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Public policy on dementia and geropsychology

Longevity is increasing year by year and raising rates of patients diagnosed with dementia. There are estimations that nearly 135 million people will be living with dementia by 2050 and around 70% of those will be living in what are currently low and middle income countries¹. As well, undiagnosed dementia is still a problem to be solved. Without diagnosis, people living with dementia cannot get the appropriate care they need. Thus, public awareness campaigns promoting education to understand that dementia is not a normal sign of aging should be done to improve diagnosis rates². Nowadays, Alzheimer's disease is the sixth leading cause of death in United States and is estimated to have resulted in around \$12 billion in health care costs in United States in 2018³.

In this sense, public policy aimed at preventing dementia and caring for dementia patients and their families might be the best way to reduce the costs of caring and to increase the quality of life both to the patient and their family. However, few countries have developed such policies. Some examples include the National Alzheimer's Project Act (United States), Dementia Collaborative Research Centres (Australia), National Alzheimer Disease Plan (France), Dementia Comprehensive Management Measures (South Korea), National Dementia Program and Integrated Dementia Care (Netherlands), National Dementia Action Plan (Denmark), The National Dementia Strategy (England), The National Guideline for care in cases of Dementia (Sweden), and, the Five-Year Plan for Promotion of Measures Against Dementia (Orange Plan) from Japan⁴.

Developing countries have more difficulties in establishing these strategies. Thus, recently, Agustin Ibanez and Mario Parra launched the Latin America and Caribbean Consortium on Dementia (LAC-CD) which include experts from Argentina, Brazil, Chile, Colombia, Cuba, Ecuador, Mexico, Peru, and Uruguay. This consortium presents a Knowledge-to-Action Framework to implement specific actions identified as priorities for the region⁵. Researchers from the consortium are applying for grants to support it, as public funding has been a challenge to acquire.

Psychologists engaged in the care of the elders are able to be involved with the cause in many ways, such as assisting in the establishment of the diagnosis, stimulating cognitively the patients in early stages of dementia and conducting psychoeducation for caregivers and helping reduce their burden of care. Therefore, as cognitive impairment and dementia are the leading chronic disease contributors to disability and dependence among older people worldwide, this requires attention⁶. Psychologists also might help them to improve their cognitive reserve through cognitive stimulation as a form to try to postpone dementia. As late-life cognitive activities influence cognitive reserve independently of education⁷, these could be helpful for countries where the majority of the elders have low levels of education, such as in Brazil, where almost 26% of the elders are illiterate, and only approximately 15% of the population between ages 25 to 64 years old completed graduation⁸.

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