

Editorial

Richard Tjan

Editor

The proportion of older persons worldwide is steadily increasing and by 2050 around 2 billion people will be 60 years of age and older.^(1,2) As a consequence, in that year there will be 135 million people with dementia, particularly in low- and middle-income countries where 60% of the more than 47 million cases (2015 estimate) are living now.⁽²⁾ Therefore it is not surprising that on 29 May 2017 the Seventieth World Health Assembly accepted the global action plan on the public health response to dementia 2017-2025. The aim of this plan is “to improve the lives of people with dementia, their families and the people who care for them, while decreasing the impact of dementia on communities and countries.”⁽³⁾

In this connection, last December the WHO also initiated the Global Dementia Observatory, an internet-focused monitoring service for dementia data, such as government policy, treatment and care infrastructure, and disease burden.⁽⁴⁾ This initiative is part of the WHO plan to improve the health of the elderly, as discussed in the World Report on Ageing and Health 2015,⁽⁵⁾ where healthy aging is defined as “the process of developing and maintaining the functional ability that enables well-being in older age”. In this report, the following principle of attaining and maintaining elderly health is discussed, i.e. person centered and small-scale care, which emphasizes flexibility or doing away with the single rigid method of standardized care.⁽⁵⁾ This approach is particularly needed in the care of persons with dementia, since there is currently no effective medical treatment available for this disorder.⁽⁶⁾ Previously, the First WHO Ministerial Conference on Global Action Against Dementia held in October 2015 outlined the principles and approaches to guide global efforts and the plan for a global dementia observatory,⁽⁵⁾ the latter being realized in December 2017, as mentioned above.

The most important types of dementia are Alzheimer’s disease and vascular dementia. The first accounts for around 80% of cases, while the latter results from cardiovascular conditions, including hypertension, obesity, hyperlipidemia, diabetes, and also from smoking.⁽⁶⁾ Evidently the type of dementia that is preventable is vascular dementia, comprising around 20% of cases, by improved control of the risk factors. However, this is a long-term goal, since dementia requires one or more decades to become manifest (from around the age of 35-40 years up to old age at around 60 years and over). Currently, prevention may be applied to older persons with normal cognitive function and to those with minimal cognitive impairment. For existing cases of dementia, the focus will be on personalized care.⁽²⁾

For the general practitioner not directly connected with the care of older persons with dementia, the focus should be on giving practical advice both to the younger generation for the prevention of cognitive decline and to the older generation for retarding the onset of mild cognitive impairment and dementia. This should include reassurance that three-fifths of older persons do not develop dementia and that one-fifth of dementia cases can be prevented by not smoking (or for smokers, by cessation of smoking), by weight control and control of blood pressure and blood glucose (for those with diabetes). Last but not least, there should be an emphasis on a healthy diet, such as the Mediterranean diet, and regular physical activity.⁽⁶⁾



REFERENCES

1. United Nations Department of Economic and Social Affairs. World population ageing 2017 - highlights. New York: United Nations; 2017.

2. World Health Organization. The epidemiology and impact of dementia: current state and future trends. Geneva: World Health Organization; 2015.
3. World Health Organization. Seventieth World Health Assembly update; new realase. Geneva: World Health Organization;2017.
4. Editorial. Dementia burden coming into focus. *Lancet* 2017;390:2606.
5. World Health Organization. World report on ageing and health. Geneva: World Health Organization; 2015.
6. Ray S, Davidson S. Dementia and cognitive decline: a review of the evidence. *Age UK Research*; 2014.

Univ Med 2018;37:1-2. DOI: <http://dx.doi.org/10.18051/UnivMed.2018.v37.1-2>