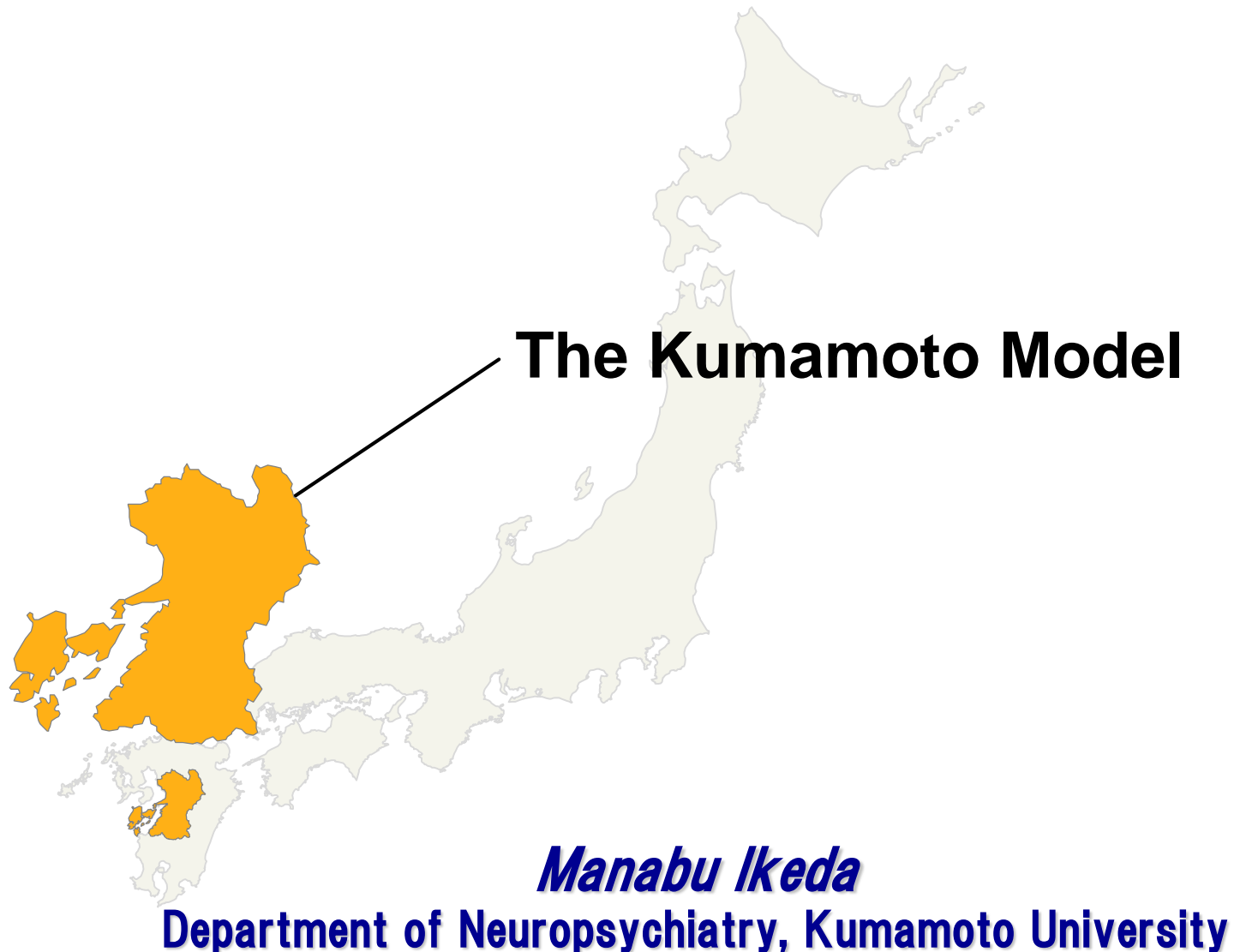


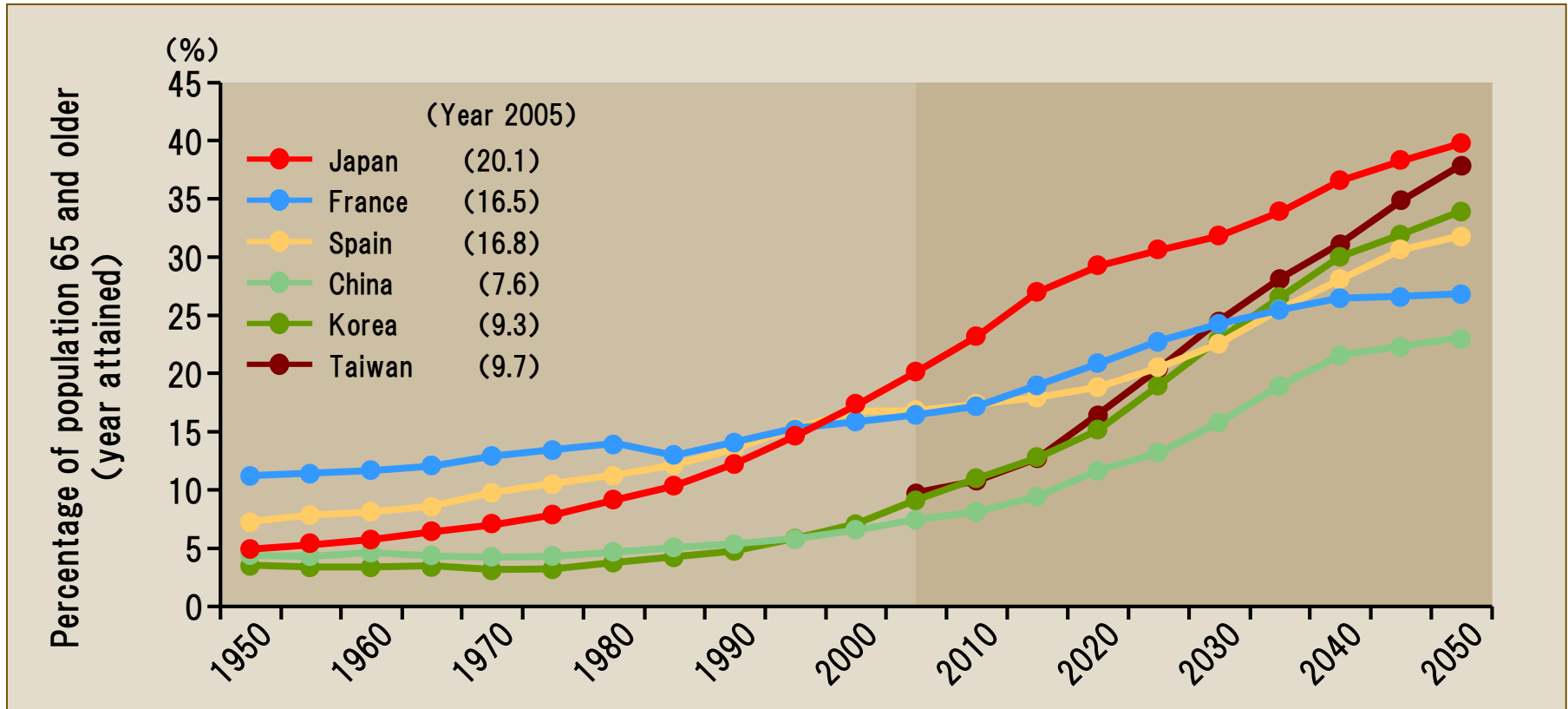


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Medical service network with cultivating human resources for dementia in Japan



International comparison of aging



Source: UN, World Population Prospects: The 2008 Revision

However, the data for Japan are estimated from the "Population Census" by the Ministry of Internal Affairs and Communications up to 2005 and the data on assumed median births and median deaths in the "Projected Population of Japan (estimated in December 2006)" (National Institute of Population and Social Security Research) since 2010.

(Note) The advanced regions consist of North America, Japan, Europe, Australia and New Zealand.

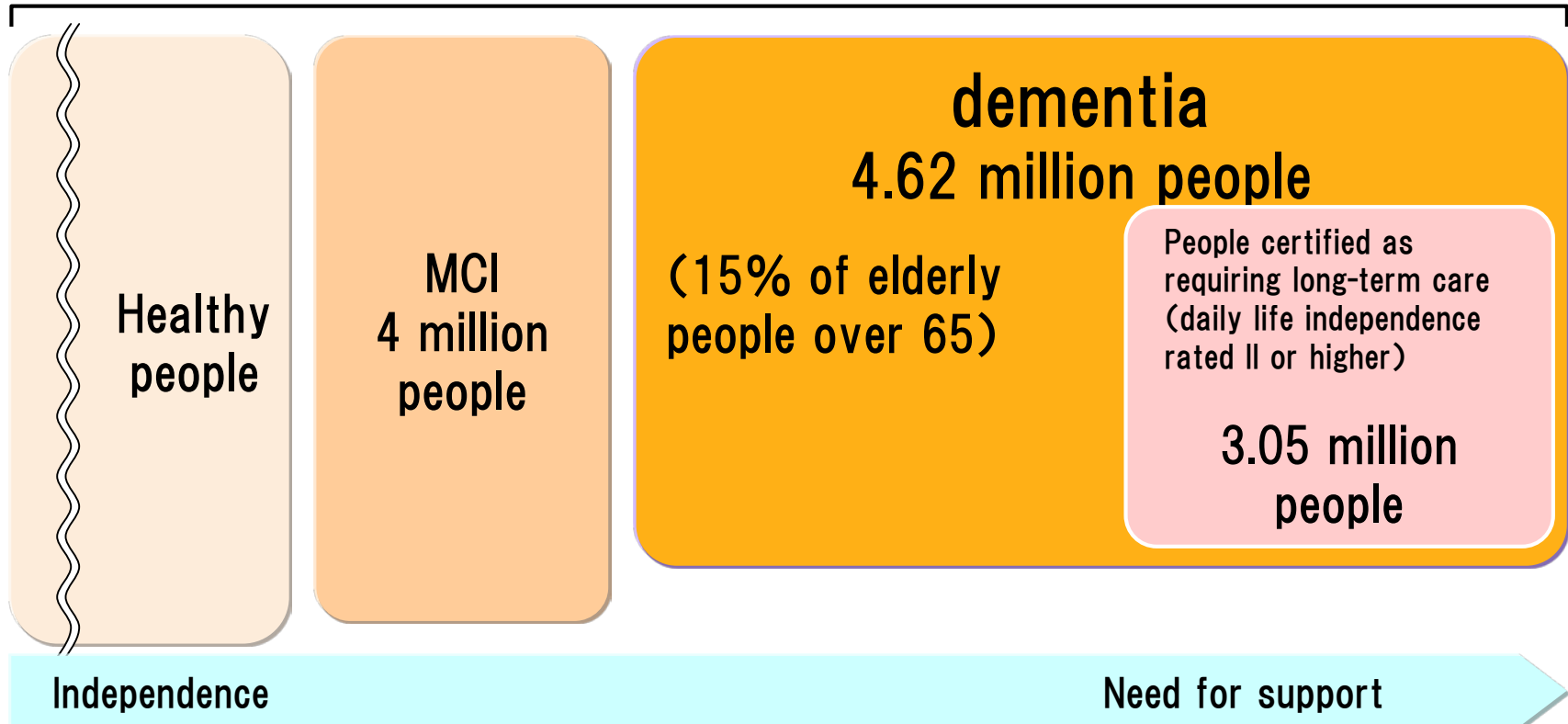
The developing regions consist of Africa, Asia (except for Japan), Central and South America, Melanesia, Micronesia and Polynesia.

2011 White Paper on Aging Society by Cabinet Office, Japan.

http://www8.cao.go.jp/kourei/whitepaper/w-2011/zenbun/23pdf_index.html

Number of people with dementia in Japan

Population over 65 years old: 30.79 million people



Survey method: Specialist dementia doctors carried out interview surveys nationwide. The data used in this survey comes from the 5,386 people interviewed in the 8 regions which had the highest rates of response in the interview surveys.

Data materials: Health and Labour Sciences Research Grant, (General Strategies for Dementia), General Research Report: "Responses to the prevalence of dementia in urban areas and lifestyle dysfunction" by Professor Takashi Asada of Tsukuba University and others (2013), "Elderly people with dementia whose daily life independence level is rated II or higher" (2012) by the Ministry of Health, Labour and Welfare, and "Population Statistics" (2013) by the Ministry of Internal Affairs and Communications.

Specialists for dementia

The Japanese Psychogeriatric Society

- Years of foundation : 1986
- Number of members : 2,598
- Number of psychogeriatric specialist : 1,497

Japan Society for Dementia Research

- Years of foundation : 1982
- Number of members : 3,150
- Number of dementia specialist : 890

Specialists for Dementia : Patients with dementia = 1 : 2000

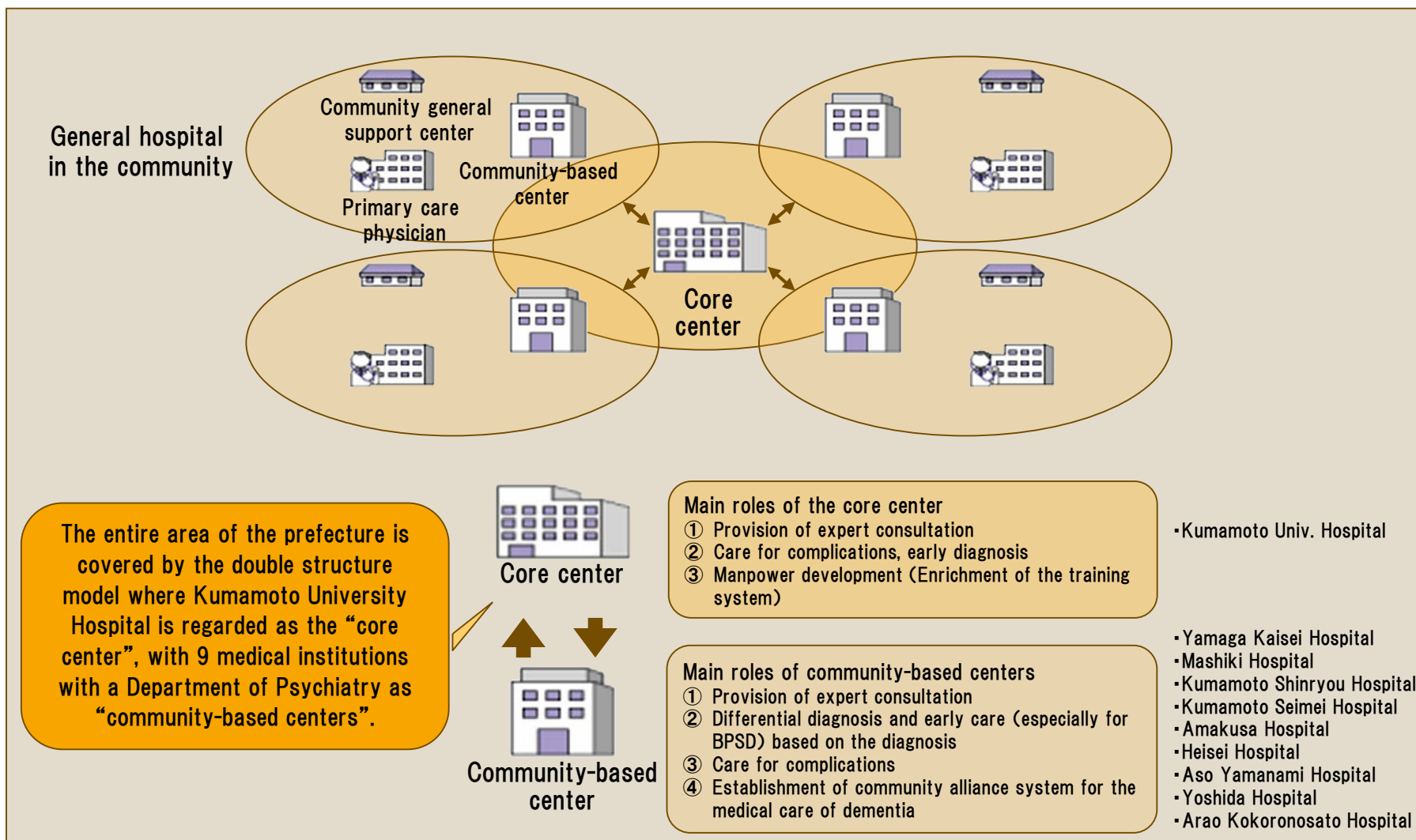
Challenges faced by dementia treatment



Establishment of medical centers for dementia care

1. Early diagnosis (differential diagnosis)
2. Provision of specialized medical care
3. Treatment for BPSD
4. Management of concomitant physical symptoms
5. Regional cooperation (Education for GP, care staffs, and caregivers)
 - Widespread use of a standardized treatment for dementia
 - Coordination with long-term care
6. Manpower development (Enrichment of the training system)
7. Prefecture-wide distribution of specialized medical care

Example of the Dementia-related Medical Center operation project (Kumamoto Model)



10 Dementia-related Medical Centers in Kumamoto (mean time for receiving treatment)

Yamaga Kaisei Hospital (21min)

(n = 845)

Arao Kokoronosato
Hospital (16min)

Aso Yamanami
Hospital (31min)

Kumamoto Seimei
Hospital (15min)

Kumamoto Shinryo
Hospital (23min)

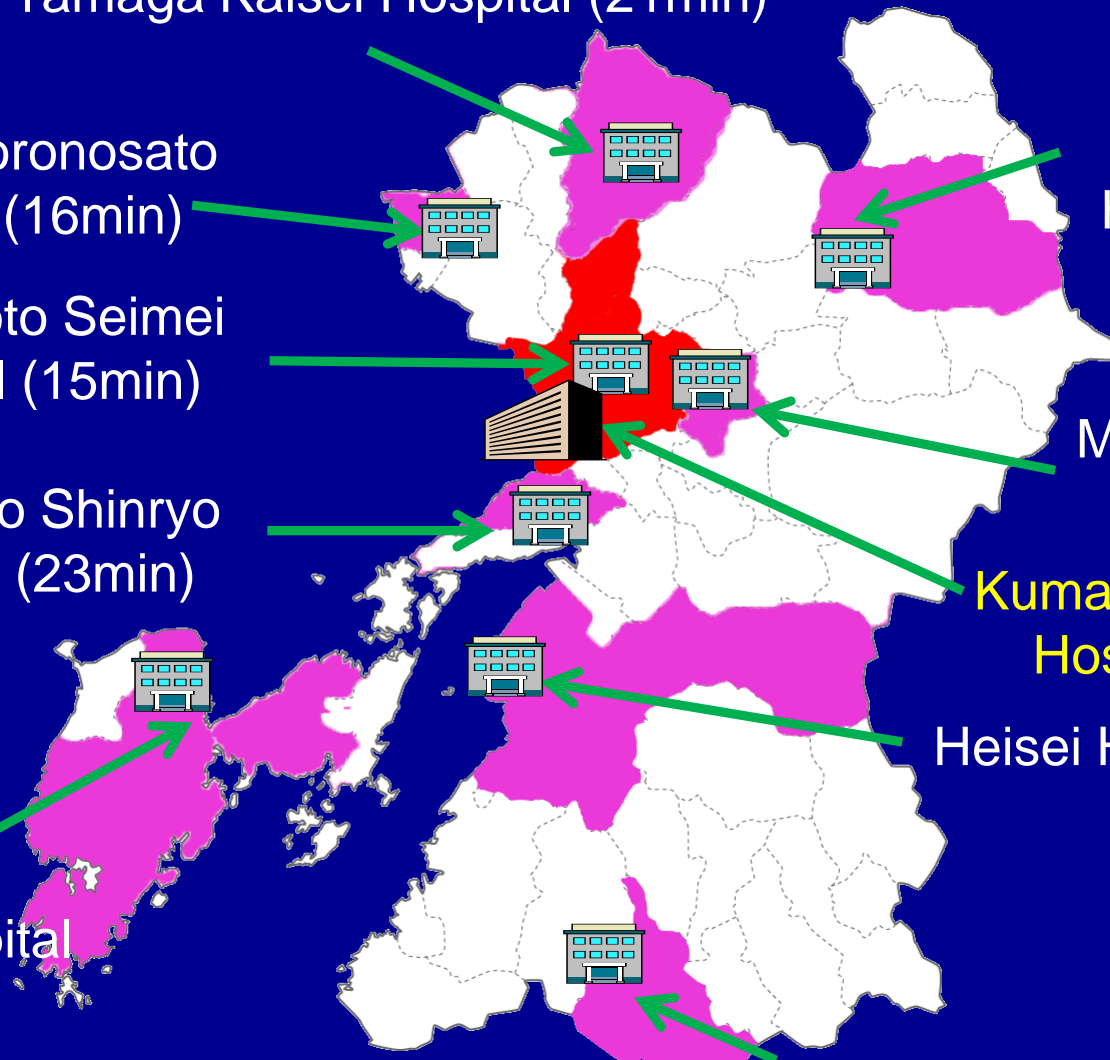
Mashiki Hospital
(24min)

Kumamoto University
Hospital (35min)

Heisei Hospital (19min)

Amakusa Hospital
(29min)

Yoshida Hospital (22min)



Provision of specialized medical care for dementia

	2009.12	2010.12	2011.12	2012.12	2013.12
Consultation (No. of times)	143	471	571	578	647
New outpatients (n)	106	203	223	194	229
Total outpatients (n)	2,777	3,200	3,876	3,982	4,245
No. of Medical care centers	8	8	10	10	10

◆ Monthly average of ten centers in 2013

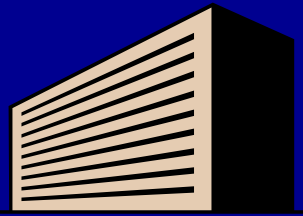
Consultation cases: 621

New outpatients: 221

Total outpatients: 2,679

Hospitalized patients: 52

Core center: Manpower development for community-based centers



Core center

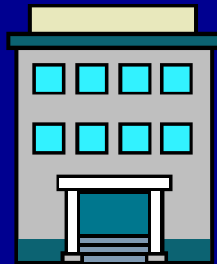


Resident

Co-medical

Dispatch of a specialist

- Early diagnosis
- Treatment for complications
- Safety assessment for patients who live alone



Community-based center



Dementia outpatients clinic

Psychiatrist in the C-B center

Enrichment of the training system for staffs in the community-based center

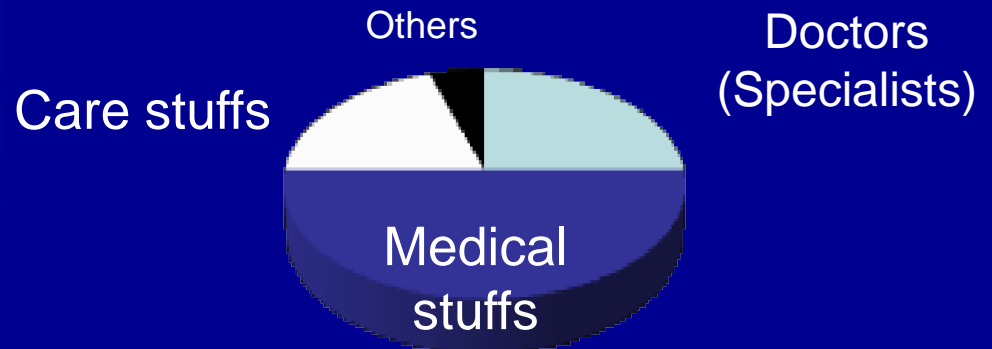
Case conferences prepared by the core center

Difficult case-study conferences are held by the core center. The aim of this conference is to improve multi-disciplinary stuffs' skill. 33 conferences are held by now (6 times per year).

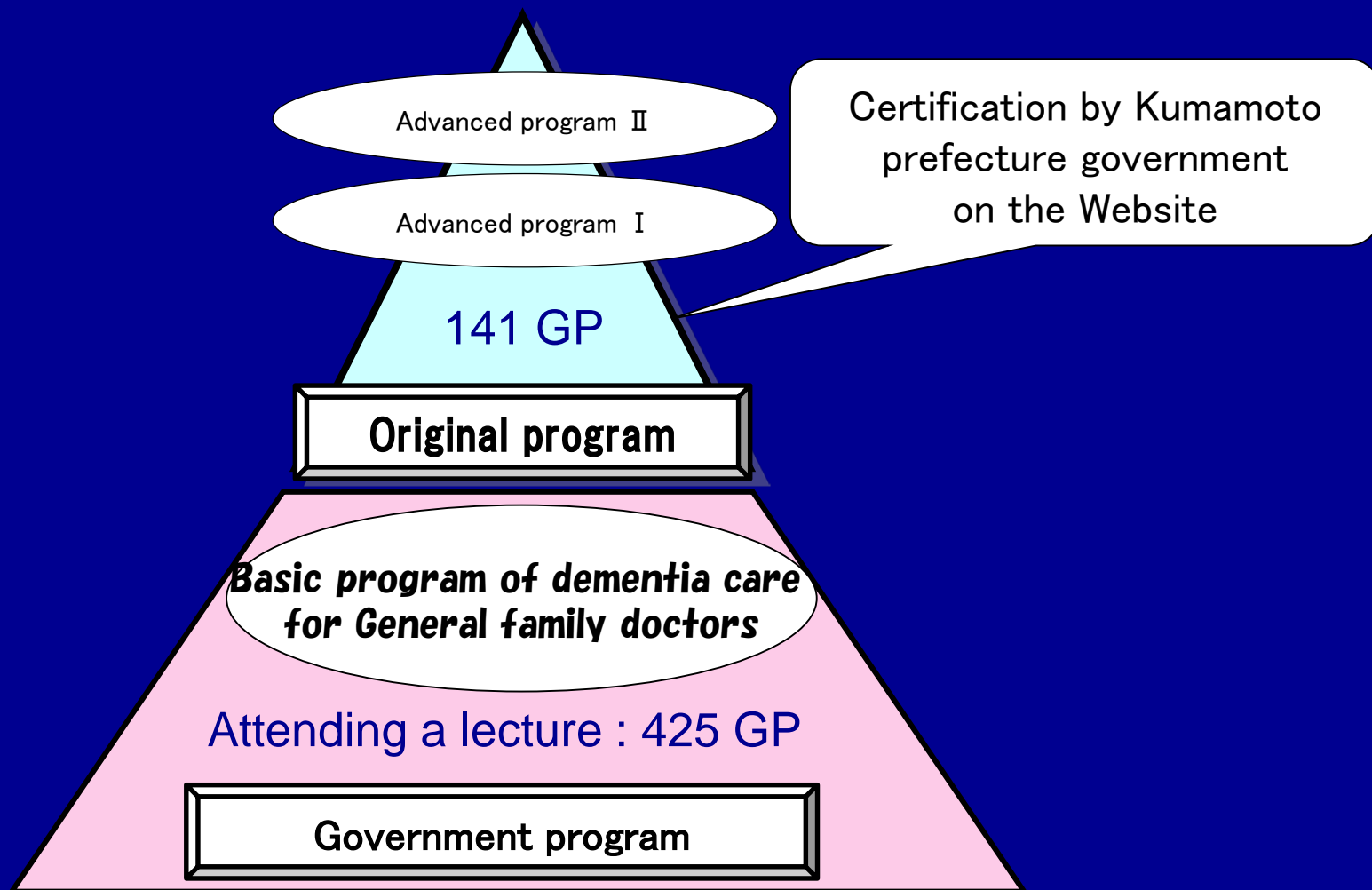
Multi-disciplinary participants : Dr, Ns, PSW, CP, OT, local government stuffs (Stuffs of call center & Community general support centers as observers)



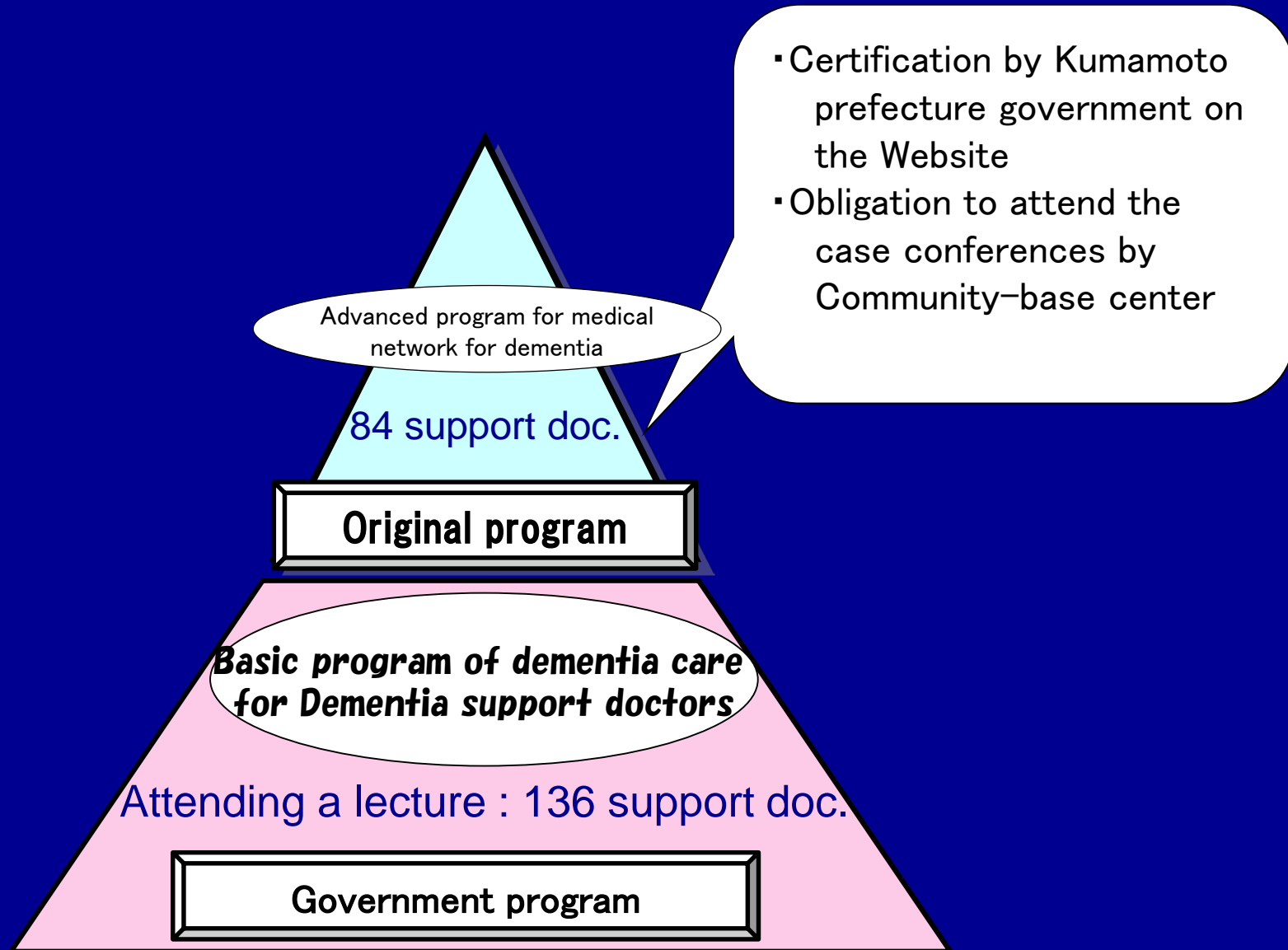
Multi-disciplinary participants



Training programs for General family doctors



Training programs for dementia support doctors



Case conferences prepared by the community-based centers

Difficult-case-study conferences are held by the community-based center.

The aim of this conference is to support the care for difficult dementia cases in the community.

30-40 conferences are held per year.

Multi-disciplinary participants : Dr (specialist, GP, & dementia support doctor), Ns, PSW, OT, PT, ST, CP, care worker, home helper, care manager, local nurse, policeman, and so on from community-based centers, community general support centers, clinics, general hospitals, psychiatric hospitals, group homes, nursing homes, police station, and so on.

(Stuffs of local government & the core center as observers)



Outreach services for dementia before discharge from the core center

Aim : Guarantee safety and high QOL life after discharge from the university hospital

- Visiting patient's home between April 2012 and September 2014

- Subjects : 40 patients (M/F 13/27)
(patients **living alone 17** (M/F **1/16名**))



- Multi-disciplinary visiting team : OT, PSW, Ns, ST, CP, Dr

Case Mrs. K

78yr Female DLB

MMSE 22/30

Living alone in the apartment care rank 1

Visiting with her care manager and daughter

Check points

- ★ Handrail in the bathroom
- ★ Chair in the bathroom
- ★ Her movements when taking a bath

Preparation for safety life

- ★ Install handrail
(lengthwise direction)
- ★ Purchase a chair for bathroom
- ★ training for taking a bath



The brand-new Kumamoto model

Three-layered system with GP, care stuffs, & dementia supporters

