiatry and medicine. Develop training and resource centres.	Create a network of national training centres for physicians, psychiatrists, nurses, psychologists and social workers.	Train specialists in advanced treatment skills.
8. Link with other sectors	Initiate community, school and workplace dementia awareness programs. Encourage the activities of nongovernmental organisations.	Strengthen community programs.	Occupational health services for people with early dementia. Provide special facilities in the workplace for care givers of people with dementia. Initiate evidence-based mental health promotion programs in collaboration with other sectors.
9. Monitor community health	Include dementia in basic health information systems. Survey high-risk population groups.	Institute surveillance for early dementia in the community.	Develop advanced monitoring systems. Monitor effectiveness of preventive programs.
10. Support more research	Conduct studies in primary health care settings on the prevalence, course, outcome and impact of dementia in the community.	Institute effectiveness and cost-effectiveness studies for community management of dementia.	Extend research on the causes of dementia. Carry out research on service delivery. Investigate evidence on the prevention of dementia.