



Alzheimer's Disease
International

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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.

World Alzheimer's Month 2013

In September, ADI and Alzheimer associations will mark the 2nd World Alzheimer's Month to raise awareness of dementia and promote better care and support for people living with dementia and their carers. To tie in with the *World Alzheimer Report 2013*, the theme for this year's World Alzheimer's Month will be *Dementia: a journey of caring*. We will focus on caring for people with dementia through the course of the condition.

World Alzheimer's Day, which remains on 21 September, has been a great success since it was launched in 1994. World Alzheimer's Month, launched worldwide in 2012, builds upon the on-going success of the Day with more activities and events taking place worldwide.

To find out more about World Alzheimer's Month and previous campaigns visit www.alz.co.uk/WAM



The Memory Walk in South Korea was a huge success in 2012



Jerome Stone, left, with Henry Brodaty in 1984

ADI founder turns 100

On 18 March, ADI's Honorary Vice President Jerome Stone will celebrate his 100th birthday. In 1984, Jerry Stone was Chairman of what is now the Alzheimer's Association in the USA, and he recognised the importance of creating an international body to share information about Alzheimer's disease and to foster the development of Alzheimer associations worldwide. This marked the beginning of Alzheimer's Disease International and, after serving in various capacities, he is now an Honorary Vice President of ADI.

On behalf of the global dementia community, ADI would like to wish Jerry a very happy birthday and take the opportunity to thank him for his early efforts in founding the organisation and for his continuing support.



Alzheimer's Disease International

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Send us your comments

If you have any comments about our newsletter please contact the Secretariat. Articles for the next issue of Global Perspective to arrive by 30 April 2013.

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Editorial

Marc Wortmann, Executive Director



This year we will renew our Strategic Plan to cover the years 2013-2016. Although we need to keep up with shifting developments in the field, one thing that is not going to change is our first objective: to advocate for Alzheimer's disease and other dementias at the global level. After the launch of the WHO-ADI report, *Dementia: a public health priority*, one of our key objectives is that as many countries as possible should use the report to develop a national Alzheimer or dementia plan. ADI can support this process to a certain degree by providing tools and information about existing plans, but most of the work needs to be done in each country. Indeed, there are a number of new countries who have expressed their will to develop a plan, including Mexico, Japan and Mauritius.

The main tools we have available are the tracking of plans on our website (www.alz.co.uk/alzheimer-plans) and a template of a country report that could help you to convince your government. This year we will also publish a study that compares different plans from around the world and identifies key factors for success.

In addition, we will continue to advocate for further inclusion in the global health and social policy agendas. There are a number of opportunities to make this happen. The main platform will still be the World Health Organization, but it is important to look at other international discussions as well, like the review of the United Nations' Millennium Development Goals. We will keep you informed during 2013 and might ask for your support when appropriate. Dementia is such a big issue that we need to collaborate with everyone: governments, private sector and non-governmental organisations!

Events

2013

11 – 14 April 2013
7th World Congress on Controversies in Neurology (CONy)
Istanbul, Turkey
Email: cony@comtecmed.com
Web: www.comtecmed.com/cony/2013

18 – 20 April 2013
28th International Conference of Alzheimer's Disease International
Taipei, Chinese Taipei
Email: adi2013@mci-group.com
Web: www.adi2013.org

10 – 11 May 2013
2nd Regional Conference of Alzheimer's Disease International for Africa and Alzheimer's Congress
Johannesburg, South Africa
Email: jenny@africaalzheimers.co.za
Web: <http://africaalzheimers.co.za>

10 – 12 October 2013
23rd Alzheimer Europe Conference
Valleta, Malta
Web: www.alzheimer-europe.org/EN/Conferences

16 – 19 October 2013
VII Congreso Iberoamericano de Alzheimer/ XI Reunión de Asociaciones de Alzheimer de Iberoamérica
Montevideo, Uruguay
Web: www.audas.org.uy

11 – 14 December 2013
16th Asia Pacific Regional Conference of Alzheimer's Disease International
Hong Kong SAR and Macau SAR
Email: headoffice@hkada.org.hk
Web: www.aprc2013-hongkong-macau.com

2014

1 – 4 May 2014
29th Annual International Conference of Alzheimer's Disease International
San Juan, Puerto Rico
Email: adi2014@mci-group.com
Web: www.adi2014.org

■ News

Award for World Alzheimer's Day campaign



An application developed for ADI on World Alzheimer's Day 2012 has received a European Excellence Award for best social media campaign.

The application, which appeared on Facebook, was developed by advertising and PR firm Ogilvy in Brussels, Belgium who received the award in December. The *Donate your Facebook Timeline* application enabled users to experience, on 21 September, what it is like to have all of their memories erased.

The campaign was a great success and ADI would like to congratulate Ogilvy on their award.

ADI receives Bloomberg donation

In January ADI was informed that a donation of £1,700 would be made from the UK office of multinational mass media organisation Bloomberg. As part of the corporation's philanthropic programme they run a staff scheme titled *Dollars for Your Hours* and, in 2012, Lia Choi (daughter of Sung Hee Lee from Alzheimer's Association Korea) chose to volunteer her time to raise money for ADI. Thanks go to Lia (below) for her great efforts and consideration.



Tributes to Richard Taylor after new diagnosis

In December, tributes from around the world were paid to Richard Taylor who is living with dementia and was diagnosed with oesophageal cancer in November. A two-hour online radio broadcast was aired live from Lori La Bey, founder and presenter of US-based *Alzheimer's Speaks*. Among those paying tribute to Richard's on-going efforts were ADI's Executive Director, Marc Wortmann, and Honorary Vice President, Daisy Acosta.

Richard has been a great advocate for people with dementia for many years and his influence worldwide on others living with dementia is clear. Messages were given by Agnes Houston in Scotland, Nina Balackova from the Czech Republic, Istvan Kappeter from Hungary, and Kate Swaffer and Christine Bryden – along with her husband Paul – in Australia.

Marc Wortmann commented, after hearing of Richard's diagnosis: 'Our thoughts and best wishes are with Richard and his family. We will remain hopeful that Richard's strength of character and passion will help him through this and that we will see him back and supporting the cause again in the future.'



Richard Taylor at ADI's 2012 International Conference

PHOTO: TOBY PHILLIPS

Member profile

TADA Chinese Taipei

TADA was established on 15 September 2002 and became a full member of ADI in 2005. The visions of TADA are a better life for people with dementia and caregivers, and to create a world without dementia. The goals of TADA include:

- 1 to advocate and empower consumers;
- 2 to increase awareness and understanding of dementia;
- 3 to develop accessible and affordable quality dementia care;
- 4 to apply effective strategies for dementia prevention.



Members at the Family of Wisdom made balls of glutinous rice flour during a Lantern Festival



TADA staff and volunteers celebrated the association's 10th anniversary

By working hard hand-in-hand with people with dementia, their carers, professionals, organisations, media, and government representatives, TADA has accomplished the following tasks:

Raising public and professional awareness

- Coordinating a national campaign during World Alzheimer's Month every year
- Organising a dementia risk reduction workshop
- Releasing a caregiving education film on YouTube and MOD (Multimedia on Demand) television network
- Setting up a dementia e-learning website
- Organising professional training, workshops and an annual national conference
- Facilitating the development of dementia friendly communities

Developing services

- Dementia Social Support Center: toll-free helpline, online counselling, web-based social resources network, intervention for high risk families.
- Always Remember You Café: care-giving speeches, support group for carers, respite care and social resources exhibition.
- School of Wisdom: activity programmes for people with mild dementia, like reminiscence therapy, cognitive stimulation group, art therapy, music therapy, exercise group and choir.
- Family of Wisdom: the second home of people with dementia

and their carers, an innovative service for people with dementia and their carers with functions of respite, activity and support.

- Publications: pamphlets, videos, printed materials for the public, native carers and foreign helpers in 5 languages.

Policy and advocacy

- Advocating for subsidy of assistive technology for people with dementia.
- Expanding long-term care service facilities for people with dementia.
- National health insurance reimbursement in dementia care and medication.
- Adding dementia screening to elderly health checks.
- Translating the *World Alzheimer Report* into Traditional Chinese
- Advocating on national dementia policy.

Research

- Completed a nationwide survey on dementia prevalence in long-term care facilities.
- Conducting an epidemiological study of dementia

TADA succeeded in hosting the ADI Asia-Pacific Regional Conference in 2008 and is very honoured to host the 2013 ADI International Conference in Taipei on 18-20 April. Those who care about dementia are all welcome to join the varied conference programme and enjoy our beautiful scenery.

To find out more about the work of TADA Chinese Taipei visit www.tada2002.org.tw

Members' forum

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

AFRICA

2nd Regional Conference

ADI is working alongside Alzheimer's South Africa and other age and dementia-related organisations in South Africa to prepare for the 2nd Regional Conference of Alzheimer's Disease International for Africa. The conference, which will run alongside the Africa Alzheimer's Congress, will take place on 10 and 11 May in Johannesburg. More information about the conference will be available soon.

BULGARIA

Step forward for funding dementia medication

At a meeting of the Committee on Economic, Social and Cultural Rights, part of the United Nations' Economic and Social Council, a recommendation was made to the Bulgarian government to make dementia medication more accessible by including the costs within their social security scheme.

The meeting, which took place on 20 November 2012 to review Bulgaria's implementation of the International Covenant on Economic, Social and Cultural Rights, was attended by a representative for Foundation Alzheimer Bulgaria who lobbied UN officials on the matter. During the meeting a representative for the Bulgarian government agreed that, from January 2013, funding for dementia medication would be covered in part by their public health system.

A report prepared ahead of the meeting by Foundation Alzheimer Bulgaria highlighted the current issues faced by those living with dementia in the country. The report included six recommendations, which were put forward to UN officials, including improved diagnosis and better access to medication, care and support as well as the adoption of a national dementia plan, day centres and consultation services, and national awareness campaigns.

CANADA

New campaign to tackle stigma



The Alzheimer Society of Canada launched a new campaign in January to help reduce the stigma associated with dementia by addressing myths, changing attitudes and encouraging people to talk about dementia. The campaign, *See me, not my disease. Let's talk about dementia*, took place during the Society's national Alzheimer Awareness Month and provided the opportunity for individuals to test their attitudes and perceptions through an online quiz.

To find out more about the campaign visit www.alzheimer.ca

NEPAL

Awareness activities introduced

Since attending the Alzheimer University for emerging associations last year, Alzheimer's and Related Disorders Society Nepal (ARDS Nepal) have been putting their new knowledge into practice. In December, they introduced an awareness raising programme for students in partnership with Madna Bhandari Academy. They also hosted interactive awareness programmes through a regional radio station in the east of the country.

To find out more about the work of ARDS Nepal visit www.ardsnepal.org

SPAIN

Memory Problems website launched



In December, Confederación Española de Asociaciones de Familiares de personas con Alzheimer y otras demencias (CEAFA) launched a new online questionnaire for those concerned that a family member or friend may have dementia.

¿Problemas de Memoria? (Memory Problems?) aims to bridge the gap between noticing the signs and symptoms of dementia and seeking medical help. The questionnaire, which asks about the signs of memory loss and how frequently they occur, assesses the response and, if necessary, provides a direct link to making an appointment with a doctor.

To find out more visit <http://problemasmemoria.com>

ASIA PACIFIC

New regional office in progress

Since the organisation of a first meeting between ADI's member associations in the Asia Pacific region at the ADI conference in 1998, the regional group have gone from strength to strength. The group now host their own regional meeting and conference each year and, in 2006, they released a report on the cost and prevalence of dementia within the region.

Building upon the growth of the regional group, a new regional office is in the final stages of development. The office will be operated from a base in Singapore and will have a dedicated staff member. The development of a regional office will see the facilitation of greater information and resource-sharing, coordination of training and education, and the opportunity to strengthen those associations within the region as well as seeking new member associations.

ADI member association representatives at the 2008 Asia Pacific regional conference



Dementia newsflash

■ Bangladesh

Alzheimer Society of Bangladesh opened their new office in Dhaka on 1 January. The office includes a reference library and puts the Society in a better position to reach people with dementia and approach policy makers.

■ Ireland

ADI was sad to learn of the sudden passing of Ian McKeever in early January during a climbing expedition on Mount Kilimanjaro. Ian played a key role in the work of The Alzheimer Society of Ireland and thoughts are with his family, friends and former colleagues at this difficult time.

■ Lebanon

Earlier this year Diane Mansour, founder of Alzheimer's Association Lebanon, left the association to move to Dubai. While Diane will remain Honorary President for the association, she is looking to develop a new association in Dubai and continue to work within the Middle East region.

■ Living with dementia

The first step was to call it by its name

Margot Arévalo, Venezuela

I'm Margot Arévalo. I am 63, a mother and grandmother, friend, sister and partner, and part of this world full of people with memory problems.

From the day that I realised that I had a problem with forgetfulness my life completely changed. At first my life was filled with fear, great anguish and a lot of pain. Now I dedicate many hours to thinking about how I hold on to life and what I can do to stay in the here and the now.

I share my life with Ernesto, my companion and caregiver, who is patient, loving and dedicated. At first I did not accept the diagnosis and Ernesto told me: 'You do not have that.' He had a hard time recognizing that I had a problem. Referred to as 'It' until one day, after attending a workshop hosted by Fundación Alzheimer Capitulo Nueva Esparta, I decided I had to lose my fear of the word 'Alzheimer's'. I said: 'To face it is to accept it', and I started to address my fears with the family, in tears and rage and through endless conversations, it was not easy. The first step was to call it by its name: Alzheimer's disease.

A recipe that has served me well is to be occupied. Seize the time by surrounding myself with affection. Love of family, and also close friends, is the foundation. My two sons and granddaughter have lived in Spain for eight years so during this process I have had to live far away from them. During these years, I have had to invent life. I access the Internet from home to keep track of the lives of

my children, and they can keep track of mine. So, on birthdays and Christmas, I send them a warm virtual embrace and dry a tear, and see my granddaughter grow, which fills my days and feeds my soul.

To feed my soul I've done many things, some of them related to artistic expression. I've been writing stories and family history for my granddaughter and children. This task has taken long hours of concentration and creativity. I am registered with Scrabble International online and I play daily with people from all over the world. I also make time for painting landscapes on porcelain plates, thimbles and tea spoons, all by hand, and I started painting with tempera.

One day, my daughter told me that they cannot always tell if all is well: Dare, Mom, to say that you feel bad and you feel that things are not going well. So I'll tell you how I feel when I cannot write or concentrate enough to get organised: I feel diminished and frightened. I've also had panic attacks: in response to an invitation to anything I say 'no' immediately: protect me, I'll stay home, I dare not, I am fearful, and with much anguish I cry for the unknown and also the known.

When I was with my children in Spain, they offered to take me for a massage, to a belly dancing class, a tai chi class, a paint shop, a day on the beach and I always said no. Fortunately, I overcame this resistance and enjoyed the dance movement. I always liked dancing.



Margot Arévalo with her husband, Ernesto

A full version of Margot's story appeared in the *Journal of ALMA Vol.III 2012*, originally taken from the book *Los Rostros del Alzheimer* by Mira Josic de Hernandez, Fundación Alzheimer Venezuela in 2011

■ Carer's story

My journey as a carer

Ann Hamilton King, Zimbabwe

My journey as a carer started some 20 years ago with a mother-in-law, brother-in-law and husband all with Alzheimer's disease. Being a sister-in-law, daughter-in-law, wife and carer at the same time took multi-tasking and patience to the limit.

These three people reacted to the disease in totally different ways. Having my mother-in-law living in my home was difficult and demanding, especially as she thought there was absolutely nothing wrong with her. Sure she was glamorous and had a boyfriend half her age at 90 and besides that, she thought she was pregnant and not too sure of who the father was!

I took care of her until she died aged 92, but she was never diagnosed nor treated for Alzheimer's. Now, with hindsight, I know it was Alzheimer's.

My brother-in-law moved to Australia and is in care there at the moment, but totally different to Roger (my husband). Peter, my brother-in-law, is always angry and violent, throws things at the matron and screams and shouts. All the time saying, "I want to go home!"

Roger was in the hotel trade and very successful. He later successfully ran an interior design business and was enormously creative and highly respected in his field. I run a guest house and a wedding venue. During this time I began to suspect that things were not quite right. He was becoming extremely jealous and would go into wild tempers,



Ann and Roger during an art class

became moody and depressed and was prescribed tranquilizers by the doctor. Unfortunately his mood swings became uncontrollable – tears to laughter in moments. Roger was in denial of his mood swings, extreme jealousy, aggression and violent temper. Roger started to drink and smoke too much and began to get very jealous of whatever I did or whoever I spoke to.

This made running my guest house very difficult, as he was insulting guests and children. I just realised that something was still not right – he would forget things, accuse me of having affairs, and become aggressive and demanding.

I then saved my sanity with the help of the Zimbabwe Alzheimer's Association who were extremely helpful in assisting me to understand the situation. I read everything about the disease that I could lay my hands on which helped to answer a lot of my questions and accept the situation we were in. Roger was finally diagnosed with Alzheimer's, a word that he hated! I realized that I was unable to cope on my own and

made the very hard decision to put Roger into care.

Roger is now resident in a local care home where he has finally settled. He said to me today after church whilst having breakfast in a cafe that he was thankful to me for putting him there as he feels safe, they are good to him and he is making friends there too. This brought tears to my eyes as putting him into care was one of the hardest decisions that I have ever had to make. How blessed I am.

He is enjoying the art classes that we are involving the other residents in and this has been a fantastic outlet for his talents.

I pray for the day when there is more help for people – if diagnosis could be done sooner and we could learn about how to control and understand the disease, it would help. I found the ADI Alzheimer University course I attended in London a great help and the information we got is helping to improve the care given to people with Alzheimer's in Zimbabwe.

■ How associations help

My volunteering experience

Jenny Standing, Australia

My name is Jenny Standing and I was diagnosed with Alzheimer's disease in 2007 at the age of 62. Initially it came as quite a shock and I had a lot of fears about the future having seen my mum with dementia. Life has carried on as normal but we have had to make changes and adjustments such as the fact that I can no longer drive and I do not do the cooking anymore. I have found that all you can do is accept the changes, be positive and do your best. Part of being positive for me is my involvement in the Volunteering Project at Alzheimer's Australia WA (Western Australia).

My first experience as a coastal care volunteer was with Alzheimer's Australia WA in June 2011 after my husband and I attended a briefing on volunteering at Shenton Park. At the briefing I asked for further details and it was decided that a staff member would pay me a visit at home to discuss the types of volunteering I may be interested in taking part in. We subsequently visited Joondalup Library Resource Centre to check on the availability locally of coastal rejuvenation / National Park / gardening volunteering work. I decided working with the Sorrento coastal care group sounded interesting and allowed me to put something back into the local community. This has always been a passion of mine and I used to work in this field too.

I agreed to start on the 29th September at 7.30am and Sharon my minder picked me up from home for the first time. Since then I have been going to Sorrento Beach on a weekly basis on Thursday



Jenny, right, with others taking part in Alzheimer's Australia WA's Volunteering Project

mornings for three to four hours. We have an early start to avoid the heat later in the day. My supervisor is Mike Norman, who is the Volunteer Coordinator of the Sorrento Coast Care Group and Chairman of the Joondalup Community Coast Care Form. Mike puts up with me with great patience which is much appreciated.

At present we are weeding out plants that are not suitable for the area. The biggest pest is onion weed and we have dug out thousands of them. We have special digging tools with long handles, similar to a trenching shovel, to help prise out the weeds' roots without disturbing the native vegetation and which will encourage plant regrowth. The native plants will therefore not have to compete with the rampant weeds. Later in the year when the weather cools and rain sets in we will be planting seedlings which are suitable for the coastal area.

To enjoy this kind of volunteering you have to be fairly fit and agile and be able to cope with all kinds of weather. (Sharon has taken a break for the summer months so my husband has dropped me off each morning and I have cycled

home!) Mike has been a great support to us all. The project is ongoing and I would encourage other people to give it a go as it is good fun. The only disappointing aspect is the volume of rubbish that we pick up and dispose of, which is a sad reflection on modern society.

Eighteen months on I am still volunteering and I have found it wonderful in maintaining my independence. Whilst I had Sharon's support initially, I have chosen to continue volunteering on my own. My husband and I know that if things change for me and I need more assistance or support, all we have to do is call Alzheimer's Australia to set me up with another Support Worker. I hope that my story can be useful for other people with dementia and will encourage you to find something you are passionate about too. For me I look forward to being involved every week and I feel like I'm making a difference.

Jenny's story originally appeared on the *I Can! I Will!* website in 2012 (see page 11).

For more information about the Volunteering Program please contact Suzanne Free at Alzheimer's Australia WA: suzanne.free@alzheimers.org.au

■ Research update

Guidelines for PET Amyloid Imaging in Alzheimer's

Dean M Hartley, PhD, Director of Science Initiatives
at the Alzheimer's Association, USA



Positron emission tomography (PET) uses radiopharmaceuticals (radioactive drugs) to produce three-dimensional functional images of the brain or other body part.

In amyloid PET imaging, the radiopharmaceutical is introduced into the body by injection into a vein and binds specifically to

the amyloid protein, enabling visualization of areas in the brain where amyloid has clumped together into plaques.

Only recently has it become possible to create high-quality images of the brain plaques characteristic of Alzheimer's disease in living people through PET. One of the new PET amyloid

imaging compounds was approved for general use by the US Food and Drug Administration in April 2012, a move that was recently seconded by the European Medicines Agency.

Even so, some questions remain about what can be learned from these PET images and which people should have this test.

Appropriate Use Criteria for Brain Amyloid Imaging with PET in Alzheimer's

While elevated beta amyloid plaques are one of the defining pathologic features of Alzheimer's, many elderly people with normal cognition also have elevated levels of these plaques, as do people with conditions other than Alzheimer's dementia. Therefore, the potential clinical use of amyloid PET requires careful consideration so that its proper role may be identified.

To develop the new criteria, the Alzheimer's Association and The Society of Nuclear Medicine and Molecular Imaging assembled an Amyloid Imaging Taskforce (AIT) consisting of dementia and imaging experts to review the scientific literature and develop consensus recommendations for the clinical use of this promising new technology.

The AIT concluded that amyloid imaging could potentially be helpful in the diagnosis of people with cognitive impairment when considered along with other clinical information, and when performed according to standardized

protocols by trained staff. In addition, they emphasized that the decision whether or not to order amyloid imaging should be made only after a comprehensive evaluation by a physician experienced in the assessment and diagnosis of cognitive impairment and dementia, and only if the presence or absence of amyloid would increase certainty in the diagnosis and alter the treatment plan.

According to the AIT, appropriate candidates for amyloid PET imaging include:

- Those who complain of persistent or progressive unexplained memory problems or confusion and who demonstrate impairments using standard tests of cognition and memory.
- Individuals meeting tests for possible Alzheimer's, but who are unusual in their clinical presentation.
- Individuals with progressive dementia and atypically early age of onset (before age 65).

Inappropriate candidates for amyloid PET imaging include:

- Those who are age 65 or older and meet standard definitions and tests for Alzheimer's, since a positive PET scan would provide little added value.
- Asymptomatic people or those with a cognitive complaint but no clinical confirmation of impairment.

Amyloid PET imaging is also inappropriate:

- As a means of determining the severity of dementia.
- When requested solely based on a family history of dementia or presence of other risk factors for Alzheimer's, such as the ApoE-e4 gene.
- As a substitute for genetic testing for mutations that cause Alzheimer's.
- For non-medical reasons, such as insurance, legal or employment decisions.

The taskforce acknowledged that the healthcare provider makes the ultimate judgment regarding the care of each

patient. The AIT sought to assist this process and identified the following general sequence of events for the use of amyloid PET according to the new criteria:

- (1) Evaluation by a dementia expert to assess the need for diagnostic testing, possibly to include amyloid PET if the Appropriate Use Criteria are met.
- (2) Referral to a qualified provider of amyloid PET services.
- (3) Performance, interpretation and reporting of the amyloid PET scan according to established standards.
- (4) Incorporation of the PET result into the clinical assessment process.
- (5) Disclosure of the PET result by the clinician to the patient and caregivers, along with discussion of the result and its management consequences.

Although identifying potential benefits, the AIT concluded that amyloid PET results will not constitute and is not equivalent to a clinical diagnosis of Alzheimer's disease dementia. They said that imaging is only one tool among many that clinicians should use judiciously to manage patients, and that amyloid PET imaging does not substitute for a careful history and examination.

To read the full paper visit [www.alzheimersanddementia.com/article/S1552-5260\(13\)00034-4](http://www.alzheimersanddementia.com/article/S1552-5260(13)00034-4)

■ News

ADI attends UN Social Development meeting



Raymond Jessurun and Mike Splaine at the meeting

On Monday 11 February, ADI attended the 51st session of the United Nations Commission for Social Development in New York, USA. This occasion marked ADI's first United Nations meeting since being accepted into consultative status with the organisation in August 2012.

Raymond Jessurun, founder of the Sint Maarten Alzheimer Association, alongside ADI Policy Adviser Michael Splaine, attended the meeting during which a statement from ADI was delivered. The issues under discussion at the session were promoting empowerment of people in achieving poverty eradication, social integration and full employment and decent work for all.

In the statement, Raymond said 'ADI wants to recommend that member states prioritise dementia and Alzheimer's in the ageing agenda of the coming five years. Addressing the risk factors for dementia and Alzheimer's (as these are the same risk factors as for cardiovascular diseases, cancer, respiratory diseases and diabetes) and starting surveillance of dementia are key elements of national action plans on dementia recommended by the 2012 WHO dementia report. National dementia action plans will empower our communities to face the multiple challenges for persons and family members living with dementia to be appropriately addressed in early and advanced stages of the disease.'

I Can! I Will! is an ideas library providing people with dementia, carers and all others with a platform to share their awareness-raising concepts. The website aims to help and encourage people with dementia and carers to stand up and speak out about dementia. Please visit the website and share the link with your contacts to ensure that they too can access this useful and inspiring resource. www.alz.co.uk/icaniwill



■ News

ADI fundraiser to attempt world's highest point

On 30 March, Bob Kerr from Scotland will be leaving the UK to attempt to reach the summit of the highest mountain in the world, Mount Everest, and raise funds for Friends of ADI, the UK charity which exists to support ADI.

After reaching the highest point on six of the seven world continents, Bob hopes that his attempt on the highest point on Earth will help to make a difference to the work of Alzheimer associations and people with dementia worldwide as well as fulfilling his ambition of climbing the "Seven Summits".

Bob, who volunteers for a mountain rescue team in the Scottish Highlands, said, 'I have seen the impact of Alzheimer's disease on individuals and caregivers first hand and, through my role in mountain rescue, I have been involved in several call outs for people with dementia who have gone missing.'



Bob Kerr on the highest point in Antarctica in December 2011

Mount Everest, which stands at 8,848 metres in height, is part of the Himalayan mountain range and is located on the border of Nepal and China.

ADI wishes Bob all the best for a successful expedition.

To find out more and to donate visit www.bob-kerr.com



29th International
Conference of
Alzheimer's Disease
International



1 – 4 May 2014
San Juan,
Puerto Rico
www.adi2014.org

In the next issue of Global Perspective

- A report on the 28th International Conference of Alzheimer's Disease International
- Highlights of ADI at the World Health Assembly
- Winners of the ADI Award 2013 and ADI-MetLife Foundation Awards For Best Dementia Care Education Project