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Current issues in dementia and dementia care in East Asia

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Japan's experience of fast aging nation is becoming a common demographic transition in Asian countries. Sharp declines in the mortality rates and total fertility rates led to the aging society which effective and strategic plans have not been laid out. As five speakers described demographic transition in each country, the rate of aging and preparedness for aging society differ substantially among these countries. Korea and Taiwan are following the footsteps of Japan in building infrastructure for elderly care system. China and Thailand have a time lag of demographic transition and will face the aged society in the first half of the century.

The symposium has focused on the current issues in dementia and dementia care in East Asia because the prevalence of dementia is high among elderly. Caring dementia patients with behavioral psychological symptoms of dementia (BPSD) such as wandering and sleep disturbances is associated with severe care burden. There is no effective treatment or care for BPSD with high level of evidence. The ultimate purpose of this symposium was to establish a collaborative research team to build culturally sensitive evidence-based dementia care with limited resources. As we are in the incipient stage of building a research team, we asked each speaker to share the issue they face in dementia care.

In this discussion paper, I would like to briefly summarize differences in human and fiscal resources for health care in the ASEAN plus three countries, where governmental economic collaboration has a long history. ASEAN plus three countries refers to Brunei Darussalam, Cambodia, China, Indonesia, Japan, Lao People's Democratic Republic, Malaysia, Myanmar, Philippines, Republic of Korea, Singapore, Thailand, and Viet Nam. Our research team hopes that our collaborative research will extend to these countries to spread evidence-based dementia care.

Health care expenditure and human resources

Differences in financial resources and manpower among ASEAN plus three countries are substantial. Japan outspent on medical care in terms of per capita total expenditure on health at government level and per capita (Figure 1) mainly because the proportion of elderly in Japan is much higher than any other nations. The ratio of per capita total expenditure on health to per capita government expenditure on health indicates the out of pocket expenditure on health. This indicator seems to vary as well, and it does not correlated with the per capita government expenditure on health.

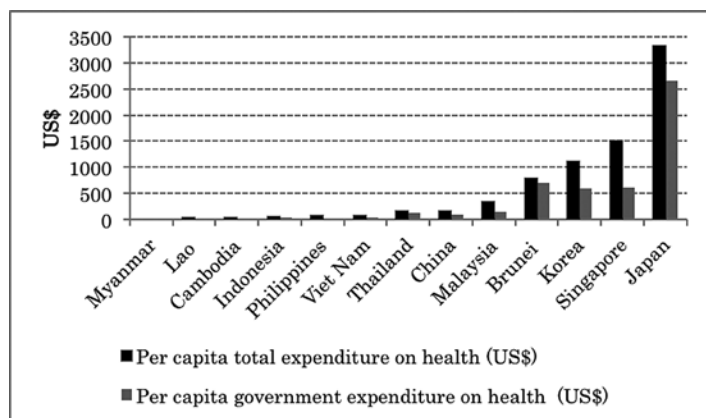


Figure 1. Per capita total expenditure on health at average exchange rate (US\$) in ASEAN plus 3 countries, 2009

Source: The World Health Organization. Global Health Observatory Data Depository

Number of hospital bed per 10,000 population is an indicator of health care infrastructure, and Japan and South Korea had high density of hospital bed per 10,000 population (Figure 2). In contrast, Singapore where its per capita GNP exceeds that of Japan had a low bed density. Appropriate number of hospital bed per 10,000 population is not known. Further data on number of nursing home bed per 10,000 population and home care system are essential for discussion elderly care.

Health care manpower is an indicator which appropriate level of physician and nurse and midwifery personnel density is difficult to determine. There was much less variations in the physician population density than the other indicators, while nurse and midwifery personnel

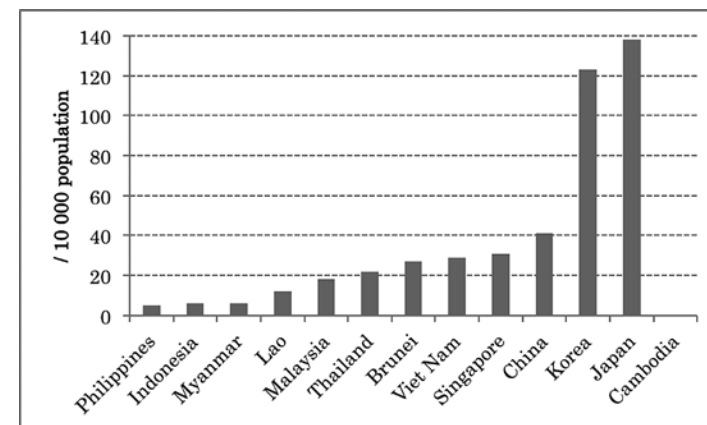


Figure 2. Number of hospital bed per 10,000 population in ASEAN plus 3 countries, 2007-2008

Source: The World Health Organization. Global Health Observatory Data Depository

density showed substantial variations (Figure 3). The role of nurses and midwives probably differs among these countries, and a survey to examine the role of nurses and midwives and to explore the reason for its variation.

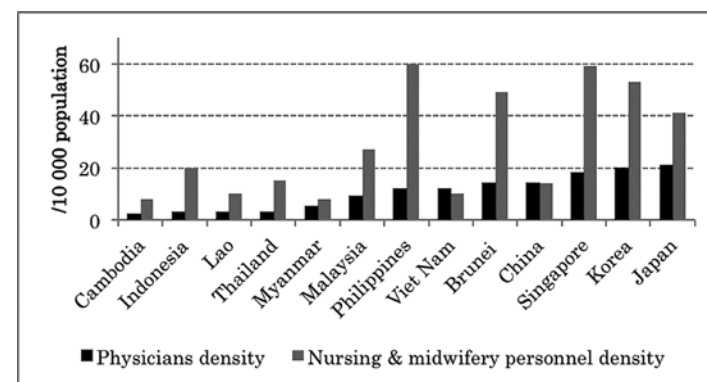


Figure 3. Physicians and nursing and midwifery personnel per 10,000 population in ASEAN plus 3 countries, 2004-2009

Source: The World Health Organization. Global Health Observatory Data Depository

Toward a collaborative research

Countries with limited resources need to seek cost effective health care delivery with limited resources. Western model or Japan model of elderly care system may not be feasible in preparing for rapidly growing elderly

population.

The symposium offered an opportunity to learn current status of dementia care and current research project in each country. As our focus is BPSD, we plan to conduct a collaborative research to measure the prevalence of BPSD and to examine factors associated with symptoms. The project will become a benchmark for cross-cultural non-pharmacological intervention studies.

References

The World Health Organization. Global Health Observatory Data Depository <http://apps.who.int/gho/data/view.main>

International Symposium

Current issues in dementia and dementia care in East Asia

Date: March 2 2013, 13:00-17:00

Venue: Main conference room, 3rd floor, Ichō Hall, Osaka University

Organizer: Division of Health Sciences, Graduate School of Medicine, Osaka University

Co-Organizer: Global Collaboration Center, Osaka University

Language: English

The primary aim of the Symposium is to address the impact of increasing incidence of dementia and issues in dementia care in East Asian countries as the demographic transition is taking place in unprecedented speed. Let's learn about aging problems and dementia care in East Asian countries and discuss potential research collaboration in this region.



- 13:00- Opening address
Kazutomo Ohashi, Professor, Director of Global Collaboration Center, Osaka University
- 13:05- Invited lecture
Session chair: **Kiyoko Makimoto**, Professor Division of Health Sciences, Graduate School of Medicine, Osaka University
Title: Type of dementia and major treatment options
Satoshi Tanimukai, Associate Professor, Graduate School of Medicine, Ehime University)
- 14:00- **Symposium on current issues in dementia and dementia care in five East Asian countries**
Session chair: **Yoshinori Sumimura**, Associate Professor, Global Collaboration Center, Osaka University
Speaker 1: **Hiroshi Ueda**, Associate Professor, Osaka University, Japan
Speaker 2: **Younhee Kang**, Ewha Womans University, Korea
Speaker 3: **Huei-chuan Sung**, Associate Professor, & Taiwanese Center for Evidence-based Health Care, Tzu Chi College of Technology, Taiwan
Speaker 4: **Xiao-yan Liao**, Chief Researcher, Nanfang Hospital, China
Speaker 5: **Duangruedee Lasuka**, Associate Professor, Chaing Mai University, Thailand
- 15:30- Break
- 15:50- Discussion
Session chair: **Kiyoko Makimoto**, Professor, Division of Health Sciences, Graduate School of Medicine, Osaka University