



Dementia Care Gap in Low- and Middle- Income Countries: Extent & Challenges

DR. CHANDRIMA NASKAR

TATA MAIN HOSPITAL, JAMSHEDPUR, INDIA

Outline

- **Epidemiology of Dementia**
- **Gaps in resources**
- **Gaps in training**
- **Gaps in research**
- **Impact on dementia care and patient & carer experience**

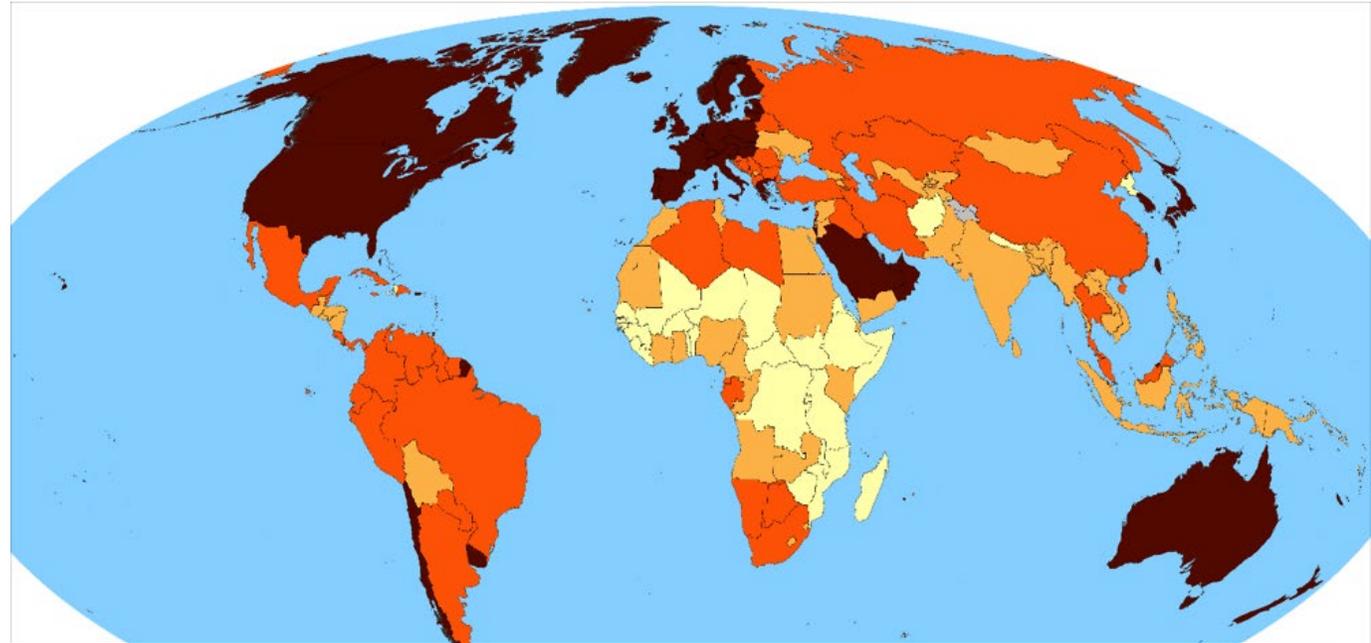
Dementia Prevalence

50 million people suffer from dementia at present

75 million person with dementia worldwide by 2030

63% of these individuals would be living in LMICs

Prevalence of dementia in LMIC 2 - 6%



Over 818 billion USD is spent annually on dementia related care worldwide and by 2028 the worldwide cost of dementia care is estimated to be >2 trillion USD

World Alzheimer Report 2016, Fam et al., 2019



Dementia Care in LMIC: Challenges

High overall patient load

Delayed treatment seeking, at late phase of illness

Poor awareness in community, primary healthcare providers

Poor coordination between primary and specialist care providers

Changing social and family structure- decreased caregiver availability

Lack of community nurse/ social worker

Similar problems common
in HIC:

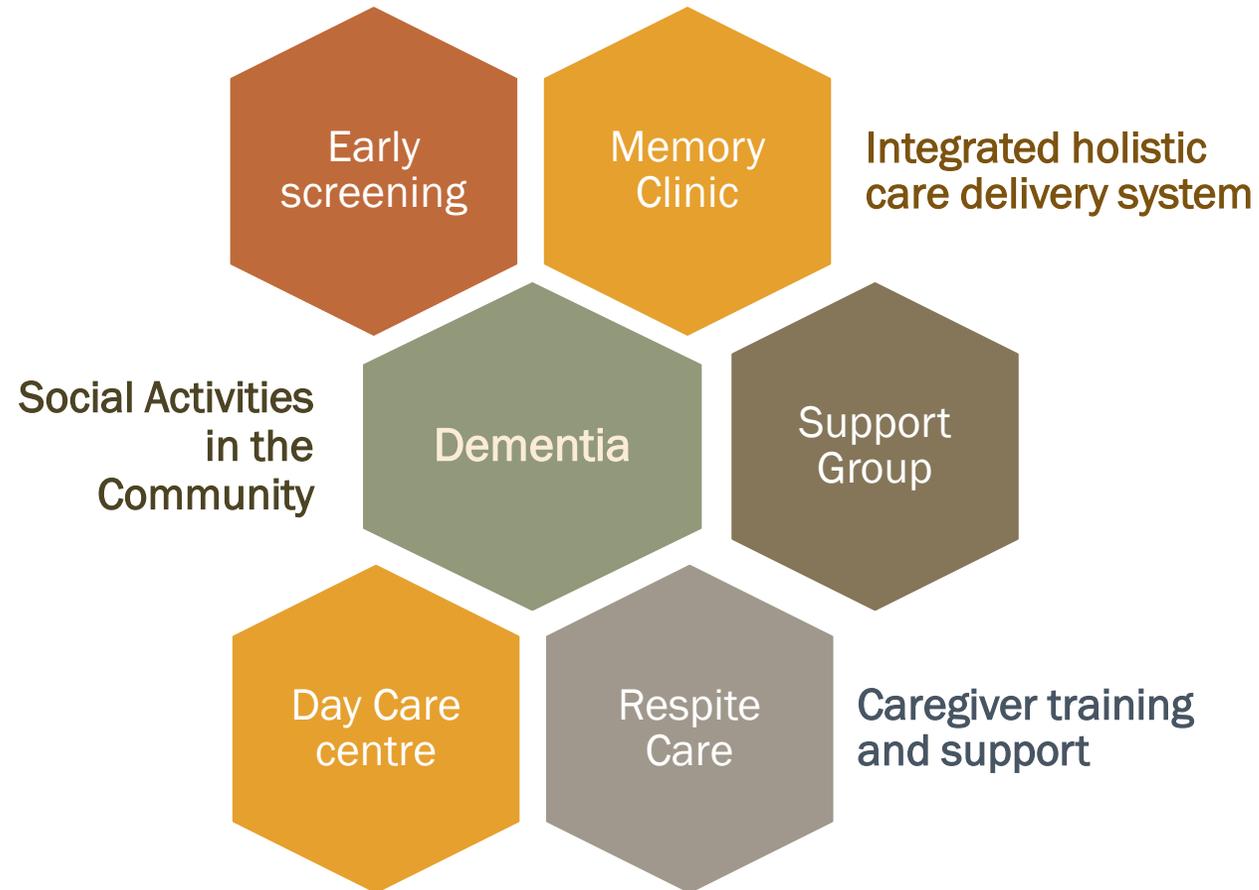
-Rural residents

-Ethnic minorities

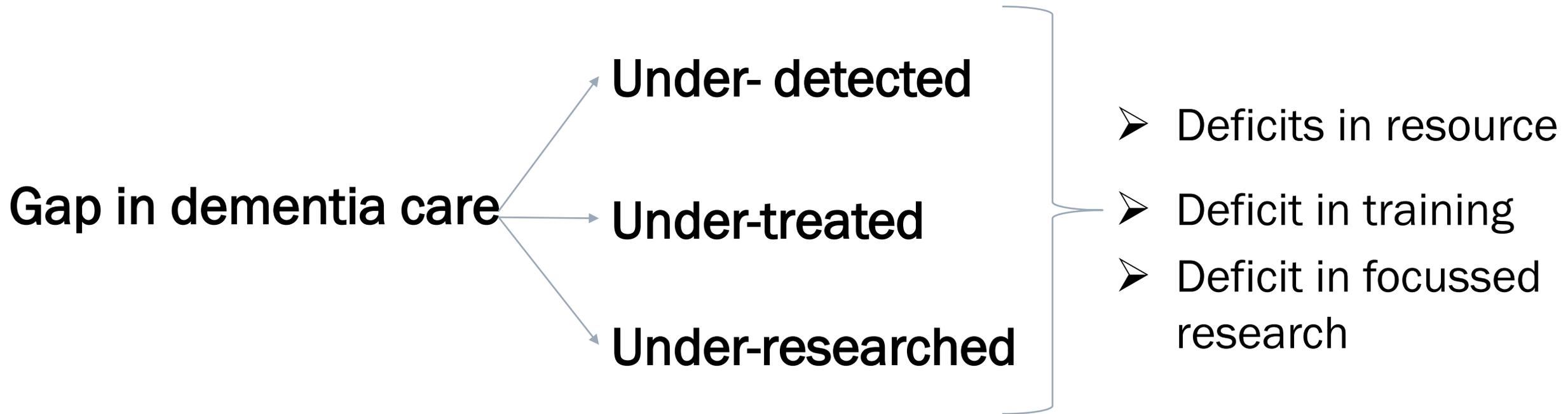
-Neighbourhood

Deprivation

An Ideal Dementia Care Set-up

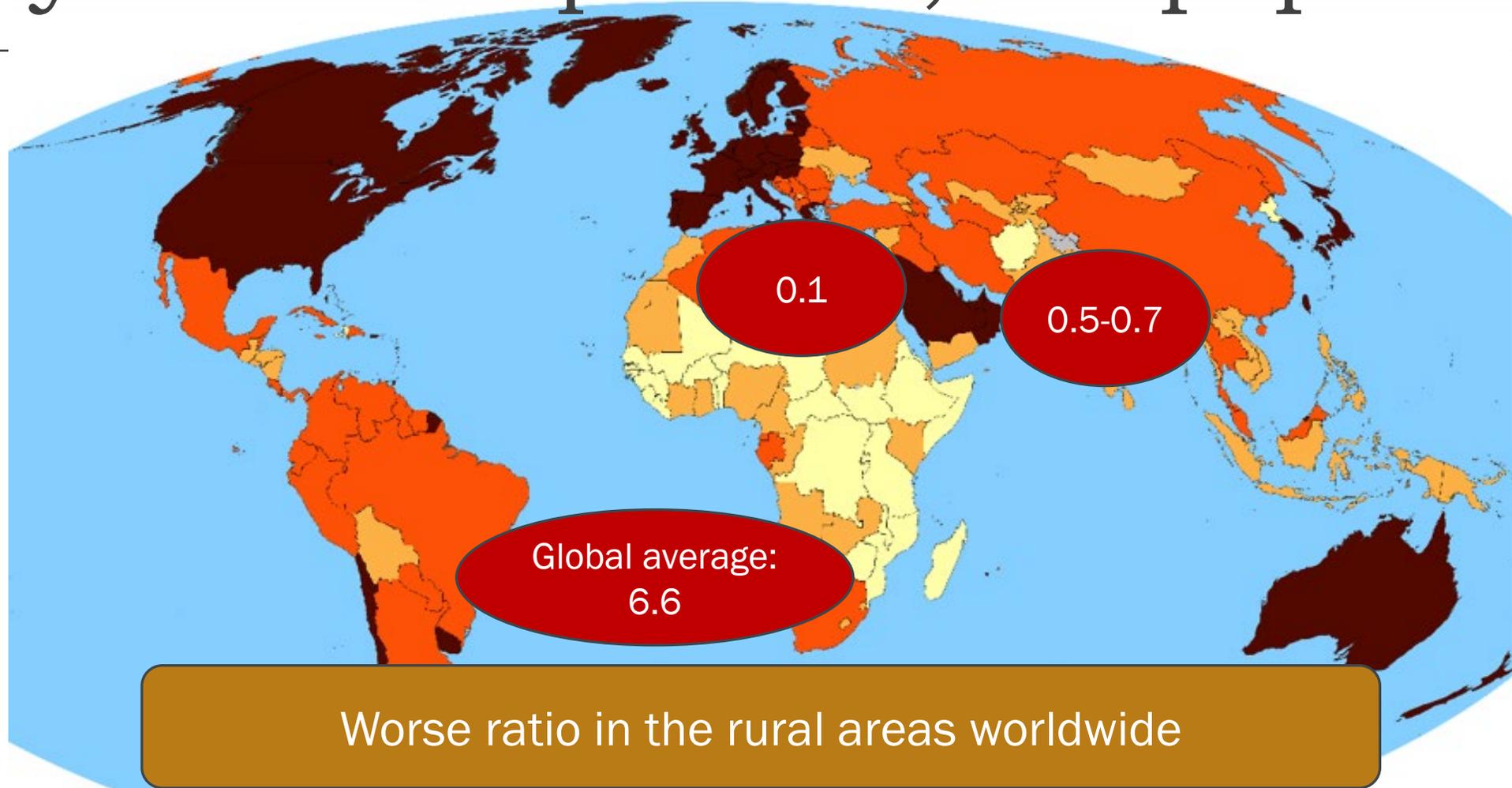


Where is the gap?



Gap in Resources

Psychiatrists per 100,000 population



Difference in resources in LMICs

VariableNo	HIC/ Global	LMIC
Average government expenditure on mental healthcare	2.1% of government health expenditure	0.3-1.3% of government health expenditure
Insurance coverage of dementia care	In most EU countries, Long Term Care covered partly or fully under general tax revenue; In USA, under private medical insurance	Data unavailable Private medical insurance claims to cover dementia, but extent of coverage varies
Mental health professionals/100,000 population	13 (global); 16-60 in HIC	0.02-1

Men
serv

While the Mental Health Atlas 2020 it does not mention any specific parameter for mental healthcare in elderly provides some data specific to child and adolescent

WHO Policies: Dementia Care

Global Strategy and Action Plan on Aging and Health in 2016: Primary focus on ‘Healthy aging’

Global Action Plan on the Public Health Response to Dementia 2017–2025: Blueprint for action, including increasing the awareness of dementia and reducing the risk for dementia

WHO Mental Health Gap Action Programme (mhGAP): Recommends protecting the elderly population from financial risks, designing age-friendly benefit packages, and extending social insurance schemes for older people

As of 2023 July, National Dementia Plan has been developed in USA, Canada and South Korea extent of implementation yet to come

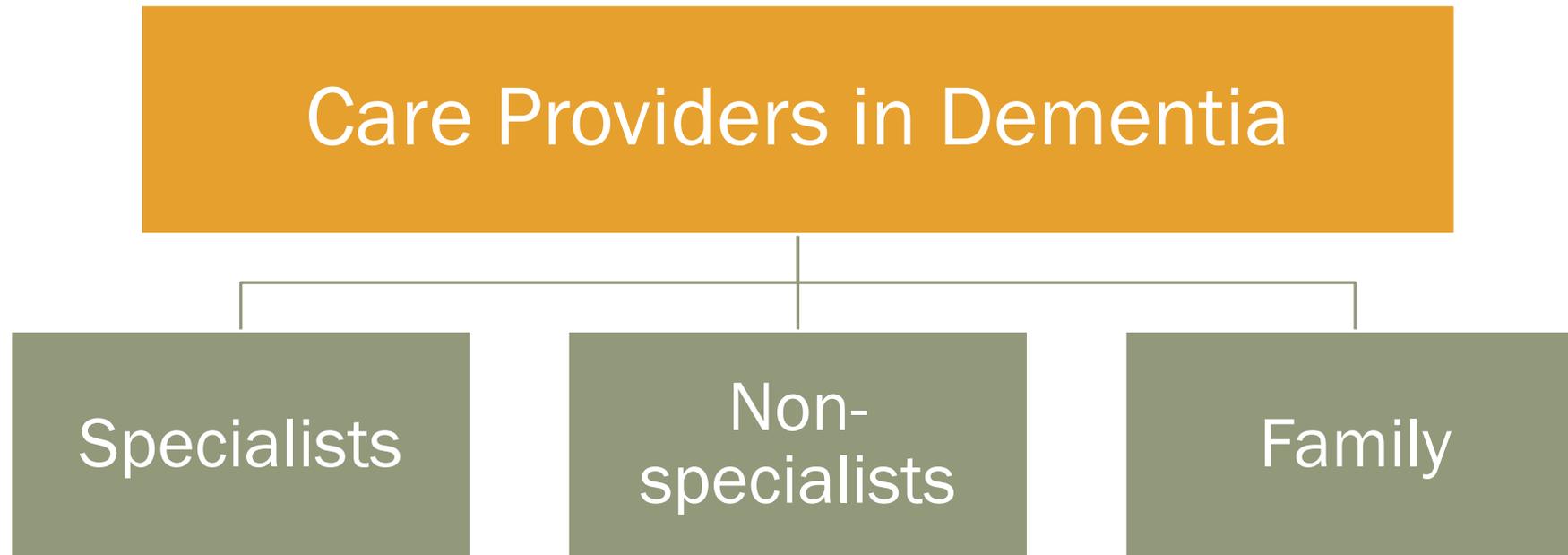
Dementia Care Guidelines-LMICs

Guidelines and protocols available and implemented at public health level	Guidelines and protocols available and partially implemented at public health level	Guidelines and protocols not available
Thailand Iran	India Nepal Pakistan Myanmar	Sub- Saharan Africa Brazil Bangladesh Vietnam

WHO data, 2017

Gap in Training

Gap in training in LMICs



Gap in training in LMIC

Specialist Training:

Health care workers have little training on recognizing and treating dementia symptoms

HCWs more likely to focus on treating other medical symptoms than those related to dementia

Predominantly degree-qualified roles, might provide limited provision/ access to, dementia-specific education

No formal system of necessary 'continuing medical education'(CME)

Surr CA, Gates C, Irving D. et al. Effective Dementia Education and Training for the Health and Social Care Workforce: A Systematic Review of the Literature. *Review of Educational Research*, 2017. 87(5), 966-1002

Kamoga R, Rukundo GZ, Wakida E, et al. Dementia assessment and diagnostic practices of healthcare workers in rural southwestern Uganda: a cross-sectional qualitative study. *BMC Health Serv Res*. 2019;19:1005.

Gap in training in LMIC

Non- specialist Training

Health and social care workforce → has diverse postsecondary education and experience

Majority of the dementia care workforce is low paid and unqualified for their specific work role

Language difference between training and communicating with patient

Gap in training in LMIC

Family/ Caregiver Training

Local language equivalent term for 'dementia' is missing in many regions

Family psychoeducation, behavioral management training grossly unavailable

Social support, peer/group discussion platforms are sparse

Gap in Research

Gap in Research in LMICs

Dearth of health professionals able and willing to get involved in health sciences research with relevance to non-communicable diseases, particularly dementia and mental health

- Alzheimer's Association is devoting > \$215 million in funding to ~600 best-of-field projects in 31 countries, including a significant number of projects that advance and support LMIC-specific research
- In 1990s, only 10% of dementia research came from LMIC, in 2009, it has increased to 39%

Gap in Research in LMICs

- Absence of population norms and the lack of resources to conduct detailed neuropsychological tests makes comparison difficult with HICs
- **Needs assessment of patient:** Lack of locally validated and socio-culturally appropriate instruments
- **Pharmacological management of cognitive symptoms and behavioral/psychological problems:** Lack of RCTs for cognitive stimulants, newer molecules

Gap in Research in LMICs

- **Non-pharmacological management:** Lack of locally adapted interventions, unavailability of infrastructure or trained professionals for environmental and sensory interventions
- **Carer Intervention:** Carer strain, subjective wellbeing, and psychological morbidity- only few studies from LMICs, lack of standardized guidelines or protocols

Prevention programs that focus on local contexts and modifiable risk factors needs to be strengthened

Barriers to Care



Cultural

Poor understanding, awareness

Normalisation of age related memory and cognitive problems

Stigma

Different etiological models



Financial

Low per capita income

Sparse medical insurance cover

High unsustainable out of pocket expenditure for carer



Structural

Poor Availability

Accessibility

Acceptability

Awareness

Outreach

Outcome of the care gap

