



Alzheimer's Disease
International

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Global Perspective

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

World Alzheimer's Day 2008



In Guatemala people lined the streets in a walking alert parade

Every year Alzheimer associations across the globe unite in the mutual belief that there really is 'no time to lose' when it comes to dementia and 2008 was no exception with workshops, open days, lectures, entertainment and exhibitions taking place internationally.

On 21 September thousands of people worldwide took to the streets for memory walks with the shared purpose of remembering loved ones and raising awareness of Alzheimer's disease.

Nepal and South Korea celebrated their first memory walks against the odds. In Nepal, general strikes threatened to ruin

Continued with pictures on page 6

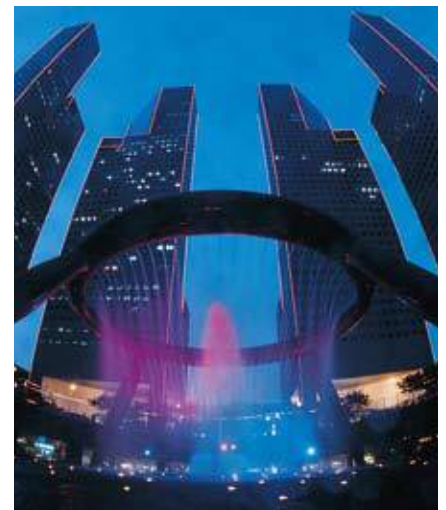
24th International Conference of ADI

Singapore 25-28 March 2009 • www.adi2009.org

As the year comes to an end we look towards 2009 and ADI's international conference in Singapore, hosted with the Alzheimer's Disease Association of Singapore. The theme 'Dementia: Engaging Societies Around the World' highlights the multidisciplinary nature of ADI's conferences, bringing together scientists, medical and care professionals, family carers, volunteers and people with dementia from across the globe.

A stimulating and interesting programme has been developed with renowned international plenary speakers, bringing updates and new ideas in dementia research, care and treatment. The programme highlights topics on 'Engaging People', 'Engaging Science' and 'Engaging Quality Care'. It is a great opportunity to learn of new developments in the field of dementia and meet like-minded people from across the globe. The ADI workshops will also provide training and support, primarily to staff and volunteers of Alzheimer associations, to help the development of these organisations and provide a chance to exchange ideas.

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Singapore's Fountain of Wealth

IMAGE COURTESY OF THE SINGAPORE TOURISM BOARD



Alzheimer's Disease International

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Send us your comments

If you have any comments about or items for the newsletter please contact the Secretariat. Articles for the next issue of Global Perspective to arrive by 31 January 2009.

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■ Editorial



Marc Wortmann,
Executive Director

With the changes in staff and roles in the ADI office, I am now responsible for the newsletter and have the honour of calling myself 'editor'. This issue of Global Perspective is the last in a year that has seen a lot of changes for ADI. We welcomed our new Chairman, Daisy Acosta, who has already represented ADI at a number of meetings. We said goodbye to Jodie Cross, previous editor of this newsletter, in October and then welcomed Sarah Smith as our new Administrator.

We had a very successful World Alzheimer's Day, as you can see from the articles and pictures featured. It had probably the largest participation to date, and it would not surprise me if this year half a million of people have attended an activity organised by one of 2,000 local, regional and national organisations, chapters and branches.

Many people have asked for the new prevalence figures and although they are available online, we also have published them here. You will find other reports and updates in this newsletter as well as information about future conferences.

ADI and ADA (Alzheimer's Disease Association Singapore) are working very hard and are in daily contact on the preparation of the conference in March 2009. I am really looking forward to this event. Not only because I haven't seen many of you since October 2007 in Caracas, but also because we are going to have a lot of news to share. News from the research community, news about care and technology and news from ADI itself, with some new initiatives for 2009 and the future.

I wish you well and hope to see you in March!

■ Events

2009

19 – 22 February 2009
6th Pan-Hellenic Inter-Scientific Conference of Alzheimer's Disease and Related Disorders
Thessaloniki, Greece
Tel: +30 2310 810 411
Fax: +30 2310 909 000
Email: elpida.alz@gmail.com
or ninak@alzheimer-hellas.gr
Web: www.alzheimer-hellas.gr

11 – 15 March 2009
9th International Conference on Alzheimer's and Parkinson's Diseases
Advances, Concepts and New Challenges
Prague, Czech Republic
Tel: +41 22 908 0488
Fax: +41 22 732 2850
Email: adpd@kenes.com
Web: www.kenes.com/adpd

25 – 28 March 2009
24th Annual International Conference of Alzheimer's Disease International
Dementia: Engaging Societies Around the World
Singapore
Tel: +65 6379 5261/2
Fax: +65 6475 2077
Email: admin@adi2009.org
Web: www.adi2009.org

28 – 30 May 2009
19th Alzheimer Europe Conference
Stars for Help
Brussels, Belgium
Tel: +32 2 512 4442
Fax: +32 2 502 4443
Web: www.alzheimer2009.eu

11 – 16 July 2009
International Conference on Alzheimer's Disease (ICAD)
Vienna, Austria
Tel: +1 312 335 5790
Email: icad@alz.org
Web: www.alz.org/icad

20 – 22 July 2009
International Associations of Homes And Services for the Ageing (IAHSA)
Leadership Beyond Borders
London, UK
Web: www.iahsa.net/london

2010

11 – 13 March 2010
25th Annual International Conference of Alzheimer's Disease International
Dementia: Making A Difference
Thessaloniki, Greece
Tel: +44 (0) 870 458 4171
Fax: +44 (0) 870 442 9940
Email: adi2010@mci-group.com
Web: www.adi2010.org



My mother's dementia

Deepika Walpita, Sri Lanka

It is my hope that my story will help other caregivers to recognize the signs of dementia and take steps to enhance the quality of life of their loved ones.

During a visit in early 2004 I noticed that my mother, Charlotte, showed some signs of memory loss, which I thought was characteristic of the normal ageing process. In December 2004, when I reviewed my mother's bank accounts I found that she had been withdrawing money regularly but could not remember how she had spent it. My mother had always been very methodical in her housekeeping and bookkeeping.

We had a long discussion about the challenges she was facing with daily activities. She confessed to me that it was getting difficult for her to manage the household and keep track of her finances, and preferred if I would agree to take over those responsibilities.

In the latter part of 2005 my mother started to display signs of aggressiveness – she would get angry and scold people for no apparent reason. However, there were times when she was passive and depressed. At first I thought these extreme emotions were due to her getting old and having lead a stressful life.

In November 2006, my mother went down with the flu. I found that the progression of dementia had rapidly worsened. She was incontinent and was confused



Deepika Walpita and her mother, Charlotte; much happier in her new 'home'



between day and night. She kept dwelling on the past and spoke of relatives who had died many years ago as if they were still alive. She thought I was the substitute nurse and did not recognize me as her daughter. She accused me of stealing her clothes. I realized that my mother had lost a significant functional component of her brain. I was sad and devastated to hear her speak to me as though I was a stranger.

During our conversations, I would notice that my mother's speech was getting increasingly distorted. Her sentences were fragmented. During a visit in June 2007 I decided to move my mother and brother to a quality Elder Care facility. My mother seemed happy and referred to the Elder Care facility as her new home. I returned to the US after helping my mother and brother adjust to their new environment.

As soon as I got home, I was informed that my mother was

having behavioural problems.

I desperately needed help.

I browsed the Internet and found the website for the Lanka Alzheimer's Foundation.

I contacted the Foundation, which was very prompt to respond. Volunteers, including a professional nurse, visited my mother and provided the carers with training and some understanding of dementia.

Volunteers continue to visit my mother regularly and keep in touch with me via email, making assessments and recommendations on how we may improve her quality of life.

When I visited my mother in November 2007, I found her very happy and well adjusted in the place she now calls 'home'. It was such a joy to see my mother so happy. I wish I had relocated her and connected with the Lanka Alzheimer's Foundation much earlier.

ADI visits five regional sessions of WHO

One of the objectives of ADI is to get Alzheimer's disease and dementia onto the global health agenda through the World Health Organization (WHO). ADI has fostered a good relationship with the WHO in Geneva for a long time, mainly thanks to the efforts of Elizabeth Rimmer, Nori Graham and more recently Martin Prince. But liaising at the international level is not enough to get issues firmly onto the agenda. To do this we need the support of the many country representatives within the WHO, as they are the decision makers. One of the ways to attract their attention is to be present at the regional sessions that are held every year in all six regions of the WHO. And so we did!

We were able to send representatives to five of the meetings. Tami Tamitegama, Chairman of the Alzheimer association in Sri Lanka, and Jacob Roy, Chairman of the Indian association, visited the meeting of the South-East Asia region (SEARO) in New Delhi, India. Robert Yeoh, former Chairman of the Australian association, visited the Western Pacific meeting (WPRO) in Manila, Philippines. Scott Dudgeon, CEO of the Alzheimer Society of Canada and Mike Splaine, Director of Policy and Advocacy Programs of the Alzheimer's Association (USA) went to the meeting for the Americas (PAHO) in Washington DC. Hussain Jafri, Secretary-General and Yasmin Rashid, Patron of Alzheimer's Pakistan visited the EMRO meeting for the Middle East in Cairo, Egypt. Marc Wortmann attended the European meeting in Tbilisi, Georgia.

We all made the same statement during the meetings, based on the Global Alzheimer's Disease Charter and appealing for more attention, awareness and action on dementia. And it worked. Dr Margaret Chan, Director General of the WHO, who attended all these meetings, said to Hussain Jafri in Cairo: 'wherever I go I find representatives of Alzheimer's Disease International!'

We asked the delegates to give feedback by answering some questions:

How do you assess the level of awareness about dementia among the delegates in your region?

Tami Tamitegama: My intuitive feeling was that most senior delegates who attended the SEARO meeting have little or no knowledge of dementia. The Minister of Health and Nutrition from the Sri Lanka delegation at our first meeting admitted that he hadn't any knowledge of what dementia meant.

Robert Yeoh: General awareness of dementia is good. However, there is a lack of appreciation of the devastation, misery and suffering that dementia brings to people living with dementia, their families and friends and of its costs on society. The general view is that something should be done but at the same time there are so many other things to do.

Scott Dudgeon: There wasn't a lot of understanding of the issues among many of the delegates I spoke to. PAHO staff who heard our representation were enthusiastic.

Delegates from the USA, Canada and France were particularly interested.

Hussain Jafri: Many of the delegates were doctors and therefore knew a bit about dementia, however, they did not know what a big problem it has become.

Do you think our message had an impact?

Jacob: The message did have an impact on all the delegates. It was presented on the opening day, so there were lots of important people present. It was well worded so it was clearly understood by most people.

Tami: The message had immediate impact. I base that observation on the reaction of some delegates, including the Director General of WHO. However, that enthusiasm faded in the light of the focus of the meeting, which was on old 'chestnuts', such as eradication of malaria, typhoid and water borne diseases. Those items have been on the agenda for donkey's years, and budgets are being allocated to keep in place the traditional human infrastructure, both country specific and WHO.

Robert: Our message certainly had an impact but we cannot expect a 5 minute message alone to result in the actions we hope to achieve.

Scott: While it is difficult to gauge the impact of a very short representation shoehorned into a crowded agenda without appropriate context, it was clear to me that it was worthwhile.

Hussain: Yes, the message definitely had a great impact as they realized about the gravity of the problem. Almost everyone I talked to said that our intervention was very good and dementia is becoming a big problem.

Do you have any special observations or conclusions?

Tami: At the end of the meeting, I concluded that ADI and the members need to work harder in

WHAT NEXT? Currently, we are discussing the next steps with the WHO work. One of our options is to be present at the World Health Assembly. We also need countries to take the lead in bringing dementia to the table during this and other WHO meetings. The ADI Advocacy Working Group is looking at this, but please contact us if you think you can assist!

the next couple of years to establish a watershed for dementia at WHO and all regional offices. The specific achievement needs to be a focus on establishing a budget line for dementia awareness, education and services for people with dementia and their carers.

Jacob: The more we use these opportunities; the better it will be for the cause. So let us continue to participate in these meetings till dementia gets included in their agenda.

Robert: We should follow up as soon as possible and prepare for the World Health Assembly that is held in May 2009 in Geneva.

Scott: The PAHO Director responded to our representation by saying, 'science drives policy and to the extent that groups like ADI can demonstrate the science behind their



Robert Yeoh with Dr Margaret Chan, Director-General of WHO, during the meeting in Manila on 22 September 2008

concepts or program and its link to the essential work of PAHO it will be received favourably.' I also was able to meet with PAHO staff to discuss what help we may be able to provide PAHO in refining a rights-based resolution on health

for older persons, scheduled for next year's meeting.

Hussain: It was a very good effort, however, we need to continue this work otherwise all our efforts will go to waste.

Members' forum

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

CZECH REPUBLIC

The Czech Alzheimer Society has launched an important programme this year to improve the diagnosis of people with dementia, after they found out that only 6,000 of the estimated 100,000 persons with dementia in their country had actually received a diagnosis.

The approach was to set up so-called Memory Days in 23 contact centres throughout the country. The term was used to avoid frightening people that might have Alzheimer's disease or another form of dementia.

Everyone who wanted to know more about his or her memory problems could attend the centres and was welcomed by trained professionals who examined his or her memory with a battery of

tests. In cases where they thought dementia was likely, they referred people to a doctor. The aim of the project was to test the memory of 1,500 people in this first year and it turned out that half of the number of visitors needed to be referred to a specialist.

This project is an example of a very practical approach to a problem that we face in every country, that as a result of lack of awareness and stigma, many people never receive a diagnosis or only in the late stages of the disease.

VENEZUELA

Fundacion Alzheimer de Venezuela had a successful campaign where radio and TV adverts encouraged people to send a text message and

then pass word on to their friends. 17,300 texts were sent, meaning that 17,300 BsF were donated. It has also meant an increase in the number of visits to their website and new volunteers have been recruited. You can see and hear the adverts at www.alzheimer.org.ve/leer.php/273

CHINESE TAIPEI

TADA Chinese Taipei has been successful in their advocacy work. TADA President Dr Ming-Been Lee has been asked by the government to make a Mental Health Action Plan for the country. A dementia action plan will be part of this. The association organised this year's Asia-Pacific meeting and conference very successfully and was able to get a lot of attention from the media and government representatives.

World Alzheimer's Day 2008

Continued from page 1

the day, while in Korea the worry that people would be too ashamed to identify with the cause turned out to be unfounded as more than 600 people came to the World Cup Stadium.

The arts played a major part in this year's World Alzheimer's Day celebrations with dancing groups, painting, photography, poetry, plays and musical performances. Audiences in Uruguay were astounded by artistic gymnasts performing to the premiere of 'Hymn of the Alzheimer', while in Gauteng and KwaZulu-Natal, South Africa, Sandra Ferreira presented her one-woman play, 'My Sad Inheritance'.

In many parts of the world the day coincided with important national events. The Iran Alzheimer Association marked the close of

Ramadan by organising a dinner for people with dementia and their families. Association Alzheimer Suisse celebrated its 20th anniversary and World Alzheimer's Day with three concerts performed in German, French and Italian with audiences of almost 300 attending each. Meanwhile, the Alzheimer Society of Canada chose to use the country's federal election campaign to rally support for the recognition of dementia as a national health priority.

In Finland, the emphasis for World Alzheimer's Day was on 'peerness', bringing together people with dementia and carers from across the country with seminars, theatre, music and discussion. Zimbabwe also encouraged community networking by arranging a garden tea party with free entry and a lucky draw whilst Alzheimer Romania held the First Services for Elders Fair in Bucharest.

We are very impressed by the range of activities organised by our member associations for this year's World Alzheimer's Day. We were also pleased to hear that good use is being made of posters, balloons and publications, of which a number of countries produced translations. We are grateful to the MetLife Foundation for supporting World Alzheimer's Day this year. We believe the large numbers of people involved and the media coverage these events have gained will make a real difference for people with dementia, their families and carers worldwide.



BOLIVIA



HONG KONG SAR CHINA



UK This walk in Manchester, UK, was one of the 350 memory walks organised by the Alzheimer's Society

TURKEY The Turkish Alzheimer Society and Foundation displayed photographs taken in nursing homes at a public exhibition

BOLIVIA Dancing groups were just one of the attractions that encouraged new supporters and media interest in Bolivia

INDIA Alzheimer's and Related Disorders Society of India set up medical and memory screening camps

HONG KONG SAR CHINA The funfair in Hong Kong SAR China attracted around 500 people



Living with dementia

I am Jouko Alho, a 60-year old conjuror - magician - from Finland. I was born in Lahti, which is called 'the Chicago of Finland'. I have dedicated almost all my life to young people, guiding them through difficult times in their lives by using the methods of the Art of Circus. I have been performing as long as I can remember, starting as a little boy.

I have gone through a heart operation having five vessels operated on, melanoma, I suffer from diabetes and in 2005 I got the diagnosis of the early stage of Alzheimer's. I can be called a person with several disabilities.

The illnesses brought many negative things. I had to give up the work I considered very important and I lost many of my so-called friends. The Alzheimer's also brought along many practical problems that my wife is solving for me, but I can still live, day by day.

A big help for me has been the project for young people (under 65) with dementia run by the regional organisation for

people with dementia and memory disturbances. We have an excellent peer group with very good leaders. We do things together and back each other up. My wife also joined the organisation and is a volunteer chairperson.

What else has helped me to accept the illnesses? I am an extrovert with an open mind and also some childishness. These characteristics connected to a sense of humour help me to overcome situations that may be considered frightening or depressing. I also have a strong desire to perform and an ability to perform dating back to my childhood and youth. So I feel that I still have a lot to give and I can make people happy.

In Finland we have an association called Strength from Joy. This association was founded by us artists to visit all kinds of institutions like hospitals and old peoples' homes with the idea of bringing joy and happiness to the inhabitants. By giving you also get! My motto for life today is the very same: Strength from Joy. Joy gives us all positive strength.



In 1979 Jouko Alho became the Director of the Circus for Young People, Nuokun Sirkus. Hundreds of young people were engaged by magic. Nuokun Sirkus arranged tours all over Finland, Central Europe and the USA. It arranged summer camps and after-school clubs in all the big cities. In 1987 Jouko Alho got an award from the United Nations for his excellent idea of employing young people and he was named the Ambassador of Hope for Finland by the United Nations for that year.

WHO launches action plan on mental health

On 9 October, the World Health Organization (WHO) launched a Mental Health Global Action Plan (mhGAP).

For the first time, dementia is one of the priorities in a WHO plan, which describes the gap between the needs and resources in all kinds of mental health, neurological and substance use disorders, all around the world. Daisy Acosta and Marc Wortmann were present

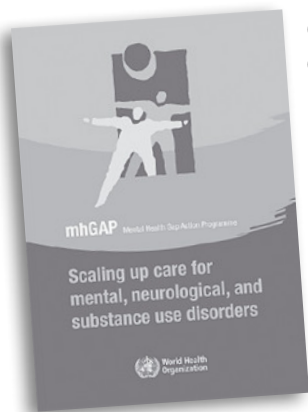
at the launch and took part in some of the discussions.

The purpose of the plan is to close the gap between what is urgently needed and what is currently available to reduce the burden of these disorders by reinforcing the commitment of stakeholders to increase resources and developing intervention packages to offer to governments

for use in their country for each of the priorities in the plan. The focus lies on countries with low and lower middle incomes.

In her speech at the launch, Director-General Margaret Chan highlighted the fact that people suffering from disorders like dementia face considerable stigma and discrimination. She also said: 'The disorders included in the action plan are not hopeless cases. Effective and affordable interventions exist for each and every one. ... Care for these highly prevalent, persistent, and debilitating disorders is not a charity. It is a moral and ethical duty.' She went on to stress the importance of political commitment.

After the launch the WHO set up a committee to work on intervention packages that are evidence based. Prof Martin Prince and Dr Daisy Acosta are members of this committee. The packages are to be ready by the end of 2009, for implementation from 2010 on.



■ Research update

Caregivers benefit from counselling

Family caregivers who receive counselling are less likely to develop depression, even when their relatives with Alzheimer's disease receive pharmacologic treatment.

These findings are reported in 'A Three-Country Randomized Controlled Trial of a Psychosocial Intervention for Caregivers Combined with Pharmacological Treatment for Patients with Alzheimer's Disease: Effects on Caregiver Depression,' published in the November issue of the *American Journal of Geriatric Psychiatry*.

This is the first study to evaluate the effect of a pharmacologic intervention for patients combined with a psychosocial intervention for caregivers in three countries simultaneously. The study looked at change in symptoms of depression in a total of 158 pairs of spouse-caregivers and patients with Alzheimer's disease at NYU Medical Center in New York City; the University of Manchester in Manchester, UK; and the Dementia Collaborative Research Centre in Sydney, Australia.

All the people with Alzheimer's were prescribed donepezil at no cost while they participated in the study. Half the caregivers were given a comprehensive psychosocial intervention that included two individual and three family counselling sessions within three months of enrolling in the study, and counselling on demand for two years after enrolling. Caregivers in the control group only received resource information upon request. The independent study was funded by an unrestricted grant from Pfizer, Inc.

Over the two years of the study, symptoms of depression decreased



among caregivers who received the sessions of individual and family counselling, while depression increased among those who did not receive counselling. The results provide evidence that a multi-component counselling and support program for caregivers, modelled after the NYU Caregiver Intervention, can have significant benefits in reducing symptoms of depression in caregivers whose spouses are taking donepezil.

Dr Mary Mittelman said: 'As we search for a cure or a way of preventing Alzheimer's disease, we cannot forget about the millions of family members who are caring for relatives who are currently ill. These findings show that counselling and support of family members can be of significant benefit to Alzheimer's caregivers even when the patients are receiving medications for the disease. Caregivers who are less depressed are better able to take care of their ill family members. Social support and counselling for family members of people with Alzheimer's disease should be considered essential components of optimal comprehensive care.'

M.S. Mittelman, H. Brodaty, A.S. Wallen, A. Burns. *Am J Geriatr Psychiatry* 16:11 November 2008, 893-904

24th International ADI Conference

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Singapore is a cosmopolitan city that offers a diverse range of activities and attractions from places of natural beauty to art and cultural interest. Experience the vibrant atmosphere of Singapore and enjoy the entertainment, hospitality and culinary delights it has to offer. It is also a gateway to visit other places of interest in South-East Asia and the Far East.

Visit www.adi2009.org now to secure your place at what will most certainly be an enjoyable and stimulating conference! Advance registration closes on 16 March 2009.

It is time to engage and work together to make dementia a global health and social priority. We look forward to seeing you there!

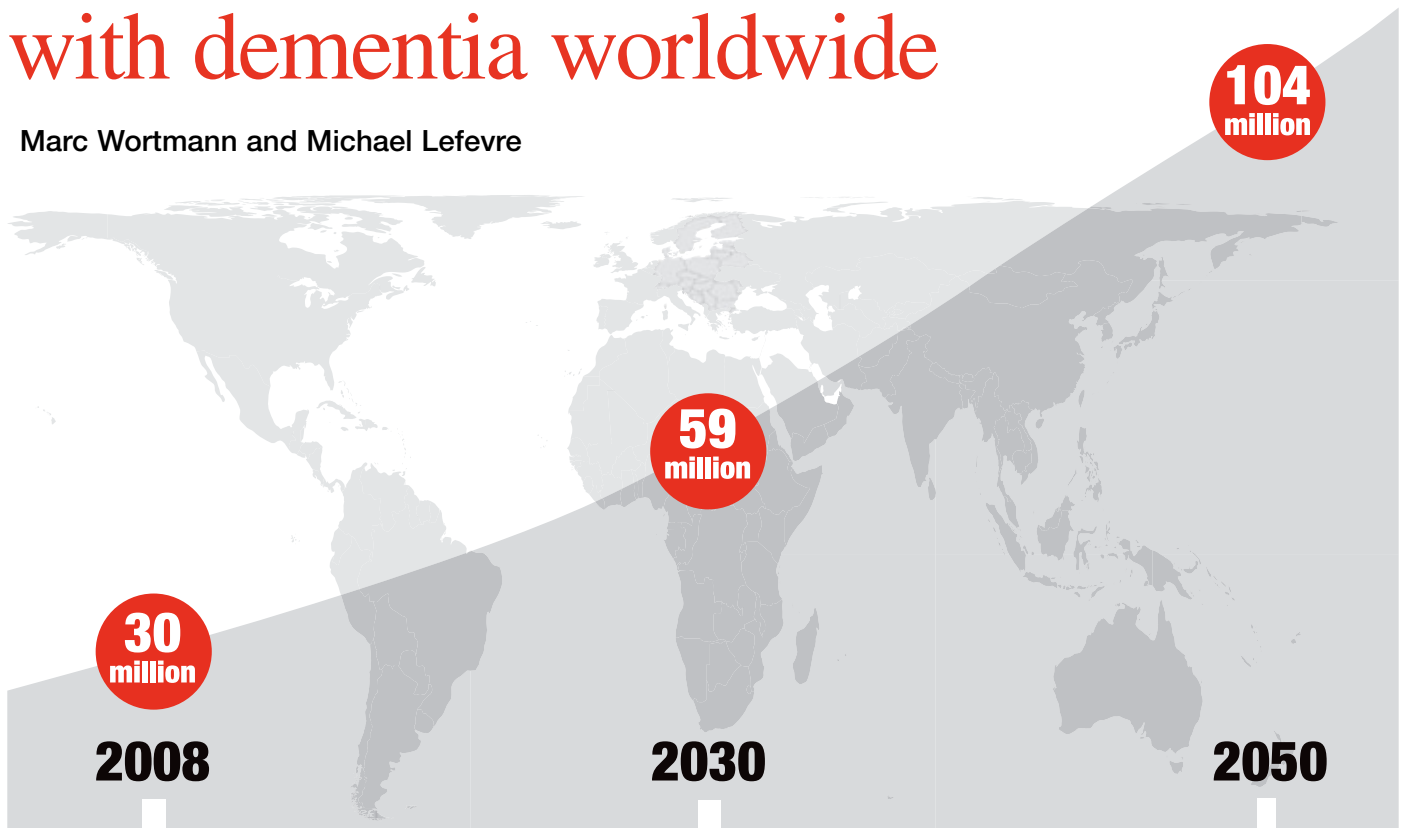
Future ADI conferences

In March 2010, with the Greek Association of Alzheimer's Disease and Related Disorders, ADI will host its 25th International Conference in Thessaloniki, Greece. Plans are well under way and a programme is currently being developed around the theme 'Dementia: Making a difference'. You can already view the abstract topics on the website at www.adi2010.org. Registration will open in 2009, but why not join the mailing list now? You can be kept up to date with all of the latest conference news.

We are also happy to announce that in March 2011 the 26th International Conference of ADI will be held in Toronto, Canada. ADI and the Alzheimer Society of Canada are looking forward to bringing you a great conference.

New estimates of numbers of people with dementia worldwide

Marc Wortmann and Michael Lefevre



ADI has made new estimates of the numbers of people with dementia worldwide, by using the most recent United Nations population estimates. We believe there are now 30 million people with dementia worldwide, and that this number will increase to over 100 million by 2050.

These numbers are based on estimates of the prevalence of dementia published in the *Lancet* (Ferri CP, Prince M, Brayne C, et al.; Global prevalence of dementia: a Delphi consensus study. *Lancet* 2005; 366:2112-2117). The prevalence rates in the *Lancet* paper were a consensus of 12 international experts based on a systematic review of published studies on dementia. They made estimates of the rates of dementia for every WHO world region, for men and women combined, in 5 year age bands from 60 to 84 years, and for those aged 85 years and older.

By applying these percentages to United Nations (UN) population estimates and projections, we

produced the estimates of the numbers of people with dementia in the world. We also used interpolation to estimate annual worldwide numbers in between the 5-year intervals in the UN projections. Applying regional estimates to country populations decreases their reliability, especially for countries with smaller populations.

As the *Lancet* paper explained, although the experts of the panel were in agreement, their estimates were sometimes on the basis of limited epidemiological evidence. There is a need for much more epidemiological research on dementia, particularly in Latin America, Russia and eastern Europe, the middle east, and Africa. We also need more data on the prevalence of dementia below the age of 60 and a breakdown of the numbers in age bands above 85, as the number of people above the age of 90 is expected to rise significantly in many parts of the world. ADI welcomes future studies in these areas.

The projections rely on demographic statistics, which might not be accurate for parts of the world, especially for older age groups. The projections assume that age-specific prevalence in each region will remain constant over time. In fact, changes in risk exposure might increase or decrease incidence. Improved medical and social care might mean that people with dementia live longer, which would increase the numbers. Drugs or interventions that delay the onset of dementia would have substantial potential for reducing age-specific prevalence. In any case, it seems probable that as early and late life patterns of illness and mortality in developing countries become more similar to those of the developed west, dementia prevalence levels will do the same. So, the projections for dementia in developing regions might be conservative.

Despite these concerns, we believe that these figures, especially at a global level, are currently the best available.

Table 1**ADI consensus estimates for the prevalence of dementia (%), by WHO region and age group.****The letters in brackets refer to the level of development of the region; A= lowest mortality regions; E= highest mortality regions.****Ferri, Prince, et al.; *Lancet* 2005; 366:2112-2117**

WHO Region	Description	Percentage of people with dementia in age groups					
		60-64	65-69	70-74	75-79	80-84	85+
EURO (A)	W Europe	0.9	1.5	3.6	6.0	12.2	24.8
EURO (B)	E Europe	0.9	1.3	3.2	5.8	12.2	24.7
EURO (C)	E Europe	0.9	1.3	3.2	5.8	11.8	24.5
AMRO (A)	N America	0.8	1.7	3.3	6.5	12.8	30.1
AMRO (B)	S America	0.8	1.7	3.4	7.6	14.8	33.2
AMRO (D)	S America	0.7	1.5	2.8	6.2	11.1	28.1
EMRO (B)	Middle East	0.9	1.8	3.5	6.6	13.6	25.5
EMRO (D)	N Africa, Middle East	1.2	1.9	3.9	6.6	13.9	23.5
WPRO (A)	Japan, Australia, NZ	0.6	1.4	2.6	4.7	10.4	22.1
WPRO (B)	China and neighbours	0.6	1.7	3.7	7.0	14.4	26.2
SEARO (B)	Indonesia, SL, Thailand	1.0	1.7	3.4	5.7	10.8	17.6
SEARO (D)	India and neighbours	0.4	0.9	1.8	3.7	7.2	14.4
AFRO (D)	Sub-Saharan Africa	0.3	0.6	1.3	2.3	4.3	9.7
AFRO (E)	Sub-Saharan Africa	0.5	1.0	1.9	3.8	7.0	14.9

Table 2**Estimated numbers of people with dementia worldwide (millions by year) – the basis of the illustration on the opposite page**

2000	23.8	2010	32.1	2020	42.9	2030	58.9	2040	81.8	2050	103.7
2001	24.5	2011	33.0	2021	44.2	2031	61.0	2041	84.0		
2002	25.2	2012	34.0	2022	45.6	2032	63.1	2042	86.1		
2003	25.9	2013	35.0	2023	47.0	2033	65.3	2043	88.4		
2004	26.7	2014	36.1	2024	48.4	2034	67.6	2044	90.7		
2005	27.5	2015	37.1	2025	49.9	2035	70.1	2045	93.0		
2006	28.3	2016	38.2	2026	51.6	2036	72.3	2046	95.0		
2007	29.2	2017	39.3	2027	53.4	2037	74.5	2047	97.1		
2008	30.1	2018	40.5	2028	55.2	2038	76.9	2048	99.2		
2009	31.0	2019	41.6	2029	57.1	2039	79.2	2049	101.4		

Global Alzheimer's Disease Charter used for World Alzheimer's Day

As you may have seen in the previous *Global Perspective*, ADI launched a Global Alzheimer's Disease Charter on World Alzheimer's Day. The Charter was written by the Advocacy Working Group of ADI and launched with help from Ogilvy (a PR company), whose help with the launch and short film was kindly supported by Novartis.

We were able to contact a lot of international media and get some press coverage, especially in medical magazines, but also in national and even regional newspapers. By the beginning of December over 3,300 people had signed the Charter – mainly through the website www.globalcharter.org. We have had several requests for hard copy documents to sign, as not everyone in the world has access to the internet. On the website you can now find a petition document that can be printed and signed in person.

Around 30 ADI members have so far responded to our request to fill in an evaluation form about World Alzheimer's Day and the



Goa, where the Charter was launched by a person with dementia

Charter. From these we learned that of 30 members, at least 14 have used the Charter as part of their activities, mainly in the Asia Pacific and Latin American regions. Ten members were able to generate press coverage and 10 promoted the charter by email or offered their members the opportunity to sign the Charter in person.

The total numbers worldwide will be higher as not everyone has returned their forms yet. Some members let us know they were unable to make full use of the Charter, because they had already planned their activities. Others commented that in their country few people have access to a computer. We certainly can learn from these responses for the future.

We would like to thank the members of the Advocacy Working Group: Daisy Acosta (Dominican Republic), Heike von Luetzau-Hohlbein (Germany), Birgitta Martensson (Switzerland), Glenn Rees (Australia), Tami Tamitegama (Sri Lanka), Jim Jackson (Scotland), Martin Prince (UK), Mike Splaine (USA) and Scott Dudgeon (Canada). We also want to thank Amber Spierer from Mark Krueger and Associates, who facilitated the teleconferences of the group and Joe McCreight from Novartis for his involvement and enthusiasm in promoting this important document.



The Charter is translated into many languages and is still available at www.globalcharter.org, alongside an online petition for support. We are aiming for 10,000 signatures by March 2009.

ADI also produced a touching and thought-provoking short film 'A Cup of Tea', which can be seen on the website.

