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

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

Almost 47 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 three 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$604 billion 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.


Living well with dementia – development of the national dementia strategy for England
Banerjee, S.


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

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.


The national dementia strategy in England

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.


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.


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.


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


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


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


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.


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.


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.


Calls intensify for national dementia plan

National dementia plans: significance and challenges
Kuriakose JR, 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.

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.


National dementia plans: significance and challenges
Kuriakose, J. R., Kumar, S., & Varghese, B.

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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.


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

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.


**Quality collaboratives: lessons from research**


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.


**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.

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 countrywide 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.


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.


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.

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.


US Government sets out Alzheimer’s Plan


National Dementia Plans – Wales


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.


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


Implementation of plans

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.


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.


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.


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


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.


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’.


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.

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 dementias 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.
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.


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.


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.


**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.**

**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.


**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.


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.


**National dementia strategy failing to deliver due to lack of leadership**

Harrison S, & Doult B


**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.


**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 a 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.


Comparison of national dementia plans
Kuriakose, Jacob Roy


Le Duff, F., Develay, A. E., Quetel, J., Lafay, P., Schück, 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.


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.


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

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 ≤ 0.001), baseline cognitive impairment (p ≤ 0.05), number of personal care dependencies (p ≤ 0.01), and VA service priority (p ≤ 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


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.


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

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.


Living Better with Dementia: Good Practice and Innovation for the Future
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
Sixsmith J Sixsmith, M Callender DOI: http://dx.doi.org/10.1093/eurpub/ckv175.090 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.


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.


"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.

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.


Impact of the g7 initiative on the global dementia policy agenda
Wortmann, Marc


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

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

### Search methods

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