Editorial Awareness about Dementia and Healthcare **Needs of Old Persons**

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Editor

Dementia is a disease of ageing (prevalence: 12 percent among the 65 - 74 age bracket; 20 - 25 percent among the 75 - 84 age bracket; and 45 percent for age 85 and above). It is important to recognise the burden on patient and caregivers for the course of this disease. Stroke is another disease common among older adults and can lead to significant disability and requirement of specialised care. Dementia caused by Alzheimer's disease may not be curable, but stroke can be prevented by treating its causes like hypertension and diabetes early in the course of disease.

Burden to caregivers for persons with dementia and disability caused by stroke is significant, leading to caregiver stress and can be detrimental to their health. While families with means can afford homecare, poor families cannot, which can lead to loss of income for these families.

Consider another element: there is no system in place for the support of psychosocial needs of older people dealing with disease burden and their caregivers.

Countless families across socioeconomic strata are dealing with this burden, and there is no formal support from healthcare. While there are a few geriatric centres in Karachi and Lahore, there is no formal structure of geriatrics training in Pakistan. It is important for us to advocate for post graduate training of doctors in the field of geriatrics. And not just doctors, we also need to train nurses, homecare workers, rehab therapists and psychologists to provide care for an ageing population across the continuum of care.

It is also important to increase awareness among general population regarding healthcare needs of older people and focus more on prevention. Only one third of dysfunction for ageing persons is caused by pure physiological changes, e.g., hearing impairment, and vision impairment etc. One third are diseases of ageing like diabetes, high blood pressure, stroke, osteoporosis, osteoarthritis, certain cancers etc. One third are due to misuse or disuse – we lose around 40 percent muscle mass between the ages 40 - 60. Diseases like hypertension, diabetes, osteoarthritis, and osteoporosis can also be better managed with modification in lifestyle. In essence, two thirds of health-related problems can be prevented or delayed with focus on prevention measures.

In many countries around the world, we have become familiar with the term 'dementia'. Dementia is the loss of cognitive functioning — thinking, remembering, and reasoning — to such an extent that it interferes with a person's daily life and activities. We now know what this disease is, what its common symptoms are, how it progresses and why is it becoming a burden for not just

patients but also for their family caregivers and healthcare services. All of this means that on the whole we are getting better at recognising the challenges associated with the diagnosis, treatment and care of dementia.

We also need to implement programmes where focus is on awareness and provision of resources for caregivers, so they don't end up seeing their elders as a burden. Public health measures like ad campaigns in print, electronic and social media will help families deal with healthcare issues and make life easier.

Depression and social isolation are other major healthcare related issues faced by older persons. Serotonin depletion leads to higher depression prevalence among older populations and lack of resources like social support of peers leads to downward spiralling. Families need to understand that social activities with peers and friends are a key to functional and healthy ageing.

Community and academic physicians, geriatricians and other professionals volunteer their time at these centres to provide educational awareness talks and health screenings for older adults. In most metropolitan cities in the US, there are groups of volunteers who are young professionals, and they engage with vulnerable homebound seniors and do their chores for them. Some just provide socialisation like reading the newspaper for them or playing card games etc. We could create such programmes in Pakistan and reach out to academic institutions to create awareness campaigns.

However, in Pakistan there is a dire need for a better understanding about dementia, especially since our formal health and social care system is underdeveloped. It is believed that dementia will affect us strongly, especially since the number of older persons is increasing fast, our general awareness is poor and the required resources to meet this public health challenge are scarce. The informal care burden, especially for women, is also high because round-the-clock care is essential for those with advanced stages of dementia, many family members find that they are unable to cope without formal help.

Senior citizens helped build foundations of the society, and their continued presence leads to robust younger generations. Healthy ageing is possible implementing better healthcare programmes providing better resources for patients and caregivers.

A greater emphasis on research and evidence-informed health policy is essential, with knowledge translation from research on dementia in Pakistan and from different regions of the world.