

Global & Alzheimer's Disease International Perspective

SUMMER 1997

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

World Alzheimer's Day - September 21 1997

Alzheimer's — a race against time

Every second, there are even more people in the world with Alzheimer's disease. World Alzheimer's Day this year will draw attention to the massive number of people with Alzheimer's across the globe and the impact this has on them and the people who care for them.

A charter stating an estimate of the number of people with the disease in the world is being translated into several languages. It will form the main part of a special World

Alzheimer's Day newsletter and will be distributed worldwide. A press conference will be held in London, hopefully near a famous clock!

Members' responses to the plans have been overwhelmingly enthusiastic. Around the world, members are organising their own events to mark the day, all with the unifying theme of 'a race against time'. If all member countries join together to celebrate World Alzheimer's Day, it promises to be a great success.

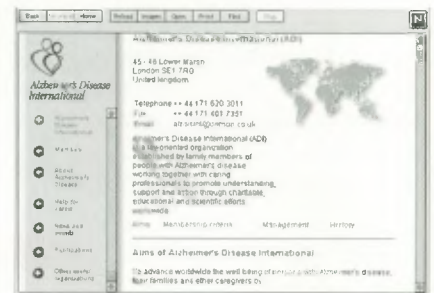
European carers study

Carers of spouses with Alzheimer's disease from 15 countries are being interviewed for a study coordinated by researchers at the Institute of Psychiatry, London. Funded by the European Union (EU) initiative to promote 'actions in favour of persons with neurodegenerative diseases', the study looks at the effects on the partner of the person affected by Alzheimer's disease, both personal well-being and practical problems. It also asks about

sources of support and any costs of services received. Collaborators in the study will come together in Dublin in September 1997 to discuss the findings. It is thought that this may be the first time that information on caring has been collected systematically from all member states of the EU. It should help carers, health practitioners and policy makers learn about the support available for carers in various countries and to become more aware of their mutual interests.

Further information about the study may be obtained from Mrs Julie Smith, project secretary. Telephone + 44 (0) 171 919 3150

ADI to be launched on the World Wide Web



ADI's web site will carry information on Alzheimer's disease, with links to member countries who are on the web, and other sources of information

ADI has been developing its own website which is due to be launched in August. This is a new and challenging project which will be of benefit to all ADI members worldwide. One of the main purpose of the site will be to provide links to member's internet sites and other sources of relevant information. The aim is to offer a quick and simple way to navigate some of the wealth of material about Alzheimer's disease already on the internet. The site will be regularly updated and improved. It is hoped that it will eventually become interactive and include all ADI's publications in a printable form.

Communication is the key to developing and strengthening ADI's member organisations. So far ten of ADI's members have access to the internet and the goal is to increase this to forty. With this in mind the secretariat has begun to make grants to members to help them buy the necessary equipment.

ANNOUNCEMENTS

CONFERENCES

1997

September 29 - October 1
Alzheimer's Disease International 13th International Conference

Finlandia Hall, Helsinki, Finland
Main themes: advances in the care of dementia, new perspectives on services development, innovative approaches to supporting family carers, human and legal rights of those with dementia.
Contact: Alzheimer Society of Finland. Tel: + 358 9 6226 2013 Fax: + 358 9 6226 2020

July 6 -11
1997 World Congress of the World Federation for Mental Health

Cornerstones for Mental Health
Lahti and Helsinki, Finland
Tel: + 358 9 615 516
Fax: + 358 0 692 4065

August 19-23
XVI International Congress of Gerontology

Adelaide, Australia
Tel: + 618 8201 7572
Fax: + 618 8201 7551
Email: iag.congress@flinders.edu.au
Website: www:http://cmetwww.cc.flinders.edu.au/congress/intro.html

August 17-22
8th Congress of the International Psychogeriatric Association (IPA)

Ageing in a World of Change
Jerusalem, Israel
Contact: IPA
Tel: + 1 847 3754719
Fax: + 1 847 375477
Email: orgipahq@aol.com

September 12-14
Alzheimer's Disease Society Annual General Meeting and Symposium 1997

Warwick, England
Tel: + 44 171 306 0606
Fax: + 44 171 306 0808

October 7-10
The Regional Meeting of World Psychiatric Association

Dementia, Schizophrenia, Depression
Beijing, China
Tel: + 86 10 62091953
Fax: + 86 10 62027314

October 19 - 24
3rd Global Conference of the International Federation on Ageing

Durban, South Africa
Contact: IFA Secretariat, Quebec, Canada. Tel: + 1 514 287 9679
Fax: + 1 514 987 1567

1998

September 25 - 27
Alzheimer's Disease International 14th International Conference

Dementia the Global Challenge
Cochin, India
Contact: Conference Secretariat
Tel: + 91 488 522939
Fax: + 91 488 522347

April 15-18
Fifth International Geneva/Springfield Symposium on Advances in Alzheimer Therapy

Geneva, Switzerland
Tel: + 1 217 782 7711
Fax: + 1 217 785 4413
Email: ogden@wpsmtp.siumed.edu

May 14 - 15
First International Conference on Family Care

Caring for Carers
London, UK
Contact: Carer's National Association.
Tel: + 44 171 490 8818
Email: icc98@carersuk.demon.co.uk

PUBLICATIONS

Alzheimer's Disease in Primary Care

by Serge Gauthier, MD FRCP (C), Alistair Burns MD FRCP FRCPsyc and William J Petit, MB ChB MRCPGP.
A practical and useful handbook £9.95. There is also an accompanying slide kit available *Clinical Diagnosis and Management of Alzheimer's Disease* priced £65. Contact publishers Martin Dunitz and Co. Tel: + 44 171 482 2202 Fax: + 44 171 267 0159 Email: martin@dunitz.co.uk

Help for Caregivers

published by ADI and WHO
Now available in English, Spanish, Hebrew, Arabic, Danish, Japanese and Russian. For copies please contact ADI secretariat.

Alzheimer's at your Fingertips

by Harry Cayton, Dr Nori Graham and Dr James Warner.
A new reference book that gives practical and medically accurate information on Alzheimer's disease and other dementias in an easy to understand format - questions from real people and straight-forward answers from experts. Published by Class Publishing, London W6 7BR, England.

International directions

The principle aim of ADI is to increase world awareness of Alzheimer's disease and the impact that it has on the people with the disease and their carers. 21st September will mark World Awareness Day and the launch of the ADI Charter *A race against time*. Harry Crielaars, Executive Director of the Netherlands Alzheimer Association, and Simon Denegri, from the Alzheimer's Disease Society office in London, have together put a great deal of work into this project. The Charter will be issued in a special edition of our newsletter and will be useful in your activities on that day.

Over the past few months I have had the opportunity to visit the national Alzheimer offices in Finland, Switzerland, Japan and Italy, and over the next few months I shall be visiting France and Romania. I have been most impressed by the immense commitment of those working in these associations and by the progress everyone is making. Communications within countries, between countries and between ADI and all of you is increasing. It is my hope that by the end of the year all our national Alzheimer offices will be equipped to be on email and to be able to access our web site in order to maximize communications.

At the end of January, Robert Gomez left his post as our Secretary General. I would like to thank Robert for his very considerable commitment to ADI and we all wish him well for the future. Elizabeth Rimmer, who has been with us in the office part-time over the last year, has been appointed to replace him as our Secretary-General. She is a lawyer and so has considerable experience of legal matters. Many countries will have already been in communication with her.



Elizabeth Rimmer, the new Secretary General

We look forward to our next annual meeting in Helsinki, September 29 - 1 October 1997. I very much hope to meet a number of old friends and make new ones.

NORI GRAHAM
CHAIRMAN, ALZHEIMER'S DISEASE INTERNATIONAL



Nori Graham (centre) with members of the Tokyo branch of the Association of Family Caring for Demented Elderly

Global Perspective

The views stated in Global Perspective are personal and not necessarily reflect the views of ADI.

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An open letter

Dear Dad

I wish we could sit down and have a good chat – there's so much I want to tell you.

When you first became ill, we didn't understand what was wrong – no one mentioned the word Alzheimer's or told us what to expect. Now that the memory loss and confusion is better understood, families have better support – but we didn't have much help did we?

Do you remember our walks on the heath, when you kept falling over? You laughed about it which made it easier for me, but it got worse didn't it? Until Mum thought you ought to have a stick. But the stick didn't help – it just got in the way.

And remember how het up you both used to get when you would insist on peeling the potatoes at breakfast time, and when you made

cups of tea for Mum without any tea in? The three of us tried to come to terms with it, but it was very upsetting.

And do you recall seeing those faces, which we agreed weren't faces, but which looked so real? I'm glad you told me about them, and I wish I could have made them go away.

Looking back, my worst fear was that, although you seemed to be in a world of your own, you were really frightened and did realise what was going on. When you went into respite care homes I hope you didn't think we were abandoning you. And when you wandered away and the nurses had to find you and bring you back, I hope you weren't frightened, Dad.

I was never able to tell you what a privilege it was for me in those last years, becoming closer to you and doing things for you. I hope you understood why Mum couldn't continue to care for you, and why we eventually had to choose a home. I loved visiting you there. I used to bring you treats and we'd have little picnics in the garden. You would tell me about all the old friends you'd spoken to, friends who had died

long ago, and we'd talk and laugh together. I used to enjoy that, Dad.

I enjoyed giving you haircuts and shaves too, and cutting your fingernails. You would have laughed if you'd realised what you said to me one day. I cut them too short for your liking so you told me to cut them longer!

At first glance the home would appear a sad place to visitors but you were happy there, weren't you? Your eyes would light up when the careworkers came into the room and you loved to laugh and joke with them. It was a warm, friendly place and you always seemed content there.

You were a super dad, grandad and great-grandad – there have been several little ones since, who you never saw, but who I know you would have loved.

I hope you realised how much Mum loved you, Dad – it was so hard for her, gradually losing her partner. I hope you knew how much we all loved you. And I hope it's all better now.

Maureen

Written by Maureen Moody (UK) and reprinted with kind permission of the Alzheimer's Disease Society from its July 1997 Newsletter.

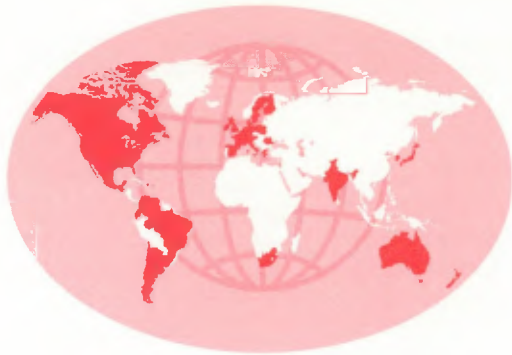
Art competition winner

At the annual meeting in June of the European Federation of Neurological Societies (EFNS) in Prague, the winners of the art competition 'Perceptions of Alzheimer's Disease' were shown for the first time. The competition was organised by Pfizer Inc and Eisai Ltd. Entries were received from 15 countries. The artists came from a variety of backgrounds: school children, caregivers and doctors. There were five categories: Caring – showing the role or perception of the caregiver; Memory Loss – portrayal of the characteristic memory loss of Alzheimer's disease; Loss of Self/Progression of the Disease – depiction of the increasing loss of self; Other's perceptions: a view of Alzheimer's disease by one not directly involved with the person who has it. The competition was judged in London in March by a panel of ADI members, physicians and a caregiver. Twenty seven works were chosen.

'Trapped in Her World' (right) by Emma Hamilton of Australia was joint winner in the caring category and was highlighted by the many of the judges for its depiction of the role of caregivers in providing physical and emotional support to their loved one with Alzheimer's disease. Emma explains: 'The inspiration for my painting was the effect that Alzheimer's disease had on my grandmother and family. The painting was an extremely emotive journey, granting not only myself but my whole family a greater understanding, a sense of acceptance and tolerance of this disease'. The winning artworks will be exhibited at the ADI conference in Helsinki this year. Reproductions will be available to Alzheimer associations, caregivers groups and hospitals for exhibitions, speaker's engagements and fundraising activities.

For more information please contact Lisa Davidson, Porter Novelli, tel: + 1 212 872 8032.





Members' Forum

AUSTRALIA

The Alzheimer's Association of South Australia (Australia) has for many years endeavoured to meet the needs of people from culturally and linguistically diverse communities, including the indigenous Aborigines. Like so many other countries, Australia had a successful post WWII immigration programme. Consequently, today, Australia is home to some 150 ethnic groups.

The challenge has been to meet the needs of this diverse group of communities in a culturally sensitive manner. To this end, the Alzheimer's Association of South Australia has developed links with culturally and linguistically diverse communities to identify and address these specific needs in relation to dementia and related issues. These needs can be divided into three areas.

First, work has centred around raising community awareness of the disease and the Association. Ethnic media has been utilised extensively, also ethnic community workers and

other allied bilingual and bicultural health professionals.

Second, training is offered to bilingual and bicultural professional and community workers to develop their knowledge of dementia; they are then able in turn to take this information to their respective communities. Language specific dementia care training is offered to some carers – for example Greek, Italian and Chinese. We hope to extend this in the future.

Third, resources such as books, fact sheets, videos and brochures are developed in specific languages as needs arise for each community. Translated resources are a valuable tool when used appropriately. The Association would be pleased to receive any resources in different languages. Payment would be negotiated, if necessary. The contact address is Alzheimer's Association SA, 27 Conyngham Street, Glenside, South Australia 5065 Australia. Fax + 61 8 8338 3390 Email: alzsa@ozemail.com.au

HELENA KYRIAZOPOULOS
MULTICULTURAL LIAISON OFFICER

A group of bilingual, bicultural workers undertaking dementia management training



URUGUAY

AUDAS recently celebrated its 6th anniversary. These years have seen important changes. For the first three we had no office, then a pharmaceutical company financed one for three years. Three months ago the Uruguayan League against Tuberculosis generously offered us the use of part of their building. We have fixed up one room as an office and we aim to establish a day

USA

The Alzheimer's Association's ninth annual public policy forum held in Washington DC this April highlighted the strides that are being made by members of ADI in bringing the concerns of people with dementia and their carers to the attention of politicians. Over 450 delegates from the Association's chapters around the US converged on the Hyatt Regency Hotel on Capitol Hill for four days with the aim of lobbying Congress. As a foreign observer it was a privilege to be part of such an impressively organised event. The forum, entitled *Seizing Opportunities, Shaping Change*, included a roll-call of the states in which chapters reported on their campaigning successes of the year, workshops on health and social care, a candlelight celebration in front of the Capitol Hill to honour those with Alzheimer's disease and their carers, and much entertainment. On the final day, delegates went to Capitol Hill for a senate ageing committee hearing on Alzheimer's disease and to lobby their senators and representatives. Delegates campaigned for more money for Alzheimer's research, specific funding from the US Government for respite care, and guarantees for the provision of long-term care for people with dementia. These are messages that will strike a chord with every member of ADI, highlighting once again that not only is Alzheimer's disease an international challenge, but that we are all pushing in the same direction.

SIMON DENEGRI
ALZHEIMER'S DISEASE SOCIETY, UK

centre in the remaining rooms. Meanwhile we are starting a programme of AUDAS Sunday afternoons so that carers and their families may get to know others, instead of being isolated at home. Last November (and the November before) we held gatherings of members and their families for lunch and tea with dancing.

Periodically we have open meetings in Montevideo and cities in the interior. These have resulted in the

formation of support groups in the capital and four inland cities. A year ago we started our quarterly newsletter. We are preparing a training course for group co-ordinators and professional carers. We provide advice sheets and information, some of which has been translated from materials from Alzheimer associations in other countries and some we have produced ourselves.

On 23 July we shall be holding our 2nd National Seminar for profes-

sional and family carers. We also work with other state and private organisations such as the National Honorary Commission of the Disabled, the Health and External Assistance Service of the Ministry of Public Health, the Uruguayan Council for Social Welfare and the 3rd age working group of the Municipality of Montevideo. We have the support of the TV channels, radio stations and the press whenever we ask for it.

GUATEMALA

In addition to Spanish there are 23 other languages spoken in Guatemala. ERMITA are facing the challenge of raising awareness in Guatemala about Alzheimer's disease by regularly publishing articles and information about their activities in the press. ERMITA recently organised a meeting in Quetzaltenango for doctors and the general public to raise awareness about Alzheimer's disease, the meeting was well attended and there are now plans to open a branch in the region. The group also

run a number of training courses and open meetings. This year ERMITA organised their third training course for caregivers which was attended by over 30 people. ERMITA were able to raise the

money to pay their full ADI membership dues this year by raffling a watercolour painting donated by a volunteer.

Carers attending a training course



CUBA

The Cuban Section of Alzheimer's disease and related disorders (SECUEA) was founded in April 1996. In one year they have achieved a functional organisation which can serve as a model for others in Latin America. I had the pleasure to attend the international workshop on Brain Ageing and Alzheimer's Disease in Havana,



Professor Caridad Fernandez (right), committee member of SECUEA, at the reception desk of the international workshop on Brain Aging and Alzheimer's Disease in Havana, April

Cuba April 10-12th as a representative of ADI and the opportunity to meet with members of SECUEA and see at first hand the work they have done. At a meeting held in the Iberoamerican Center for the Elderly, caregivers, geriatricians, gerontologists, social workers, psychologists, nurses, students, psychiatrists and general practitioners gathered to talk about their experiences and learn more about the work of ADI. It was a rewarding experience to listen to all these people and witness their commitment to facing the challenge of Alzheimer's disease in Cuba. So far SECUEA have achieved the following:

- publication of a manual for caregivers
- multidisciplinary assessment of the person with Alzheimer's disease
- sound epidemiological studies
- support groups
- a commitment to provide the best

possible services to people with Alzheimer's disease and their families by working as a team.

Cuba has a population of just over 11 million, of which it is estimated 70,000 people have Alzheimer's disease. Due to the social structure in Cuba, voluntary organisations as we know them do not exist. In theory all healthcare needs and support are met by government programmes. SECUEA have very scarce financial resources but this lack is overcome by using a lot of imagination and hard work. One of the organisation's main aims is to increase the development of branches in other provinces of Cuba and multidisciplinary groups dedicated to working with people with Alzheimer's disease and other dementias.

Cuba has now applied for provisional membership of ADI, which will be considered in Helsinki.

ROBERTO GARCIA DE LA MORA, AMAES AND EXECUTIVE COMMITTEE MEMBER, ADI

Managing dementia

Aspects of caring and treatment

Help in the early stages of Alzheimer's disease

Most of what you read, hear and think about Alzheimer's disease (AD) typically focuses on the long-term course of the illness. Now, however, a specialized support group program brings hope and help to individuals in the early stages of the disease and their family members. This unique model has been developing in Alzheimer's associations and societies around the world, including the US, Canada, New Zealand, Australia, South Africa, Israel and England.

In the early stages, people have only mild memory loss and confusion. While significant challenges and frustrations arise, there are many remaining capabilities as well. These support groups teach people how to live, not how to die with AD – and help family members to grieve and go on. This is a new, unique, and positive approach.

People in the early stages

People who are diagnosed early in the course of the disease have rarely had opportunities to get their questions and concerns addressed. Physicians do not always have time to explain the condition, and no community agencies are designated to provide follow-up to an early diagnosis. Individuals with early AD often become isolated and stigmatized, even though they may be quite communicative, healthy and functional for a number of years. For example, while they may no longer be able to engage in work or certain other lifelong roles, they are typically able to live at home, do most of their own personal care,

and continue to do many of the pleasurable activities they have always enjoyed.

In the early stage AD support group program, these individuals can get information, share feelings and experiences with others in a similar situation, and learn coping strategies – much like people facing any other illness. Participants often have in common such issues as losing a driver's licence, adjusting to increasing dependency, and changes in relationships with family and friends. They also discuss what is going well in their lives, and how to maintain that for as long as possible. As one gentleman put it, 'I want people to know – I've got a lot of life left!'

Caring in the beginning

Family members of the individuals with early AD meet in a separate support group at the same time and location. This allows them to focus on caregiving issues unique to the beginning of the illness, such as restructuring household responsibilities and questioning when to assist the person with AD and when to encourage independence. Occasionally the concurrent support groups meet jointly, allowing all participants to interact together.

People with AD in these programs have reported an increased

understanding and acceptance of memory loss, and improved mood and morale from the sense of camaraderie. Family members report feeling less isolated and gaining knowledge about coping with the early symptoms of AD. They also appreciate ideas for discussion and future planning that include the person with the disease, which is no longer possible in its later stages.

Getting help before a crisis

A critical benefit of the program is the increased potential for families to come forward for assistance from the Alzheimer's association or society way before they are in crisis. Thus, they can learn about the range of services available throughout the course of the disease sooner than they might otherwise. Ideally, transitions between services will be smoother as needs change over time, with helping relationships established early on.

People interested in joining the group must be aware that they have AD and be willing and able to discuss their experiences. A careful screening process is recommended through pre-enrollment interviews to select appropriate participants.

Because these support groups are not right for everyone, other new early stage services have also been developed. These include cultural, recreational, educational, and vocational opportunities – reflecting the many ways in which a person with early AD is still very much a person.

ROBYN YALE, LCSW

Early stage programme development

Robyn Yale is a clinical social worker and consultant to the Alzheimer's Association (US) with a specialization in the early stages of Alzheimer's disease. For information about early stage program development and research around the world, contact her at: 1067 Filbert Street, Suite 100, San Francisco, California 94133 USA. Fax/telephone: (415) 673 – 3881.

International conference workshop

A special pre-conference workshop on early stage AD support groups has been planned for the Helsinki conference. Michael Livni (ADI Executive Committee member) is developing a workshop which Robyn Yale will be co-facilitating. Guidelines around clinical and administrative issues will be presented, followed by small group discussions for member participation and interchange. The workshop will take place on Sunday September 27.

Driving and dementia

For many of us, especially in developed countries, driving is an important part of life. With the emphasis on out-to-town shopping centres and the reduction in public transport, access to an automobile is often a necessity. It is a serious blow when someone is told he or she is no longer allowed to drive. Despite the importance of this issue, there have been few studies on the impact dementia has on the ability to drive. Those that have been done show that individuals with dementia are less safe on the road. However, few automobile accidents are due to drivers having dementia, probably reflecting a sensible attitude to driving by individuals with dementia and their carers.

Dementia affects driving

Each person with dementia is affected in subtly different ways. Common problems that will specifically affect driving ability include:

- **Impaired ability to react rapidly and effectively.** Someone may appear to be driving perfectly well until a situation arises that requires sound judgement and rapid decision making.
- **Poor memory.** May lead to getting lost or forgetting the rules of the road – for example driving the wrong way up a one way street.
- **Reduced concentration.** This could lead to someone becoming preoccupied with something other than the driving.
- **Increased sensitivity to medication.** Pain killers, sleeping tablets, tranquillizers and many other drugs may impair driving performance more than usual.

Whatever the problem is, the signs may be subtle at first and ignored by the individual, spouse or partner and friends. A particular difficulty for many people with dementia is that they are not aware of these changes and feel that they can drive competently. It is imperative that if you care for someone with dementia you think about the potential problems. If necessary, seek advice from your doctor or nurse.

Legalities

In most countries, it is illegal to drive if the driver has an illness that affects his or her ability to do so safely. You may find that you have to inform the local licensing authority if dementia is diagnosed. They may cancel the driving licence, or seek further information. In the UK, withdrawal of the driving licence is not automatic for someone with dementia – some may be allowed to continue to drive subject to frequent review by a doctor, or may be offered a second driving test. Rules vary from country to country and between states in the USA. It is also important to bear in mind that your insurance company is unlikely to continue cover if someone drives with a medical condition and they have not been informed. You may find that you are not insured if an accident does happen.

Sometimes, someone with dementia continues to drive, despite being unsafe. If you feel someone is too ill to drive, or you know he or she has been advised not to by a doctor, then you should act. Seek advice from your doctor, licensing authority or the local police. Many people feel that they are being disloyal, but you may prevent a serious, even fatal accident.

Alternatives to the car

The loss of a driving licence can be a blow to many people, especially if the spouse or partner cannot drive. You may find yourself stranded without transport. Taxis appear expensive, but are usually cheaper than the cost of running a car if your annual mileage is low. Neighbours or relatives could take you shopping. Find out from carers groups if any local community transport schemes operate to help you. Many shops now offer a home delivery service. Find out whether you qualify for any extra benefits to help with the cost of transport.

The impact of the loss of ability to drive may be reduced by a sensible approach to the problem.

JAMES WARNER
LECTURER IN PSYCHIATRY, ROYAL FREE
HOSPITAL, POND STREET, LONDON NW3 2QG

Managing symptoms

Over 1,300 psychiatrists representing most corners of the globe attended the two day conference 'Evidence from Experience' sponsored by Janssen-Cilag and Organon in Lisbon, Portugal, which was principally concerned with the pharmacological management of Schizophrenia. However, a lot of interest was shown in the one workshop devoted to the presentation and treatment of non-cognitive symptomatology in Alzheimer's disease and related disorders. Sanford Finkel gave an overview emphasising the spectrum of these symptoms in Alzheimer's disease and showed their predominance in the middle stages of the course of the disease. He summarised the views of the International

Psychogeriatric Consensus Conference which took place in April of last year, whose objective was to begin to establish operational criteria for the 'behavioural and psychological signs and symptoms of dementia' (BPSSD). They emphasised that the BPSSD present severe problems to caregivers, patients and society but are more amenable to treatment than other symptoms of dementia and thus offer the best chance to alleviate suffering and reduce carer burden. The role of the BPSSD as just one of a number of important factors which contribute to carer burden was emphasised in the talk by Clive Holmes. Evidence for the findings that carer burden is the result of an interplay of factors in both the carer and the dependent was summarised as were its economic and social costs. The pharmacological treatment options for subjects with BPSSD were outlined by Brian Lawlor and included a review of the relatively sparse data which is available on the efficacy and tolerability of the use of risperidone in the elderly.

CLIVE HOLMES
INSTITUTE OF PSYCHIATRY
DE CRESPIGNY PARK
DENMARK HILL, LONDON SE5 8AF

Alzheimer's Disease International 13th International Conference

September 29 – October 1 1997
Finlandia Hall, Helsinki, Finland

Alzheimer's – the blind hunter: *advances in the care of dementia, new perspectives on services development, innovative approaches to supporting family carers, human and legal rights of those with dementia.*



Contact: Alzheimer Society of Finland · Tel: + 358 9 6226 2013 · Fax: + 358 9 6226 2020

Workshops for all

ADI has organised a series of exciting and interactive workshops for this year's conference which will take place on Sunday September 28. Michael Livni and Robyn Yale will run a workshop on **early stage support groups** which will run at the same time as a workshop being organised by Verna Schofield on **volunteer training and recruitment**.

World Alzheimer's day and **public relations** are the topics for Harry Crielaars' workshop which will include discussion on ideas for World Alzheimer's day

in 1998. Harry Cayton and Simon Denegri are running a workshop on **public policy and campaigning**.

Of particular interest to ADI's new members and potential members will be the workshop on Tuesday September 30 which Monica Unwin and Noreen Siba have organised on **setting up and running an Alzheimer association**.

Members are encouraged to participate in these workshops – they are a good opportunity to exchange ideas and learn with colleagues from around the world.

NOTICE OF WORKSHOP

Setting up and running an Alzheimer association

Noreen Siba and Monica Unwin will be facilitating a three hour workshop on setting up and running a national Alzheimer's association as one of the targeted symposia on the afternoon of Tuesday September 30 at the ADI conference in Helsinki. Their shorter workshop at Jerusalem last year created much excitement and discussion among delegates from many different countries who were in the difficult early stages of setting up a Society. Some people had already started but did not know where to go next, others were still in the planning stages and some had already employed staff but were getting stuck on how to move forward in their particular circumstances.

Noreen and Monica have a lot of experience between them. Before joining the Alzheimer's Disease Society as its director in 1988, a post she held for three and a half years, Noreen had founded a society for the parents of children with severe disabilities or diseases called 'Contact a Family'. Like the

Alzheimer's Disease Society this organisation now has branches and groups all over the United Kingdom. On moving to Alzheimer's, Noreen used the same skills in increasing the spread of that Society which now has 190 branches in England, Wales and Northern Ireland. Monica has worked for about seven years with the Alzheimer's Disease Society in London. As Director for Regional Development, Monica supported staff and volunteer branches to ensure that families caring for a person with dementia would have somewhere to turn for help and support.

The workshop will be entirely interactive. Members will be asked to bring to it their most urgent problems which will be discussed in small groups, with the help of resource people as required. The exchange of experience between countries will be the most valuable part of the afternoon. There will be discussion on organisational issues, establishing priorities for action, on finding funding, and on training both for family caregivers and professionals and on models for service provision.

Noreen and Monica will be available for further discussion through-

out the conference days. It would be helpful to hear in advance from people interested in attending this workshop. Please contact the ADI secretariat if you wish to do so (though it will not be too late to register for it in Helsinki).

Global Perspective

Get on the mailing list

If you are not on our mailing list and would like to receive this newsletter, please give the Secretariat your details and we will be pleased to send you future issues. There is no charge for this, but your donations are always welcome.

Send us your comments

If you have any comments or suggestions about the newsletter, or would like to submit an article – we are particularly keen to hear from carers around the world – please contact the Secretariat.

Put your requests for help in Members' Forum

Member countries requiring help or information are asked to put their requests in writing for inclusion in the next edition of Global Perspective. We would like to start a help column where these requests can be featured, inviting our readers worldwide to respond.