

## **MAKE DEMENTIA A NATIONAL HEALTH PRIORITY**

**BY THE NATIONAL EXECUTIVE DIRECTOR, GLENN REES**

The main recommendation made in a report by Access Economics “The Dementia Epidemic: Impact and Positive Solutions for Australia” is that dementia should be a national health priority.<sup>1</sup>

The dementia epidemic has arrived. The Report argues that while it presents challenges, there are positive approaches that, if implemented, will result in improved quality of life for people with dementia, their families and carers. Importantly it argues that a national strategy must be developed and implemented now.

The Report concludes that a nationally coordinated approach is necessary because dementia issues are so broad ranging – covering general practitioners, hospitals, community care, residential care, medical services, psychiatric and specialist services and access to pharmaceuticals. Otherwise, many of the actions recommended may be lost between the bureaucratic divides. In short, a whole of Government approach is needed.

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<sup>1</sup> The full report including all recommendations is available on the Alzheimer's Australia web site at [www.alzheimers.org.au](http://www.alzheimers.org.au)

Access Economics reached this view for three main reasons.

First, the enormity of the dementia epidemic. (Box 1) The numbers of people diagnosed, the severely disabling nature of the condition and the significant and growing costs of dementia care are the major elements.

Second, the significant constraints that exist to improving delivery of services (Box 2). Notwithstanding the initiatives taken in recent years by Government, there are significant concerns about the current capacity of the health care system to provide dementia care now, let alone in the future. Of particular concern is the under investment in research if there is to be any prospect of increasing the possibilities of prevention and improving services.

Third, the analysis done by Access Economics shows that there are significant returns on every dollar invested in carer support and to Alzheimer medications through delayed entry to expensive residential care. With the ageing of the population, it is probable that the total costs of dementia care will continue to rise. But there is the opportunity now to invest in cost effective strategies to reduce projected growth in long run costs through delays in admission to residential care. Critically, the Report argues that greater investment in research will increase

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dramatically the probability of long-term reductions in health costs, as well as identifying possible approaches to delaying dementia onset and progression.

Detailed recommendations are made in the Report for implementation within a national strategy for dementia. The main elements of this framework are:

1. A significant investment in research for cause, prevention and care;
2. Early intervention through improvement in diagnosis, and the provision of costs effective medication;
3. Comprehensive provision of support, education and respite services – in place in the community as far as is optimal;
4. Quality residential care, appropriately financed, that is centred on the person with dementia and their family/carer; and
5. Provision for special needs, including people with younger onset dementia, people with behavioural and psychological symptoms of dementia, people from culturally and linguistically diverse backgrounds, indigenous Australians and people in rural remote areas.

The Report was launched nationally in Sydney on 27<sup>th</sup> May. Advance presentations about the Report and its recommendations were given to

Commonwealth, State and Territory Ministers, Opposition Leaders and other key stakeholders.

At the recent National Conference in Melbourne, carers called for Alzheimer's Australia to seek national health priority for dementia and to give consumers the opportunity (through Alzheimer's Australia) to advocate for it. Over the coming months that is what we will be seeking to do at national, state and territory level.

#### **Box 1: The Dementia Epidemic**

- In Australia there were over 162,000 people diagnosed with dementia in 2002. This number will reach the 500,000 mark around 2040.
- Dementia is a very disabling condition. Dementia cost over 117,000 years of healthy life in 2002. Severe dementia has the highest disability weight of all conditions, equal with severe rheumatoid arthritis and higher than terminal stage cancer.
- Dementia is second largest cause of disability burden in Australia after depression, and will become the largest by 2016, continuing to outpace other chronic illnesses.
- In Australia, dementia already costs \$6.6 billion each year (including direct help costs, indirect costs including the lost earnings of people with dementia and their carers and, transfer costs {tax forgone and carer payments}). By mid century dementia costs may exceed 3% of GDP from nearly 1% today.

## **Box 2: Constraints to Improving Delivery of Services for Dementia**

- General practitioners are central to ongoing management and care, yet have little information/support and poor remuneration.
- Acute care services are not geared to supporting people with dementia.
- Access to Alzheimer medications under the PBS is unduly restricted.
- Expenditure on dementia research in Australia may be as low as \$2.5 million a year (representing 0.29% of total dementia care costs), little of which is spent on determining ways to improve care.
- Despite the welcome growth in community services, there are insufficient flexible and innovative respite care services for people with dementia and their carers.
- There are insufficient resources to deliver the substantially expanded dementia education and training necessary to support carers and care workers.
- Constraints within residential care include an inadequate mix of recurrent and capital incentives for dementia care, overuse of chemical and physical restraints and poor access for people with dementia with serious psychiatric symptoms.
- There is poor service access for people with special needs including those with younger onset dementia, people from culturally and linguistically diverse backgrounds, indigenous people and people in rural and remote areas.