Hong Kong Psychogeriatric Association
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To:
Subcommittee on Residential and Community Care Services for Persons with Disabilities and the Elderly
Panel on Welfare Services
Legislative Council

5 November 2010

Dear Ms. Yu,

Proposal from Hong Kong Psychogeriatric Association for Meeting on 12 November 2010
Provision of support services for demented elders

The Hong Kong Psychogeriatric Association is an expert body specialised in the mental health conditions of the elders, and we are very concerned about the long-term care and support to the elders suffering from dementia. Our Association had organised a Forum on Dementia Care Policy on 5 November 2010 with 24 other Non-Government Organisations to drive for the constitution of a dementia care policy, so as to provide comprehensive support services for the demented elders in Hong Kong.

Dementia is an increasingly prevalent health condition in the modern world. Recent figures revealed that 35.6 million people are affected by dementia in 2010, and the number of affected people will double in the next 20 years (Alzheimer's Disease International, 2009). Prevalence of dementia was 6% in people aged 70 or above, and the rate of those in residential services was 4 times that of those living in the community (Chiu et al., 1998). The prevalence of mild dementia in those aged 70 or above was 8.9 % in a later study (Lam et al., 2008). There seems to be a rising trend of dementia over the years from these 2 studies. Dementia is a complex disease that affects multiple domains of life, resulting in the need for care in the biological, psychological and social aspects of a person. Apart from the impairment in cognitive functions, 61-92% of elders with dementia also suffer from the non-cognitive disturbances, namely the behavioural and psychological symptoms of dementia (BPSD) (Fernandez et al, 2010). In addition to the significant distress experienced by the elders with dementia, BPSD also poses tremendous stresses to their care-givers (Covinsky et al, 2003; Sansoni et al, 2004; Waite et al, 2004)

Our Association advocates for a comprehensive dementia care policy that addresses the following dimensions of dementia:

1. short-term and long-term care for elders suffering from dementia;
2. cognitive and non-cognitive symptoms of dementia;
3. treatment of symptoms and prevention/ rehabilitation of impairment;
4. patients and their care-givers;
5. present disease situation and the future trend of dementia;

6. health-related issues and welfare-related issues;
7. district-based care and territory-wide care;
8. community services and residential services.

The dementia care policy should orchestrate a coordinated care from different stakeholders in the elderly care targeted at bringing the best-possible quality of life for the elders suffering from dementia. Our Association proposed a dementia care policy directed towards the following objectives with relevance to the psychogeriatric service:

1 to enhance early identification of dementia;
2 to strengthen the psychogeriatric service for people suffering from dementia;
3 to collaborate with community partners for comprehensive dementia care

1 To enhance early identification of dementia

1.1 Active community outreach

A strengthened outreach service provided by the multi-disciplinary psychogeriatric team can advance the diagnosis and management of dementia, enhance the identification of treatment side effects, improve the care-givers' understanding and acceptance of BPSD, and decrease hospital admissions for patients with dementia (Draper, 2000; WHO, 2004).

1.2 Community memory clinic

Specialised memory clinic established in the community setting can enhance the accessibility of the elders with dementia to the psychogeriatric care (Logan-Sinclair & Davison, 2007), minimize the stigma tagged to the mental health service (Jolley & Moniz-Cook, 2009) and encourage the early assessment, timely diagnosis and prompt interventions for dementia.

Timely diagnosis and intervention for dementia can bring about a significant impact on slowing the progression of dementia and improving the quality of life of the elders and their families (IIiffe et al., 2003)

2 To strengthen the psychogeriatric service for people suffering from dementia

2.1 Multi-disciplinary and individualized community service

Case management approach delivered by the multi-disciplinary team in the community, hospital and long-term care settings should be the encouraged model of care (WHO, 2004).

2.2 Cognitive rehabilitation

Evidences show that cognitive rehabilitation programs for elders with dementia can improve cognition, facilitate community re-integration (www.healthyhkec.org), and promote quality of life (Spector et al., 2003). Intervention on cognitive rehabilitation should therefore be included in the dementia care plan.

2.3 Specialised dementia unit in hospital

A specialised in-patient unit with unique environmental design and specially-trained staff for the management of elders with dementia can alleviate the behavioural disturbances of demented patients (Bellelli et al., 1998), reduce the use of

psychoactive drugs and restraints (Teri et al., 1992), and promotes the sense of control and independence in the elders (Edgerton et al., 2010).

2.4 Government-subsidized anti-dementia medication (cholinesterase inhibitors)

Evidences exist to support the effectiveness of the cholinesterase inhibitors in delaying the disease progression in Alzheimer's disease (Birks, 2010). The existing protocol in public mental health service only allows the use of cholinesterase inhibitors as a subsidised anti-dementia medication for mild to moderate Alzheimer's disease. However, there is an advocate of extending the use of cholinesterase inhibitors to people suffering from severe stage Alzheimer's disease. Moreover, the FDA has also approved Aricept®, one of the cholinesterase inhibitors, for the treatment of moderate to severe Alzheimer's disease. Therefore, our Association proposes the government to inject additional resources to subsidise cholinesterase inhibitors for elders suffering from all stages of Alzheimer's Disease.

3 To collaborate with community partners for comprehensive dementia care

3.1 General practitioners

Under-detection of dementia, suboptimal intervention, and low rates of referral to the specialist service by the primary health care providers have posed a significant barrier to the people with dementia for treatment (Van Hout et al., 2000). This necessitates the training of primary care doctors through the partnership with the psychogeriatric professionals, and the implementation of management protocols for dementia based upon contemporary researches in the primary health care service.

3.2 Non-Government Organisations (NGOs)

In view of the overlap of the target groups receiving dementia services from the health and welfare stakeholders, a coordinated interplay between health and welfare services is essential in a comprehensive dementia care (WHO, 2004). Our Association advocates policy that stipulates both health and welfare outcomes with strong linkage amongst different agencies.

3.3 Care-givers

Care-giver empowerment through education, skills training and emotional support can reduce care-giver stress and may delay placement of elders with dementia into institutional care (Brodaty et al., 2003; Sorensen et al., 2002). This should be included as a core component in the dementia care.

To achieve the objectives set out in the proposed dementia care policy, our Association champions a ring-fenced funding to the psychogeriatric service on dementia care. We also advocate setting up of a ministerial body to coordinate a comprehensive elderly service.

Should the Commission need further clarification, our Association is most willing to explain.

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Best regards,

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