Alzheimer's Disease
International

March 2010
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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.

WHO regional meetings 2009

ADI Board members Robert Yeoh and Jimmy Wu with representatives from Hong Kong Alzheimer's Disease Association at the WHO Western Pacific regional meeting

In 2008 ADI sent representatives to the regional meetings of the World Health Organization. Feedback from the events indicated that it was a useful way to promote ADI and encourage the WHO to consider dementia as a global health priority. In response to this feedback ADI representatives attended 5 of the 6 regional sessions in September 2009 and passed on a message to the WHO on behalf of ADI and its members in that region.

Mike Splaine, Director of State Policy and Advocacy Programs at the Alzheimer's Association in the US, attended the meeting of the Pan American Health Organization, the regional office of the WHO for the Americas. Feedback from the event suggested that a moderate level

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Women's health becomes WHO priority

The World Health Organization released a report in November entitled 'Women and Health: Today's Evidence Tomorrow's Agenda'. The report looks at the health needs of women at all stages of life and their contribution to the health of others. This report signals a change for the WHO, who state in the report that, while women's health has always been a concern of theirs, they now consider it an urgent priority.

This report is the first from the WHO to consider the importance of dementia as a global issue and the improvements in care that need to be made in order for a better quality of life for women with dementia and female carers. The report, which uses information on the prevalence of dementia from Martin Prince of the 10/66 Dementia Research Group, states 'Perhaps one of the greatest challenges faced by

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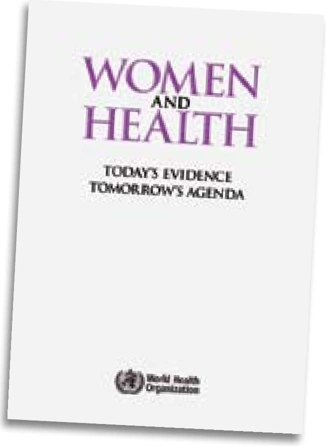

Alzheimer's Disease International

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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 30 April 2010.

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Editorial

As we begin a new year in our endeavours to improve the lives of people with dementia around the world, it is the perfect opportunity to reflect upon our achievements from the last year and consider how we can build upon this in 2010.

The work carried out by our members and the amount of time and effort they dedicated to the cause throughout 2009 is truly astounding. In December I was invited to represent ADI at the XV National Conference of Alzheimer's and Related Disorders Society of India (ARDSI) hosted by the Kolkata chapter. The Conference was well organised with the presence of around 400 delegates and a well-balanced scientific programme of excellent quality. ARDSI, like many of our members, are working hard to develop a National Dementia Strategy and lobby their government. During the conference we had the opportunity to speak to the Union Minister of Social Justice and Empowerment, who informed us that the country's National Policy on Older Persons was to be reviewed soon. He assured us that the recommendations from the final consultative meeting of experts, held after the conference in New Delhi, would be included in this review.

My position with ADI has given me the opportunity to see that work like this is taking place around the world every day. I would like to congratulate all of our members on their successes so far and I hope that 2010 will continue to bring positive results. Let's begin to spread our World Alzheimer's Day message early this year, as it really is time for action!

Events

2010

24 – 27 March 2010
11th International Geneva/Springfield Symposium on Advances in Alzheimer Therapy
Geneva, Switzerland
Tel: +1 217 545 7711
Fax: +1 217 545 4413
Email: ahamilton@siumed.edu
Web: www.ad-springfield.com

10 – 15 July 2010
Alzheimer's Association International Conference on Alzheimer's Disease
Honolulu, Hawaii
Tel: +1 312 335 5790
Fax: +1 312 604 7837
Email: icad@alz.org
Web: www.alz.org/icad

22 – 25 September 2010
5th Croatian Congress on Alzheimer's Disease
Zadar, Croatia
Tel: +385 1 6110 449
Fax: +385 1 6110 452
Email: congress@studiohrg.hr
Web: www.alzheimer2010.com

25 – 28 September 2010
14th Congress of the European Federation of Neurological Societies
Geneva, Switzerland
Tel: +41 22 908 0488
Email: efns2010@kenes.org
Web: efns2010.efns.or

30 September – 2 October 2010
20th Alzheimer Europe Conference Luxembourg
Email: info@alzheimer-europe.org
Web: www.alzheimer-europe.org/conferences

19 – 21 October 2010
Dementia Services Development Centre 4th International Conference
Coming of Age: Dementia in the 21st Century
London, UK
Tel: +44 1786 467 740
Email: jemma.galbraith@stir.ac.uk
Web: www.dementia.stir.ac.uk/conference_welcome

21 – 23 October 2010
IV Congreso Iberoamericano sobre la enfermedad de Alzheimer y IV Congreso Nacional de Alzheimer
Seville, Spain
Web:
www.congresonacionaldealzheimer.org

22 – 24 October 2010
13th Asia-Pacific Regional Meeting of Alzheimer's Disease International
Kuala Lumpur, Malaysia
Tel: +603 7956 2008
Fax: +603 7960 8482
Email: adfmsec@streamyx.com
Web: www.alz2010.org

2011

26 – 29 March 2011
26th Annual International Conference of Alzheimer's Disease International
Toronto, Canada
Tel: +44 870 458 4171
Fax: +44 870 442 9940
Email:
adi2011@mci-group.com
Web: www.adi2011.org

2012

7 – 10 March 2012
27th Annual International Conference of Alzheimer's Disease International
London, UK
Tel: +44 870 458 4171

VISIT WWW.ALZ.CO.UK/EVENTS FOR MORE CONFERENCES AND ANNOUNCEMENTS

from the heart

My mother…

María Soledad Chaves Ortiz

Carer and Secretary of Asociación Costarricense de Alzheimer y otras Demencias Asociadas, Costa Rica

My mother … my best friend, my confidant, my partner in my adolescent dreams, the one who was always there for me, in good times and bad times. Until one day almost nine years ago, when I began to lose her.

My family and I thought that it was depression, but after taking her to the doctor and several examinations we received the terrible news: it's Alzheimer's.

I felt that the world collapsed over me. I could not accept that my sweet little mother would never be the same, that this disease would consume her and that the day would come when she would not know who I was.

At that time, we also lost my dad, who passed away. A deep feeling of solitude invaded the hearts of my brothers and I. Only God has managed to fill this gap, even until today. He is our strength.

After several years of this fight of daily love, I understood that I had to let the memory of the mother go, the one who God gave me as a gift for so many years, and to keep it in a treasure chest near my heart.

I understood that it is impossible not to feel sorrow, seeing her going away little by little over time, and that I could not do anything to avoid it. I knew that all I could do was give her all my love, understanding and support. I demonstrate this at every bath time, meal, change of clothes, in going for a walk and each hug, smile and kiss that I give her.

I feel that life has given me the opportunity to give back a little, or a lot, of what she did for me since I was a girl.

María with her mother, Zelmira Ortiz

> *I am proud that she is my mother – and happy to still have her with me*

My little old lady, as I say to her with affection, lost her speech a few years ago, but this has not been an impediment in understanding her. With the language of love everything is possible. My ears no longer listen for her voice, but it has been recorded in my soul and through her gestures and her expressions, I can understand her.

It is very sad and hard, when you realise that this disease is advancing, to be left alone. Many friends and relatives do not know how to handle or bear this and choose to go away. But the true friends remain and some members of the family share the caring with love and commitment.

Personally, I must divide myself between being a caregiver-daughter, mother and worker. It has not been easy to obtain the balance but with God's help I have been able to cope with this. Nevertheless, and to be honest, fatigue does take over me. I give thanks to "Casa Sol" (Sun House), a day care centre that helps us to take care of her mornings and afternoons three days a week, and the Alzheimer Association of Costa Rica for their invaluable support.

I do not know how much life is left for her, but what matters to me is taking maximum advantage of the time she is still here. Both my brothers and I want her to feel that she is alive, in spite of everything, and that she is being loved. I am proud that she is my mother and happy to still have her with me.

She will never stop being my best friend. Although she does not remember me, I do know who she is and I will love her forever.

WHO regional meetings 2009

continued from front page

of awareness of dementia was evident at the event and the link to risk reduction and healthy ageing seemed to appeal to a number of delegates.

Strong contact was made with WHO representatives during the Western Pacific regional meeting. Robert Yeoh, a member of ADI's Elected Board, attended the session and communicated with a number of delegates, including Dr Margaret Chan, Director General of the WHO, and Dr Shin Young-Soo, the Regional Director for the region, both of whom indicated that they would look further into the issue. Contact was also made with representatives from Brunei, China, Hong Kong, Japan, Malaysia and Samoa.

Tami Tamitegama, Founder of the Lanka Alzheimer's Foundation in Sri Lanka, was present at the South-East Asia regional meeting where it was an entirely different story. 'I did not receive one acknowledgement of awareness and sincere interest in pursuing the impact of dementia in their countries,' said Tami of the national representatives in attendance. He added that he saw no significant progress being made in the area since the previous year's meeting.

Yasmin Raashid and Marc Wortmann presented Morocco's Minister of Health with a copy of the World Alzheimer Report 2009

ADI's Executive Director, Marc Wortmann, attended the European regional meeting held in Denmark where ADI's message acted as a real eye-opener for a number of delegates unaware of the extent of the issue.

Contact was made with a number of countries and WHO representatives and the Mental Health Advisor for the region showed a particular interest, which was reported as an improvement on the meeting in 2008.

Marc Wortmann also joined Yasmin Raashid and Hussain Jafri from Alzheimer's Pakistan at the meeting of the Eastern Mediterranean regional office.

The general consensus, following these meetings, is that ADI should follow-up on the contacts made at these events and continue to attend these sessions to pursue the WHO on the issue of dementia. It was also clear that more work needed to be done on raising awareness in the south-east Asia region.

ADI is already taking steps to carry out more work aimed at the WHO and is looking at further ways in which to encourage action on dementia.

Women's health becomes WHO priority

continued from front page

the individual woman as she ages, and by the society which surrounds her, is the disintegration of the self that occurs with dementia.' The report also considers the issue of elder abuse and the need to build "age-friendly" environments and to increase opportunities for older women to contribute productively to society, while supporting them in their caring and other roles where needed.

The report urges not only health sectors, but the transport, education, employment and legal and judicial sectors across the world to employ women-centred policymaking in order to improve the lives of women worldwide. In a statement Dr Margaret Chan, Director-General of the WHO, declared 'It's time to pay girls and women back, to make sure that they get the care and support they need to enjoy a fundamental human right at every moment of their lives, that is their right to health.'

New Alzheimer's Study

Important Perspectives on Alzheimer's Care & Treatment (IMPACT)

Valuable insights

ADI recently had the opportunity to participate in a Steering Committee for a new five-country European study known as IMPACT, *Important Perspectives on Alzheimer's Care & Treatment*. The goal of the study, which was supported by Pfizer and Eisai, was to uncover key attitudes and behaviours toward Alzheimer's in France, Spain, Italy, Germany and the UK, as well as barriers to optimal diagnosis and treatment. The results, which were recently presented in Vienna at the Alzheimer's Association 2009 International Conference on Alzheimer's Disease, provide valuable insights into how Alzheimer's is perceived by physicians, carers and the general population, and we hope they will ultimately improve care and management of the disease.

Fear of Alzheimer's and impact on families

Though it may not come as a surprise to learn that Alzheimer's is one of the two most feared diseases among Europeans surveyed, it is actually the most feared disease, more so than cancer, among Alzheimer's carers. It is also interesting that 90 percent of physicians think the disease has a devastating effect on a family compared to 75 percent of carers who feel this way.

Desire to know

What's good to see, is that despite fear of Alzheimer's, the majority of survey respondents would want to know as soon as possible if they or a family member had the disease. This is an important finding and helps to validate all that we at ADI and our member organisations have been working hard to communicate to people around the world – prompt diagnosis of Alzheimer's is critical. While there are prescription medications to help slow the progression of disease symptoms, a diagnosis can also give peace of mind – it provides an answer for previously unexplainable symptoms, and also allows more time for a person with Alzheimer's and their family to adjust to the news, join support organisations and plan for the future, financially and emotionally. Despite these known benefits however, about two-thirds of the physicians surveyed believe Alzheimer's is both under-diagnosed and under-treated.

Action on signs and symptoms

Potentially contributing to under-diagnosis is the fact that too much time passes between when Alzheimer's symptoms are first noticed and a doctor is called. According to IMPACT, approximately 10 months pass before the first doctor visit, and the most common reasons for carer delay are waiting to ensure symptoms are not temporary and believing the symptoms are a normal part of ageing. These findings go hand-in-hand with the fact that a majority of those surveyed agree that most people would not be able to recognise the early signs of the disease. These results emphasise the fact that we must continue global efforts to educate the public on the early signs of Alzheimer's, how these symptoms are unique to the disease and how they differ from normal ageing.

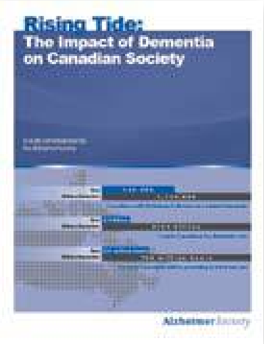
Burden of care

IMPACT also helped further quantify the amount of time spent caring for a loved one with Alzheimer's disease. According to the findings, carers spend approximately seven hours a day, six days a week caring for the patient – clearly a significant amount of time – especially when considering that two-thirds of the carers keep a paid job for nearly 30 hours per week. As a combined result, carers estimate they have lost almost half of their free time in the past month to care for someone with Alzheimer's. It is encouraging to see that to help alleviate this burden, nearly 65 percent of physicians recommend local support groups for patients and their families. Hopefully as local Alzheimer's organisations continue to gain resources and attention we'll see that number increase to closer to 100% in the not so distant future.

Members' forum

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

CANADA



Rising Tide:
The Impact of Dementia on Canadian Society

Alzheimer Society

ASC report on Rising Tide

The Alzheimer Society of Canada released a report in January, entitled *Rising Tide: The Impact of Dementia in Canada*, highlighting the devastating impact of dementia on the country's society and economy.

The report estimates the increasing health and economic burden of dementia in the country over the next 30 years with the number of people with dementia rising from 1.5% of the population to 2.8% in 2038. It also suggests that currently one new case of dementia occurs every five minutes, a figure which looks set to increase to one every two minutes by 2038.

The focus of the report is also on the rising cost of dementia in Canada, not only in direct costs, but also in the cost of informal care. The report predicts that the cost to the country will reach CA$872 billion within the next thirty years.

Four example intervention scenarios are outlined in the report. These include possibilities for prevention and the support of people with dementia and their carers. The report also uses examples of work being conducted in other countries as well as the current approaches being used within Canada. The report concludes by offering recommendations for the development of a National Dementia Strategy similar to those already being implemented in Australia, France, the UK and other countries.

The report was funded by Pfizer Canada, Health Canada, the Public Health Agency of Canada, Canadian Institutes of Health Research and Rx&D.

For more information about the Rising Tide report visit www.alzheimer.ca

FRANCE

Rencontres France Alzheimer

Marc Wortmann, ADI's Executive Director, reports on France Alzheimer's annual conference on 16 December 2009 in Toulouse, France.

It was the first time I have attended this meeting and, though I only speak a little French, it was a very interesting experience. People from all of the local associations in France gathered with scientists and physicians resulting in an attendance of 550 delegates. A very interesting debate took place on who is paying for the disease. In France this is mainly the carer, not only in terms of money but also in time spent providing care. The programme continued with the involvement of people with dementia and a discussion took place around a book *J'ai peu d'oublier* (*I'm afraid to forget*), written by Fabienne Piel about her experience with Alzheimer's disease. Both sessions were highly interactive with a lot of questions and comments from the audience.

Stimulating research is a very important part of the work of France Alzheimer and the association offers a number of research grants every year. During the meeting a series of grants were announced and researchers invited onto the stage. The projects will be carried out in three different fields: medical science, human science and new technologies. The afternoon was divided into two parallel sessions on medical and social issues.

I very much enjoyed being part of the meeting and appreciated the hospitality of France Alzheimer. We hope to see some of the participants at the ADI conference in Greece.

For more information about France Alzheimer please visit www.francealzheimer.com

THE NETHERLANDS

Ethnic minorities prepared for dementia

The new campaign is set to help migrants cope with dementia

In 2008 Alzheimer Nederland launched a dementia campaign *Weten over Vergeten* for people of Turkish, Moroccan and Surinamese descent. The aim of the campaign was to prepare migrants for dementia when they are confronted with it.

Studies commissioned by Alzheimer Nederland show that the number of migrants with dementia will triple over the coming years and that this number will increase five times more quickly than that of people with dementia from Dutch backgrounds. Research shows that 20% of family carers are seriously overburdened. This percentage is higher among ethnic minority groups.

Dementia is a relatively unknown and little-discussed concept in Turkish and Moroccan culture. There is no clear explanation for the lack of 'openness' about dementia in these cultures, although possible reasons could be a lack of knowledge about dementia, as well as religious and cultural views. Symptoms of dementia are often considered to be physical ailments, or are seen as an inevitable part of old age that nothing can be done about. People also face dilemmas over whether they should return to their country of origin, and whether their children will take on caring roles. The people involved often don't speak Dutch very well, have little knowledge of existing care facilities and have financial difficulties.

The method used in the 'Weten over Vergeten' campaign was developed by Alzheimer Nederland and then converted into a unique educational formula for Turks, Moroccans and Surinamese in collaboration with migrants' organisations. The project uses stories from people within the same community, which not only provides knowledge about dementia and care facilities, but also helps to bring out problems through cultural differences, so facilitating their solution.

Early results of the dementia campaign are promising. A written evaluation shows that the majority of participants say they now know that dementia is a disease and are able to recognise and name the signs of dementia. They would also be more likely to seek professional help sooner and are more willing to talk about dementia with family and friends. Alzheimer Nederland plan to expand the campaign to include Chinese and Antillean groups and reach more people.

For more information about Alzheimer Nederland please visit www.alzheimer-nederland.nl

SRI LANKA

Scrabble Bash a big hit

Finding creative ways to raise awareness is a speciality of the Lanka Alzheimer's Foundation and their first Scrabble Bash in November 2009 was no exception. As part of their promotion of 'brain sports' the Foundation invited Scrabble teams to meet in a battle for the top prize.

The winners of the Lanka Alzheimer's Foundation's first Scrabble Bash

The event was well received by participants and stakeholders and, as a result, the Foundation has announced that the event will now take place annually. The inspiration for the Scrabble Bash came from studies showing that partaking in mentally stimulating activities in middle and late adulthood may be connected to a reduced risk of developing dementia in later life. It was also recognised that the social aspects of games, such as Scrabble, helped to reduce loneliness and depression.

The Foundation also received press coverage in the December issue of popular national magazine In Vogue, where Lorraine Tamitegama was interviewed about her involvement in the Foundation and the activities and services they provide.

To find out more about the work of the Lanka Alzheimer's Foundation visit www.alzlanka.org

World Alzheimer's Day

ADI's World Alzheimer's Day™ working group have decided on a running theme for both 2010 and 2011.

The theme is 'Dementia. It's time for action!' For the next two years ADI and its members will be encouraging people across the world to take action in any way possible to help improve the lives of people with dementia and their carers across the world. Whether by joining in with activities or events run by national Alzheimer associations, advocating for improved services or simply taking the time to find out more about dementia. The theme is also a call to action for governments to recognise the importance of dementia as a health priority both nationally and internationally.

Children at ACVV Speelgoedland crèche in South Africa helped to mark World Alzheimer's Day 2009

The World Alzheimer's Day working group is made up of representatives from ADI member associations in Germany, Hong Kong, New Zealand, South Africa, Spain, the US and Venezuela. The working group are continuing their work by assisting ADI in the development of promotional materials.

Living with dementia

Nigel Wynn, New Zealand

Nigel Wynn, a former stockbroker business owner in Wellington, New Zealand, was diagnosed with early onset dementia in 2007. Here he talks about his life now, which includes mentoring for small businesses for his local city council. Nigel, who is on Alzheimers New Zealand's national Board, lives with his wife, Tania, and has three children. Nigel was interviewed by Cass Alexander of Alzheimers New Zealand.

Obviously I was at work before I was actually diagnosed and I suppose I wasn't the most organised person anyway, but I found I would say I would do things and would never get around to doing them. I used to write this great big, long list out for myself and not many things were dropping off that list at all. And then I think people at work starting noticing I was a little bit different. I ran a team of about 25 people. I'd sold a business to a major bank in 2007. When you get an organisation like that there's a whole lot of compliance, which all of a sudden appears and this helped me [figure out what was wrong]. I was a bit slow on doing the compliance needs and things like that, which was probably exacerbated by Alzheimer's.

My wife Tania sent me off to a neurologist. He diagnosed me with mild cognitive impairment. In time, I was diagnosed with Alzheimer's and I stopped working. I really loved work. My strength was interviewing people and being able to tell them in five minutes whether they were going to have a job with me or not. If they got it, they'd stay with me on average for seven years.

Nigel Wynn with his wife Tania and their children

> *I tell people when I meet them 'I've got a memory problem and I am going to repeat myself'*

I would like to have a part time job now so I could just get out and be with people. What I have been doing is business mentoring for small organisations. I tell people when I meet them, 'I've got a memory problem and I am going to repeat myself'. It works quite well. I don't normally say 'Alzheimer's'; I just talk about a memory problem. I tell them I have given up work because of it.

The mentoring is two or three hours every couple of weeks and I go and see four or five clients. At the moment I've got a design company of three people and they're not making any money so it's about telling them to sharpen up and put the prices up. They wrote a letter to their clients and said 'sorry, we had to put our prices up'. 'For goodness sake', I said to them, 'take that word 'sorry' out!'

I give the clients actions to take and things like that. It gives me 'people time' and the clients are appreciative. Tania and I tried a few places [to get me into voluntary work like this], but our local city council were the ones who came back with an offer. I get plenty out of it. I do have to keep occupying myself. I have to create something and have social stimulation. Not doing stuff is stressful.

I have gone to support groups, but I am the youngest there by 25 years. It's like being out on the town at night with twenty-year olds. But I have a community worker now who is getting me to do things like go on walks and playing tennis.

It was quite funny the other day; I joined the golf club. Unfortunately I inadvertently used my old work's bank account number for the debits, as I used to remember a whole lot of different account numbers and had remembered that one by accident. So the last three months they'd been paying for my golf membership! They take things like that with a grain of salt. They're all good guys.

Research update

Antipsychotics over-prescribed across the world

A worrying new report released in November 2009 has shed light on the overuse of antipsychotic medication in treating behavioural problems in people with dementia.

Sube Banerjee, Professor of Mental Health and Ageing at the Institute of Psychiatry, King's College London and a member of ADI's Medical and Scientific Advisory Panel, produced the report *The use of antipsychotic medication for people with dementia: Time for action* which was commissioned and funded by England's Department of Health.

The report estimates that currently around 180,000 people with dementia in England are being treated using antipsychotics each year, suggesting that up to a quarter of people with dementia in the country may be taking the medication. However, the report suggests that only 36,000 of these people are benefiting from the use of the drugs.

It was found that, as a result of taking the medication, around 1,800 deaths occur per year on top of those that would be expected, with a further 1,620 people experiencing adverse events, such as stroke.

Sube Banerjee, the report's author, speaking during ADI's International Conference in 2009

The report suggests that, although some antipsychotics can reduce behaviour disturbance in people with dementia, the negative side effects outweigh the positive results. Good practice guidelines exist for the use of antipsychotics for people with dementia in England, but the report finds that these guidelines have not been translated into clinical practice.

Although primarily targeted at England, the report suggests, after looking at the use of antipsychotics in other countries, that this is a problem across the world.

There are eleven recommendations for action in the report, including reducing the use of antipsychotics for people with dementia, the development of a national vocational qualification in dementia care for those working with people with dementia, and more research to develop non-pharmalogical treatment of behavioural problems.

The report recommends that, instead of implementing a complete ban on the prescription of antipsychotics for people with dementia, which could prove unsafe, changes should be made gradually over a period of 36 months. This period would allow for alternative treatment to be found and carers and health care professionals to be trained on the best ways in which to implement the changes.

'The review makes the positive finding that there are clear actions that can be taken to address this problem,' Prof Banerjee writes, 'In doing so we would be providing international leadership in this complex clinical area as well as improving the quality of life and quality of care for people with dementia and their carers in England.'

You can read the report at www.alz.co.uk/antipsychotics

UK Government response

In response to the report, the UK government stated that measures to lower the number of people with dementia being prescribed antipsychotics were already being taken. The government pledged to incorporate the reduction in the use of antipsychotics into the UK's National Dementia Strategy and pass the report on to all relevant organisations requesting that action be taken. They also promised to work closely with the Alzheimer's Society in providing advice for family members of those currently being prescribed the medication.

The government have also created a new position for a National Clinical Director for Dementia. In January Prof Alistair Burns was appointed to this post and he is now responsible for promoting better care of people with dementia within the National Health Service and social care communities and overseeing the implementation of the National Dementia Strategy. He commented: 'I am delighted to have been appointed to the post of National Clinical Director for Dementia. In the past few years, there has been a great deal of public interest in dementia and several influential initiatives, in particular the National Dementia Strategy. The challenge, now, is to build on this to make a real positive difference to people with dementia, their families and carers. I very much look forward to working with colleagues to realise this ambition.'

ADI and FMA award 2010

For the second year ADI and Fondation Médéric Alzheimer (FMA) have collaborated on an award for evidence-based psychosocial interventions.

ADI and FMA, a non-profit organisation based in France dedicated to people with Alzheimer's disease and their carers, launched the award in 2009 with the aim of encouraging research into the area and finding the best ways in which psychosocial interventions could be applied to benefit people with dementia and their carers.

In 2009 the award was presented to Mary Mittelman for her project, Translating the NYU Caregiver Intervention from Research to Practice Settings, with a special award going to Danny George for his proposal on Intergenerational Volunteering.

For 2010 the award was divided into two categories, one for the best evidence-based intervention and the other for the most promising evidence-based intervention with prizes of €18,000 and €7,000 respectively for dissemination and further implementation.

Proposals were received from 17 researchers in 13 countries. Six entries were short listed for the best evidence-based category and seven for the most promising. A jury made up of experts in the field, last year's winners, a person with dementia and representatives from FMA and ADI decided on the winning entries.

The jury chose the following proposals as the top four submissions in each category.

■ Best evidence-based psychosocial intervention

Cameron Camp

Montessori Programming for Dementia: Translation and Implementation

Montessori Programming for Dementia (MPD) has been developed over the past decade as an effective method of creating and implementing activities programming for people with dementia. The rehabilitation principles and activities used in the programme enable people with dementia to use their existing skills and manuals, reading materials and games have been developed for the intervention. The plan for the project is to produce a 30-minute documentary explaining the programme, which would be made available through online courses and other forms of digital media.

Amit Dias

Effectiveness of a community based psychosocial intervention for supporting people with dementia and their caregivers in developing countries

This study has been carried out in Goa, India, with people with mild to moderate dementia and their carers. The intervention is a community-based project provided by a team of home care advisors, supervised by a counsellor and psychiatrist. The intervention provides people with dementia and their carers with information on dementia, guidance on behaviour management and gives a single psychiatric assessment. This study has proven to reduce caregiver stress in participants. It is hoped that the project will be circulated using the media and all available networks for advocacy, awareness raising and training purposes.

Rose-Marie Droës

Implementation of the Meeting Centres Support Programme in Europe

The Meeting Centres Support Programme is a community-based programme with activities for people with dementia and for their carers, helping them to cope with the consequences of the disease. The individualised support is based on assessment of their needs and psychosocial problems. The programme has been proven to be effective in controlled multicentre studies: participants show fewer behaviour and mood problems, are more self-confident and admission to nursing homes is delayed. Carers feel less burdened and more competent. The programme is currently active in 55 centres in the Netherlands and it is hoped that the intervention can be implemented in other European countries.

Kaisu Pitkälä

Psychosocial group rehabilitation for lonely older people: Circle of Friends

This project aims to rehabilitate lonely older people through group activities, such as therapeutic writing, discussion, exercise and art. The study has been performed in several centres and group leaders were trained on how to carry out the project. This study suggests that psychosocial group rehabilitation can have positive effects on older people, such as helping them to find new friends and improving cognition. This project is currently being implemented in Finland with the hope of expanding into other European countries.

The winners will be announced and awards presented during the plenary session *Non Pharmalogical Interventions* on Friday 12 March during ADI's International Conference in Thessaloniki, Greece

Most promising evidence-based psychosocial intervention

Jocelyne de Rotrou

Development, implementation and contribution of an online psycho-educational programme for family caregivers of patients with Alzheimer's disease

The aim of this proposal is to evaluate, in a randomised controlled trial, whether an online-based Psycho-Educational Programme for caregivers improves their anxious and depressive symptoms. Participants follow a 12-week programme and benefit from individualised counselling from the medical team (online and telephonic support). The Internet-based programme allows counsellors a permanent way to inform and support carers, showing many advantages in terms of accessibility, flexibility and cost.

Li-Chan Lin

The Efficacy of Acupressure and Montessori-based Activities to Reduce Agitated Behaviour in Elderly People with Dementia

This proposal is based on a study that compared the effects of acupressure (a technique derived from acupuncture), Montessori-based activities and presence on the agitation of people with dementia. Both methods, one related to traditional Chinese medicine and the other to the work of the Italian reformer in education Maria Montessori who introduced child-centred education, showed a decrease in agitation. The aim is to conduct a follow-up study to investigate the effects of these methods when used by professional carers in long-term facilities like care homes.

Anne Margriet Pot

Mastery over Dementia: an innovative e-Mental Health intervention for family caregivers of people with dementia

Mastery over Dementia is an online intervention for family carers of people with dementia. It began as a pilot scheme in November 2008 and consists of eight lessons and a booster session during which participants are in contact with a professional counsellor. Promising results have already been received and the aim is for the project to be ttranslated from Dutch to English with a DVD to encourage Alzheimer associations, research institutes and service providers to adopt similar projects.

Michael Skrajner

Resident-Assisted Montessori Programming (RAMP): Developing an International Dissemination Strategy

The aim of this intervention is to train people in the early stages of dementia to serve as group activity leaders for people with more advanced dementia. The project has shown positive results in the USA so far, conducted by researchers familiar with Montessori programming and non-researchers. It is hoped that it will be translated for use in proposed facilities to be set up in both France and Spain.

ADI's 25th International Conference

Dementia: Making a difference is the theme for ADI's annual International Conference in 2010. The event, which takes place from 10-13 March in Thessaloniki, Greece, boasts a lively programme combining sessions on new developments in the treatment of dementia, the work of the global Alzheimer's movement and ways to improve the care and treatment of people with dementia.

Six ADI workshops will take place during the conference and promise to provide useful and relevant information on such topics as involving people with dementia in the work of Alzheimer associations, arts and dementia and fundraising.

Prizes for the Fondation Médéric Alzheimer and ADI psychosocial intervention award will be presented during the keynote session on non-pharmacological interventions, which will take place on Friday 12 March. Winners of ADI's International Photography Competition *Active life with dementia* will also be announced and prizes presented during the conference dinner on Friday 12 March.

A full report on the conference will appear in the next issue of *Global Perspective*.

Preparations are already well underway for ADI's 26th International Conference to be held in Toronto, Canada in March 2011. More details about this event can be found at www.adi2011.org

News

ADI's International Photography Competition 2009

Judges reviewed the entries in January

Thirty-seven entries were received for ADI's International Photography Competition *Active Life with Dementia* at the end of 2009. Images came from around the world, with 19 entries for the amateur category and 18 for the professional.

Two photographs taken by people with dementia were submitted and were commended by the judging panel who reviewed the photographs in January.

The panel included: Graham Browne, a person with dementia; Phil Coomes, Picture Editor and Photographer for BBC News website; Eamonn McCabe, Photographer for The Guardian newspaper; Paul Sanders, Picture Editor for The Times newspaper; Boris Spremo, a professional photographer based in Canada; and John Voos, Editor in Charge of UK Pictures for Thomson Reuters.

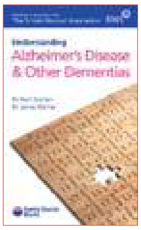
The winning photographer in each category, as chosen by the judging panel, will receive $500 with $300 going to those in second place and $200 for third.

The top entries in each category will be displayed during the ADI Conference in Thessaloniki. Winners will be announced during the conference dinner on Friday 12 March.

Understanding Dementia

A new book offering essential information about dementia has been written for the general public. *Understanding Alzheimer's Disease and Other Dementias* by ADI's Honorary Vice-President Dr Nori Graham and Dr James Warner, Consultant in Old Age Psychiatry at St Charles Hospital in London, features a broad range of information about the symptoms and treatment of dementia.

The book is part of the Family Doctor Books collection published in association with the British Medical Association. The aim is to enlighten the general public about illnesses and health concerns in a clear and understandable way.



Understanding Alzheimer's Disease & Other Dementias

Understanding Alzheimer's Disease and Other Dementias, ISBN 978-1903474617, can be ordered from www.familydoctor.co.uk

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Hussain Jafri appointed Chair of IAPO

Hussain Jafri

Hussain Jafri, Secretary General of Alzheimer's Pakistan, has been appointed Chairman of the International Alliance of Patients' Organizations (IAPO), the global alliance representing patients of all nationalities and disease areas and promoting patient-centred healthcare worldwide.

IAPO currently has 200 members – local, national, regional and international patient organisations – working in over 40 countries and 50 disease areas around the world.

Hussain, who established Alzheimer's Pakistan, a member of ADI since 2000, addressed attendees at the launch of IAPO's new Policy Statement on Patient Information. He said, 'It is imperative that all healthcare providers, in particular governments, support measures to develop and improve health literacy to empower patients and improve health outcomes. The IAPO Policy Statement on Patient Information is a powerful resource and a call to all healthcare stakeholders to ensure that patients' information needs are met in a patient-centred way.'

The new Policy Statement outlines a key principle of patient-centred healthcare and expresses the experience and needs of IAPO's global patient group membership. IAPO define patient information as all forms of health information that relate to a patient's specific disease or condition, treatments, medications and health services. The emphasis of the policy is on empowering patients by giving them sufficient information to make informed decisions about their own treatment and to pass this information on to others. ADI would like to congratulate Hussain on his new post and looks forward to following his work in the future.

More information on IAPO and its work can be found at www.patientsorganizations.org