Public health planning for dementia must start now

For many families around the world, the difficulties and costs associated with dementia are painfully real. Yet in some countries governments and policymakers remain in denial about the urgent need to plan for a future in which dementia will be increasingly common. A report published by WHO on April 11, 2012, provides new data on the enormity of the current and future challenges and stresses the need for action to avert a dementia-related crisis. The report should serve as a wake-up call for governments and policy makers, but will they listen?

Dementia: a public health priority, the first report from WHO dedicated to dementia, was developed jointly with Alzheimer’s Disease International (ADI), an umbrella organisation for more than 70 Alzheimer’s associations. Data from previous reports were assessed by four international working groups and were combined with the results of a new survey of 30 countries. Overall, 35·6 million people were estimated to be living with dementia in 2010, with 7·7 million new cases each year; 115·4 million people are expected to have dementia in 2050, more than 70% of them in low or middle income countries. Prevalence in these countries seems to be closer to that in high-income countries than previously thought. The global economic burden of dementia is difficult to estimate but was perhaps as high as US$ 604 billion (about 1% of GDP) in 2010. This figure will undoubtedly rise as migration means that fewer people with dementia have family members nearby who are willing, or can afford, to provide informal care and as the costs of formal and informal care both increase.

The alarming findings extend beyond incidence, prevalence, and cost. According to the report, as of January, 2012, fewer than 15 countries had published national or subnational dementia policies or plans; a few others, including India and China, are working towards strategies, but most are not. 19 of the 22 low or middle income countries included in the new survey were reported to have no financial benefits available for people with dementia. Stigma remains a common barrier to diagnosis and support, and the representatives of seven of the low or middle income countries reported that dementia is still commonly thought to have spiritual or supernatural causes. Some countries were judged to be still at the stage of ignoring the problem of dementia, with no countries at the stage of accepting dementia as a disability and including people with dementia in society as fully as possible. But the report does also offer some hope and potential solutions, with advice on how to run public awareness campaigns and develop and implement dementia plans, such as stressing the need for a time frame, monitoring, and financial commitment.

The authors of the report are open about its limitations. The new survey included relatively few countries, selected from among the members of ADI. Data were sparse for young-onset dementia and for many regions, particularly central and eastern Europe, north Africa and the Middle East, sub-Saharan Africa, and Central Asia. Although in general high-income regions had better coverage, the number of population-based studies of dementia was found to be in decline, perhaps owing to complacency or squeezed research funding, and estimates in these countries are in danger of becoming outdated.

Another limitation is that, despite the potential benefits for people with dementia, their families, and society highlighted in the report, provision for dementia could remain a low priority in many countries. Governments might be reluctant to prioritise dementia over issues that seem more pressing in the short-term, such as communicable diseases or economic difficulties. There is also the question of whether any dementia strategies that are initiated will be adequate. For example, although Australia has had a national dementia strategy since 2005, services in the country were recently criticised by Alzheimer’s Australia; the Australian government has since announced plans to make dementia a higher priority, but the fact remains that even when a country has a dementia strategy the needs of people with dementia and their carers are not necessarily met, nor any benefits sustained. Encouragingly, WHO has told The Lancet Neurology that it plans to translate the report into languages other than English, to provide technical support and advice to countries that want to take action, and to monitor progress periodically.

Dementia: a public health priority will be a valuable resource for governments and organisations that already want to prepare for the impending dementia crisis. If others are also able to begin to make dementia a public health priority, the benefits to people with dementia and their families, and to wider society, could be immense. ■ The Lancet Neurology