

ASAD Newsletter

10th ASAD in Hangzhou, China

Issue No. 02

Dear members of ASAD,

The recent earthquake in Kyushu brought back a lot of memories of the 9th Asian Society Against Dementia (ASAD) Congress that was held in Kumamoto, Japan. We would like to extend our sympathy to those who affected by the earthquake, and trust that all our colleagues in Kumamoto are fine and leading the recovery programmes.

The 1st ASAD Congress was held in Chennai, India in 2007. This year, the 10th ASAD Congress will be held in Hangzhou, China from 20th to 23rd Oct 2016.

At the end of this newsletter, we would like to provide some useful information for you to better plan your trip to the 10th ASAD meeting.

To lead off, our President, Prof Homma , has provided updates on Dementia Care in Japan, which should be of great interest to all

We are also pleased to present an article on the work of our dementia colleagues in Taiwan. We plan that this will be the first in a series of country reports.

It is also a great pleasure to introduce Prof Ingmar Skoog as our new ASAD Advisor.

We are looking forward to welcoming you in Hangzhou in Oct 2016!

On behalf of ASAD Committee

Christopher Chen

Akira Homma, MD., PhD.

Immediate Past Director

Center for Dementia Research and Practices in Tokyo, Tokyo Japan

Japan has the highest aging rate of the population in the world. The percentage of the population aged 65 and over is 26.7% in 2015 (Ministry of Internal Affairs and Communications, 2015), and it is still going to increase. In order to prepare for the super aged society, the Japanese government has implemented several policies. The one that is well-known is the “Long Term Care Insurance”, enacted in 2000. The purpose of introducing it is to support the independence of the elderly and to allow users to choose services. Also, the Japanese government introduced the “Integrated Community Care System,” which is the idea that the elderly live in their community in a familiar environment throughout their life, even if they need advanced levels of long-term care. There is no doubt that the management of a person with dementia cannot be concluded in the examination room of a primary care physician, as a multidisciplinary approach is essential. As described later, the “Community Support Coordinator on Dementia Care” and the “Initial-Phase Intensive Support Teams” are playing important roles to facilitate dementia care in the community as the execution troops to realize the policies of dementia care of local governments. The idea of the “Integrated Community Care System” and two major projects to support persons with dementia in the community will be briefly described.

1. Integrated Community Care System

The Integrated Community Care System has five pillars; medical care, long-term care, prevention of long-term care, services to support living, and housing. The national government enforces that these services will be available within 30 minutes to the person in need, and the local governments have been setting up these services in their towns.

Since 2000 when the Long-Term Care Insurance was implemented, the number of facilities/organizations that provide long-term care, such as nursing homes, home-visit

services, day care services for the elderly, has been increasing. Also, in order to let seniors live healthy and independent lives, local governments and residents' groups, such as senior citizens' clubs and residents' associations, provide various kinds of livelihood support and prevention programs of long-term care. The integrated community care support center (approximately 4,400 centers in Japan, which is almost same as the number of junior high schools) and long-term care support specialists (also known as "care managers") coordinate those services based on the person's needs.

2. Community Support Coordinator on Dementia Care

As mentioned, various kinds of facilities/organizations provide long-term care in the community and it is not easy to build up a connection between those facilities/organizations. In 2010, the National Government introduced the Community Support Coordinator on Dementia Care (CSC-DC) in order to enhance implementation of dementia care policies including creating a connection between medical and long-term care facilities/organizations. CSC-DC is arranged by the local government and works for the Integrated Community Care Support Center and/or the local government. The CSC-DC is required to have knowledge and experience on dementia care as well as to have a national license related to medical/welfare fields such as Community Nursing, Certified Care Work, and Social Work. The work of CSC-DC is to build up a collaboration between medical and long-term care facilities/organizations in order to provide better care for persons with dementia in the community, to enhance support systems for persons with dementia and their families in the community, as well as to raise awareness on dementia care in the community. The national government requested all local government to place CSC-DC by 2018 in order to strengthen support system for persons with dementia and their families. In 2015, approximately 1,600 participants attended the workshop to learn the skills of a CSC-DC held by the Center for Dementia Research and Practices in Tokyo. More than 1,800 participants are expected in 2016.

3. Initial-Phase Intensive Support Team

The Initial-Phase Intensive Support Team (IPIST) organizes supporting systems for early detection and early diagnosis. Members of IPIST are a certified doctor and medical and long term care specialists, and the team is set in the integrated community care support center. IPIST visits a person with suspected dementia and provides assessments of his/her state and supports his/her family (i.e. providing consultations) in the initial-phase (about 6 months). Importantly, the team is focusing on only the person living in home, with severe behavioral complications, and with one of the following : (1) without proper diagnosis, (2) without continual medical services, (3) without proper welfare services, (4) with proper diagnosis and discontinuous services.

After visiting to the person who fits IPIST criteria, IPIST collaborates with primary care doctors, medical centers for dementia as well as facilities/organizations in providing long-term care in the community to provide proper services to him/her based on their assessment.

4. Achievements and Challenges

Dementia should be regarded as a “common disease” since it is estimated that more than 46 million people worldwide are living with dementia in 2015 (World Alzheimer Report 2015, Alzheimer’ Disease International). In Japan the estimated proportion in 2013 of persons with dementia was 15% in the elderly population. Thus, the Japanese government has introduced CSC-DC and implemented several dementia policies such as IPIST. However, many issues still remain to be solved in the future. Probably the most pressing issue is insufficient communication between primary care physicians and other health professionals including paid carers and the above care managers. Although learning programs and workshops are running nation-wide to increase the skills of dementia care for every health professional including primary care physicians, such educational activities are strongly needed intensively and extensively in the future. In 2015, a Care Registry study for persons with dementia started to obtain evidence to clarify the factors influencing the outcome of dementia care in Japan. Such evidence will contribute to validate the skills of dementia care. Also, there is another big challenge: a decreasing total population but increasing numbers of people with dementia. In order to survive the super aged society, local governments need to show a strong leadership to collaborate with local stakeholders in order to create the community where the people with dementia live in a familiar environment. It is hoped that such Japanese experiences will contribute to develop Asian style of Dementia care.

Yuan-Han, Yang MD, MS, PhD^{1,2,3} Jong-Ling Fuh, MD^{4,5}, Ching-Kuan, Liu MD, PhD^{1,2}, Te-Jen Lai MD, PhD⁶

1:Department of Neurology, Kaohsiung Medical University Hospital, Kaohsiung Medical University, Kaohsiung, Taiwan

2: Department of and Master's Program in Neurology, Faculty of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan

3:Department of Neurology, Kaohsiung Municipal Ta-Tung Hospital, Kaohsiung Medical University, Kaohsiung, Taiwan

4:Department of Neurology, Neurological Institute, Taipei Veterans General Hospital, Taipei, Taiwan

5:Faculty of Medicine, National Yang-Ming University Schools of Medicine, Taipei, Taiwan

6: Department of Psychiatry, Chung Shan Medical University & Hospital, Taichung, Taiwan

Epidemiology

Dementia describes a set of symptoms affecting memory, reasoning and social abilities severely enough to interfere with activities of daily living. This brief overview uses dementia broadly to refer to a group of cognitive impairment disorders, including Alzheimer's disease (AD). As the risk of dementia increases with age and the percentage of elderly is increasing in Taiwan, as in most developed nations, dementia has become a major public health issue.

Prevalence

Epidemiological studies from the 1980s and 1990s reported the prevalence of dementia in Taiwan as ranging from 1.7% to 4.3% in adults aged 65 or more. This range is lower than the reported prevalence in Europe and the U.S. (5-10%), and may be due to underreporting, a higher mortality rate, or differences in genetics. Specifically, family members/informants may not recognize or report cognitive deficits out of respect or treat memory decline as a normal part of the aging process; studies using extensive cognitive testing in Chinese populations have reported higher rates. The reported mortality rates in Taiwanese patients with dementia are higher than most Western reports, with two population-based studies reporting a high mortality of 32-48%, and one hospital-based study showing a mean survival time for AD patients at 4.5 years. In terms of genetics, the frequency of the apolipoprotein E (ApoE) 4 allele, a known risk factor for sporadic AD, has been reported to be lower among Chinese populations (4.8-11%) than among Western populations (9.0-16.5%), which may impact on dementia prevalence in Taiwan.

Dementia Research

Several medical centers have conducted dementia studies for many years with innovative and promising findings. These include in northern Taiwan, the National Taiwan University Hospital, Taipei Veterans General Hospital, Taipei Medical University Shuang Ho Hospital, and Chung Gang Memorial Hospital; in central Taiwan, Changhua Christian Hospital, Chung Shan Medical

University Hospital, and China Medical University Hospital, and in southern Taiwan, National Cheng Kung University Hospital, and Kaohsiung Medical University Hospital. These centres have considerable experience in conducting various dementia related studies including epidemiology, biomarkers, neuroimaging, development of care models and pharmacological studies. In order to achieve closer collaboration, several meetings have been held, regularly or on an ad-hoc basis. Beyond these major hospitals, there are other hospitals in Taiwan conducting dementia related studies with fruitful and interesting results. Importantly, there is a research group involving several hospitals and universities, which is mainly focused on dementia and related disorders.



Dementia Research Group for basic and clinical studies (Researcher from Taipei, Taichung, and Kaohsiung).

Recently, a new association with several branches in Asia, the Taiwan Asia-Pacific Aging Protection Association (T-APAPA) has been established to provide professional training programs and studies to non-professional caregivers and healthcare professionals for the long term care system. T-APAPA includes neurologists, psychiatrists, geriatrists, internists, family medicine doctors, pharmacologists, physical and occupational therapists, nurses, and other professional members for long term care. We hope the new association will provide benefits for aging societies, not only for Taiwan, but also for other countries in the Asia-Pacific Area.

Taiwan Asia-Pacific Aging Protection Association (T-APAPA) for long-term care system and dementia-related issues.



Non-Governmental Organization (NGO)

Many NGO institutions in Taiwan are collaborating with the government to develop both pharmacological and non-pharmacological treatments for dementia. By working together with current government policies, to ensure a day-care institution in each district, many projects and activities have been developed.

The Taiwan Neurological Society and the Taiwanese Society of Psychiatry are the two main societies accredited by the government for neurologists and psychiatrists. In Taiwan, under the National Health Insurance regulations, the use of acetyl-cholinesterase inhibitors and memantine to treat Alzheimer's disease can be reimbursed only if the prescription comes from neurologists or psychiatrists. Beyond these two societies, there are also other societies working for dementia such as the Taiwan Dementia Society and the Taiwanese Society of Geriatric Psychiatry.

Many lay associations have been established for the dementia in past years. The growing needs of people with dementia and their caregivers prompted those who are concerned about them to organize the non-profit Alzheimer's Disease Association in Taiwan (TADA). TADA was established on 15 Sep, 2002. People with different religions, political attitude, races, and hospitals work together to raise the quality of life for people with dementia and their caregivers in Taiwan. Many ideas and care policies were recommended by the TADA. These include the Wisdom school, dementia friendly store, or family of wisdom in the hope of providing an environment appropriate and helpful for dementia patient and caregivers. The wisdom school was proposed to train the cognitive function of patients with AD and has been applied in some areas and local association in Taiwan. All local associations have their unique features but are connected together to work for dementia. Hence, apart from TADA, there are many other associations working for dementia, including the Dementia Care Association, Zelandia Dementia Association, Kaohsiung Dementia Association, Kaohsiung City Smart-Action Neurodegenerative Association, and Pingtung Dementia Association.



The Taiwan Alzheimer's Disease Association, Family of Wisdom

FOUNDATIONS

The Taiwan Catholic Foundation of Alzheimer's Disease and related dementia has been established for many years to provide public awareness and training care for demented people. Also the foundation has created several media programs to increase awareness of dementia in Taiwan. The Mentality Protection Center, Compassion Foundation, Fo Guang Shan (MPC-FGS) is an international organization with more two hundred branches in the world and fifty branches in Taiwan. MPC-FGS has completed the screening of dementia in Taiwan with the AD8 screening tool, as well as screening for depression and sleep disorder in Taiwan to update the current status of dementia, depression, and sleep disorder.



Mentality Protection Center, Compassion Foundation, Fo Guang Shan in Office of the President, Taiwan.

Individualized treatment & Screening for AD patients in outpatients department

In Taiwan, we have developed an individualized treatment plan for AD patients. Patients taking acetyl-cholinesterase inhibitors will have their APOE genotype and serum concentration of acetyl-cholinesterase inhibitors determined so that clinicians can adjust the dosage of these drugs accordingly.

Patients who visit outpatient departments are at a higher risk of developing comorbid dementia because of their multiple underlying diseases compared with those who do not. In addition, most suspected dementia patients visit primary physicians first instead of specialists. Therefore, identifying a high risk of dementia in people who visit the outpatient departments in all primary clinics is crucial for early diagnosis and early treatment. The result showed a higher ratio (24.1%) of suspected dementia in hospital outpatient department, compared those in the community. Hence targeted screening may provide be more effective.



Using AD8 in screening dementia in Asian area.

The ASAD Exco has approved the appointment of Prof Ingmar Skoog as an Advisor. Prof Skoog has been a strong supporter of ASAD and has participated in the past 3 meetings as well as the inaugural meeting in Chennai. He became M.D. in 1985, Ph.D. in 1993, specialist in psychiatry 1993, and professor in Psychiatry in 2001. He is currently director for the Centre for Ageing and Health AGECAP at the University of Gothenburg and is leading the Neuropsychiatric Epidemiology Unit at the Institute of Neuroscience and Physiology at the Sahlgrenska Academy of the University of Gothenburg, Sweden. He has been involved in epidemiological research since 1983, and is leading the H70-studies in Gothenburg. His main research interest has been regarding dementia and other mental disorders in the elderly, with special emphasize on the relation between cardiovascular disorders and Alzheimer's disease and depression. He has published 237 original research articles and more than 100 reviews and book chapters. He has been invited to more than 200 international meetings. He received the Zenith Fellows Award from the American Alzheimer's Association in 2001, the Danish Strömngren Award in Psychiatry in 2002, Inga Sandeborgs prize from Swedish Medical Society in 2006, and the Senior Award by the International College of Geriatric Psychoneuropharmacology in 2013. He was Secretary General of Vas-Cog 2002-2012.

We very much look forward to his continued contributions to ASAD.



Venue

Hangzhou Haiwaihai Crown Hotel

The Haiwaihai Crown Hotel is an upscale business hotel located in north-central Hangzhou. The hotel's location means guests are just a 15-minute drive from West Lake, the city center and the High-Tech development area. Hangzhou East Railway Station is just 8 km away while Hangzhou Xiaoshan International Airport is around 32 km away.

Add: No. 333 Shangtang Road, Hangzhou, Zhejiang, P.R.China

Tel : (86) 571 8816 8888

Fax : (86) 571 8835 5906

Visa

All foreign visitors entering China must have a valid passport and a visa. Upon receiving the registration form and payment, the Local Organizing Committee will send the official invitation letter to the registered participant. With the invitation letter, the participant may apply for an entry visa at the Chinese Embassy or Consulate General in his/her country. Please visit <http://cs.mfa.gov.cn/wgrlh/lhqz/lhqzjs/> for detailed information.

Time Zone

China Time is 8 hours ahead of GMT.

Weather

Hangzhou enjoys subtropical monsoonal climate with its four distinctive seasons. The yearly average temperature is about 16.2 °C and its rainfall is about 1,500 mm. The average temperature in Hangzhou in October is 15-23°C.

How to Arrive in Hangzhou

Hangzhou is the second largest city in east China next to Shanghai, there are many forms of international and domestic transportation connected with Hangzhou. These are some ways we suggest for domestic transfers to Hangzhou:

Arrival by flight

Airport

Hangzhou Xiaoshan International Airport is about 27 kilometers (about 16.8 miles) away from Wulin Square, center of the city, 15 kilometers (about 9 miles) to Xiaoshan District. It consists of two terminal buildings, Terminal A (International Terminal) and Terminal B: (Domestic Terminal)

Taxi

Taxis are readily available outside the baggage claim area at the airport. You will be provided with the hotel name written in Chinese as part of your accommodation confirmation. Please bring this with you to provide to the taxi driver to ensure that you are taken to the correct address.

All taxis have price labels on both side windows near the back seats. The flag-down fare is CNY10 for the first 3 kilometers with CNY1 fuel surcharge. It costs CNY2 per kilometer for the next 3–10 kilometers. For over 10 kilometers the fare is CNY3 per kilometers.

Generally, it would cost about CNY100 to take a taxi from Xiaoshan International Airport to downtown Hangzhou.

Arrival by train from Shanghai

Passengers can get the train at Shanghai Hongqiao Railway Station. This station operates most of the bullet trains from Shanghai to Hangzhou. Every day from 06:32 to 21:12, 45 trains leave from this station. As well as taking the direct bus, passengers who arrive at Shanghai Pudong Airport could also take Subway Line 2 to Shanghai Hongqiao Railway Station and then travel on to Hangzhou by train. Other ordinary trains are available at both Shanghai South Railway Station and Railway Station.

For more details, please visit

<https://www.travelchinaguide.com/cityguides/zhejiang/hangzhou/shanghai-transportation.htm>

Arrival by coach from Shanghai

You can travel by coach between Shanghai and Hangzhou. Travelling time is approximately 3-4 hours, terminal to terminal and depending on traffic conditions.

Long-distance coaches from Shanghai Pudong international Airport to Hangzhou are available every day from 8:40 to 20:00, please visit http://en.shairport.com/2012-11/12/content_15974173.htm for details.