The world’s population is ageing. Improvements in health care in the past century have contributed to people living longer and healthier lives. However, it has also resulted in an increase in the number of people with NCDs. Even though dementia mainly affects older people, it is not a normal part of ageing. A syndrome rather than a single illness, dementia is caused by a variety of brain illnesses that affect memory, thinking, behaviour and the ability to perform everyday activities.

**TRENDS**

The number of people living with dementia worldwide was estimated at 46.8 million in 2015, a number that is estimated to reach 74.7 million in 2030 and to 131.5 million by 2050. The incidence of dementia increases exponentially with increasing age. A recent review concluded that the incidence of dementia doubled with every 5.9 years’ increase in age, from 3.1 for every 1000 person years at age 65–69 to 175 for every 1000 person years at age 95 and over (Figure 7.7). There are marked differences in the levels of the incidence of dementia between regions, with high-income countries having much higher incidence rates than low- and middle-income countries.

**POSITIVE DEVELOPMENTS**

Global advocacy and awareness. Increased recognition of the importance of the issue, as exemplified by the world’s first G8 dementia summit held in London in December 2013, which led to increased awareness and investments in dementia research, is encouraging as was the first WHO Ministerial Conference on Global Action Against Dementia held in March 2015. Country action: The development of national dementia strategies leading to prioritization and action at the country level is also a marker of success. There is a growing movement to enhance the public understanding of dementia through advocacy campaigns such as “dementia friends.” These efforts are intended to provide people with more information about dementia and encourage more people to help those with dementia in the community improve their lives. Better data: With improved efforts at harmonization and coordinated data collection efforts, there is increasing understanding of the epidemiology, burden and impact of dementia especially in low- and middle-income countries. The collaboration between research networks across the globe holds promise for generating more comparable data over time. Prevention: Recent advances in the understanding of dementia suggest that several modifiable risk factors contribute to dementia prevalence. An examination of the dietary and life style risk factors suggests that minimizing saturated and trans fats, replacing meat and dairy products with vegetables and legumes, ensuring minimal intake of vitamin B12, aerobic exercise, reducing stress and engaging in leisure activities may all reduce the risk of dementia.

**SETTING STANDARDS:** The development of clinical assessment and management guidelines for non-specialists as part of the WHO mhGAP Intervention Guide and its implementation across the world has also ensured that people with dementia get the appropriate care within primary care settings.

**CHALLENGES**

Global dementia epidemic. Prevalence and incidence projections indicate that the number of people with dementia will continue to grow, particularly among the oldest old, and countries in demographic transition will experience the greatest growth.

Stigmatization: There is a lack of awareness and understanding of dementia in most countries, resulting in stigmatization and barriers to diagnosis and care. For those who are living with dementia (both the person and their family), stigma contributes to social isolation and to delays in seeking diagnosis and help. Improving the awareness and understanding of dementia across all levels of society is needed to decrease discrimination and to improve the quality of life for people with dementia and their caregivers.

Lack of effective treatment: While considerable progress has been made in the understanding of the underlying mechanisms for dementia in terms of what has been called the amyloid cascade, this has not led to the development of drug treatments of substantial impact. Currently available medications for dementia only provide some relief of symptoms and possibly slow down progression.

Escalating cost: The huge cost of the disease will challenge health systems to deal with the predicted future increase of prevalence. The costs were estimated at US$ 604 billion per year in 2010 and are set to increase even more quickly than the prevalence. The costs are driven mainly by social care needs. Health-care costs account for a small proportion of the total, given the low diagnosis rate, limited therapeutic options and the underutilization of existing evidence-based interventions (Figure 7.8). In low- and middle-income countries, where nearly two thirds of people with dementia live, most of the caregiving burden is borne by informal caregivers such as family members. Going forward, it will be necessary to develop policies involving all stakeholders focused on improved health and social care services that include chronic disease management and long-term care.

Lack of support for carers: Caring for dementia patients is overwhelming for caregivers. The stresses include physical, emotional and economic pressures. Caregivers require support from the health, social, financial and legal systems.

**Figure 7.7** Incidence of dementia by age across countries

<table>
<thead>
<tr>
<th>Country income group</th>
<th>60–64</th>
<th>65–69</th>
<th>70–74</th>
<th>75–79</th>
<th>80–84</th>
<th>85–89</th>
<th>90–94</th>
<th>95+</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-income countries</td>
<td>100</td>
<td>150</td>
<td>200</td>
<td>250</td>
<td>300</td>
<td>350</td>
<td>400</td>
<td>450</td>
</tr>
<tr>
<td>Low-income countries</td>
<td>50</td>
<td>100</td>
<td>150</td>
<td>200</td>
<td>250</td>
<td>300</td>
<td>350</td>
<td>400</td>
</tr>
<tr>
<td>Least-developed countries</td>
<td>10</td>
<td>50</td>
<td>100</td>
<td>150</td>
<td>200</td>
<td>250</td>
<td>300</td>
<td>350</td>
</tr>
</tbody>
</table>

**Figure 7.8** Distribution of costs of dementia by country income group, 2010

<table>
<thead>
<tr>
<th>Country income group</th>
<th>Direct medical</th>
<th>Direct social</th>
<th>Informal care</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-income countries</td>
<td>70%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Upper-middle-income countries</td>
<td>60%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Lower-middle-income countries</td>
<td>50%</td>
<td>30%</td>
<td>20%</td>
</tr>
<tr>
<td>Low-income countries</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
</tr>
</tbody>
</table>

A broad public health approach is needed to improve the care and quality of life of people with dementia and family caregivers. The aims and objectives of the approach should either be articulated in a stand-alone dementia policy or plan or be integrated into existing health, mental health or old-age policies and plans. Some high-income countries have launched policies, plans, strategies or frameworks to respond to the impact of dementia.

The principal goals for dementia care are:

- diagnosing cases early;
- optimizing physical health, cognition, activity and well-being;
- detecting and treating behavioural and psychological symptoms;
- providing information and long-term support to caregivers.

The key strategic priorities set out in “Dementia: a public health priority,” which was developed jointly developed by WHO and Alzheimer’s Disease International are:

- promoting a dementia friendly society;
- making dementia a national public health and social care priority worldwide;
- improving public and professional attitudes to, and understanding of, dementia;
- investing in health and social systems to improve care and services for people with dementia and their caregivers;
- increasing the priority given to dementia in the public health research agenda.