

Current Issues in Dementia and Dementia Care in Japan

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Under the presentation title, “Current Issues in Dementia and Dementia Care in Japan”, I will discuss two issues from a health demographic view. The first half is about population aging in Japan, and the second half is about dementia and dementia care in Japan.

Japan is known as a country with one of the most rapidly aging populations in the world. It is already well known that Japanese society has experienced an increase in the absolute number of the elderly and growth

in the ratio of the older population in the past decades.

Japan’s population aging is caused by two major demographic factors. The first cause is longer average life expectancies for men and women due to a decline in mortality rates. The second cause is a decline in the total fertility rate, which is usually represented by the average number of childbirths per woman. In its past, Japanese society once showed both high fertility and mortality rates. In recent decades, this situation has dramatically changed to low fertility rate and low mortality rate. These factors resulted in population aging in Japan.

According to a report by the Japanese Ministry of Health, Labour and Welfare, the average life expectancies for both men and women have been growing for decades. In 2011, the average life expectancy was 79.4 years old for men, and 85.9 years old for

Population Aging in Japan What have we observed?

Increase in:

- (I) Absolute number of the elderly
- (II) Ratio of older population

Why Population Aging Has Been Observed in Japan?

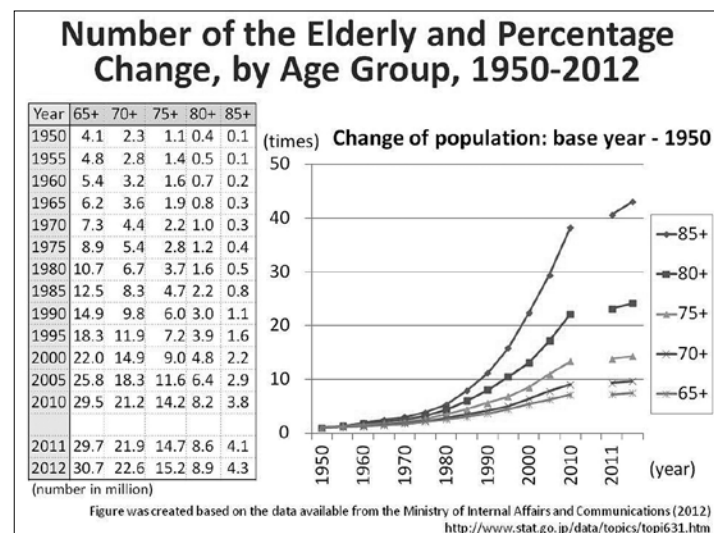
- (I) Prolonged average life expectancy
due to a decline in mortality rate
- (II) Change in population composition
due to a decline in total fertility rate

Demographic Transition



women, extending approximately 18 and 16 years, respectively, in the last 50 years. These trends will continue in the next decades at a relatively moderate speed compared to the past.

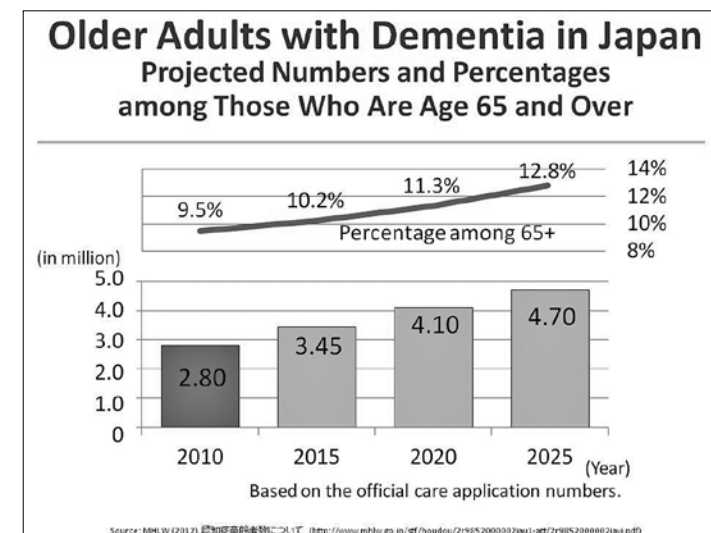
The absolute number of older adults has been increasing. It was about 4.1 million elderly who are aged 65 and over in 1950. At present, they are approximately 30.7 million. In any age category → for age 65+, 70+, 75+, 80+, and 85+ - there have been large increases, at least in the last 60 years. We even observe more than 50,000 centenarians in Japan. The absolute number of the elderly has increased differently by age category. As shown in the next figure, when we set the numbers of each category of different age groups of the elderly in 1950 as a baseline, those who are aged 65 and over increased by almost 7 times in 2010. The changes are even larger in advanced age groups. Notably, the group aged 85 and over became almost 40 times larger in the past 60 years.



With the aging of the population worldwide, the number of people with dementia is expected to grow in the future. The World Alzheimer Report 2010 (2011) by Alzheimer's Disease International, states that "there are 35.6 million people living with dementia worldwide in 2010, increasing to 65.7 million by 2030 and 115.4 million by 2050. Nearly two-thirds live in

low and middle income countries, where the sharpest increases in numbers are set to occur".

A recent report by the Ministry of Health, Labour and Welfare indicated that there were approximately 2.8 million older adults living with dementia in 2010. The number reached 3 million in 2012. The number of older adults with dementia is projected to reach 4.7 million in 2025. The percentage of those who live with dementia will increase from 9.5% in 2010 to 12.8% in 2025. The projection made by the government is based on the reported number of long-term care applications. Therefore, the actual number of persons with dementia may possibly be underestimated.

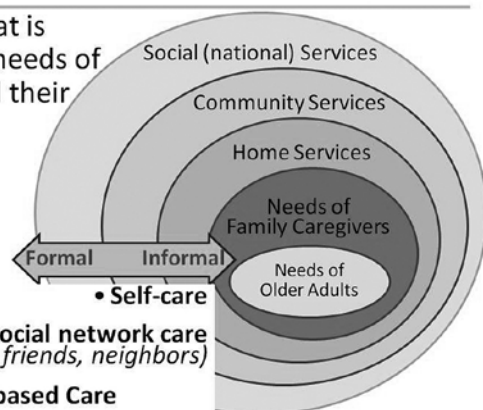


Speaking of dementia care, we can see different care approaches. Care approaches can be categorized based on the care needs of older adults and the availability of their supporting family members. Informal care is usually provided by a spouse, or other family members such as a daughter, son, or even daughter-in-law, who are close to the person with dementia. Then they may seek skilled dementia care through home-bound services to institution-based services in their community under the formal long-term care scheme.

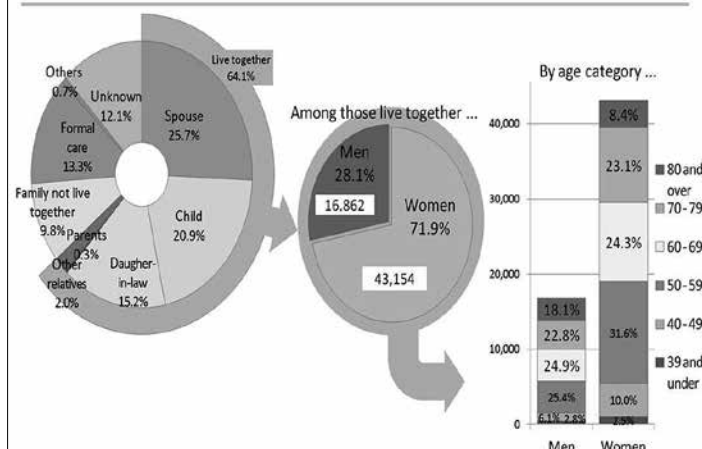
In general, the majority of caregivers are family members and mostly live together with those who need care. Approximately 64% of caregivers are spouses, children, daughters-in-law, or other family members. Among those, female caregivers dominate, at around 72%. Approximately 66% and 57% of caregivers who are living together are aged 60 and over for

Different Levels of Care Supports in a Community

Care support that is focused on the needs of older adults and their families.



Caregivers in Japan, 2010



men and women, respectively.

Family members play a very important role as caregivers in informal settings. Primary forms of care assistance to older parents include emotional support, personal care (such as feeding, bathing, dressing, etc.), instrumental activities inside and outside the home (such as transportation, meal preparation, shopping, housework, etc.), financial aid, and mediating with agencies to obtain more formal services for further care. In informal caregiving settings, there are some considerations. For instance, women caregivers may not reduce the amount of assistance given, but rather give up their own free time and reduce work hours, or even quit their jobs. Furthermore, a caregiver's stress may not be well detected for documentation and therefore may be underestimated in society.

Informal Caregiving

Family as Caregiver

Primary forms of assistance to older parents are:

- Emotional support
- Personal care (feeding, bathing, dressing, etc.)
- Instrumental activities inside and outside the home (transportation, meal preparation, shopping, housework, etc.)
- Financial aid
- Mediating with agencies to obtain services



Elder Abuse Along with Dementia

- Physical and psychological abuse
- Material or financial exploitation
- Medical abuse
- Passive or active neglect
- Violation of rights
- Others

The overburden and excess stress coming from caring for a person with dementia may induce elder abuse. Elder abuse includes physical and psychological abuse, material or financial exploitation, medical abuse, passive or active neglect, violation of rights, and so on.

To lessen the caregiver's burden, especially in informal care settings, the national government introduced the long-term care insurance system in April 2000. The national long-term care insurance brings in two benefits: (1) prevention benefit by the promotion of individuals' independence in daily life through exercise programs, for instance, and (2) care benefit by providing home care services, community-based services, and facility care. Upon submission of a care request application to a local municipal office and through a certain process for a certification of the level of support or care needed, a variety of necessary services will be provided in the long-term care insurance scheme. The funding and payment come from national and local governments together with its monthly insurance premiums from

younger groups over age 20, and service users' monthly payments.

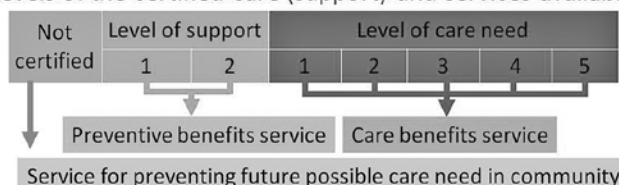
The Flow of LTC Insurance System

Step 1. Application for a certification

Step 2. Care (support) need certification

Step 3. Drawing up a care plan

Levels of the certified care (support) and services available



Step 4. Use of the service

Aged 65 and over belong to 'Category 1 insured individuals'.

There are considerable challenges to formal care for older adults living with dementia in Japan. The first issue is the relatively long hospitalization of older adults with dementia. Half of those with dementia are placed in hospital psychiatric wards for more than 6 months. It is urgently necessary to develop a proper community-based support system with a view of "aging in place". The second issue is about the support doctors specializing dementia and dementia care. There are more than 2,000 support doctors for dementia nationwide, but only 50% of sub-national governments (i.e., prefectures and government-ordinance-designated cities) make the list of the support doctors publicly available. In addition, there are large differences in the number of trained experts for dementia among sub-national governments.

Recently, the Japanese Ministry of Health, Labour and Welfare introduced a five-year plan for dementia measures. The so-called "Orange Plan" indicates some targets toward the year 2017. According to the Plan, the number of

Challenges of Formal Cares for Older Adults with Dementia in Japan

Hospitalization

- Half are placed in a hospital psychiatric ward for more than 6 months
- Community-based support system is (urgently) necessary.

Support doctors for dementia

- They (2,153 as of March 2012) are not officially introduced well. – only 50% of sub-national governments introduce support doctors to primary care doctors
- Large differences in numbers are seen prefecture by prefecture

Five-year Plan for Dementia Measures by MHLW, Japan

	FY2012		FY2017
Primary care doctors with special knowledge	35,000	⇒	50,000
Support doctors for primary care doctors	2,500	⇒	4,000
Teams for initial intensive support	Discussion of model project	⇒	Evaluation of model project for system establishment
Medical institutions for early diagnosis	Approx. 170	⇒	Approx. 500
Community support staff	175	⇒	700

primary care doctors with special knowledge of dementia will increase from 35,000 to 50,000. Support doctors for primary care doctors for dementia will increase from 2,500 to 4,000. Teams for initial intensive support are currently under discussion for a model project, and will be in the evaluation phase for dementia care system establishment in 2017. The number of medical institutions for early diagnosis of dementia is expected to increase from approximately 170 now to 500 in five years. It is also expected that the number of community support staff will increase from 175 to 700 in 2017.

Dementia Care in Japan

Dementia care is critically important in Japan where population aging is already a demographic reality, and its importance will continue to increase along with future projections of the number of the elderly with dementia.

To conclude, I would like to emphasize that dementia care is critically important in Japan, where population aging is already a demographic reality, and its importance will continue to increase along with future projections of the number of the elderly with dementia.

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