## **GUEST EDITORIAL**

# Dementia care in Asia

Over half of the world's population lives in Asia. With the Asian population aging, it is predicted that there will be a concomitant rapid rise in the number of people with dementia. Unfortunately, most countries in this region are still not well prepared to provide quality services for people with dementia.

There are several major problems in Asia. There is a low awareness of dementia as an illness, coupled with a strong sense of therapeutic nihilism. For instance, studies in India (Patel and Prince, 2001) have found that dementia is often not recognized as an illness but is construed as part of normal aging. Even where it is recognized as an illness, it is often regarded as an incurable disease, with no available treatment. Typically, patients with dementia present very late in the course of the disorder, and carers frequently are under a lot of stress as they are not aware of the availability of any help.

In most Asian countries, there are inadequate resources and no policy on dementia care, as dementia care is not a health care priority. The recent tide of emerging infectious diseases in Asia is an additional challenge, as the limited resources in health care are channelled into their control. Another worrying trend is the high rate of institutionalization of older people with dementia in some Asian cities (Chiu *et al.*, 1998). This probably is a reflection of the breakdown of traditional family support in the major cities and inadequate community support facilities.

Amidst these challenges, it is timely that a Consensus program on improving the quality of life for Asian people with dementia (QoLDEM) is established. This three-year program is a significant movement in the journey of dementia care in Asia. The Consensus Statement (see below) has addressed issues on quality of life for people with dementia which are of particular concern for the region. It will be a useful best practice document both for workers in the field of dementia care and for policy makers to review their current practice and to plan the way forward.

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### References

Chiu, H. F. K., et al. (1998). Prevalence of dementia in Chinese elderly in Hong Kong. Neurology, 50, 1002–1009.

Patel, V. and Prince, M. (2001). Ageing and mental health in a developing country: who cares? Oualitative studies from Goa, India. *Psychological Medicine*, 31, 29–38.

#### **Consensus Statement**

In recognition of the importance of the Consensus Statement, the three major international organizations related to the field, International Psychogeriatric Association (IPA), World Psychiatric Association Section of Old Age Psychiatry and the Pacific Rim College of Psychiatrists have endorsed the document, which is published online as supplementary material attached to this guest editorial at www.journals.cambridge.org/jid\_IPG with this issue of *International Psychogeriatrics*.

#### Conflict of interest declaration

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