

Message from Issue Editor



Dementia

Joshua M Y Tsoh

We have the pleasure to greet our readers with the 2016 Winter Issue of the Hong Kong Journal of Mental Health which is themed on dementia (or “major neurocognitive disorder (MNCN)” in the DSM-V nosology), an age-associated medical condition that has been a rapidly rising public health challenge locally from population ageing and elderly dependency ratio both accelerating at an unprecedented pace in Hong Kong. In fact, of the 201 countries or areas with at least 90,000 inhabitants as surveyed globally by the United Nations in 2015, Hong Kong ranked 35th in terms of the percentage of population aged 60 or over (21.7%) but by 2030 Hong Kong would take up the 6th place with a projected percentage of older adults at 33.6%. This is attributable to a rate of related population ageing that would mark Hong Kong as the 3rd fastest one among all the worldwide nations and regions within the 15 years starting from 2015 (United Nations,

2015). And by way of the population ageing alone the estimated number of persons with dementia in Hong Kong would rise from around 118,000 in 2016 to 212,000 in 2030, or a surge by near 80% (Census and Statistics Department, 2015; Yu R., Chau P.H., McGhee S.M., et al., 2012; Elderly Commission, 2006).

Dementia is also a difficult-to-manage chronic condition as the needs of the patients and their caregivers are highly variable and multi-determined. These are generally understood to be generated from a number of key domains comprising cognitive impairments, functional decline, presence of behavioral and psychological symptoms of dementia (BPSDs), co-existing physical morbidities that also require adequate treatments, and the caregiver related issues like distress from care, or the availability of suitable caregivers (Figure 1).

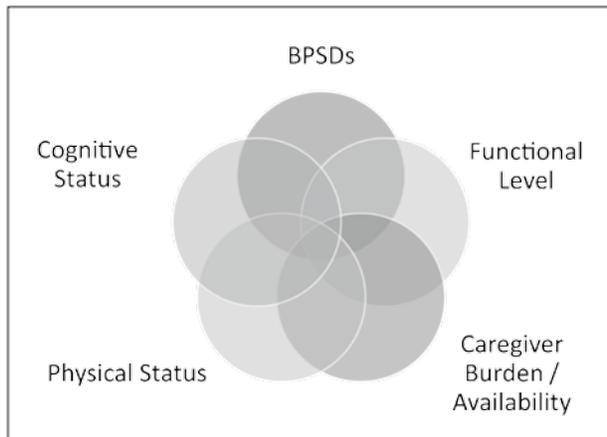


Figure 1: Five key domains of care needs for dementia

Successful strategies to overcome this challenge thus require the inputs and collaboration from multidisciplinary experts, just like the composition of the readership of this Journal. We hope the articles in this issue would be relevant to your practices, and would beget more fruitful discussions and explorations together on the multi-pronged, innovative, evidence-based and cost-effective measures to better identify and meet the needs of the people affected in a person-centered manner, and translate these cooperative efforts into sustainable, efficient and service models that are adaptive to the local situation. Moreover, effective measures to prevent or delay the onset of dementia and reduce clinical progression of the condition would have profound effect on the overall disease burden onto the society (Brookmeyer R., Gray S., and Kawas C., 1998; Norton S., Matthews F.E., Barnes D.E., et al., 2014); related researches would thus be particularly relevant in Hong Kong and should be further encouraged and supported.

Macroscopically, an overarching dementia care policy in Hong Kong to guide the development and implementation of the aforementioned initiatives and reduce service fragmentations to improve outcomes for the societal members with dementia and their caregivers has not yet emerged. To this end, we might take reference from the Australian model as illustrated eloquently by Professor Sally Chan from the University of Newcastle, Australia. In her paper, the key principles in the Australian National Framework for Action on Dementia 2015-2019 were highlighted. The integral components and practical steps towards improving the outcomes of persons with dementia with momentum from the government and with guidance by experts in the fields were of much referential value to the local context, especially on the often overlooked investments on the workforce to care for the practical needs of the caregivers, and the various measures that optimize end-

of-life care specific to dementia, including but not limited to ways to maximize autonomy and respect for the wishes of the persons with dementia on making choices that pertains to their core values when they lose their mental capacity as the illness progresses.

Ageing in place is a key principle in dementia care; to make this happen experts in the field all agreed adequate support on the informal caregivers would be of core importance. It is noteworthy that in the Hong Kong context much of the informal caregiving works for older adults (including those with dementia) were provided by domestic workers from foreign nations; they might not be familiar with dementia and the related care skills, especially on handling BPSDs, which is exceeding prevalent (exemplary community point prevalence estimates varied from 51% - over 71% and over 90% for a 5-year prevalence (e.g. Steinberg, M., Shao, H., Zandi, P. et al., 2008; Haibo X., Shifu X., Ng T.P., et al., 2013; Lyketsos C.G., Lopez O., Jones B., et al., 2002). BPSDs are also more common in the mild to moderate stages of dementia when the patients were most likely residing at home. Training resources to them are scanty at best in Hong Kong and there is paucity of reviews on the impact such trainings might bring about. So we are fortunate to have the enlightening study by Dr. Karen Wat and her team from the Kwai Chung Hospital; they demonstrated with objective evidences the favorable outcomes of dementia-specific training programs on these domestic workers towards reduction of BPSDs and caregiver distress in these domestic workers (one could not impart quality dementia care if he or she is constantly being overstressed!).

To tackle cognitive decline associated with normal ageing and dementia it has become fashionable to render training via the use applications (“apps”) on mobile devices and personal computers with the hope that cognitive improvements, if achievable, might

Message from Issue Editor

be generalized into functional improvements. However there have been a dearth of rigorous researches on the outcomes. Most were simple, uncontrolled pre-post observations that are fraught with substantial sources of bias; the article by Ms. Grace Lee (also from the Kwai Chung Hospital) and her team of expert occupational therapists might be an exception; with a randomized control trial they have distilled the specific elements of cognitive improvement attributable to a commonly used cognitive training program over non-specific control interventions in older adults (while both groups showed improvement upon a number of cognitive rating scales).

Finally our group from the Prince of Wales and Shatin Hospitals reports on the recent progresses in the understanding of the complex condition of frontotemporal dementias (FTDs). FTDs often confounds clinicians as its initial presentations could mimic a broad range of functional Psychiatric disorders; delayed diagnosis or misdiagnoses are fairly common (and in fact a lot of relatives of the patients initially only thought misconstrued the symptoms as some non-specific personality or mood changes associated with retirement or ageing in general thus did not seek medical attention until they could not manage the patients at home). Apart from the added distresses to the patients and caregivers, a delay in diagnosis often mean missing the window in the early stage of the condition during when the patients could learn from cognitive and behavioral interventions specific to FTD (as illustrated by our case vignettes) and habituate suitable repertoires of structured, healthy lifestyle routines pertaining to the wellbeing of the patients and caregivers before their mental rigidity takes over later in the course of the illness which preclude meaningful behavioral modifications. We think this is an important topic to be addressed as the condition is actually very prevalent (the third most common type of dementia of neurodegenerative causes in older adults (aged

65 or over) and it rank second for those with presenile onset (Onyike C.U. and Schmid D., 2013). We hope our short piece might lead to further attention on the condition of FTD, and towards fruitful discussions and multidisciplinary collaborations on researches on the condition with the readers of this Journal.

All in all, we hope that you would enjoy this issue of the Journal, and on behalf of the Editorial Board may we wish you a very Merry Christmas and a wonderfully prosperous New Year!

References

- Brookmeyer R., Gray S., and Kawas C. (1998) Projections of Alzheimer's disease in the United States and the public health impact of delaying disease onset. *American Journal of Public Health* 88(9): 1337-1342.
- Census and Statistics Department (2015). *Hong Kong Population Projections 2015-2064*. Hong Kong
- Elderly Commission (2006). Prevalence of dementia in Hong Kong <http://www.elderlycommission.gov.hk/en/meeting/47.html>. Accessed 23rd Oct 2016
- Haibo X., Shifu X., Ng T.P., et al. (2013). Prevalence and severity of behavioral and psychological symptoms of dementia (BPSD) in community dwelling Chinese: findings from the Shanghai three districts study. *Aging & Mental Health* 17(6): 748-752. doi: 10.1080/13607863.2013.781116
- Lyketsos C.G., Lopez O., Jones B., et al. (2002) Prevalence of neuropsychiatric symptoms in dementia and mild cognitive impairment: results from the cardiovascular health study. *JAMA* 288: 1475 -1483.
- Norton S., Matthews F.E., Barnes D.E., et al. (2014) Potential for primary prevention of Alzheimer's disease: an analysis of population-based data. *The Lancet Neurology* 13 (8): 788-794

Joshua M Y Tsoh

- Onyike C.U. and Schmid D. (2013). The Epidemiology of Frontotemporal Dementia. *International Review on Psychiatry* 25(2): 130–137, doi:10.3109/09540261.2013.776523.
- Steinberg, M., Shao, H., Zandi, P. et al. (2008). Point and 5-year prevalence of neuropsychiatric symptoms in dementia: the Cache County Study. *International Journal of Geriatric Psychiatry* 23: 170–177.
- United Nations, Department of Economic and Social Affairs, Population Division (2015). *World Population Ageing 2015*
- Yu R., Chau P.H., McGhee S.M., et al. (2012). Trends in Prevalence and Mortality of Dementia in Elderly Hong Kong Population: Projections, Disease Burden, and Implications for Long-Term Care. *International Journal of Alzheimer's Disease* 2012: 1-6, doi:10.1155/2012/406852