

Introduction of

Alzheimer's Association Japan



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**Many thanks for your encouragement to
the earthquake attacked Japan.**



President Takami

▲ Messages of encouragement at Toronto Conference

Japanese are still suffering from the big earthquake, tsunami and accident at the Fukushima 1st Nuclear plant, happened on March 11th.

AAJ confirmed members' safety just after the disaster. AAJ members from all Japan made donation and encouraged people living in disastrous area with e-mail, telephone, fax and letters.

We wondered whether we participated in Toronto Conference, March 26th to 29th, or not, however, we sent the delegation to let our friends know that we made great efforts to recover. AAJ delegation was given warm-hearted words and encouragement by the friends from many countries.

On March 26th and 27th, AAJ held a directors' meeting to decide measures against the disaster and 2011 activities. In that meeting, the delegation made a report on the encouragement from the world. All directors were impressed and felt deep gratitude to our friends. Here, I would like to express my appreciation from the bottom of my heart.

AAJ held the general assembly of 2011 in June where 300 members participated including the delegation from the disaster-stricken area. The three most disastrous areas are prefectures of Iwate, Miyagi and Fukushima, and they reported the reality of earthquake and aftermath. 12M yen of donation was decided to be distributed to 170 AAJ members suffered from the disaster. All participants confirmed to cooperate to recover.

At the time of big disaster, weak people such as people with dementia have serious difficulties. AAJ request the Japanese government to take emergent measures and we continue to give our supports to them also. We also appreciate your cooperation and support from now on.

Participation from three earthquake-stricken prefectures of Tohoku! General Assembly 2011 was held as a supporting meeting for the East Japan Great Earthquake and the nuclear plant accident at Fukushima.

AAJ held the 32nd General Assembly 2011 in June in Kyoto, where 300 members participated including the delegation from the disaster-stricken area.

The delegation from prefectures of Iwate, Miyagi and Fukushima reported the earthquake and the nuclear plant accident. They had no infrastructure left at that time; however, they confirmed the safety of members and supported them with consultation continuously. This fact moved all participants. Just after the assembly, 12M yen of donation responding to the request from the director's board were distributed to AAJ members depending on the seriousness.

Participants wrote encouragement messages on each big letter paper prepared for each three branches in Tohoku.

Yamaguchi prefecture was approved as a branch of AAJ, and then AAJ is now consisted of 46 branches. The last prefecture left without branch is Okinawa.

At this assembly, all participants agreed the six activity plans.

- (1) To suggest specific contents of Dementia care.
- (2) To suggest how to support their families.
- (3) To improve communication among people with dementia and also promote measures for juvenile cases.
- (4) To enhance understanding of dementia among general public to realize the easy-to-live society with better Long-term care insurance and enhance social security.
- (5) To support family's sadness which cannot be saved by regulated system.
- (6) To deepen social credibility for AAJ

Lastly, we agreed the general assembly appeal "On the occasion of the Great Earthquake, we start the next one year with new strong will."



Participants filled the room. Group at front is the delegation from Fukushima stricken by earthquake and nuclear plant accident.



Participants wrote encouragement messages to three branches of Iwate, Miyagi and Fukushima.

Request (summary) sent to the Japanese government April, 2011. "Urgent request regarding the East Japan great earthquake and the Fukushima nuclear plant accident."

11 members including President Kunio Takami visited Ministry of Health Labour and Welfare(MHLW) to submit two requirements; "Urgent request regarding East Japan great earthquake and Fukushima nuclear plant accident(Urgent Request) and "Request for living with peace-of-mind for people with dementia and family(Peace-of-mind Request)."

Summary of Urgent Request

- (1)"Proper support for the elderly evacuee" released by MHLW should be evaluated as easy-understanding paper for dementia characteristics and responding method for people with dementia. We request MHLW's continuous leadership for understanding and actions.
- (2) To be flexible for the support on site about human, material and system resources.
- (3) To support people with dementia and family who are at home with flexible understanding of regulation.
- (4) Regarding contemporary home for evacuee, to pay attention to elderly, people with dementia and family with considerations such as easy-to-understanding system for people with dementia and place to relax for family.
- (5) To avoid standardized supports and prepare flexible supports on the base of people with dementia and family to answer different situations.
- (6) Evacuees moved to nationwide, so to introduce AAJ branches to them. AAJ will corporate.



To submit requirements at MHLW.

World Alzheimer's Day activities on Sep.21 st

Activities on streets and lectures nationwide.

We decide annual slogan in Japan. That of 2011 is "Dementia, you connect the support ring." This slogan is printed on posters and leaflets and sent to nationwide.

The Minister of MHLW gave a greeting message to the Alzheimer's Day.

□ Enlightenment leaflet and poster

Printed 12,000 of posters and 300,000 of leaflets. On the top page, there are slogan and Mrs./Mr.Naoko and Yoshiaki Yamazaki of Kyoto, a person with dementia and carer, husband. They show daily life and faces with smiles.

Mrs./Mr.Naoko and Yoshiaki Yamazaki of Kyoto.
Top page of the leaflet with their nice smiles.



□ Actions at street nationwide.

As the actions at street, we distributed leaflets at 117 places in Japan by 1,660 members around Sep.17th. Many persons from governments, social welfare councils and students participated nationwide.



Mr. and Mrs. Yamasaki of the cover of a poster leaflet also participates. (Kyoto)



Activities at three prefectures of Tohoku, the earthquake-stricken areas.

□ Lecture for memory of Alzheimer Day.

□) Two lectures at Kyoto and Tokyo by AAJ and 46 by branches were held with the common theme of "Family care" with 10,750 participants. They got orange rings to prove participation of National dementia supporter training.



Lecture by AAJ, the site was filled to capacity. (Kyoto)

AAJ try to enhance people's awareness and promote the idea of "Request for living with peace-of-mind for people with dementia and their families"

April 2011, AAJ submitted "Request for living with peace-of-mind for people with dementia and their families (Peace-of-mind Request)." to the national government. AAJ are promoting this idea in general public in addition to the revision of the long-term care insurance system.

Summary of "Request for living with peace-of-mind for people with dementia and their families"

Peace-of-mind Request was made based on the nationwide survey 'Questionnaire of life and the long-term care insurance' conducted from August to November 2010. The contents are following 5 items. We try to promote the Peace-of-mind Request, and deepen the understanding regarding this idea among general public which leads to the improvement of the measures for dementia.

(1) Request for the long-term care insurance

TThere are 17 items to requests, based on 6 items of basic idea for "Suggestion; Long-term care insurance that we expect" showed in 2009 and 4 item- proposal to the long-term care insurance 2010.

Basic idea for "Suggestion; Long-term care insurance that we expect"

① System with which people with dementia can live, even by him or herself, in one's house or in a facility whichever he or she wants with peace- of mind.

② Establish a continuous support system from the early to final stage.

③ Establish a support system with which people can live with smile even with dementia.

④ Continuous improvement should be taken for the human development and working conditions for care givers in order to secure employment.

⑤ Establish social insurance system which support and secure people's daily lives.

⑥ Realize high level of welfare with a burden in accordance to each income.

Our proposal for the revision of 'Long-term care insurance system '. We want to realize the system like follows;

① Anybody can utilize necessary services anytime and anywhere everywhere.

② Simple and easy to understand.

③ Financial resources can be effectively used for the purpose of enhancing the system itself.

④ Necessary financial resources should be secured by the National or Local governments on their own responsibilities.

Based on above mentioned things, we requested items.

(2) Support to the people diagnosed dementia and juvenile dementia

In addition to 7 items of "Request for juvenile dementia" submitted to the national government December 2010, we requested three items including concrete measure based on the national survey.

Request for juvenile dementia"

① Facilitate the development and approval process of medications.

② Support to realize continuous employment.

③ Enhance economic support.

④ Establish the services which can be easy to be used.

⑤ Promote early diagnosis so that appropriate support can be offered in early stage.

⑥ Support to promote patients' meeting 'Meeting for Juvenile dementia'

⑦ Promote PR activities for increase awareness of Juvenile dementia.

(3) With regard to 'Support for family care giver'

We requested 7 items such as promotion of development and early approval of medicine with which medication and hospitalization will be more suitable to treat and care dementia patients.

(4) Improvement of medical care and systems

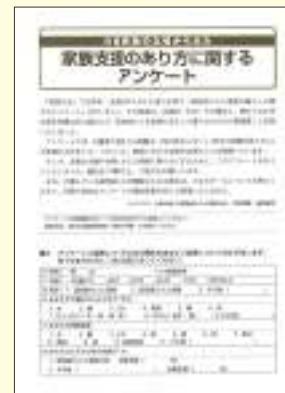
We requested 7 items such as promotion of development and early approval of medicine with basis on medication with answering characteristics of dementia at the time of diagnosis and hospitalization.

(5) Improvement of town facility and environment

We requested 12 items, including enhancing the awareness of dementia and its care in a society, establish a society where everybody coexists, prepare the environment where people can live with peace-of-mind, establish community support net work for people with dementia and their families.

"Questionnaire of method of family care" is ongoing.

When we compare 2010 questionnaire for life and long-term care insurance and the one which was done in the past, there was an improvement on the matter of difficulties of physical bindings such as "cannot go out", "no time for myself", however, no improvement was found regarding the mental bindings such as "no relaxing time." Based on the result, 2011 questionnaire of method of family care is ongoing.



Questionnaire (summarized)

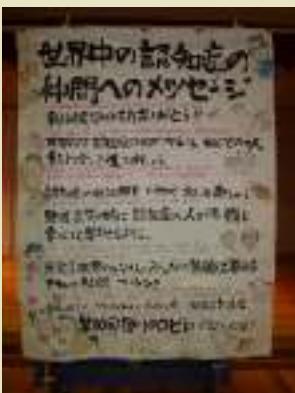
The 10th national meeting for the people with dementia

Toshiko Katsuta, Vice president of AAJ

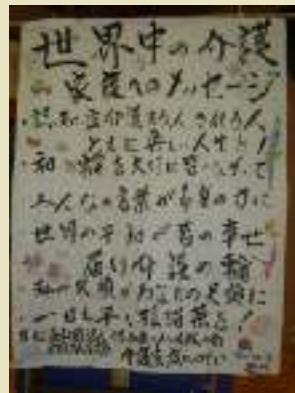
At ADI Kyoto 2004, people with dementia made presentations and expressed their thoughts very first time, followed by 'Patients meeting' with 7 patients in 2006. This triggered meetings for people with dementia in Japan.

While this movement was spreading, we tried to realize their hope to meet people with same situations. Then spring 2007, the 1st meeting for the people with dementia was held for three days with 30 participants at the 150 year old house in Asahi-town of Toyama prefecture. Everybody was relaxed and enjoyed conversation, sport activities and pottery making. They liked open-air bath. At every meeting we released information of what we discussed by sending letters with drawing. After the meeting participants deepened the communication, exchanged mails and letters, traveled together. Every spring and autumn, we have meetings and the meeting on October 2011 is the tenth one. We prepare people with dementia's participation from Toyama prefecture for ADI London 2012.

Message to the people with dementia in the world.



Message to the family carers in the world.



People with dementia and family participated.



Japanese tea ceremony by the fireside



Enjoying pottery ceramic art



Give messages together.



Listening to Dr. Katayama's lecture.

Call to friends from participants of the meeting of May 2011.

- * Let's be high-spirited !
(H, Toyama pref.)
- * Communication is important! Have wide-view.
(S, Toyama pref.)
- * Have self confidence to what you have done!
(Mr.Yasuo Tabuchi, Tokyo)
- * Let's live with pleasure with doing what we can do, as we are not alone!
(Ms.Kimiko Yamamoto, Toyama pref.)
- * Consider with tapping back! Everything is OK. We have many things that we can do more!
(Ms.Hiroko Nakashizu, Osaka)
- * We have difficulties as long as we live, however, encourage each other and live more!
(Ms.Chiyako Otani, Hiroshima pref.)
- * Live and go with hand to hand!
(M, Toyama pref.)

Japanese frontline of dementia medication

The population of Japan in 40 years will be 90 M decreased from 130M at present. On the other hand, that of over 65 will increase to 38M from 28M, among them percentage of dementia will increase one out of 8 to 9 to one out of 6 to 7. This is known recently and on a way, contributes to the improvement of medical care and welfare for dementia.

One decade ago, Donepezil HCl was approved by MHLW, that is the same timing as start of the long-term care insurance system. Accordingly, the quality of home-care support, day service, day care and new facilities were improved. MHLW started the education system for primary doctors to enable them to diagnose and treat dementia patients also started the supporting doctors system to offer consultation to help primary doctors. Also, the education program for citizens has started to train 1 million as supporters. The program for lecturers, caravan mates also started. The Society for Dementia Care was launched to improve specialty for professional care workers and the dementia care specialist system began. For doctors, geropsychiatrics specialist system among psychiatrics and dementia specialist system among neurologists were started. In a community, one community support center for 300–500 homes is established to offer services like consultation, welfare and medical care. Also, AAJ takes actions for supporting family care givers. Almost all prefectures have dementia call center for people with dementia and their families to consult their difficulties through telephone.

Current, 2.5M of patients will possibly increase to 4.5M in 40 years, so network of medical care, welfare, community and patients' families is requested. Under such circumstances, Galantamine, Rivastigmine and Memantine were approved by MHLW in 2011, and new treatment has started. Having new method of treatment, new network of medical treatment, care and care giving families are emerging in order to realize longer and better lives for the patients. For each prefecture dementia disease center is installed in the present hospital and starts specialized diagnosis hospitalization, care and networking of home care.

To build better medical care in Japan, many actions can be seen including image study of diagnosis and treatment research for Beta amloid, Tau and Synuclein. We participate in the international clinical test, which will prove the efficacy for the Japanese.



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