Alzheimer's Disease International

Global Perspective

VOLUME 7 NUMBER 3 WINTER 1997

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

46 countries attend Helsinki conference

The 13th ADI conference held in Helsinki, Finland, was a unique occasion – over 1,400 people from 46 countries attended, making this the biggest ADI meeting so far.

The plenary sessions explored the conference theme of 'the Blind Hunter'. Leading world experts presented the latest research findings on new therapies for the disease and a varied programme of symposia included topics such as health economics, informed consent and meaningful activity.

The calibre of the speakers was evident throughout the meeting and everyone was touched by the genuine warmth and friendship of the Finnish hosts.

The conference, co-hosted by the Alzheimer Society of Finland with ADI and Alzheimer Europe, was formally opened by Mrs Riitta Uosukainen, Speaker of the Finnish parliament. The social events were a lively forum for networking and catching up with old friends.

The organisers were especially honoured by the presence of Her Majesty, Queen Silvia of Sweden (centre)

Traditional Finnish food and entertainment were highlights of the get-together party, attended by over 500 delegates. The elegant salon of the Helsinki city hall was the venue for a civic reception. The tango evening provided a lively finale to the conference.

World Alzheimer's Day – a great success

Rita Hayworth, in one of a series of posters by Alzheimer Disease Society (UK) making the public aware of famous people who have had Alzheimer's disease, overlooked Dr Jonathan Miller, president of ADS, as he launched ADI's 'Race Against Time' in London.

'Dementia is a global problem. We have estimated that there are some 17 million people worldwide with dementia' said Dr Martin Prince of the Institute of Psychiatry in London at the press launch for World Alzheimer's Day on September 21. 'That's twice the number of people living here in London. By 2025 that figure will have doubled to 34 million – more than the combined population of London, New York and Moscow.'

Worldwide support was pledged for our campaign, with events held in nearly 30 countries. Nancy Reagan, in a statement for World Alzheimer's day, said 'I hope that the message in this charter will increase global awareness and promote understanding about this disease, the people who have it and those who care for them'. 70,000 copies of a special bulletin, in English and Spanish, carried Mrs Reagan's message worldwide.

Princess Yasmin Aga Khan, President of ADI, with (left to right) Lonnie Wollin, Allen Roses and Paavo Reikkinen, chairman of the Scientific Programme Committee.

In her speech at the opening ceremony, Princess Yasmin said, 'This is a unique occasion for so many reasons. Nowhere else do carers, caring professionals and scientists meet together to exchange ideas about dementia. Nowhere else do people from so many countries exchange ideas about their pattern of services. Nowhere else do carers of people with dementia, of which I have been one, have the opportunity to learn and share ideas with each other'

IN THIS ISSUE

The Alzheimer's Disease International website can be found at: alzdisint.demon.co.uk

ANNOUNCEMENTS

CONFERENCES

1997

November 6-9
Conferencia Nacional Alzheimer
Pamplona, Spain
TEL: +93 322 64 45
FAX: +93 410 97 42
EMAIL: suport@deinfo.es

December 2
Dementia in the young
Croydon, UK
Promoting appropriate service response: a one day multi-agency seminar
TEL: +44 171 501 2338
FAX: +44 171 720 0367

1998

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 7-9
Alzheimer Europe 8th European meeting
Lucerne, Switzerland
TEL: +41 41 312 18 12
FAX: +41 41 312 18 13
EMAIL: ctlag@bluewin.ch

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

May 18-20
International Council for Global Health Progress
Worldwide revolution in longevity and quality of life: opportunities, challenges and responses
Paris, France
TEL: +33 1 45 59 36 77
FAX: +33 1 45 59 38 85
EMAIL: cipgs@club-internet.fr

July 18-23
6th International Conference on Alzheimer's disease and related disorders
Amsterdam, The Netherlands
TEL: +31 20 5040 202
FAX: +31 20 5040 225
EMAIL: alzh98@congrex.nl
http://www.congrex.com/alz98/

September 24 – 27
Alzheimer's Disease International 14th International Conference
Cochin, India
Dementia the Global Challenge
TEL: +91 488 522939
FAX: +91 488 522347

PUBLICATIONS

The Best Friends Approach to Alzheimer's Care
By Virginia Bell and David Troxel. This comprehensive program builds on a person's remaining strengths and abilities and uses positive strategies that are easy to learn and put into practice. $24.95. Video also available $45.00
For orders in Europe/UK:
TEL: +44 171 833 2307
FAX: +44 171 837 2917
For orders in rest of world:
TEL: +1 410 337 9585
FAX: +1 410 337 8539

Alzheimer's at your fingertips
By Harry Cayton, Dr Nori Graham and Dr James Warner
Questions asked by real people about Alzheimer's disease and other forms of dementia are answered in a straightforward way in this new guide. £11.95
Class Publishing, London, England
TEL: +44 171 371 2119
FAX: +44 171 371 2878

International directions

ELIZABETH RIMMER, SECRETARY-GENERAL

During the conference in Helsinki, I received the exciting news that our web page was up and running (www.alzdisint.demon.co.uk). With nearly half of our membership now on email, communication has become so much easier. My time in Helsinki really brought ADI alive for me, I met the people whose names I had only seen on faxes, letters and email. I put faces to the voices I had heard on the phone. I was able to spend time with members, hear first hand about your World Alzheimer Day activities, share your experiences. I realised just how important the conference is, not only for the opportunity to learn about the latest research developments or caring strategies, but for the chance to network, brainstorm, make new friends or catch up with old ones. Sitting at a table with all our Latin American members making plans for their first regional meeting next year brought this home to me.

We are pleased to welcome Cuba and the Czech Republic as new provisional members of ADI, and Greece, Poland and Singapore as full members, this has increased our membership to 42.

I feel confident that the work we have done this year has laid a good foundation which will enable us to achieve the goals set for the next two years. We look forward to 1998.

I wish to become an associate member of Alzheimer's Disease International and receive the newsletter.

Name ....

Address ....

....

....

Much of ADI's funding is provided by our member countries. However, national associations have enormous demands on their limited resources, so ADI continues to rely on donations from individuals and organisations. There is no fixed subscription for the newsletter, all donations are welcome. (Member countries and officers of ADI receive the newsletter free.)

I enclose payment of
☐ £10/$15 ☐ £25/$40 ☐ £50/$75 ☐ Other ....

Payment can be made by cheque or banker's draft in either US dollars or Sterling, to Alzheimer's Disease International, 45/46 Lower Marsh, London SE1 7RG

Global Perspective

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Mailing list
If you would like to receive this newsletter, please give the Secretariat your details. There is no charge, but donations are always welcome.

Send us your comments
If you have any comments about or items for the newsletter (we are particularly keen to hear from carers) please contact the Secretariat.

Put you requests for help in Members' Forum
Member countries requiring help or information are asked to put their requests in writing for inclusion in Global Perspective.

My mother

BY VARPU KETTUNEN, EXECUTIVE DIRECTOR OF THE ALZHEIMER SOCIETY OF FINLAND

Looking after her mother led this carer from feeling helpless to organising a national Alzheimer's society

My mother's dementia was diagnosed at quite an early stage – thanks to her own activity. She had herself began to wonder what was the matter with her. She had started to forget things and her sense of place and time disappeared, sometimes completely. She was anguished and scared.

Once this dementing illness of my mother's had been found some ten years ago, I felt totally helpless when trying to arrange her things and the necessary care. I tried to find help everywhere, but no one seemed to be interested in my mother's needs. At the same time my mother suffered a lot from her own forgetfulness and the fact that, for instance, she no longer knew how to cook. My own feelings of guilt, as well as my ignorance of memory disturbances made me join the group that was starting a local chapter in my own home district. The group's intention was to act as an active interest group for dementia patients and their families. At that time, my mother and I urgently needed information and support but there was no official organisation to turn to. The bureaucracy of Finnish healthcare seemed distant and strange.

> 'I felt totally helpless when trying to arrange the necessary care'

In voluntary work I soon came to see how the helplessness of family members and their efforts to seek sufficient knowledge made them distressed. I felt it extremely important to show the family members how to find the way to the helping organisation. I became an active voluntary worker and shortly after that the chairperson of the Alzheimer Society of Finland. Finally after a few years I became the executive director of the very same society.

Seeing my mother's illness progress, I more and more felt the urge to develop the Finnish dementia work. To help the family members and create the various tools for support and survival. I considered it important to be able to influence people's attitudes towards a demented person, as well as to make the whole issue known in public. My mother's illness and the long discussions with countless family members gave me motivation and helped me to go on with the work. The Alzheimer Society expanded the number of local chapters and the amount of hired staff grew. We received a national network of dementia counsellors and little by little knowledge and consciousness of our own work increased. Today the heart of all our activities is the Alzheimer Centre.

My mother passed away in the middle of October. Many times I had thought about her approaching death, even hoped for it. Still it was unexpected news. Now sorrow fills my mind and longing has become a daily companion.

WORKSHOP FEEDBACK

Early stage support groups

In the previous issue of Global Perspective, Robyn Yale described early stage support groups as a relatively new service, a way of managing dementia. 17 participants from 10 countries (including the facilitators Robyn Yale and Michael Livni) took part in an ADI pre-conference workshop on this subject in Helsinki.

Varied experiences

This representation provided varied experiences. In some regions, families and persons with dementia are coming forward and asking for assistance. For some there is a growing need and a demand for support of this nature. Other AD societies wanting to offer this service had questions about how to find appropriate group participants. Groups can be continuous or for a fixed time. It was felt that specialised training and experience are necessary to facilitate these groups.

Ethical and cultural issues

Ethical issues that came up were about how to transition individuals out of these groups as they become too impaired to participate fully. Is it then a responsibility of AD societies to provide follow-up services such as day care? Can input from the group be part of this decision? There appears to be a need for concurrent support groups for the carers of people with AD attending early stage groups. Occasionally these two groups wish to meet jointly.

Cultural differences were prominent. In some regions the culture of ageing may preclude open communication about AD, while elsewhere the extended family gets very involved in openly discussing the experience of dementia. The current focus of AD societies on carers may require some shift towards services for whole families, including the person with the disease.

Ways ahead

Several of the workshop participants were sufficiently motivated to return to their agencies and begin an early stage support group. This reminded me of the feeling I had following Robyn Yale's presentation at the Canadian conference in 1993 and I've been facilitating these groups ever since. Being patient however, is also part of developing this service.

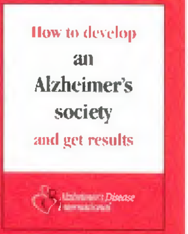
There are new drugs for AD on the horizon and there is some hope, but more non-pharmaceutical interventions are also needed.

MICHAEL LIVNI

Booklets

Available in English and Spanish

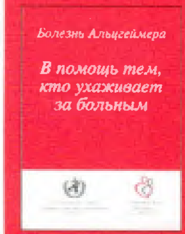
How to develop an Alzheimer's society and get results
Creating an Alzheimer's society is the most efficient way to achieve help for the largest number of people



How to develop
an
Alzheimer's
society
and get results

Alzheimer's Disease International

Starting a self-help group
Produced by carers with experience of self-help groups from around the world



Болезнь Альцгеймера

В помощь тем, кто ухаживает за больным

Help for caregivers
Useful and concrete information on how to care for someone with dementia. Also available in Hebrew, Arabic, Danish, Japanese, Russian.

Factsheets

The demography of ageing around the world

- **Prevalence of dementia**
- **Organisation of a prevalence study**
- **Reasons for prevalence studies**
- **Demography of ageing around the world**

All publications are free of charge from the secretariat

Members' Forum

GUATEMALA

Laura Trejo of the Latino Alzheimer's Project, University of Southern California, USA, supported by ADI and ERMITA, recently visited Guatemala and ran a three day training programme addressing diagnosis, stages of Alzheimer's disease, care and managing difficult situations. The programme was very successful and feedback from participants indicates the material presented was highly valued. Laura visited ERMITA's support group. In Guatemala the support group model is accepted as an appropriate and acceptable form of support/respite. As part of a media campaign for World Alzheimer's Day, Laura gave a television interview.

It is clear from Laura's report that great strides have been made in reaching out to families but there is an urgent need for focused clinical training on differential diagnosis and follow-up care to physicians, psychologists, nurses and other professionals.

A training programme in Guatemala to help police officers deal sympathetically with people with dementia

CZECH REPUBLIC

During the Helsinki meeting, the Czech Republic were formally admitted as provisional members of ADI. It is estimated that there are about 76,000 people with dementia in the Czech Republic. Until recently there was little special health or social services support for people with dementia and their families. If residential care is needed, the only option is to place an individual in a gerontopsychiatric clinic – and places are limited. The recent practice has been to place people with dementia in long-stay hospitals or residential nursing homes, which are not geared for meeting their needs. There is a lack of training for professional carers. To meet this need the Czech Alzheimer Association has worked with another organsiation, Diakonia, to run a series of training programmes. In May 1997, Noreen Siba, former executive director with ADS, visited the Czech Republic and addressed a conference on the role of Alzheimer associations. The Czech Association and Diakonia have now submitted a proposal for a grant to build on the training work done to date with professional carers. The course will cover the following topics:

- What is dementia from the medical point of view
- The manifestation of dementia in behaviour and functioning of the ill person

- Management of care for dementia
- Training in special skills necessary for high quality caring for dementia
- Application of the learned techniques at the participant's own work place.

The course will be divided into four parts, each of one week, and will culminate in an exam. It is proposed to run the course twice a year for the next three years, and it is hoped that by the year 2000, 120 people will have been on it.

ENGLAND, WALES AND NORTHERN IRELAND

In September, the Alzheimer's Disease Society held its annual general meeting in Warwick. An excellent symposium reviewing the other dementias was organised. Dr Simon Lovestone, of the Institute of Psychiatry, spoke about whether the other dementias should be considered as one disorder or categorised as entirely different diseases. 'We rarely see people with just vascular disease in the brain and nothing else at all, unless it presents as stroke' he said. Other speakers at the symposium included carers who shared their experiences of caring for someone with CJD, multi-infarct dementia and Pick's disease.

ADI was well represented at this meeting, Kathleen Potts of AUDAS, Uruguay, was en route to Helsinki and spoke at the soap box session on her experiences of running an association in Uruguay.

ADI sponsored Sqd Ldr K Nair and Dr Ninan Kurian from ARDSI, India, and Kathy Beukes and Henriette Adrense of ARDA, South Africa, as the hosts of the next two ADI conferences to attend. They all found the conference very rewarding and valued the opportunity to share their experiences with delegates from the UK.

ABOVE **Kathy Beukes and Henriette Adrense of ARDA, South Africa**
BELOW **Sqd Ldr K Nair and Dr Ninan Kurian from ARDSI, India**

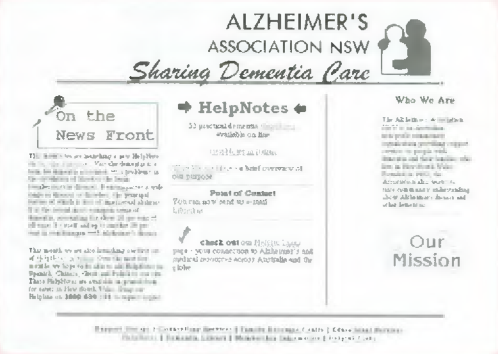
AUSTRALIA

Australian Alzheimer's Association maintains award-winning website

In December 1996, the Alzheimer's Association NSW (New South Wales, Australia) launched a comprehensive website. Since then, the site has received awards from Sofcom, WebFlier and the Mental Health Net, as well as rave reviews from family carers of people with dementia, and health professionals.

The Association's Communications Manager, Valerie Woods said, 'In developing our site, we investigated what information about dementia was aleady available on the net. We did not want to duplicate other site's information already available on the Web'

The site includes 33 HelpNotes published by the Association. These are information sheets written in non-medical terms about a variety of dementia management topics such as wandering, driving, incontinence, inheritance, behavioural complications, etc. The site is updated regularly and in September the Association added seven of its HelpNotes translated into Italian.



The Alzheimer's Association NSW website is located at www.alznsw.asn.au

Australia's only national newspaper featured a major article about the NSW Association's site written by a journalist whose father had Alzheimer's disease. He wrote, 'After all the inconsequential crap I've found myself wading through on the Web, the Association's site brought tears to my eyes. It's comprehensive, clinically coherent and concise. Most importantly, it is compassionate, containing information on support groups, counselling services and practical HelpNotes...'

The Association's librarian who maintains the site has received email messages from people in Australia and other countries expressing their thanks for the useful and practical dementia information provided.

As 50,000 new connections to the Internet are being made in Australia each month, let alone the rest of the world, our site is another important way for us to communicate dementia management information which is accessible world wide 24-hours a day,' said Ms Woods.

Quality of life for dementia caregivers

BY DR S RAJKUMAR, LAUNCESTON GENERAL HOSPITAL, AUSTRALIA

The rise in dementia cases

There is an epidemiological and demographic transition taking place in most developing countries, leading to increased life expectancy and relatively reduced birth rate. India and China will together have the largest number of elderly in the world. As a consequence, age-related diseases such as dementia will increase.

Prevalence estimates in India suggest that 3 to 7% of over 60s have dementia, and about half of these are of the Alzheimer's type (AD). Age-associated cognitive decline is often explained away as part of normal ageing, but the rates may even be higher. Extrapolated to the figure of India's 70 million elderly, the extent of the problem is quite alarming.

Indicators of quality of life

In the absence of clear-cut policies and facilities and lack of awareness, the brunt of caregiving falls on the family. What follows is our impressions on the quality of life (QOL) of dementia caregivers based on two studies we undertook in Madras for WHO (WHOQOL) and the Burden Assessment study for WHO, SEARO, N. Delhi. We are not going into the details of the method used but we introduce the concepts and describe some observations. QOL has several definitions and one of them is 'an individual's perception of their position in life in the concept of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns' (Sartorius '92). It is an internal and personal concept based on the integration of many factors, and related to the idea of the self and an individual's interaction with the world around.

Other valid indicators of QOL are overall health, physical environment, quality of housing, material circumstances and informal and formal support systems. Measuring QOL in the elderly is distinctly different from that in AD, where perceived level of satisfaction is difficult to assess. The complicating factors in measuring QOL in people with dementia are the symptomatic overlap, communication difficulties and the potential unreliability of self reports. Those with dementia are unable to give expressions of what is happening in their minds and this devastates the lives of those loved ones who try to take care of them.

Using focus group techniques (ethnography) we undertook specific discussions with groups of caregivers in both urban and rural settings in and around Madras. Interesting observations emerged on the domains and facets of QOL.

Factors which influence coping in caregivers are: the stage of illness; the relationship of the caregiver to the person with dementia; depth of involvement in the past; age of caregiver and duration of caregiving; social support; and individual coping styles.

Dementia symptoms and caregiver stress

Giving care in itself is not seen as a stress by some groups and whether the demand is stressful is a matter of subjective judgement. Much would also depend on the environment. To illustrate; a person with dementia with a 'wandering problem' is a genuine concern in a busy part of Madras city, but is not viewed as a major problem in a village where someone may be able to identify the the person and return them to their home. Bowel incontinence is a distressing symptom in most settings but the chances are that in villages where more extended and joint families still exist, there are multiple caregivers to complement the role and thereby provide respite. In a city where all adults invariably go to work, less support is available.

More painful are symptoms of behavioural change in the person with dementia when compared to earlier years. Equally disturbing was the inability of the person with dementia to recognise the caregiver, the estrangement that slowly looms large, and the anguish this causes.

The principal caregiver

Often it is the daughter or the daughter-in-law and the spouse who provide the main care. The spouse, who is old, leans invariably on the daughter for emotional support. The women are no doubt caught between the competing demands of a spouse, their own children, ageing parents and their own increasingly promising job and careers.

In the absence of dementia homes, after care, day care or residential facilities, the care of those with dementia falls on the family.

Improving health care

QOL should form an important component in assessing the impact of treatment and rehabilitation. Feedback from caregivers is assuredly the best yardstick for planning health care and providing social benefits. While a considerable number of caregivers find fulfilment in accepting the challenge, the family is overstretched and taken for granted as one tries to fulfil the ideal role of a good human being. The government and social service agencies need to initiate action in every developing country for family care and support, as no clear-cut policy or funding exists currently. By maximizing personal autonomy and a productive life when aged, the quality of life of not only the old but even the young could be improved.

Anyone attending the next ADI conference in Cochin, south India can be sure of a warm welcome and a fascinating experience. Harry Cayton (UK) has tasted both...

India prepares for ADI conference

I visited India in August as the guest of the Alzheimer's and Related Disorders Society of India (ARDSI). Dr K Jacob Roy, chairman and Sqd Ldr K A R Nair (Rtd), director, showed me Cochin and the possible venues and hotels for the conference. Cochin and its more modern neighbour, Ernakulam, are busy, crowded, cheerful cities with a large international deep water harbour. The area is rich in contrasts; look out of your hotel window one moment and a huge oil tanker is docking, look a moment later and two fishermen are paddling a traditional reed boat to shore.

The Cochin chapter of ARDSI runs and excellent Urban Community Dementia Service. A careful survey of the local community identified many people with dementia living at home. The Society now runs day-care and a home visiting service, provides information and advice for families and runs excellent training courses for nurses and social workers. It is an inspiration to see what can be achieved by committed people despite such limited resources. This service seemed to me to be a model for how service might develop in India and through its training activity it could be very influential.

The Hyderabad chapter run by Mr K R Gangadharan was host to the Third National ARDSI conference. Mr Gangadharan, aided by an energetic team of volunteers, presented an excellent day conference, with speakers from all over India and an audience of 120 doctors, nurses, psychologists and family members. I was honoured to have been asked to give the keynote address, but most memorable for me were the presentations by Dr Vijay Chandra from Delhi of his research into dementia in rural India, and by Dr Dilip Panikker from Bombay who spoke of his family support services. The conference was opened by the Health Minister for Andra Pradesh and received widespread interest in the media.

India faces many problems with its rapidly ageing population and ARDSI has a great deal of work to do to raise public awareness. There is still a strong assumption in India that older people will be cared for by their families. In practice this means wives, daughters or daughters-in-law. There are very few men who take on the task of caring. In fact the traditional extended family structure is breaking down – more and more older people are finding themselves without family support. There seems to be great bitterness about this. A number of older people I spoke to felt very strongly that they had been deserted by their children – even when the son, for instance, was paying for care. There also seems still to be a belief amongst some professionals that dementia does not exist in India. Dr Chandra spoke of being told this 'as a fact' by a distinguished neurologist. I was told by the nuns running residential homes I visited that they had no one who had dementia although my, admittedly superficial, observations suggested otherwise. Dr Chandra's own researches suggested the same prevalence in India as in other countries, but poor general health and diet mean that people with dementia have a short life expectancy. It may also be that the demands of social life in rural India are such that a modest level of dementia is not particularly disabling. This would certainly seem to be so in the residential homes where life is very routine and simple. It seems that India will need to try and develop some forms of community support to help family carers and will need to create forms of support which are specific to its cultural values and need. At the moment awareness amongst carers is limited and only a few family members turned up at meetings and events. A lot of stigma still attaches to mental illness.


Harry Cayton (centre) with staff and clients at the Urban Community Services in Cochin

So anyone attending the ADI meeting in Cochin in 1998 is in for a stimulating mix of the traditional and the modern, of enormous energy and innovation, and of poverty and ignorance of dementia. The chosen theme 'Best of East meets Best of West' sums up what this first ADI conference held in an Afro/Asian country hopes to achieve. Come and see for yourself. You won't regret it.

HARRY CAYTON
ALZHEIMER'S DISEASE SOCIETY (UK)

Just a few of the ways World Alzheimer's Day was celebrated

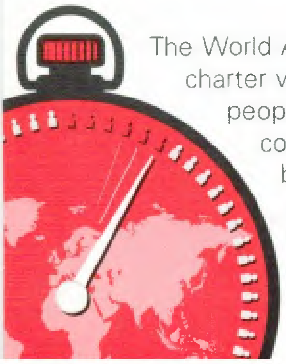
World Alzheimer's Day

GLOBAL SUPPORT FOR A GLOBAL CHALLENGE

President of URUGUAY, Dr Julio Maria Sanguinetti, signing the World Alzheimer's Day Charter, Montevideo September 1997

Weston Super Mare Branch of ADS (UK) getting local support for the campaign. Left to right: John Sayer, Dr H Krekorian, John Hayes (deputy town mayor), Marion Hayes and Maureen Hayter

GUATEMALA: A walk through the city ending at a famous clock was sponsored by a well-known orange drink.



The World Alzheimer's Day charter was signed by many people from nearly 30 countries. It will soon be on the ADI website so more people can add their names in support.

His Holiness Pope Giovanni Paolo II dedicated a message of solidarity to people with Alzheimer's disease and their families, during the ceremony of Angelus on Sunday 21 September

SCOTLAND

Jim Gray, who has Alzheimer's Disease, speaking about his diagnosis, with Mary Hope of Alzheimer Scotland – Action on Dementia

At the launch, Irene Brotchie, Cathy Thornton, William Armstrong and Jim Gray were the first to sign the 'Race Against Time' charter. All are in their 50's and recently diagnosed with dementia. Jim Gray spoke of the difficulties of getting the message across about the sorts of help that people with dementia want for themselves. He said 'if you need a stick, it's easy to provide a stick – but the sorts of props I need are very different'. Dr Alan Jaques, vice-convener, spoke of the urgent need for more resources to provide services and research. On the same day the Minister of Health for Scotland launched a mental health initiative which was welcomed. Dementia is included within mental health as one of the top priorities for the health service for Scotland. The launch ended when our four guests of honour planted a commemorative bed of forget-me-nots with the kind permission of the Royal Botanic Garden, Edinburgh, where the event was held. It was a truly memorable day.

In Scotland we received the support of church leaders, politicians and well-known figures from the media as well as professional and carers – 500 signatures altogether.'

JAN KILLEEN, ALZHEIMER SCOTLAND – ACTION ON DEMENTIA

NEW ZEALAND

The first event on World Alzheimer's Day took place in New Zealand. The following email message was received on September 21:

'We here in Invercargill are the most southern Alzheimer group in the world and we have only just three hours ago signed our charter at a gathering at our town square. I wish you a very successful day as you move into Sunday, as it is 1.20pm on Sunday afternoon here in New Zealand.'

This was followed by a letter from Heather Sell, the president of the association:

'Greetings from the Alzheimer's Society Southland, New Zealand. Having the charter signed by our local Mayor, a member of parliament and a member of Grey Power (a society representing the elderly) was an excellent avenue of promotion. The venue for this was in the city centre under our lovely clock to fit in with the theme 'A Race Against Time'. Through the charter we feel the international bond more closely, and being the most southern group in the world brings special significance.'