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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 women.
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 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.

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
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 in 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 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.

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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