



**Alzheimer's Disease
International**

The global voice on dementia

Bibliography of References to National Plans

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Bibliography of References to National Plans

Introduction

Nations and Sub-nations around the world are creating high-level governmental plans to deal with the growing impact of dementia. Each plan is unique and tailored to the people and culture of the country. National and sub-national dementia plans promote countries to create and support dementia-capable programs.

This reference list is a review of scholarly articles and public documents related to dementia plans. Articles were placed in categories based on their topic of discussion. The purpose of this reference list is to provide information and support to leaders seeking more information about the development, maintenance, and support of national dementia plans.

How to Use the Reference List

This document is made up of five sections: developing, implementation, review, public documents, and search method. References appear within the first four sections.

Developing (*pages 3-15*) refers to references that discuss advice on creating plans and how some countries have done so or are planning to do so.

Implementation (*pages 16-21*) refers to references that describe putting a plan into practice, including successes, challenges, and strategies.

Review (*pages 21-39*) includes references that detail the progress and impact of national plans.

Public Documents (*pages 39-40*) refer to sources available that do not fall into one of the above categories, but are instrumental in understanding the importance of national dementia plans.

Method

The search method (*page 41*) provides information regarding the search results for the reference list. An initial search was conducted in several search engines using the same search words. Search engines included Google Scholar, EbscoHost, ScienceDirect, and PubMed. The reference list was then updated with additional articles produced in 2015 and 2016.

National plans bibliography

Developing plans

Workgroup on NAPA's scientific agenda for a national initiative on Alzheimer's Disease

Alzheimer's Association Expert Advisory Workgroup on NAPA

This report outlines a goal-directed scientific agenda for a national initiative to overcome the Alzheimer's disease (AD) crisis. The statement, which reflects the collective views and recommendations of leaders in AD research, is intended to aid the implementation of the National Alzheimer's Project Act (NAPA)'s National Plan to defeat AD. The primary public policy aims of this 10-year scientific agenda are to discover, validate, and develop: (1) a broad range of technologies, tools and algorithms for early detection of people with symptomatic AD, and asymptomatic individuals at elevated risk for AD and other dementias; and (2) a wide range of interventions to preserve and/or restore health and normal neural function, aiming to maintain independent functioning for as long as possible. The long-term scientific public health objectives of this comprehensive plan are to: (1) reduce the number of people with chronic disabling symptoms who will require prolonged care and, eventually, reduce the number of asymptomatic people at elevated risk for AD/dementia; (2) delay the onset of chronic disability for people with AD and other degenerative brain disorders; and (3) lower the cost and burden of care. The plan calls for significant expansion of research programs to identify and validate the cause(s) and pathogenesis of AD, genetic and epigenetic factors that contribute to AD risk, therapeutic targets that affect disease progression, surrogate biomarkers of AD pathobiology, and technologies for early detection of AD.

Alzheimer's Association Expert Advisory Workgroup on NAPA. (2012). Workgroup on NAPA's scientific agenda for a national initiative on Alzheimer's disease. Alzheimer's & dementia: the journal of the Alzheimer's Association, 8(4), 357.

Korea's "War on Dementia"

Alzheimer's Association Korea -- Lee S

A presentation about South Korea's "War on Dementia" with developing, implementing, and current status about the initiative. In 2011, the program has public awareness and there is too much emphasis on treatment. In addition, the long-term care insurance in South Korea focuses on activities of daily living (ADLs) rather than mental health.

<http://www.alz.co.uk/sites/default/files/plans/Korea-war-on-dementia.pdf>

The national dementia strategy in Japan

Arai Y, Arai A, Mizuno Y

The following summarizes the strategies which are being promoted:

- (1) Improve the understanding of the realities faced by patients with dementia.
 - (i) Epidemiological surveys concerning incidence rate and prevalence rate.
- (2) Promote research/development which focuses on dementia.
 - (i) Introduction of preventive measures against dementia.

- (ii)Improvements in diagnostic technologies.(iii)Developments in therapeutic procedures.
- (iv)Provision of appropriate care after onset.
- (3)Implement measures toward early diagnoses of dementia and provision of appropriate medical treatment.
 - (i)Facilitation/dissemination of dementia care guidelines.
 - (ii)Strengthening of the framework of the system in which Dementia Medical Centers play a central role.

The national dementia strategy in Japan. Arai Y, Arai A, Mizuno Y. Int J Geriatr Psychiatry. 2010 Sep;25(9):896-9. doi: 10.1002/gps.2589.

Developing a National Plan to Address Alzheimer’s Disease: Are there lessons that emerging countries can learn from Western countries? (Chapter 2)

Bairu, M

More than 35 million people worldwide are living with dementia, the vast majority Alzheimer’s disease (AD)-related. By 2050, Alzheimer’s disease cases will triple to 115 million - one new case every four seconds - placing untold stress on overburdened social service and healthcare delivery systems, a potentially catastrophic global epidemic. Sixty percent of Alzheimer’s disease victims now live in lesser developed countries. In 2050, these countries will account for 71% of the total Alzheimer’s disease caseload. In 2010, the annual cost of AD was estimated at US\$604billion and rising, i.e., roughly 1% of the world’s gross domestic product. Many Alzheimer’s disease victims are stigmatized, resulting in isolation, abandonment, and withdrawal. Diagnosis and treatment are often non-existent. Only 9 of the 193 World Health Organization member states have implemented national dementia plans, all in the developed world. However, there is some promising news. National models for mitigating the epidemic exist. Research and recommendations are available to assist developing countries in blunting the worst ravages of the epidemic.

Bairu, M., & Weiner, M. (Eds.). (2013). Global Clinical Trials for Alzheimer's Disease: Design, Implementation, and Standardization. Academic Press.

Living well with dementia – development of the national dementia strategy for England

Banerjee, S.

Focus on the development and the content of the English National Dementia Strategy which attempts to address the problem of underutilizing dementia supports and services.

Banerjee, S. (2010). Living well with dementia—development of the national dementia strategy for England. International journal of geriatric psychiatry,25(9), 917-922.

Public health in the new era: improving health through collective action

Beaglehole R, Bonita R, Horton R, Adams O, McKee M

If public-health practitioners are to address national and global health challenges effectively, the way they work and make their work relevant to these challenges will require a major reorientation. A clear vision of what public health is, and what it can offer, is required. To be

achievable, the vision must then be communicated not only to its practitioners, but also to the wider policy community, whose actions are necessary to improve the health of the public. Here, we propose a reformulation of public health appropriate for the global and national health challenges in this new era.

Beaglehole R, Bonita R, Horton R, Adams O, McKee M. Public health in the new era: improving health through collective action. Lancet. 2004 Jun 19;363(9426):2084.

The national dementia strategy in England

Burns, A. & Robert, P.

Public awareness of dementia is currently high, thanks to touching personal accounts of the illness through individual experience, such as that of the writer Sir Terry Pratchett.¹ In the United Kingdom, dementia affects about 700 000 people at an estimated cost of £17bn (€19bn; \$24bn) a year.² The National Dementia strategy for England—the product of extensive consultation with an estimated funding of £150m—was launched in February 2009.³ The main outputs are 17 recommendations coalesced around three areas—raising awareness, diagnosing the disease early on, and improving quality of care. The mantra of “a memory clinic in every town” was one of the publicity sound bites,⁴ but it raised legitimate questions about the evidence behind the strategy. How many of the 17 recommendations are evidence based? How many can be? The answer to both questions is—some of them.

The recommendations include a mix of long awaited priority setting and reaffirmation of existing legislation. Some are obvious—for example, good quality information for people with dementia and their carers and improved community support and implementation...

Burns, A., & Robert, P. (2009). The national dementia strategy in England. BMJ, 338.

Developing a national dementia strategy for Ireland

Cahill, S.

Understanding the type of care older Irish adults prefer and how to develop a national dementia strategy with their preferences in mind.

Cahill, S. (2010). Developing a national dementia strategy for Ireland. International journal of geriatric psychiatry, 25(9), 912-916.

Dementia and the population health approach: promise, pitfalls and progress. An Australian perspective

Catherine Traversa, David Liea, & Melinda Martin-Khan

The increasing prevalence of dementia in Australia (and worldwide) over the next few decades poses enormous social, health and economic challenges. In the absence of a cure, strategies to prevent, delay the onset of, or reduce the impact of dementia are required to contain a growing disease burden, and health and care costs. A population health approach has the potential to substantially reduce the impact of dementia. Internationally, many countries have started to adopt population health strategies that incorporate elements of dementia prevention. The authors examine some of the elements of such an approach and barriers to its implementation.

International dementia frameworks and strategies were reviewed to identify options utilized for a population health approach to dementia.

Internationally and nationally, dementia frameworks are being developed that include population health approaches. Most of the frameworks identified included early diagnosis and intervention, and increasing community awareness as key objectives, while several included promotion of the links between a healthy lifestyle and reduced risk for dementia.

A poor evidence base (especially for illness prevention), diagnostic and technical limitations, and policy and implementation issues are significant barriers in maximizing the promise of population health approaches in this area.

The review and analysis of the population health approach to dementia will inform national and jurisdictional policy development.

Gutiérrez-Robledo LM, Arrieta-Cruz I. [Dementia in Mexico: The need for a National Alzheimer's Plan]. Gac Med Mex. 2015 Sep-Oct;151(5):667-73. Spanish. PubMed PMID: 26526483.

The national dementia strategy: An opportunity in leadership

Chakraborty, A (UK)

The new National Dementia Strategy for England and Wales has recently been published and provides an excellent opportunity for leadership. It sets out an ambitious vision to raise the standards of care for people with dementia and is of great significance to occupational therapists working in health and social care settings. Occupational therapists can ensure that care teams, clients and carers have better knowledge about the functional impact of dementia. They are often one of the first professional groups who see people performing various activities that are directly or indirectly affected by memory and other cognitive functions. Improving dementia services could have a major impact on clients' quality of life and could also provide savings. Occupational therapists can make a significant difference in empowering clients and their carers to remain longer in their own home with appropriate technology, such as telecare, or to fulfil their occupational roles and wishes as much as possible. With such a great opportunity to influence all three aims of the national strategy, occupational therapists can be at the forefront of making the implementation of the strategy a success.

Chakraborty, A. (2009). The national dementia strategy: An opportunity for leadership. The British Journal Of Occupational Therapy, 72(5), 187.

An evaluation of a national program to implement the Cornell Scale for Depression in Dementia into routine practice in aged care facilities

Davison, T., Snowdon, J., Castle, N., McCabe, M., Mellor, D., Karantzas, G., & Allan, J

Background: Screening tools have been recommended for use in aged care to improve the detection and treatment of depression. This study aimed to evaluate the impact of a program for the routine implementation of the Cornell Scale for Depression in Dementia in Australian facilities, to determine whether use of the instrument by nurses led to further monitoring of depressive symptoms, medical referral, and changes in treatments prescribed for depression.

Methods: A file review was completed for 412 participants out of a total of 867 older people (47.5%) who resided in ten aged care facilities. The review examined Cornell Scale assessment data, medication charts, medical history, nursing progress notes, and resident care plans.

Nursing staff who administered the Cornell Scale to each participant were also interviewed, and ten facility managers took part in an interview to determine barriers to the effective implementation of the instrument.

Results: The Cornell Scale had been administered to 46.8% of the sample in the previous 12 months, with 25% of these participants scoring 9–13 and 27% scoring 14 and above. Less than one third of the residents with high scores were monitored by the staff following the assessment. Only 18% of residents with high scores were referred for further assessment of depression, while 10% received a treatment change.

Conclusions: The absence of a protocol for responding to high Cornell Scale scores limited the potential of this program to result in widespread improved treatment of depressed older people. The use of the Cornell Scale by aged care nurses with limited training raised concern

Davison, T., Snowden, J., Castle, N., McCabe, M., Mellor, D., Karantzas, G., & Allan, J. (2012). An evaluation of a national program to implement the Cornell Scale for Depression in Dementia into routine practice in aged care facilities. International Psychogeriatrics, 24(4), 631-641.

The Norwegian dementia plan 2015 – ‘making most of the good days’

Engedal, K. (2010). The Norwegian dementia plan 2015—‘making most of the good days’. International journal of geriatric psychiatry, 25(9), 928-930.

Towards a Brazilian dementia plan? Lessons to be learned from Europe

Engedal, K. & Laks, J.

Dementia is a global socio-medical problem. The steepest increase in prevalence occurs in Latin-America and Asia. European governments have implemented dementia plans to improve care. We describe common goals of European dementia plans and discuss the Brazilian situation. Sixteen European countries have governmental dementia plans, another four are set to launch them. These plans have some common goals: to raise general awareness on dementia and reduce stigma, to establish more diagnostic centers and increase the number of people with correct diagnoses, to provide integrated care that improves quality of care and quality of life, and to promote educational programs for family and professional carers. European dementia plans have contributed toward raising awareness about dementia. More reference centers for diagnostic evaluations have been established and successful educational programs have been run. Integrated care is still a challenge in most countries. Brazil needs a plan. Facilitators and barriers for implementation should be identified by studying the European plans.

Engedal, K. & Laks, J. (2016). Towards a Brazilian dementia plan? Lessons to be learned from Europe. Dement. neuropsychol. vol.10 no.2 São Paulo. Retrieved from http://www.scielo.br/scielo.php?pid=S1980-57642016000200074&script=sci_arttext

Optimizing Person-Centered Transitions In The Dementia Journey: A Comparison Of National Dementia Strategies

Fortinsky, R. H., & Downs, M.

The journey for people with Alzheimer's disease or another dementia involves the need for increasing levels of support, with transitions across care settings. Although transitional care has received increasing attention in the health care arena, no widely accepted transitions typology exists for the dementia journey. At the same time, national dementia strategies are proliferating. We developed a typology containing six transitions that cover the dementia journey from symptom recognition to end-of-life care. We then critically evaluated whether and how the national dementia strategies of Australia, England, France, the Netherlands, Norway, Scotland, and the United States addressed each transition. Adopting a person-centered perspective, we found that most or all of the national strategies adequately address earlier transitions in the journey, but fewer strategies address the later transitions. We recommend that next-generation national dementia strategies focus on later transitions, specify how care coordination and workforce training should make transitions more person centered, and use person-centered outcomes in evaluating the success of the strategies' implementation and dissemination.

Fortinsky, R. H., & Downs, M. *Fortinsky, R. H., & Downs, M. (2014). Optimizing Person-Centered Transitions In The Dementia Journey: A Comparison Of National Dementia Strategies. Health Affairs, 33(4), 566-573.*

What drives change? Barriers to and incentives for achieving evidence-based practice

Grol R, Wensing M.

To bridge the gap between scientific evidence and patient care we need an in-depth understanding of the barriers and incentives to achieving change in practice. Various theories and models for change point to a multitude of factors that may affect the successful implementation of evidence. However, the evidence for their value in the field is still limited. When planning complex changes in practice, potential barriers at various levels need to be addressed. Planning needs to take into account the nature of the innovation; characteristics of the professionals and patients involved; and the social, organisational, economic and political context.

Grol R, Wensing M. What drives change? Barriers to and incentives for achieving evidence-based practice. Med J Aust. 2004 Mar 15;180 (6 Suppl):S57 – 60.

Dementia in Mexico: The need for a National Alzheimer's Plan

Gutiérrez-Robledo LM, & Arrieta-Cruz I

Dementia is one of the facts than most contributes to the disability and dependence in elderly people. Alzheimer's disease is the cause more common of dementia in the world. In Mexico, the prevalence of Alzheimer's disease is 7.3% and incidence of 27.3 per 1,000 people/year. Mexican population studies have determined that Alzheimer's disease is highly associated to women and their risk to develop it is increased with metabolic syndrome, cardiovascular disease, or depression. The projections are that there will be 3.5 million elderly people affected by Alzheimer's disease by 2050 in Mexico; this will have a major impact on the healthcare system. The National Institute of Geriatrics from Mexico's Ministry of Health has released a first

proposal for a National Alzheimer and Other Dementias' Plan. The central aim of this plan is to promote the well being of people affected by Alzheimer's disease and their families through of the strengthening of the Mexican healthcare system and the support of other responsible institutions.

Gutiérrez-Robledo LM, Arrieta-Cruz I. [Dementia in Mexico: The need for a National Alzheimer's Plan]. Gac Med Mex. 2015 Sep-Oct;151(5):667-73. Spanish. PubMed PMID: 26526483.

From states of confusion to a national action plan for dementia care: the development of policies for dementia care in Australia

Howe, AL

The release of Australia's National Action Plan for Dementia Care in 1992 was the culmination of more than a decade of policy development over which the federal government assumed an increasing role, and the participatory approach fostered under its Social Justice Strategy promoted collectivist and political attempts to address the issues of dementia care. This article begins with an account of four phases of policy development, with the transition from one to the next marked by changes in thinking about dementia care being incorporated into policy and then expressed in programmes and in care practices. In the second part of the article, the goals and structure of the National Action Plan are outlined and its implementation and outcomes discussed. Continuation of the policy climate in which the National Action Plan was formulated is a crucial, but uncertain, factor for future development.

Howe, A. L. (1997). From states of confusion to a national action plan for dementia care: the development of policies for dementia care in Australia. International journal of geriatric psychiatry, 12(2), 165-171.

Viability of a Dementia Advocacy Effort for Adults with Intellectual Disability: Using a National Task Group Approach

Janicki, M. P., & Keller, S. M.

The World Health Organization's report, *Dementia: A Public Health Priority*, noted that the number of people worldwide affected by dementia is significant and will continue to increase. The report called on nations to address dementia by developing national plans and undertaking public health initiatives. Special mention was made of the situation of people with intellectual disability, some of who manifest high risk for dementias. In the United States, the National Task Group on Intellectual Disabilities and Dementia Practices (the "NTG") was created to ensure that the needs and interests of adults with intellectual and developmental disability who are affected by Alzheimer's disease and related dementias—as well as their families and friends—are taken into account as part of general population dementia health and public policy efforts, particularly as noted in the U.S. National Plan to Address Alzheimer's Disease. To this end, the NTG's multifaceted advocacy efforts have included:

- (1) Identifying best practices for providing care and services to affected adults with intellectual disability;
- (2) developing and identifying a functional workable administrative dementia early detection and screening instrument;

- (3) producing educational materials useful to families, adults with intellectual disability, and nongovernmental organizations; and (4) furthering public policy initiatives on dementia as they affect adults with intellectual disability. This article describes the origins of this group, its functions and accomplishments, as well its role with respect to national dementia advocacy, as a prototype for other national efforts that can be used to promote the interests of adults with intellectual disability affected by dementia and improve the quality of their lives. Suggested are means for replication of such an effort in other national environments.

Janicki, M. P., & Keller, S. M. (2014). Viability of a Dementia Advocacy Effort for Adults with Intellectual Disability: Using a National Task Group Approach. Journal of Policy and Practice in Intellectual Disabilities.

Calls intensify for national dementia plan

Jones, K.

Momentum is building for a national dementia strategy after Canada vowed with other G8 nations at a recent summit to ramp up efforts to find a cure for the disease. But history suggests implementing a truly effective strategy will be difficult.

Canada is the only G8 nation without a national dementia plan, and researchers say national leadership is crucial if the federal government is to do its part to find a cure or “disease-modifying therapy” by 2025.

Jones, K. (2013). Calls intensify for national dementia plan. Canadian Medical Association Journal, cmaj-109.

Making a national dementia strategy: The Indian experience

Kuriakose, J

The Country Report ‘Dementia India’ is being looked upon from all quarters as a visionary document that can bring about a tremendous change in the dementia care scenario and make the Govt. of India to develop a National Dementia Strategy for India.

Kuriakose, J. (2011). Making a national dementia strategy: The Indian experience. Alzheimer's & Dementia, 7(4), S628.

National dementia plans: significance and challenges

Kuriakose, J. R., Kumar, S., & Varghese, B.

There is a worldwide call and recognition for the need of governments to set up national plans for dementia care. This would lead to national action programmes aimed at improving the recognition and care of people with dementia. There should be appropriate financial backing to implement the plan successfully. ADI as the umbrella organisation for 79 Alzheimer organisations across the world which aims to help establish and strengthen Alzheimer associations throughout the world recommends that dementia made a national public health and social care priority worldwide. In this study we aimed to review the national dementia plans with a view to identify the components which would make a plan successful and effective. We also explored the challenges faced when trying to formulate and implement national dementia plans.

There are around 14 countries which do have well established national dementia plans (some countries have regions which have dementia plans). Some have dementia plans in progress and some do not have any. Setting up national dementia plan is a collaborative venture involving government and non governmental agencies, legislators, care providers, people with dementia, families, professionals, researchers etc. The primary aim of the plan is to improve the quality of life of people with dementia and their primary carers. There are several common themes in most plans which include prevention strategies and promotion of healthy life styles, promoting a positive attitude towards people with dementia, supporting high quality research, producing competent professionals, early diagnosis, appropriate medical, psychological and social interventions etc. The ultimate aim of these plans is to improve the quality of dementia care. It has to be acknowledged that several of these plans faced with challenges of various nature. Plans mostly became successful when there was adequate financial backing and support by the government. Non governmental organisations do play a major role in making the strategies visible at the grass root level. The countries with national plans proven to be successful should not just stop there. They should aim for more ambitious goals, maintain the momentum and capitalise on advances made.

Kuriakose, J. R., Kumar, S., & Varghese, B. (2014). National dementia plans: significance and challenges. Alzheimer's & Dementia: The Journal of the Alzheimer's Association, 10(4), P734.

Dementia research—what do different public groups want? A survey by the Scottish Dementia Clinical Research Network

Law E, Starr JM, Connelly PJ

Scotland's National Dementia Strategy calls for people with dementia and their carers to give voice to what they see as the priorities for dementia research. We sent questionnaires on dementia research priorities, locus and type of research, desired outcome measures and willingness to volunteer, to two groups of dementia research stakeholders: (1) people with dementia and their carers who may or may not be participating in research and (2) those who are directly participating in research. We also made the questionnaire available on a national dementia research website. Five hundred and fourteen responses were received. The top four topics rated by importance were identical across all three groups of respondents: early detection (38.1%), drug trials (14.2%), studies on people living at home (9.7%) and study of carers (6.0%). The data can help shape the dementia research agenda, but more information needs to be made available to the public about other potential research areas.

Law, E., Starr, J. M., & Connelly, P. J. (2011). Dementia research—what do different public groups want? A survey by the Scottish Dementia Clinical Research Network. Dementia, 0142723711420309.

The Addenbrooke's Cognitive Examination Revised (ACE-R): a brief cognitive test battery for dementia screening

Mioshi, E., Dawson, K., Mitchell, J., Arnold, R., & Hodges, J. R.

There is a clear need for brief, but sensitive and specific, cognitive screening instruments as evidenced by the popularity of the Addenbrooke's Cognitive Examination (ACE).

OBJECTIVES:

We aimed to validate an improved revision (the ACE-R) which incorporates five sub-domain scores (orientation/attention, memory, verbal fluency, language and visuo-spatial).

METHODS:

Standard tests for evaluating dementia screening tests were applied. A total of 241 subjects participated in this study (Alzheimer's disease=67, frontotemporal dementia=55, dementia of Lewy Bodies=20; mild cognitive impairment-MCI=36; controls=63).

RESULTS:

Reliability of the ACE-R was very good (alpha coefficient=0.8). Correlation with the Clinical Dementia Scale was significant ($r=-0.321$, $p<0.001$). Two cut-offs were defined (88: sensitivity=0.94, specificity=0.89; 82: sensitivity=0.84, specificity=1.0). Likelihood ratios of dementia were generated for scores between 88 and 82: at a cut-off of 82 the likelihood of dementia is 100:1. A comparison of individual age and education matched groups of MCI, AD and controls placed the MCI group performance between controls and AD and revealed MCI patients to be impaired in areas other than memory (attention/orientation, verbal fluency and language).

CONCLUSIONS:

The ACE-R accomplishes standards of a valid dementia screening test, sensitive to early cognitive dysfunction.

Mioshi, E., Dawson, K., Mitchell, J., Arnold, R., & Hodges, J. R. (2006). The Addenbrooke's Cognitive Examination Revised (ACE-R): a brief cognitive test battery for dementia screening. International journal of geriatric psychiatry, 21(11), 1078-1085.

Dementia care in Ireland: What's the plan?

O'Connell, H

This issue of Irish Journal of Psychological Medicine, deals with dementia care in Ireland. At present in Ireland, there are no clear pathways of referral for assessment, diagnosis and management of individuals with cognitive impairment/dementia. The documents summarized in this issue highlight the varied nature and the huge extent of clinical and social problems posed by dementia, the current lack of any coherent, working strategy for the assessment, diagnosis and treatment of dementia and the urgent need for the development and expansion of a working dementia strategy for Ireland. The lack of a coherent and functioning dementia strategy in Ireland has a direct impact on individuals with cognitive impairment/dementia and their families and carers, who have no clear pathways for accessing assessment, diagnosis and treatment of what is a profoundly life-changing and ultimately terminal disease. A new strategy should be placed in the context of current services as they exist throughout the country and appropriate costings for implementation should also be included. National standards should be defined, in the prevention, diagnosis and management of all stages of dementia, including palliative care.

O'Connell, H. (2011). Dementia care in Ireland: What's the plan?. Irish Journal of Psychological Medicine, 28(3), 112-115.

Quality collaboratives: lessons from research

ØVretveit J, Bate P, Cleary P, Cretin S, Gustafson D, McInnes K, McLeod H, Molfenter T, Plsek P, Robert G, Shortell S, Wilson T.

Quality improvement collaboratives are increasingly being used in many countries to achieve rapid improvements in health care. However, there is little independent evidence that they are

more cost effective than other methods, and little knowledge about how they could be made more effective. A number of systematic evaluations are being performed by researchers in North America, the UK, and Sweden. This paper presents the shared ideas from two meetings of these researchers. The evidence to date is that some collaboratives have stimulated improvements in patient care and organisational performance, but there are significant differences between collaboratives and teams. The researchers agreed on the possible reasons why some were less successful than others, and identified 10 challenges which organisers and teams need to address to achieve improvement. In the absence of more conclusive evidence, these guidelines are likely to be useful for collaborative organisers, teams and their managers and may also contribute to further research into collaboratives and the spread of innovations in health care.

ØVretveit J, Bate P, Cleary P, Cretin S, Gustafson D, McInnes K, McLeod H, Molfenter T, Plsek P, Robert G, Shortell S, Wilson T. *Quality collaboratives: lessons from research. Qual Saf Health Care. 2002 Dec;11(4):345 – 51.*

The Canadian Study of Health and Aging: organizational lessons from a national, multicenter, epidemiologic study

Rockwood, K., Wolfson, C., & McDowell, I.

The Canadian Study of Health and Aging was a large, multidisciplinary, national core study—with a number of “add-on” investigations—of the epidemiology of dementia and the health of older people. This structure was a fiscally prudent way to balance between mandated and investigator-initiated inquiry. In hindsight, several important features of the study would be repeated. Future studies might profitably consider a longer funding period for analysis, and a more strategic approach to in depth, supplementary studies.

Rockwood, K., Wolfson, C., & McDowell, I. (2001). *The Canadian Study of Health and Aging: organizational lessons from a national, multicenter, epidemiologic study. International Psychogeriatrics, 13(S1), 233-237.*

Countrywide strategic plans on Alzheimer’s disease: Developing the framework for the international battle against Alzheimer’s disease

Rosow, K., Holzapfel, A., Karlawish, J. H., Baumgart, M., Bain, L. J., & Khachaturian, A. S.

As the world’s population ages, countries must prepare for the significant impact Alzheimer’s disease will have on their health systems, their economies, and their citizens. In anticipation of major global demographic changes, many countries in the G-20 since 2000 have begun to develop and enact plans to address Alzheimer’s disease as a national priority. However, even with nearly half of these participating countries having plans in place, there has been little research done to quantify the value of enacting a nationwide plan on this disease. In this review, we summarize recent national plans (from the year 2000 and beyond) and any results stemming from their respective recommendations and activities.

Rosow, K., Holzapfel, A., Karlawish, J. H., Baumgart, M., Bain, L. J., & Khachaturian, A. S. (2011). *Countrywide strategic plans on Alzheimer’s disease: Developing the framework for the international battle against Alzheimer’s disease. Alzheimer’s & Dementia, 7(6), 615-621.*

Barriers and enablers of health promotion, prevention and early intervention in primary care: Evidence to inform the Australian national dementia strategy

Travers C, Martin-Khan M, & Lie D

A comprehensive literature review was undertaken to: (i) identify and summarise the research evidence regarding barriers and enablers of health promotion, prevention and early intervention (PPEI) in primary care to reduce the risk of chronic disease in the older population; and (ii) use this evidence to make recommendations to inform the Australian national dementia prevention strategy around the translation of evidence-based care into practice. PPEI activities in primary care have the potential to not only reduce the prevalence and impact of a number of chronic diseases, but may also prevent or slow the onset of dementia given the apparent overlap in risk factors. While sizeable gaps exist regarding the most effective ways to promote the adoption of these activities, limited evidence suggests that, to be effective, PPEI activities should be quick and easy to administer, have a sound rationale and be readily incorporated into existing work processes.

Travers, C., Martin-Khan, M., & Lie, D. (2009). Barriers and enablers of health promotion, prevention and early intervention in primary care: Evidence to inform the Australian national dementia strategy. Australasian Journal On Ageing, 28(2), 51-57. doi:10.1111/j.1741-6612.2009.00359

Dementia strategy now needs updating to build on success

Triggle N (UK)

The article discusses the plan of Health Secretary Jeremy Hunt to update the National Dementia Strategy published by the Labour Party in Great Britain. It states that Hunt assured that the updates would be refreshed and updated. It notes that he regularly talks about making the country a leader for the treatment and care of dementia. It mentions that the Health Education England has launched foundation level dementia training in November 2013.

Triggle, N. (2014). Dementia strategy now needs updating to build on success. Nursing Older People, 26(3), 8-9.

Living Well with Dementia: A National Dementia Strategy- Good Practice Compendium: An assets approach

UK Department of Health (South East)

This good practice compendium has been brought together from across the regions to support local delivery of the national dementia strategy and improve outcomes for people with dementia and their carers.

UK Department of Health (South East) (2011). Living Well with Dementia: A National Dementia Strategy- Good Practice Compendium: An assets approach. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215822/dh_123475.pdf

Memory, Aging and Cognition Centre's Epidemiology of Dementia in Singapore (EDIS) Study: Study Methodology

Venketasubramanian, N., Wong, T. Y., Cheung, C., Dong, C., Ting, E., Qiu, A. ... & Chen, C

The study will provide new epidemiological data on the prevalence, spectrum and characteristics of dementia in a pan-Asian multi-ethnic cohort. This will facilitate healthcare resource allocation and design of clinical guidelines by various healthcare agencies that cater to the needs of the disabled elderly in Asia.

Venketasubramanian, N., Wong, T. Y., Cheung, C., Dong, C., Ting, E., Qiu, A., ... & Chen, C. (2011). *Memory, Aging and Cognition Centre's Epidemiology of Dementia in Singapore (EDIS) Study: Study Methodology*. *Alzheimer's & Dementia*, 7(4), S362.

US Government sets out Alzheimer's Plan

Wadman, M. (2012). *US government sets out Alzheimer's plan*. *Nature*, 485, 426-427.

National Dementia Plans – Wales

Woods, B. (2010). *National dementia Plan—Wales*. *International journal of geriatric psychiatry*, 25(9), 923-924.

Importance of national plans for Alzheimer's disease and dementia

Wortmann, M.

Policy makers have a growing interest in Alzheimer's disease and other dementias, which is seen as the main health and social care challenge of the 21st century. The best way to manage dementia at a country level is by developing national plans, comparable to nationwide management of HIV/AIDS or diabetes. This has been done in a limited number of countries, like Australia, South Korea, France, UK and USA. There are some commonalities in the current plans and we have put those together as a learning experience. The value of these plans can increase when they are monitored and evaluated.

Wortmann, M. (2013). *Importance of national plans for Alzheimer's disease and dementia*. *Alzheimer's Research & Therapy*, 5(5), 1-4. doi:10.1186/1758-9193-5-40

Good Practice Compendium: An assets approach National strategies to address dementia. Paper 25

http://www.fightdementia.org.au/common/files/NAT/20111410_Paper_25_low_v2.pdf

Implementation of plans

Dementia service centres in Austria: A comprehensive support and early detection model for persons with dementia and their caregivers – theoretical foundations and model description

Stefanie R Auer, Edith Span, & Barry Reisberg (Austria)

Despite the highly developed social services in Austria, the County of Upper Austria, one of the nine counties of Austria had only very limited specialized services for persons with dementia and their caregivers in 2001. Support groups existed in which the desire for more specialized services was voiced. In response to this situation, funding was received to develop a new structure for early disease detection and long term support for both the person with dementia and their caregivers. This article describes the development of the model of the Dementia Service Centres (DSCs) and the successes and difficulties encountered in the process of implementing the model in six different rural regions of Upper Austria. The DSC was described in the First Austrian Dementia Report as one of the potential service models for the future.

Auer, SR, Span, E, Reisberg B. Dementia service centres in Austria: A comprehensive support and early detection model for persons with dementia and their caregivers - theoretical foundations and model description. Dementia (London). 2015 Jul;14(4):513-27. doi: 10.1177/1471301213502214. Epub 2013 Oct 17.

Commissioning dementia care: implementing the National Dementia Strategy

Iliffe, S., & Wilcock, J.

The National Dementia Strategy is a challenge to commissioners of health and local government services to knit a thick pullover out of thin wool. The thick pullover is necessary because dementia is a progressive neurodegenerative disorder that erodes the capacity of those affected by it, and absorbs increasing resources as it progresses. The thin wool is the limited evidence that investment in new kinds of services will produce benefits for people with dementia and their carers, while being affordable. This paper reviews the scale of the problem of dementia and its likely impact on services in the near future. It discusses some of the key recommendations of the National Dementia Strategy and explores debates about dementia advisors, economic modelling of innovative dementia services and the need for widespread training in the recognition of and response to dementia. Finally, it offers an approach to changing professional practice that is based on adult learning principles and workplace-based reflective practice.

Iliffe, S., & Wilcock, J. (2009). Commissioning dementia care: implementing the National Dementia Strategy. Journal of Integrated Care, 17(4), 3-11.

Evidence-based interventions in dementia: A pragmatic cluster-randomised trial of an educational intervention to promote earlier recognition and response to dementia in primary care (EVIDEM-ED).

Iliffe, S., Wilcock, J., Griffin, M., Jain, P., Thuné-Boyle, I., Koch, T., & Lefford, F.

Background: The National Dementia Strategy seeks to enhance general practitioners' diagnostic and management skills in dementia. Early diagnosis in dementia within primary care is

important as this allows those with dementia and their family care networks to engage with support services and plan for the future. There is, however, evidence that dementia remains under-detected and suboptimally managed in general practice. An earlier unblinded, cluster randomised controlled study tested the effectiveness of educational interventions in improving detection rates and management of dementia in primary care. In this original trial, a computer decision support system and practice based educational workshops were effective in improving rates of detecting dementia although not in changing clinical management. The challenge therefore is to find methods of changing clinical management. Our aim in this new trial is to test a customised educational intervention developed for general practice, promoting both earlier diagnosis and concordance with management guidelines. Design/Method: The customised educational intervention combines practice-based workshops and electronic support material. Its effectiveness will be tested in an unblinded cluster randomised controlled trial with a pre-post intervention design, with two arms; normal care versus the educational intervention. Twenty primary care practices have been recruited with the aim of gaining 200 patient participants. We will examine whether the intervention is effective, pragmatic and feasible within the primary care setting. Our primary outcome measure is an increase in the proportion of patients with dementia who receive at least two dementia-specific management reviews per year. We will also examine important secondary outcomes such as practice concordance with management guidelines and benefits to patients and carers in terms of quality of life and carer strain. Discussion: The EVIDEM-ED trial builds on the earlier study but the intervention is different in that it is specifically customised to the educational needs of each practice. If this trial is successful it could have implications for the implementation of the National Dementia Strategy.

Iliffe, S., Wilcock, J., Griffin, M., Jain, P., Thuné-Boyle, I., Koch, T., & Lefford, F. (2010). Evidencebased interventions in dementia: A pragmatic cluster-randomised trial of an educational intervention to promote earlier recognition and response to dementia in primary care (EVIDEMED). Trials, 1113-22. doi:10.1186/1745-6215-11-13

We're all thrown in the same boat ... ": A qualitative analysis of peer support in dementia care

Keyes, S.E., Clarke, C.L., Wilkinson, H., Alexjuk, E.J., Wilcockson, J., Robinson, L., Reynolds, J., McClelland, S., Corner, L., & Cattan, M.

Peer support is well established in fields such as the disability movement and mental health and is increasingly recognised as one way of enabling support by and for people with a diagnosis of dementia and their immediate carers. It was central to the implementation of the National Dementia Strategy (NDS) for England, when 40 demonstration sites were established. This mixed-methods study included in-depth qualitative interviews with people living with dementia (n = 101) and staff/stakeholders (n = 82) at 8 of the 40 sites. Data analysis was a five-stage process: coding framework developed (using 25 transcripts); further development of the framework (using a further 70 transcripts); development of emerging themes; modelling of themes and verification of models based on the entire data set. Peer support had positive emotional and social impact that was rooted in identification with others, a commonality of experience and reciprocity of support. There was also a contrast between the quality of peer support and support from professionals. This emphasises the significance of lived experience and promoting a strength-based approach to interpersonal support that is enabling and challenges a deficit approach to understanding dementia.

Keyes, S.E., Clarke, C.L., Wilkinson, H., Alexjuk, E.J., Wilcockson, J., Robinson, L., Reynolds, J., McClelland, S., Corner, L., & Cattan, M. (2016). "We're all thrown in the same boat ... ": A qualitative analysis of peer support in dementia care. *Dementia (London)*, 15(4):560-77. doi: 10.1177/1471301214529575.

Implementing the National Dementia Strategy in England: Evaluating innovative practices using a case study methodology

Koch T, & Iliffe S

With dementia ever-increasing in prevalence and cost on society, and with recent reports emphasizing the need for improved and standardized diagnosis and care for patients with dementia, the National Dementia Strategy (NDS) has been published by the English Department of Health. The NDS encourages the identification of successful innovations to implement on a wider scale. This paper uses case studies to describe some examples of innovative practice in the diagnosis and management of patients with dementia in primary care. It goes on to discuss methodological problems in the evaluation and comparison of innovations in practice, focusing on the potential to compare complex with simple interventions, and recognizing the role that commissioners play in making decisions about the choice and implementation of innovation.

Koch, T., & Iliffe, S. (2011). Implementing the National Dementia Strategy in England: Evaluating innovative practices using a case study methodology. Dementia, 1471301211417169.

Impact of the National Dementia Strategy in a neurology-led memory clinic: 5-year data.

Larner, A. (2014). Impact of the National Dementia Strategy in a neurology-led memory clinic: 5 year data. Clinical medicine (London, England), 14(2), 216-216.

Being Dementia Smart (BDS): A Dementia Nurse Education Journey in Scotland

There is a global demographic transition secondary to population ageing. The number of older people living with multimorbidities including dementia has been significantly rising both in developed and developing countries. It is estimated that there would be 74.7 million people living with dementia by 2030 that would escalate to 135.46 million by 2050. 62 % of people with dementia currently live in low and middle income countries that are very poorly resourced to cope with this epidemic. Dementia is now duly recognised as a national priority within the UK and a global priority at the 2013 G8 Summit. Management and care of an individual with dementia requires a multidisciplinary approach with expertise and a competent skill base. Nurses are central to the delivery of dementia care delivery in hospitals, community and residential care settings. It is against this background that this pre-registration integrated dementia curriculum was developed to build capacity and capability with dementia expertise among the future nursing workforce in Scotland in line with the National Dementia Strategy.

Macaden, L. (2016). Being Dementia Smart (BDS): A Dementia Nurse Education Journey in Scotland. International Journal of Nursing Education Scholarship, Volume 13, Issue 1, ISSN (Online) 1548-923X, ISSN (Print) 2194-5772, DOI: 10.1515/ijnes-2015-0019

Alzheimers disease: cost cuts call for novel drugs development and national strategy.

Marešová P, Klímová B, & Kuča K.(Czech Republic)

Mental health affects the quality of life for a large number of individuals and family members. Currently, globally costs for people with dementia amount to more than 1% of gross domestic product (GDP). In the future, the growth of expenditure is expected with regard to the fact that the population of developed countries is aging and the dementia is closely associated with increasing age. It is evident that governments have to allocate adequate financial, material and human resources to address a health problem on this scale. The purpose of this article is to explore the current state of treatment and care of patients suffering from Alzheimers disease (AD), analyze direct and indirect health care costs resulting from this disease. In addition, the authors of this article draw attention to the implementation of a strategic plan which would handle all the aspects of AD, including the research of drugs development since nowadays there are not still many drugs which would improve AD patients state, particularly in the early phases, as well as there does not exist any well-functioning national strategic plan in the Czech Republic which would bring a radical improvement in reducing the effects of AD. Key words: Alzheimers disease costs treatment strategic plan.

Marešová P, Klímová B, Kuča K. Alzheimers disease: cost cuts call for novel drugs development and national strategy. Ceska Slov Farm. 2015 Spring;64(1-2):25-30. PubMed PMID: 26084646.

Inequalities in dementia incidence between six racial and ethnic groups over 14 years.

Mayeda E.R., Glymour M.M., Quesenberry C.P., & Whitmer R.A.

INTRODUCTION:

Reducing racial/ethnic disparities is a primary objective of the National Alzheimer's Plan (NAPA), yet direct comparisons within large samples representing diversity of the United States are lacking.

METHODS:

Dementia incidence from January 1, 2000 to December 31, 2013 and a 25-year cumulative risk in 274,283 health care members aged 64+ (n = 18,778 African-American, n = 4543 American Indian/Alaska Native [AIAN], n = 21,000 Latino, n = 440 Pacific Islander, n = 206,490 white, n = 23,032 Asian-Americans). Cox proportional hazard models were adjusted for age, sex, medical utilization, and comorbidities.

RESULTS:

Dementia incidence (n = 59,555) was highest for African-Americans (26.6/1000 person-years) and AIANs (22.2/1000 person-years); intermediate for Latinos (19.6/1000 person-years), Pacific Islanders (19.6/1000 person-years), and whites (19.3/1000 person-years) and lowest among Asian-Americans (15.2/1000 person-years). Risk was 65% greater for African-Americans (hazard ratio = 1.65; 95% confidence interval = 1.58-1.72) versus Asian-Americans. Cumulative 25-year risk at age 65 was as follows: 38% African-Americans, 35% AIANs, 32% Latino, 25% Pacific Islanders, 30% white, and 28% Asian-Americans.

DISCUSSION:

Dementia rates varied over 60% between groups, providing a comprehensive benchmark for the NAPA goal of reducing disparities.

Mayeda E.R., Glymour M.M., Quesenberry C.P., & Whitmer R.A. (2016). *Inequalities in dementia incidence between six racial and ethnic groups over 14 years. Alzheimers Dement.* 2016 Mar;12(3):216-24. doi: 10.1016/j.jalz.2015.12.007.

Use of cognitive screening instruments in primary care: the impact of national dementia directives (NICE/SCIE, National Dementia Strategy).

Menon R, & Larner AJ

Increased numbers of referrals would be consistent with an awareness raising effect of NICE/SCIE and NDS and a willingness among GPs to refer cases. But the falling proportion of dementia diagnoses suggests that these are 'worried well' individuals. There is no evidence for closure of the dementia 'diagnosis gap'.

Menon, R., & Larner, A. J. (2010). *Use of cognitive screening instruments in primary care: the impact of national dementia directives (NICE/SCIE, National Dementia Strategy). Family practice, cmq100.*

Managing Your Loved One's Health: Development of a New Care Management Measure for Dementia Family Caregivers.

Sadak T., Wright J., & Borson S.

The National Alzheimer's Plan calls for improving health care for people living with dementia and supporting their caregivers as capable health care partners. Clinically useful measurement tools are needed to monitor caregivers' knowledge and skills for managing patients' often complex health care needs as well as their own self-care. We created and validated a comprehensive, caregiver-centered measure, Managing Your Loved One's Health (MYLOH), based on a core set of health care management domains endorsed by both providers and caregivers. In this article, we describe its development and preliminary cultural tailoring. MYLOH is a questionnaire containing 29 items, grouped into six domains, which requires <20 min to complete. MYLOH can be used to guide conversations between clinicians and caregivers around health care management of people with dementia, as the basis for targeted health care coaching, and as an outcome measure in comprehensive dementia care management interventions.

Sadak T., Wright J., & Borson S. (2016). *Managing Your Loved One's Health: Development of a New Care Management Measure for Dementia Family Caregivers. J Appl Gerontol.*

Cost-Effectiveness of Nationwide Opportunistic Screening Program for Dementia in South Korea.

Yu, S. Y., Lee, T. J., Jang, S. H., Han, J. W., Kim, T. H., & Kim, K. W.

Although more demand for screening for dementia is envisaged, the cost-effectiveness of opportunistic population screening for dementia at a nationwide level has never been directly investigated. Since 2010, Korea has implemented "the National Dementia Early Detection Program" (NDEDP) for the aged. This study aims to investigate the cost-effectiveness of the NDEDP of Korea and to explore the requirements for enhancing its cost-effectiveness. A Markov model was developed to simulate the disease progression of dementia patients. Data sources for the model parameters included the NDEDP database for cohort characteristics and other national representative data. The model's estimates of the expected costs and Quality Adjusted

Life Years (QALYs) for each strategy were used to calculate the incremental cost effectiveness ratio of screening compared to no screening, and sensitivity analysis was performed to assess the effect of key variables on the cost-effectiveness. Screening showed that the cost per QALY gained ranged from \$24,150 to \$35,661 depending on the age group. The probability of screening being cost-effective was highest in the group over 75 years old in a wide range of willingness to pay (WTP). The implementation of an opportunistic screening program for dementia can be cost-effective depending on disease severity, treatment effect, costs by disease stage, ages of the participants, and the societal WTP. Above all things, improving access to more effective therapies in slowing the course of the disease is essential since the main benefit of earlier diagnosis for dementia is starting early treatment and subsequent savings. Although it is too early to conclude the cost-effectiveness of opportunistic population screening for dementia, this current study may be a meaningful step toward generating practical evidence for implementing an effective and efficient dementia screening program.

Yu, S. Y., Lee, T. J., Jang, S. H., Han, J. W., Kim, T. H., & Kim, K. W. (2014). Cost-Effectiveness of Nationwide Opportunistic Screening Program for Dementia in South Korea. Journal of Alzheimer's Disease.

Reviews of plans

Report on milestones for care and support under the U.S. National Plan to Address Alzheimer's Disease

Alzheimer's Association National Plan Care and Support Milestone Workgroup, Soo Borson, Malaz A. Boustanib, Kathleen C. Buckwalter, Louis D. Burgio, e, Joshua Chodos, Richard H. Fortinsky, David R. Gifford, Lisa P. Gwyther, Mary Jane Koren, Joanne Lynn, Martha Roherty, Cheryl Phillips, Judah Ronch, Claudia Stahlo, Lauren Rodgers, Hye Kim, Matthew Baumgart, & Angela Geigerr (USA)

Many countries have adopted national dementia plans to identify actions to address the growing Alzheimer's crisis. The enactment of the National Alzheimer's Project Act called for the creation of such a plan in the United States, and the first U.S. national Alzheimer's plan was released in 2012, with annual updates thereafter. As the release of the original Plan, efforts have been underway to implement its five goals, including identifying milestones required to meet the plan's biomedical research goal (goal 1). However, similar milestones have not been completed for the goals on care (goal 2) and support (goal 3). To advance this effort, the Alzheimer's Association convened a workgroup with expertise in clinical care and long-term services and supports, dementia care and support research, and public policy to identify key milestones necessary to achieve goals 2 and 3. This report outlines the workgroup's activities and presents the workgroup's recommended milestones.

Report on milestones for care and support under the U.S. National Plan to Address Alzheimer's Disease. (2016). Borson, Soo et al. Alzheimer's & Dementia: The Journal of the Alzheimer's Association, Volume 0, Issue 0

Looking Back, Looking Ahead: Priorities for a Strategy Now.

Bray, Jennifer and Atkinson, Teresa and Kitchen, S.

Jennifer Bray, Teresa Atkinson and Simon Kitchen report on a major survey that sought to establish whether the objectives of the National Dementia Strategy and National Dementia Declaration have been achieved – with a view to informing priorities for a future strategy.

Bray, Jennifer and Atkinson, Teresa and Kitchen, S. (2015) Looking Back, Looking Ahead: Priorities for a Strategy Now. The Journal of Dementia Care, 23 (1). pp. 16-17. ISSN Print: 1351-8372

Dementia services in Australia

Brodaty, H., & Cumming, A.

Further developments should aim to increase awareness, reduce stigma, enhance carer support improve timely diagnosis and support for special population groups, notably those from Indigenous and non-English speaking communities and those with younger onset dementia and correct relative underfunding for dementia research. Dementia care in Australia is well developed but gaps remain.

Brodaty, H., & Cumming, A. (2010). Dementia services in Australia. International journal of geriatric psychiatry, 25(9), 887-995.

A systematic review of the quality of studies on dementia prevalence in Italy.

Bruti G., Cavallucci E., Mancini M., Bitossi A., Baldereschi M., & Sorbi S.

Dementia, including Alzheimer's disease (AD), is one of the most burdensome medical conditions. In order to better understand the epidemiology of dementia in Italy, we conducted a systematic search of studies published between 1980 and April 2014 investigating the prevalence of dementia and AD in Italy and then evaluated the quality of the selected studies.

METHODS:

A systematic search was performed using PubMed/Medline and Embase to identify Italian population-based studies on the prevalence of dementia among people aged ≥ 60 years. The quality of the studies was scored according to Alzheimer's Disease International (ADI) criteria.

RESULTS:

Sixteen articles on the prevalence of dementia and AD in Italy were eligible and 75 % of them were published before the year 2000. Only one study was a national survey, whereas most of the studies were locally based (Northern Italy and Tuscany). Overall, the 16 studies were attributed a mean ADI quality score of 7.6 (median 7.75).

CONCLUSIONS:

Available studies on the prevalence of dementia and AD in Italy are generally old, of weak quality, and do not include all regions of Italy. The important limitations of the few eligible studies included in our analysis, mostly related to their heterogeneous design, make our systematic review difficult to interpret from an epidemiologic point of view. Full implementation of a Dementia National Plan is highly needed to better understand the epidemiology of the disease and monitor dementia patients.

Bruti G., Cavallucci E., Mancini M., Bitossi A., Baldereschi M., & Sorbi S. (2016) BMC Health Serv Res, 16(1) 507.

Creating excellence in dementia care: A research review for Ireland's national dementia strategy

Cahill, S., O'Shea, E., & Pierce, M.

Dementia is a progressive condition that largely affects older people, impacting on their memory, language, ability to communicate, mood and personality. The course of the illness may be gradual and sometimes subtle, as is classically the case in Alzheimer's disease. While dementia is a medical condition, recent insights from the psychosocial, sociopolitical and public health perspectives have focused attention on the human, social and economic implications of the disease. The ageing of the population across Europe and beyond means that the number of people with dementia will grow in future decades with consequent implications for care provision, care burden and public expenditure. It is no wonder, therefore, that many countries are already preparing for the projected rise in the number of people with dementia by putting in place dedicated action plans and/or dementia strategies.

Cahill, S., O'Shea, E., & Pierce, M. (2012). Creating excellence in dementia care: A research review for Ireland's national dementia strategy.

Observational cohort study: deprivation and access to anti-dementia drugs in the UK.

Cooper C, Lodwick R, Walters K, Raine R, Manthorpe J, Iliffe S, & Petersen I.

BACKGROUND:

UK National Dementia Strategies prioritise fair access to dementia treatments for the whole population. We investigated for the first time inequalities in NHS national dementia prescribing and how they have varied between UK countries and over time.

METHOD:

we investigated the association between Townsend deprivation score and anti-dementia drug prescribing in 77,045 dementia patients from UK primary care records from 2002 to 2013.

RESULTS:

we included 77,045 patients with recorded dementia diagnosis or anti-dementia drug prescription. Least deprived patients were 25% more likely to be initiated on anti-dementia drugs than the most deprived (adjusted incidence rate ratio 1.25, 95% confidence interval 1.19-1.31). This was driven by data from English practices where prescribing rates were consistently lower in more deprived patients compared with Scotland, Northern Ireland and Wales, where prescribing was not related to deprivation quintile. Compared with English practices, anti-dementia medication was prescribed more often in Northern Irish (1.81, 1.41-2.34) and less in Welsh practices (0.68, 0.55-0.82), with a trend towards more prescribing in Scottish practices (1.14, 0.98-1.32). Drug initiation rates were also higher in younger people and men.

CONCLUSION:

four years after the English National Dementia Strategy, there is no evidence that the Strategy's key objective of reducing treatment inequalities is being achieved. Higher overall anti-dementia drug prescribing in Scottish and Northern Irish practices, and differing clinical guidelines in Scotland from other UK countries might explain greater equality in prescribing in these countries. Strategies to offer treatment to more deprived people with dementia in England are needed.

Cooper C, Lodwick R, Walters K, Raine R, Manthorpe J, Iliffe S, Petersen I. *Observational cohort study: deprivation and access to anti-dementia drugs in the UK. Age Ageing.* 2016 Jan; 45(1):148-54. doi: 10.1093/ageing/afv154. Epub 2015 Nov 18. PubMed PMID: 26582758; PubMed Central PMCID: PMC4711654.

Depressive disorders in care-givers of dementia patients: a systematic review

Cuijpers P.

Although depressive symptomatology has been well studied in caregivers of patients with dementia, depressive disorders have been examined much less. We conducted a systematic literature search in major bibliographical databases (Medline, Psychinfo, Dissertation Abstracts), and included studies examining caregivers of dementia patients that reported the prevalence of major depressive disorder, according to diagnostic criteria as assessed with a standardized psychiatric diagnostic interview. Ten studies with a total of 790 caregivers were identified (sample sizes: 22–147). In only one of the studies, a representative community sample was used. A total of 176 subjects (22.3%) had a depressive disorder (prevalence range from 0.15–0.32). In the three studies reporting differential prevalence rates for men and women somewhat smaller prevalence rates were found for men than for women. In six studies caregivers were compared to a (mostly matched) control group. The relative risks of having a depressive disorder in caregivers ranged from 2.80–38.68 (all RR's were significant). In the three prospective studies relatively high incidence rates were found (0.48).

This study made it clear that prevalence and incidence of depressive disorders are increased in caregivers of dementia patients. More research is clearly needed in this population.

Cuijpers P. Depressive disorders in care-givers of dementia patients: a systematic review. Aging Ment Health. 2005 Jul;9(4):325 – 30.

The Italian Dementia National Plan. Commentary.

Di Fiandra T, Canevelli M, Di Pucchio A, Vanacore N; & Italian Dementia National Plan Working Group (Italy)

The Italian Dementia National Plan was formulated in October 2014 by the Italian Ministry of Health in close cooperation with the regions, the National Institute of Health and the three major national associations of patients and carers. The main purpose of this strategy was to provide directive indications for promoting and improving interventions in the dementia field, not limiting to specialist and therapeutic actions, but particularly focusing on the support of patients and families throughout the pathways of care. Four main objectives are indicated: 1) promote health- and social-care interventions and policies; 2) create/strengthen the integrated network of services for dementia based on an integrated approach; 3) implement strategies for promoting appropriateness and quality of care; and 4) improve the quality of life of persons with dementia and their families by supporting empowerment and stigma reduction. These objectives and the pertaining actions are described in the present paper.

Di Fiandra T, Canevelli M, Di Pucchio A, Vanacore N; Italian Dementia National Plan Working Group. The Italian Dementia National Plan. Commentary. Ann Ist Super Sanita. 2015 Oct-Dec; 51(4):261-4. doi: 10.4415/ANN_15_04_02. PubMed PMID: 26783209.

Impact of the 2008–2012 French Alzheimer plan on the use of cerebrospinal fluid biomarkers in research memory center: the PLM study.

Gabelle, A., Dumurgier, J., Vercruyssen, O., Paquet, C., Bombois, S., Laplanche, J. L., & Lehmann, S.

The French Alzheimer's Disease Plan aims, in an unprecedented national effort, to develop research, promote optimal diagnosis, and take better care of patients. In order to evaluate the clinical interest and use of cerebrospinal fluid (CSF) biomarkers, a data-sharing project, the PLM (Paris-North, Lille and Montpellier) study has emerged through collaboration between these memory centers, already involved in this field. The revised Alzheimer's disease (AD) diagnosis criteria include CSF biomarkers, but little is known about their use in routine clinical practice. To evaluate their interest and diagnostic accuracy in routine AD diagnosis, a cohort of 677 patients from Montpellier was first analyzed. The results were then validated through the analysis of a second cohort of 638 patients from Lille and Paris-Nord. Diagnoses of AD and other dementias were established by multidisciplinary expert teams, based on neuropsychological exams and structural brain imaging, blinded from CSF results. CSF amyloid- β , tau, and p-tau concentrations were measured for all patients. Receiver-operating characteristic curves were used to define cut-offs and evaluate the ability of each biomarker to discriminate AD from other diagnoses. We showed that ptau outperformed other biomarkers for discriminating AD from non-AD patients and presents a clear clinical interest. The other biomarkers also showed relevant variations especially when the differential AD diagnoses were taken into account. Altogether we could demonstrate in both monocentric and multi-centric cohorts from memory clinics the capacity of CSF biomarkers to discriminate AD from non-AD patients in clinical routine with a high sensitivity and specificity.

Gabelle, A., Dumurgier, J., Vercruyssen, O., Paquet, C., Bombois, S., Laplanche, J. L., & Lehmann, S. (2013). Impact of the 2008–2012 French Alzheimer plan on the use of cerebrospinal fluid biomarkers in research memory center: the PLM study. Journal of Alzheimer's Disease, 34(1), 297-305.

Secondary prevention in cognitive frailty: the Treviso Dementia Registry

Gallucci, M. (Italy)

Dementia is one of the most disabling health conditions for older people. Increasing attention is paid to the preclinical phase such as cognitive frailty and mild cognitive impairment, and to the prevention programs designed to reduce the number of patients in the future. The aims of this brief report are therefore: i) to illustrate an action plan currently active in Treviso and that is aimed at secondary prevention in cognitive frailty subjects on the Treviso Dementia (TREDem) Registry; ii) to highlight the results achieved by the TREDem Registry up to now and how these can be used in future research.

Retrieved from: <http://ftp.clinicsandpractice.org/index.php/gc/article/view/6056>

South Asian older adults with memory impairment: improving assessment and access to dementia care.

Giebel CM, Zubair M, Jolley D, Bhui KS, Purandare N, Worden A, & Challis D.

OBJECTIVE:

With increasing international migration, mental health care of migrants and ethnic minorities is a public health priority. South Asian older adults experience difficulties in accessing services for memory impairment, dementia and mental illness. This review examines barriers and facilitators in the pathway to culturally appropriate mental health care.

METHODS:

Web of Knowledge, Pubmed and Ovid databases were searched for literature on South Asian older adults or their family carers, their understandings of mental illness and dementia and their pattern of service use. Dates were from 1984 to 2012. Abstracts were assessed for relevance, followed by detailed reading of salient papers. Three researchers rated the quality of each included study. A narrative synthesis was undertaken of extracted and charted data.

RESULTS:

Eighteen studies met the eligibility criteria for the review. South Asians and health professionals highlighted several difficulties which deterred help seeking and access to care: a lack of knowledge of dementia and mental illness, and of local services; stigma; culturally preferred coping strategies; and linguistic and cultural barriers in communication and decision making.

CONCLUSIONS:

To improve access for these groups, service users and providers need to be better informed; services need to be more culturally tailored, sometimes employing staff with similar cultural backgrounds; and health professionals can benefit from dementia education and knowledge of local services. These factors are key to the delivery of the National Dementia Strategy in England.

Giebel CM, Zubair M, Jolley D, Bhui KS, Purandare N, Worden A, Challis D. South Asian older adults with memory impairment: improving assessment and access to dementia care. Int J Geriatr Psychiatry. 2015 Apr;30(4):345-56. doi: 10.1002/gps.4242. Epub 2014 Dec 12. Review. PubMed PMID: 25503751.

National Dementia Strategy: well-intentioned- but how well funded and well directed?

Greaves I, & Jolley D.

The National Dementia Strategy was published in February 2009. It was eagerly anticipated and has generated a good deal of sustained media interest, widened awareness, and heightened expectation of better help for people with dementia. The three ambitions of the strategy--to raise awareness, facilitate assessment, and improve services--are unquestionably correct; but the assumptions, emphases, and economic predictions are questionable. Encouraging reliance on referral to secondary care centres, and exaggerated claims for the effectiveness of interventions to achieve clinical improvement and cost savings, may lead to disappointment and frustration. The infrastructure of care and treatment of people throughout the course of dementia will be better informed and delivered by a collaborative model which respects the knowledge and commitment contained within families and primary care. Better services will require substantial redirection of resources.

Greaves, I., & Jolley, D. (2010). National Dementia Strategy: well intentioned—but how well founded and how well directed?. British Journal of General Practice, 60(572), 193-198.

National dementia strategy failing to deliver due to lack of leadership

Harrison S, & Doult B

Urgent reforms are needed in dementia care, including targets to reduce use of antipsychotic drugs and better training of social care staff, according to an influential group of MPs.

Doult, B., & Harrison, S. (2010). National dementia strategy failing to deliver due to lack of leadership. Nursing Standard, 24(29), 8.

The diagnosis and management of dementia in primary care: development, implementation and evaluation of a national training programme

Iliffe, S., Eden, A., Downs, M., & Rae, C. (UK)

General practitioners (GPs) and their teams are uniquely situated to achieve early diagnosis and optimal management in the community of dementia, yet there is evidence of under-diagnosis, under-response to established dementia, and inadequate management. An educational agenda has been proposed on the basis of a review of existing studies and a national training programme has been designed to test the feasibility, acceptability and relevance of this agenda for primary care workers in the UK. A nationwide programme of workshops was successfully implemented, using educational methods based on adult learning principles, and received a very positive response from a multidisciplinary audience. This educational agenda has been shown to be congruent with the reported experiences of primary care workers, particularly GPs. Community psychiatric nurses (CPN) emerge from the findings of this study as a professional group who might have an important educational role for other professionals in primary care.

Iliffe, S., Eden, A., Downs, M., & Rae, C. (1999). The diagnosis and management of dementia in primary care: development, implementation and evaluation of a national training programme. Aging & Mental Health, 3(2), 129-135.

Politics of science: Progress toward prevention of the dementia-Alzheimer's syndrome.

Khachaturian ZS, & Khachaturian AS (USA)

There exist many challenges hampering the discovery and development of effective interventions to prevent dementia. Three major trends have now intersected to influence the emerging interest in disease modifying therapies that may delay or halt dementia. The three crucial factors shaping this current focus are: (1) the emergence of the longevity revolution and the impact of an aging society, (2) the effects of the US Federal investment in research in advancing knowledge about the neurobiology of aging and dementia, and (3) the problem of US legislators and health policy makers to balance the allocation of evermore scarce research funding resources. The purpose of this essay is to provide a survey of the politics of science and to describe efforts to correctly manage the high level of expectations of both the patient and research communities. The perspective offered reviews the history and evolution of the ideas to treat or prevent dementia and Alzheimer's disease as a national strategic goal. The aim is to evaluate the interplay between science and formulation of public policy for setting research priority. We use the history of developing US National Institute of Aging's extramural research programs on brain aging and Alzheimer's disease (Khachaturian, 2006; 2007) as an initial case study.

Khachaturian ZS, Khachaturian AS. *Politics of science: Progress toward prevention of the dementia-Alzheimer's syndrome. Mol Aspects Med. 2015 Jun-Oct;43-44:3-15. doi: 10.1016/j.mam.2015.06.001. Epub 2015 Jun 5. Review. PubMed PMID: 26054567.*

Comparison of national dementia plans

Kuriakose, Jacob Roy

Number of people with dementia will increase from 115 to 135 million by 2050. Increasing numbers of governments are developing comprehensive public health strategies in response. Aims of Comprehensive Dementia Plans are Promote broad public awareness and combat stigma, to identify dementia support services at all stages of the disease, to Quantify the number of individuals with dementia, to assess and improve the quality of health and social care; long-term support and services, to assess availability of diagnostic services, public health efforts to conduct surveillance and promote brain health.

Comparison of national dementia plans. (2015). Kuriakose, Jacob Roy Alzheimer's & Dementia: The Journal of the Alzheimer's Association , Volume 11 , Issue 7 , P598

The 2008–2012 French Alzheimer Plan: description of the national Alzheimer information system.

Le Duff, F., Develay, A. E., Quetel, J., Lafay, P., Schüick, S., Pradier, C., & Robert, P.

In France, one of the aims of the current national Alzheimer's disease plan is to collect data from all memory centers (memory units, memory resource and research centers, independent neurologists) throughout the country. Here we describe the French Alzheimer Information System and present a 'snapshot' of the data collected throughout the country during the first year of operation. We analysed all data transmitted by memory centers between January 2010 and December 2010. Each participating center is required to transmit information on patients to the French National Alzheimer dataBank (BNA). This involves completing a computer file containing 31 variables corresponding to a limited data set on AD (CIMA: Corpus minimum d'information Alzheimer). In 2010, the BNA received data from 320 memory centers relating to 199,113 consultations involving 118,776 patients. An analysis of the data shows that the initial MMSE (Mini Mental State Examination) mean score for patients in France was 16.8 points for Alzheimer's disease, 25.7 points for mild cognitive impairment, and 18.8 points for 'related disorders related disorders. The BNA will provide longitudinal data that can be used to assess the needs of individual local health areas and size specialized care provision in each regional health scheme. By contributing to the BNA, the memory centers enhance their clinical activity and help to advance knowledge in epidemiology and medical research in the important field of Alzheimer's disease and related dementias.

Le Duff, F., Develay, A. E., Quetel, J., Lafay, P., Schüick, S., Pradier, C., & Robert, P. (2012). The 2008–2012 French Alzheimer Plan: description of the national Alzheimer information system. Journal of Alzheimer's Disease, 29(4), 891-902.

Dementia friendly, dementia capable, and dementia positive: concepts to prepare for the future.

Lin SY, & Lewis FM (USA)

With an aging global population, the number of dementia cases is growing exponentially. To address the upcoming dementia crisis, the World Health Organization and Alzheimer's Disease International (2012) collaborated on an extensive report, *Dementia: A Public Health Priority*. In the United Kingdom, Prime Minister David Cameron initiated a national challenge on dementia, forming 3 dementia challenge champion groups aimed at improving health and care, creating dementia-friendly communities, and promoting dementia research. In the U.S., President Obama signed the National Alzheimer's Project Act, which led to the formation of the Advisory Council on Alzheimer's Research, Care, and Services and the launch of the first National Plan to Address Alzheimer's Disease. The term "dementia capable" was introduced in the 2012 Recommendations of the Public Members of the Advisory Council and has since been adopted in both the recommendations and annual updates of the national plan. This paper will first compare and contrast government usage of the concepts dementia friendly and dementia capable, along with another valuable concept, dementia positive, that was added after reviewing the literature. Finally, a new vision statement for the U.S.' national plan will be proposed and recommendations incorporating these 3 concepts in policy, research, and practice will be made.

Lin SY, Lewis FM. Dementia friendly, dementia capable, and dementia positive: concepts to prepare for the future. Gerontologist. 2015 Apr;55(2):237-44. doi: 10.1093/geront/gnu122. Epub 2015 Feb 15. PubMed PMID: 26035599; PubMed Central PMCID: PMC4553703.

A break-even analysis for dementia care collaboration: Partners in Dementia Care.

Morgan RO, Bass DM, Judge KS, Liu CF, Wilson N, Snow AL, Pirraglia P, Garcia-Maldonado M, Raia P, Fouladi NN, Kunik ME.

BACKGROUND:

Dementia is a costly disease. People with dementia, their families, and their friends are affected on personal, emotional, and financial levels. Prior work has shown that the "Partners in Dementia Care" (PDC) intervention addresses unmet needs and improves psychosocial outcomes and satisfaction with care.

OBJECTIVE:

We examined whether PDC reduced direct Veterans Health Administration (VHA) health care costs compared with usual care.

DESIGN:

This study was a cost analysis of the PDC intervention in a 30-month trial involving five VHA medical centers.

PARTICIPANTS:

Study subjects were veterans (N = 434) 50 years of age and older with dementia and their caregivers at two intervention (N = 269) and three comparison sites (N = 165).

INTERVENTIONS:

PDC is a telephone-based care coordination and support service for veterans with dementia and their caregivers, delivered through partnerships between VHA medical centers and local Alzheimer's Association chapters.

MAIN MEASURES:

We tested for differences in total VHA health care costs, including hospital, emergency department, nursing home, outpatient, and pharmacy costs, as well as program costs for intervention participants. Covariates included caregiver reports of veterans' cognitive impairment, behavior problems, and personal care dependencies. We used linear mixed model regression to model change in log total cost post-baseline over a 1-year follow-up period.

KEY RESULTS:

Intervention participants showed higher VHA costs than usual-care participants both before and after the intervention but did not differ significantly regarding change in log costs from pre- to post-baseline periods. Pre-baseline log cost ($p \leq 0.001$), baseline cognitive impairment ($p \leq 0.05$), number of personal care dependencies ($p \leq 0.01$), and VA service priority ($p \leq 0.01$) all predicted change in log total cost.

CONCLUSIONS:

These analyses show that PDC meets veterans' needs without significantly increasing VHA health care costs. PDC addresses the priority area of care coordination in the National Plan to Address Alzheimer's Disease, offering a low-cost, structured, protocol-driven, evidence-b

Morgan RO, Bass DM, Judge KS, Liu CF, Wilson N, Snow AL, Pirraglia P, Garcia-Maldonado M, Raia P, Fouladi NN, Kunik ME. A break-even analysis for dementia care collaboration: Partners in Dementia Care. J Gen Intern Med. 2015 Jun;30(6):804-9. doi: 10.1007/s11606-015-3205-x. Epub 2015 Feb 10. PubMed PMID: 25666216; PubMed Central PMCID: PMC4441671.

Features of the Japanese national dementia strategy in comparison with international dementia policies: How should a national dementia policy interact with the public health- and social-care systems?

Nakanishi M, & Nakashima T

The Ministry of Health, Labour, and Welfare of the Japanese national government announced a "Five-Year Plan for Promotion of Measures Against Dementia (Orange Plan)" in September 2012. This article described features of the Japanese dementia strategy in comparison with international dementia policies. An international comparative study was implemented on national dementia policies to seek suggestions for Japanese national strategy. The study consisted of a bibliographical survey, a field survey, and an online case vignette survey in several countries. The Japanese health- and social-care system had multiple access points in the dementia care pathway, as did Australia, France, South Korea, and the Netherlands. Contrary to Japan, a simplified access point was observed in Denmark, England, and Sweden. The Orange Plan aimed to establish specific health-care services, social-care services, and the coordination of agencies for persons with dementia. However, fragmentation remains in the dementia care pathway. The national government should examine fundamental revisions in health, social-care services, and advocacy in joint initiatives with Alzheimer's Association Japan to improve the national dementia strategy.

Nakanishi, Miharuru, and Taeko Nakashima. Features of the Japanese national dementia strategy in comparison with international dementia policies: How should a national dementia policy interact with the public health-and social-care systems?. Alzheimer's & Dementia (2013).

An evaluation of palliative care contents in national dementia strategies in reference to the European Association for Palliative Care white paper

Miharuru Nakanishi, Taeko Nakashima, Yumi Shindo, Yuki Miyamoto, Dianne Gove, Lukas Radbruch and Jenny T. van der Steen

Background: Dementia involves a progressive decline in many functional areas. Policy and practice guidelines should cover the entire course of the disease from early detection to the end-of-life. The present study aimed to evaluate the contents of national dementia strategies with a focus on palliative care content.

Methods: We employed qualitative content analyses. Sixteen national dementia strategies from 14 countries were reviewed. Using open coding, the contents were compared to the domains and recommendations of the palliative care in dementia white paper of the European Association for Palliative Care (EAPC).

Results: Although palliative care was not explicitly referred to in eight of the 14 countries and only to a limited extent in three countries, a number of domains from the EAPC white paper were well represented, including “person-centered care, communication, and shared decision making”; “continuity of care”; and “family care and involvement.” Three countries that referred to palliative care did so explicitly, with two domains being well represented: “education of the health care team”; and “societal and ethical issues.” The strategies all lacked reference to the domain of “prognostication and timely recognition of dying” and to spiritual caregiving.

Conclusions: National dementia strategies cover part of the recent definition of palliative care in dementia, although they do not frequently label these references as “palliative care.” In view of the growing numbers of people dying with dementia, preparation for the last phase of life should be added to national strategies.

Miharuru Nakanishi, Taeko Nakashima, Yumi Shindo, Yuki Miyamoto, Dianne Gove, Lukas Radbruch and Jenny T. van der Steen (2015). An evaluation of palliative care contents in national dementia strategies in reference to the European Association for Palliative Care white paper. International Psychogeriatrics, 27, pp 1551-1561. doi:10.1017/S1041610215000150.

Discharge Destination of Dementia Patients Who Undergo Intermediate Care at a Facility

Miharuru Nakanishi, Yumi Shindo &, Junko Niimura

Objectives

Intermediate care for patients with dementia has important implications for aging in place as long as possible. In Japan, geriatric intermediate care facilities provide institutional rehabilitation services to patients under the public Long-Term Care Insurance program and aim to discharge the patients to home from the hospital. The aim of this study was to determine the association between dementia and discharge destination of patients in geriatric intermediate care facilities in Japan.

Design

This study was conducted using a retrospective study design for data from 2007, 2010, and 2013.

Setting

We used data from the Survey of Institutions and Establishments for Long-Term Care, which is a nationally representative cross-sectional survey that assessed discharges from geriatric intermediate care facilities in September.

Participants

There were 9992 discharged patients included in the analysis.

Measurements

Discharge destination was categorized as home, facility, hospital, or death. Primary disease was based on ICD-10 codes. Diagnosis of dementia included F00 (Alzheimer), F01 (vascular), F02 (other), and F03 (unspecified). Multilevel multinomial logistic analysis was used for discharge destination, with discharge to home as the reference group.

Results

Of the 9992 discharged patients, 2483 (24.8%) had dementia as the primary disease. Of the 2483 patients with dementia, 1090 (43.9%) were hospitalized, 624 (25.1%) were admitted to another facility, 605 (24.4%) were discharged to home, and 164 (6.6%) were discharged by death. Patients with dementia were more likely to be admitted to hospital (adjusted odds ratio [OR] 1.47; 95% confidence interval [CI] 1.25–1.73; $P < .001$), transferred to another facility (adjusted OR 1.94; 95% CI 1.64–2.29; $P < .001$), or discharged by death (adjusted OR, 1.46; 95% CI 1.13–1.89; $P = .004$) than discharged to home.

Conclusion

Intermediate care in residential settings might have limited effectiveness in discharging patients with dementia to home. The national dementia plan should explore intermediate care for dementia at other care settings rather than facilities.

Discharge Destination of Dementia Patients Who Undergo Intermediate Care at a Facility.

(2015). Nakanishi, Miharuru et al.

Journal of the American Medical Directors Association, Volume 17, Issue 1, 92.e1 - 92.e7

Japanese Care Location and Medical Procedures for People with Dementia in the Last Month of Life

Nakanishi, M., Nakashima, T., Shindo, Y., Niimura, J., & Nishida, A.

Background:Dementia-related societies worldwide have called for palliative end-of-life care for those suffering dementia; meanwhile, the Japanese dementia plan was revised on January 2015 to introduce into its objectives the support for end-of-life care via increased social and health care collaboration. **Objective:**The study focus was the use of medical procedures in the last month of life among dementia patients in different care locations in Japan. **Methods:**This study was conducted using a retrospective study design. Data from the Survey of Institutions and Establishments for Long-Term Care, which is a nationally representative cross-sectional survey of the public long-term care insurance services, were used. The 6,148 patients who received end-of-life care in their own home, nursing homes, or hospitals in September 2007, 2010, and 2013 were included for analysis. The primary disease of each patient was based on the ICD-10 code; a diagnosis of dementia included F00 (Alzheimer's), F01 (vascular), F02 (other), and F03 (unspecified). **Results:**Of 6,148 patients, 886 (14.4%) had dementia as a

primary disease; most received care in the last month of life in nursing homes (48.0%) or hospitals (44.8%) rather than in their own home (7.2%). Patients were less likely to undergo pain management when their primary disease was dementia (adjusted odds ratio, 0.44; 95% confidence interval, 0.21–0.91). Conclusion: Education and policy efforts are required to provide palliative end-of-life care to people with dementia at home. The national dementia plan should also explore possible approaches regarding pain management for dying people who have dementia.

Nakanishi, M., Nakashima, T., Shindo, Y., Niimura, J., & Nishida, A. (2016). Japanese Care Location and Medical Procedures for People with Dementia in the Last Month of Life. Journal of Alzheimer's Disease, 51 (3), pp. 747-755.

Informal caregivers of persons with dementia, their use of and needs for specific professional support: a survey of the National Dementia Programme.

Peeters, J. M., Van Beek, A. P., Meerveld, J. H., Spreeuwenberg, P. M., & Francke, A. L. (Netherlands)

This paper describes both the use of and needs for informal caregivers of people with dementia, based on a questionnaire survey organized within the National Dementia Programme in the Netherlands. The National Dementia Programme is a quality collaborative of the Dutch Alzheimer's Association, the Institute of Quality of Healthcare (CBO) and the Knowledge Centre on Ageing (Vilans), instigated by the Ministry of Health, Welfare and Sport, to improve integrated care for people with dementia and their informal caregivers. The support needs of informal caregivers are important to improve caregiver well-being and delaying institutionalization of the person with dementia.

Peeters, J. M., Van Beek, A. P., Meerveld, J. H., Spreeuwenberg, P. M., & Francke, A. L. (2010). Informal caregivers of persons with dementia, their use of and needs for specific professional support: a survey of the National Dementia Programme. BMC nursing, 9(1), 9.

Living Better with Dementia: Good Practice and Innovation for the Future

Rahman, S.

Adopting a broad and inclusive approach, Shibley Rahman presents a thorough critical analysis of existing dementia policy, and tackles head-on current and controversial topics at the forefront of public and political debate, such as diagnosis in primary care, access to services for marginalised groups, stigma and discrimination, integrated care, personal health budgets, personalised medicine and the use of GPS tracking. Drawing on a wealth of diverse research, and including voices from all reaches of the globe, he identifies current policy challenges for living well with dementia, and highlights pockets of innovation and good practice to inform practical solutions for living better with dementia in the future.

A unique and cohesive account of where dementia care practice and policy needs to head, and why, and how this can be achieved, this is crucial reading for dementia care professionals, service commissioners, public health officials and policy makers, as well as academics and students in these fields.

Rahman, S. (2015). Living Better with Dementia: Good Practice and Innovation for the Future.

Spotlight on Scotland: Assets and Opportunities for Aging Research in a Shifting Sociopolitical Landscape.

Robertson, J.M., Bowes, A., Gibson, G., McCabe, L., Reynish, E.L., Rutherford, A.C., & Wilińska, M.

Scotland is a small nation, yet it leads the field in key areas of aging research. With the creation of a devolved government with authority over health and social services, the country has witnessed practice and policy developments that offer distinctive opportunities for innovative research. With multidisciplinary groups of internationally recognized researchers, Scotland is able to take advantage of a unique set of opportunities for aging research: a well-profiled population brings opportunities in population data and linkage to understand people's interactions with health, social care, and other public services; while research on technology and telecare is a distinctive area where Scotland is recognized internationally for using technology to develop effective, high-quality and well-accepted services at relatively low financial cost. The paper also considers free personal care for older people and the national dementia strategy in Scotland. The potential to evaluate the impact of free personal care will provide valuable information for other global health and social care systems. Exploring the impact of the national dementia strategy is another unique area of research that can advance understanding in relation to quality of life and the development of services. The paper concludes that, while Scotland benefits from unique opportunities for progressive public policy and innovative aging research that will provide valuable lessons at the forefront of a globally aging population, the challenges associated with an ageing population and increasing cultural diversity must be acknowledged and addressed to ensure that the vision of equality and social justice for all is realized.

Robertson, J.M., Bowes, A., Gibson, G., McCabe, L., Reynish, E.L., Rutherford, A.C., & Wilińska, M. (2016). Spotlight on Scotland: Assets and Opportunities for Aging Research in a Shifting Sociopolitical Landscape. Gerontologist.

Understanding Dementia within National Dementia Policy in England: A Critical Discourse Analysis

Sixsmith J., & Callender M.

Dementia is recognised as a public health priority globally. There are around 800,000 people with dementia in the UK and by 2040; this figure is expected to double. Since the publication of the 'Living Well with Dementia': A National Dementia Strategy' in 2009 in England, a series of dementia policies have been established to improve the lives of people with dementia through increased societal awareness of dementia, earlier diagnosis and a cultural change in health and social care. This research aimed to identify dominant discourses underpinning national policy and consider their implications on the development of health and social care training.

Understanding Dementia within National Dementia Policy in England: A Critical Discourse Analysis Judith Sixsmith J Sixsmith, M Callender DOI: <http://dx.doi.org/10.1093/eurpub/ckv175.090> First published online: 6 October 2015

Alzheimer's disease research in the context of the national plan to address Alzheimer's disease.

Snyder HM, Hendrix J, Bain LJ, Carrillo MC.

In 2012, the first National Plan to Address Alzheimer's Disease in the United States (U.S.) was released, a component of the National Alzheimer's Project Act legislation. Since that time, there have been incremental increases in U.S. federal funding for Alzheimer's disease and related dementia research, particularly in the areas of biomarker discovery, genetic link and related biological underpinnings, and prevention studies for Alzheimer's. A central theme in each of these areas has been the emphasis of cross-sector collaboration and private-public partnerships between government, non-profit organizations and for-profit organizations. This paper will highlight multiple private-public partnerships supporting the advancement of Alzheimer's research in the context of the National Plan to Address Alzheimer's.

Snyder HM, Hendrix J, Bain LJ, Carrillo MC. Alzheimer's disease research in the context of the national plan to address Alzheimer's disease. Mol Aspects Med. 2015 Jun-Oct;43-44:16-24. doi: 10.1016/j.mam.2015.06.005. Epub 2015 Jun 18. Review. PubMed PMID: 26096321.

Between practice, policy and politics: Music therapy and the Dementia Strategy, 2009.

Spiro N, Farrant C, & Pavlicevic M (UK)

Does current music therapy practice address the goals encapsulated in the UK Department of Health document, Living well with dementia: a national dementia strategy (the Dementia Strategy) published in 2009? A survey elicited the views of clients, family members, music therapists, care home staff and care home managers, about this question by focusing on the relationship between music therapy and the 17 objectives outlined in the Dementia Strategy. The results showed that the objectives that are related to direct activity of the music therapists (such as care and understanding of the condition) were seen as most fulfilled by music therapy, while those regarding practicalities (such as living within the community) were seen as least fulfilled. Although the responses from the four groups of participants were similar, differences for some questions suggest that people's direct experience of music therapy influences their views. This study suggests that many aspects of the Dementia Strategy are already seen as being achieved. The findings suggest that developments of both music therapy practices and government strategies on dementia care may benefit from being mutually informed.

Spiro N, Farrant C, Pavlicevic M. Between practice, policy and politics: Music therapy and the Dementia Strategy, 2009. Dementia (London). 2015 Jun 4. pii: 1471301215585465. [Epub ahead of print] PubMed PMID: 26045589.

Antipsychotic prescribing in care homes before and after launch of a national dementia strategy: an observational study in English institutions over a 4-year period.

Szczepura, A., Wild D., Khan A.J., Owen, D.W., Palmer, T., Muhammad, T., Clark M.D., & Bowman, C.

OBJECTIVES:

To assess associations between the launch of the National Dementia Strategy (NDS) and antipsychotic prescribing in long-term residential care (LTC) in England.

SETTING AND PARTICIPANTS:

Retrospective analysis of prescribing patterns in 616 LTC institutions (31 619 residents) following launch of the NDS, using information from electronic medicines management system.

PRIMARY AND SECONDARY OUTCOME MEASURES:

Antipsychotic prescribing point prevalence (PP) for all residents in a cross section of LTC settings over a 4-year period following NDS launch. Secondary outcomes included dosages, length of treatment and use of recommended second-generation antipsychotics (SGAs) versus first-generation antipsychotics (FGAs). Associations between facility-level PP values and institutional characteristics, resident demographics were explored. Variations across geographical areas examined. Prescription net ingredient costs calculated.

RESULTS:

No statistically significant difference was observed in overall prescribing rates over the 4-year period (Kolmogorov-Smirnov (KS) test $p=0.60$), and there was no significant shift towards newer SGAs (KS test $p=0.32$). Dosages were above the maximum indicated in only 1.3% of cases, but duration of prescribing was excessive in 69.7% of cases. Care homes in the highest prescribing quintile were more likely to be located in a deprived area (rate ratio (Q5/Q1) $RR=5.89$, 95% CI 4.35 to 7.99), registered for dementia ($RR=3.38$, 95% CI 3.06 to 3.73) and those in the lowest quintile were more likely to be served by a single general practitioner (GP) practice ($RR=0.48$; 95% CI 0.37 to 0.63); $p<0.001$ all. A sixfold variation in PP levels was observed between geographical areas. The average annual expenditure on antipsychotics was £65.6 per person resident (2012 prices).

CONCLUSIONS:

The NDS in England was not associated with reduced PP levels or the types of antipsychotic prescribing in care homes. Further research is needed to explore why. Clear standards specifying recommended agents, dosages and length of treatment, together with routine monitoring and greater accountability for antipsychotic prescribing, may be required.

Szczepura, A., Wild D., Khan A.J., Owen, D.W., Palmer, T., Muhammad, T., Clark M.D., & Bowman, C. (2016). Antipsychotic prescribing in care homes before and after launch of a national dementia strategy: an observational study in English institutions over a 4-year period. BMJ Open, 20;6(9):e009882. doi: 10.1136/bmjopen-2015-009882.

"Challenges in Dementia Care Policy" in Dementia Care: An Evidence-Based Approach

Tilly, J & Gordon, K.

This book provides an overview of the demographic, clinical, and psychosocial context of dementia care. With its focus on patient and family perspectives, this book describes evidence-based approaches towards prevention, detection, and treatment of dementia that is like any other book. The text presents memory clinics, care management, home-based interventions, palliative care, family caregiver programs, specific to dementia care. Additionally, the text examines strategies to support transitions to acute care and long-term care. The text also places a special emphasis on measures of quality, cultural sensitivity, and implications for health care policy.

Written by experts in the field, *Dementia Care: An Evidence-Based Approach* is an excellent resource for clinicians, students, healthcare administrators, and policymakers who aim to improve the quality of life of both the person with dementia and their informal caregiver.

Tilly, J. & Gordon, K. *Challenges in Dementia Care Policy in Dementia Care: An Evidence-Based Approach*. (2015)

Black, minority ethnic and refugee (BMER) communities and the National Dementia Strategy: the London experience.

Truswell D

This article examines the role of black, minority ethnic and refugee (BMER) communities in the implementation of the National Dementia Strategy in London. Although recent government policy in health and social care has highlighted the need for local partnerships across sectors to deliver improved healthcare and reduce health inequalities, there has been limited research on dementia in minority ethnic groups. Despite the cosmopolitan mix of the capital's population, BMER communities have historically been marginalised from strategic health initiatives. This article highlights the work undertaken by the London Region Dementia Implementation Task Group to support commissioner engagement with BMER communities in planning dementia services, and to help these communities to have more influence on the implementation of the National Dementia Strategy in London. The potential health access and economic risks of failing to improve the involvement of BMER communities in planning dementia care are outlined.

Truswell, D. (2011). Black, minority ethnic and refugee (BMER) communities and the National Dementia Strategy: the London experience. Diversity in Health and Care, 8(2), 113-119.

A pivotal moment in Alzheimer's disease and dementia: how global unity of purpose and action can beat the disease by 2025.

Vradenburg G (UK)

The world is at a pivotal moment in the global fight against Alzheimer's disease, a disease that by 2013 affected 44.4 million people globally and is expected to affect 75.6 million by 2030. France, Australia, Japan, US and Great Britain are among the countries that have adopted national policies to address the growing numbers. Multilateral organizations have also prioritized the disease, and possibly most significantly, the G8, under British Prime Minister David Cameron's leadership, set its focus on dementia starting December 2013. Despite the growing attention, the response has not been commensurate with the urgency of the situation, and we need to promote comprehensive collaboration that catalyzes the development of new treatments, initiates the creation of innovative financial models for research and drives the utilization of technological innovation with the aim to reverse the trajectory of this devastating disease.

Vradenburg G. A pivotal moment in Alzheimer's disease and dementia: how global unity of purpose and action can beat the disease by 2025. Expert Rev Neurother. 2015 Jan;15(1):73-82. doi: 10.1586/14737175.2015.995638. Erratum in: Expert Rev Neurother. 2015 Apr;15(4):459. PubMed PMID: 25576089.

Impact of the g7 initiative on the global dementia policy agenda

Wortmann, Marc

The number of people with Alzheimer's disease and other dementias is increasing worldwide and these diseases mean a growing burden to health and social care systems. The growing

concerns within governments have led to the G7 initiative 'Global Action Against Dementia' that started with a Summit in London, UK, in December 2013.

Impact of the g7 initiative on the global dementia policy agenda. (2015). Wortmann, Marc Alzheimer's & Dementia: The Journal of the Alzheimer's Association , Volume 11 , Issue 7 , P180

Understanding dementia: effective information access from the Deaf community's perspective.

Young, A., Ferguson-Coleman, E., & Keady, J.

This study concerns older Deaf sign language users in the UK. Its aim was to explore how to enable effective information access and promote awareness and understanding of dementia from a culturally Deaf perspective. A purposive sample of 26 Deaf people without dementia participated in one of three focus groups facilitated directly in British Sign Language (BSL) without an intermediate interpreter. The sample was differentiated by age, role in the Deaf community, and diversity of educational attainment and professional experience. A phenomenological approach underpinned the thematic analysis of data. The findings demonstrate: (i) translation into (BSL) is a necessary but not sufficient condition to support understanding. Attention to culturally preferred means of engagement with information is vital; (ii) the content of information is best presented utilising structures and formats which cohere with Deaf people's visual cognitive strengths; and (iii) the importance of cultural values and cultural practices in raising awareness and building understanding of dementia. These include collective rather than individual responsibility for knowledge transfer and the pan-national nature of knowledge transfer among Deaf people(s). The discussion demonstrates how these specific features of effective information access and awareness building have universal implications relevant to public engagement and the promotion of general knowledge consistent with the National Dementia Strategy (England).

Young, A., Ferguson-Coleman, E., & Keady, J. (2016). Understanding dementia: effective information access from the Deaf community's perspective. Health Soc Care Community, 24(1): 39-47. doi: 10.1111/hsc.12181.

Living well with dementia: a National Dementia Strategy. Impact Assessment of National dementia Strategy

UK Department of Health

This document assesses the economic impact of the recommendations of the National Dementia Strategy. Key elements of the overall strategy include: a public information initiative on the causes and symptoms of dementia (to encourage people who suspect a problem to come forward earlier), advice on risk-factors and what an individual can do to reduce them, provision of services to diagnose and treat dementia, training for health and social care professionals in the recognition of signs and symptoms, and work to support regulation and inspection of service-providers and the identification of existing evidence and, therefore, areas for future research efforts.

Retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/168223/dh_094055.pdf

Interim evaluation National Dementia Program

Netherlands

ZonMW, 2007 [In Dutch]

Regioplan. Final evaluation, National Dementia Program

Netherlands

Regioplan, 2009. [In Dutch]

Evaluation of the French Alzheimer's Plan - 6/2013

Retrieved from: <http://www.alzheimereurope.org/content/download/45040/292604/file/Evaluation%20of%20the%20French%20Alzheimer%20Plan%20-%20June%202013.pdf> [In French]

Public documents

Strategy and Plan of Action on Dementias in Older Older Persons

PAHO Directing Council (The Americas)

This Strategy and Plan of Action proposes recommendations to the Member States aimed at strengthening the response capacity of the health system, with a multisectoral approach and a focus on human rights, gender equality, and equity. Its actions are directed at achieving quality care for dementias, reducing risk factors associated with these conditions, preventing dependence, and providing long-term care that is community-based with multisectoral responsibility and civil society participation. It also includes actions to provide care and protection to families and caregivers (formal, informal, and non-remunerated).

Retrieved from: <https://www.alz.co.uk/sites/default/files/plans/PAHO-plan-of-action-on-dementias-in-older-persons.pdf>

Dementia: a public health priority

World Health Organization (WHO) and Alzheimer's Disease International (ADI)

The report "Dementia: a public health priority" has been jointly developed by WHO and Alzheimer's Disease International. The purpose of this report is to raise awareness of dementia as a public health priority, to articulate a public health approach and to advocate for action at international and national levels.

Dementia is a syndrome that affects memory, thinking, behaviour and ability to perform everyday activities. The number of people living with dementia worldwide is currently estimated at 35.6 million. This number will double by 2030 and more than triple by 2050. Dementia is overwhelming not only for the people who have it, but also for their caregivers and families.

There is lack of awareness and understanding of dementia in most countries, resulting in stigmatization, barriers to diagnosis and care, and impacting caregivers, families and societies physically, psychologically and economically.

The report is expected to facilitate governments, policy-makers, and other stakeholders to address the impact of dementia as an increasing threat to global health. It is hoped that the report will promote dementia as a public health and social care priority worldwide.

Retrieved from: http://apps.who.int/iris/bitstream/10665/75263/1/9789241564458_eng.pdf?ua=1

Draft WHO global action plan on the public health response to dementia 2017-2025

World Health Organization (WHO)

Paragraph 2 of the Executive Board decisions EB139/DIV./2 “requests the WHO Director-General to develop with full participation of Member States and in cooperation with other relevant stakeholders a draft global action plan on the public health response to dementia, with clear goals and targets, for consideration by the Seventieth World Health Assembly, through the 140th session of the Executive Board”.

In response, the WHO Secretariat has prepared a zero draft of the global action plan on the public health response to dementia, which is available at the bottom of this page. The zero draft includes the proposed vision, strategic action areas and a set of recommended actions which, when performed collectively by Member States, international partners and the WHO Secretariat, will improve the care and quality of life of people with dementia, their carers and families and ultimately decrease the impact of dementia on society.

This zero draft will be used as the basis for informal consultations with Member States, UN agencies and other non-State actors such as relevant nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions.

Retrieved from: http://www.who.int/mental_health/neurology/dementia/zero_draft_dementia_action_plan_5_09_16.pdf?ua=1

Search methods

Search Engine	Search Words	Number of articles*	Number added (2015)	Number added (2016)
Google Scholar				
	develop & "national dementia plan"	48	1	3
	implement & "national dementia plan"	32	0	0
	National dementia plan	50	0	0
	review & "national dementia plan"	36	0	0
	evaluate & "national dementia plan"	39	1	0
	"national dementia strategy"	1,820	5	0
EbscoHost (AgeLine, SocINDEX, PsycArticles, PsycINFO, Academic Search Complete)				
	develop & "national dementia plan"	1		
	implement & national plan & dementia	16		
	National dementia plan	354		
	review & national plan & dementia	42		
	evaluate & national plan & dementia	24		
ScienceDirect				
	develop & "national dementia plan"	10	2	0
	implement & "national dementia plan"	5	1	0
	National dementia plan	13	0	0
	review & "national dementia plan"	12	0	0
	evaluate & "national dementia plan"	6	0	0
	Alzheimer's "national strategy"	93	0	0
PubMed				
	develop & "national dementia plan"	13	1	0
	implement & "national dementia plan"	6	1	0
	National dementia plan	84	6	3
	review & "national dementia plan"	15	0	0
	evaluate & "national dementia plan"	11	0	0
	"national dementia strategy"	42	3	4
* INCLUDES REPEATS				