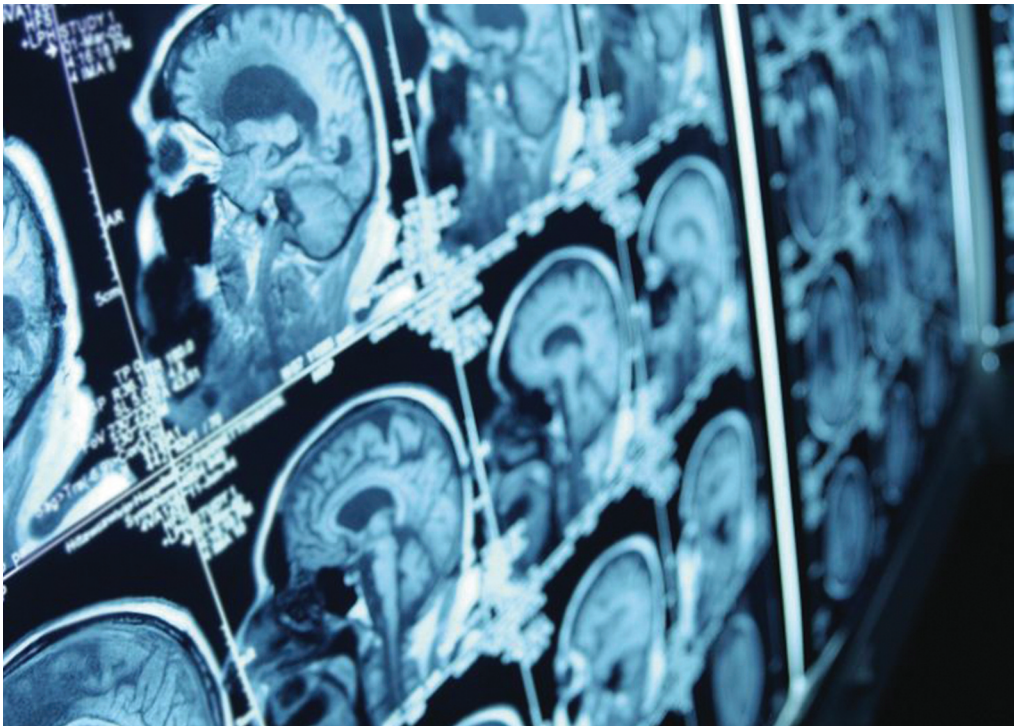


# Focus On...

C|A|R|D|I

Centre for Ageing Research  
and Development in Ireland



## Dementia

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### Introduction

The topic of dementia has featured considerably in the news in recent weeks, both in the Republic of Ireland and in Northern Ireland. Two major longitudinal studies suggested that depression is among the risk factors in developing dementia<sup>1</sup>. In addition, a team of scientists from King's College London is developing a blood test for the onset of Alzheimer's disease, the most common form of dementia<sup>2</sup>. An attempt to raise the profile of dementia in Northern Ireland was launched with Dementia awareness week, which ran from 13 - 19 June 2010. This article examines the facts and policy surrounding dementia, as well as the urgent need for further research in the area.

<sup>1</sup> Rush University Medical Centre, Chicago Health and Ageing Project and University of Massachusetts

<sup>2</sup> Daily Telegraph, "Discovery may pave way for blood test to predict Alzheimer's disease" (2010)

## The facts

### Northern Ireland<sup>3</sup>

There are currently 15,850 people with dementia in Northern Ireland. With the ageing population, this is set to increase - it is expected there will be 20,000 people with dementia by 2017 and 47,000 by 2051. The risk of developing dementia is higher for women, as two thirds of people with the condition are women. Dementia is also more prevalent with age, as one third of people over 95 have dementia.

It is estimated 1,373 deaths a year are directly attributable to dementia. These deaths could be reduced by half if the onset of dementia could be delayed by five years.

Most care for people with dementia is informal. Two thirds of people with dementia live in the community while one third live in a care home. It is estimated £15.9 million is lost income for carers in Northern Ireland who have to give up employment or cut back their work hours. This lost employment means a loss of £2.8 million in taxes paid to the Exchequer.

### Republic of Ireland<sup>4</sup>

More than 44,000 people in the Republic of Ireland have dementia. This number is expected to rise to over 104,000 by 2036. This represents an increase of more than double while the total population increases by less than 40%.

Dementia affects the lives of nearly 50,000 people in Ireland who are involved in caring for someone with dementia. Family carers provide 57% of the value of informal care without any compensation. In 2006 the baseline cost of dementia in Ireland was estimated at €400m. However, less than 10% of this cost is attributable to community care services.

## The Policy

### Northern Ireland

8.4% of total public health expenditure is spent on mental health in Northern Ireland. Mental health, including dementia, is the responsibility of the Department of Health, Social Services & Public Services. The *Bamford Review of Mental Health* and subsequent action plan are the main policy drivers on mental health.

The action plan outlines that detection of mental health problems such as dementia, is poorer for older people than the rest of the population. The Northern Ireland Single Assessment Tool for older people is

<sup>3</sup> Alzheimer's Society UK, *Dementia UK – Northern Ireland Supplement* (2007)

<sup>4</sup> Alzheimer's Society Ireland

intended to capture a complete picture of the older person and their care needs. It is intended that it will detect problems, including mental health problems more effectively. The plan also outlines a strategy to develop a range of models which will meet the needs of older people with dementia or mental health needs, their families and carers. The benefits of assistive technology are to be exploited fully.

In addition, the Northern Ireland Assembly Executive has committed to the development of a separate Dementia Strategy. The draft consultation document, *Improving Dementia Services in Northern Ireland*, was published in June 2010. It has six key messages for dementia services:

- Prevention through promoting a healthy lifestyle and reducing risk factors.
- Raising awareness and addressing stigma associated with dementia.
- Providing access to early diagnosis and enhancing existing memory services to provide assessment, diagnosis, information and support.
- Developing a staged approach to care and support as the condition progresses, with the aim of maintaining daily living and independence for as long as possible.
- Improving staff awareness and skills to respond appropriately to people's needs.
- Redesign of services to provide care and support, as far as possible, in people's own homes and avoid admission to hospital or care home.
- The consultation will be completed at the end of August with the publication of the final strategy expected afterwards.

### Republic of Ireland

6% of total public health expenditure is spent on mental health in the Republic of Ireland. The Department of Health and Children has a dedicated Office for Disability & Mental Health.

In 1999, the National Council on Ageing and Older People published an action plan on dementia<sup>5</sup>. It stressed the need for a social model of dementia that is focused on care in the community and on maintaining and developing the personhood of people with dementia. This action plan emphasised the need for the development of co-ordinated, multi-layered and well-resourced services, which are responsive to the individual needs of people with dementia and of those who care for them.

*A Vision for Change* (2006) is the strategic policy document for Mental Health in general. It makes 14 recommendations on the subject of mental health and older people.

Amongst other things, the document recommends that any person, aged 65 years or over, with primary mental health disorders or with secondary behavioural and affective problems arising from experience

<sup>5</sup> National Council on Ageing and Older People, *An Action Plan on Dementia* (1999)

of dementia, has the right to be cared for by mental health services for older people (MHSOP)<sup>6</sup>. It also recommends that mental health promotion for older people should preserve a respect for their potential to grow and flourish in later life and to counter negative perceptions.

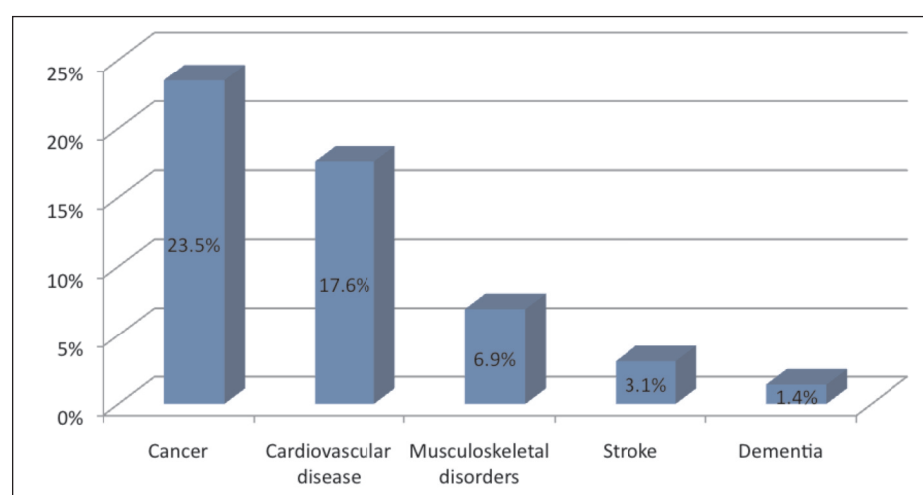
Primary health care teams are recommended to play a major role in assessment and screening for mental illness in older people, working in a co-ordinated manner with specialist teams to provide high quality care, particularly in the home. The report also calls for a total of 39 multi-disciplinary teams dealing with older people's mental health to be established nationally, one per 100,000 population.

The government has announced that work will begin on a new national policy on dementia in 2010. However, the progress in implementing the *Vision for Change* report has been slow. The Fourth Annual Report of the Independent Monitoring Group for *A Vision for Change* expressed disappointment in the progress achieved since the launch of the report. The College of Psychiatry of Ireland has also stated that the implementation continues to be "slow, uneven and unsatisfactory to service users and their families"<sup>7</sup>.

### Need for more research

There has been a traditional lack of funding for dementia research compared to other chronic conditions. The proportion of research papers devoted to chronic disorders reveals a starkly different ordering of priorities, as Figure 1 shows<sup>8</sup>. Research papers devoted to dementia account for just 1.4% of the total. In addition, according to the OECD, discussions of public policy issues in respect of dementia are relatively rare in research literature<sup>9</sup>.

**Figure 1: Proportion of research papers devoted to chronic disorders**



<sup>6</sup> Department of Health and Children, *A Vision for Change* (2006)

<sup>7</sup> Dr. Niall Crumlish, College of Psychiatry of Ireland

<sup>8</sup> Alzheimer's Society UK, *Dementia UK – Northern Ireland Supplement* (2007)

<sup>9</sup> OECD, *Dementia Care in 9 OECD Countries: A Comparative Analysis* (2004)

*“Across the world they are talking about the impact of the Silver Tsunami; that the dramatic increases in the aged population mean equally dramatic growth in numbers of people with dementia. We have to figure out NOW how we are going to address the critical policy and services issues and researchers must step up and offer increased evidence-based options for assessment, support and the pursuit of answers”.*

Professor Mary McCarron  
Head of School  
University of Dublin, Trinity College, School of Nursing & Midwifery

This is despite the fact that dementia is likely to become far more prevalent with the ageing population, and the fact that it is more costly to the economy than other chronic conditions. In the UK, for example, dementia costs the economy five times as much per year as cancer, but government and charities spend 12 times as much on cancer as dementia research<sup>10</sup>. Given the predicted increase in numbers of people living in dementia in the coming years, research into the condition is becoming more and more crucial. Some groups are also at a much increased risk of developing dementia. For example, over 35% of people with Down syndrome aged 50-59 years have Alzheimer's disease. This statistic rises to nearly 55% in those aged between 60-69 years old<sup>11</sup>.

The UK coalition government has now made dementia research a priority in its health research and development budget. Dementia UK has called for a similar increase in funding for dementia research in Northern Ireland. Similarly, the Alzheimer's Society in Ireland has stated that the demographic trends, health and social care cost and disease burden mean that dementia must be designated a National Health Priority in the Republic of Ireland.

In terms of policy priorities, however, dementia gets less support than other areas and the speed of policy change is slow in both Northern Ireland and the Republic of Ireland. Internationally, however, there are many initiatives to further dementia research. A leading example is France, where the world's first comprehensive plan to combat Alzheimer's disease was launched in 2008, including a commitment of €1.6 billion over five years to the cause. Germany has allocated €66 million per year, while in Canada, the government invested CA\$21 million into Alzheimer's disease Research through its Canadian Institutes of Health Research.

There are a number of important research projects currently being conducted in the field of dementia. A research programme, “Living with Dementia”, is currently being run by Trinity College Dublin in conjunction with the Dementia Services Information and Development Centre. Queen's University Belfast is also at the leading edge in

<sup>10</sup> Alzheimer's Research Trust, *Dementia 2010* (2010)

<sup>11</sup> Down Syndrome Centre, Ireland

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clinical dementia research through its neuroscience research group. Nevertheless, funding for research in the field of dementia is not adequate given the size of the challenge.

Research into dementia covers the causes, preventative measures, potential cures and care of people with dementia. Increasing the amount of research into dementia is an urgent priority if the causes are to be identified, with the ultimate aim of preventing dementia. Additional research would also serve to improve the treatment of people with dementia in the future, and make caring for people with dementia easier.

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