

Calls intensify for national dementia plan

Momentum is building for a national dementia strategy after Canada vowed with other G8 nations at a recent summit to ramp up efforts to find a cure for the disease. But history suggests implementing a truly effective strategy will be difficult.

Canada is the only G8 nation without a national dementia plan, and researchers say national leadership is crucial if the federal government is to do its part to find a cure or “disease-modifying therapy” by 2025.

“We have this current and growing crisis and we’ve got a window to pull together our resources and deal with this,” says Suzanne Tyas, an associate professor of cognitive neuroscience at the University of Waterloo in Ontario. “There’s a lot of good work going on in Canada, but it could be that much better if it was coordinated under a national strategy.”

Five provinces have introduced dementia initiatives in the absence of a national plan, and Nova Scotia has one still in planning. Bringing these initiatives under a common strategy would ensure best practices are shared across the country, says Dr. Michael Borrie, chair of the Consortium of Canadian Centres for Clinical Cognitive Research. “We need a quantum leap from where we are now to actually get a handle on this disease and make progress.”

More than 700 000 Canadians have dementia — a number the Alzheimer Society of Canada projects will double by 2031.

In a recent press release, the society called for a partnership between governments, experts, health workers and patients to hammer out a national plan. Similar proposals have come from the Canadian Medical Association and the House of Commons Standing Committee on Finance. In addition, New Democratic Party MP Claude Gravelle has tabled a private member’s bill calling for a five-point national strategy to coordinate research, prevention and early diagnosis of dementia.



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A national dementia strategy could coordinate supports for caregivers and health workers across the country, say experts.

Thirteen countries, including the United Kingdom and the United States, already have dementia strategies in place, but to varying degrees of success.

UK Prime Minister David Cameron declared a dementia challenge in March 2012 with the three-pronged goal of improving care for people with dementia, creating dementia-friendly communities and bolstering research.

The results to date have been positive. According to a 2013 progress report, government funding for dementia and cognitive research has almost doubled, hundreds of hospitals and communities have become “dementia-friendly,” and over 100 000 health workers have been trained to diagnose and accommodate dementia. Diagnosis rates have risen from 39% in 2010 to about 45% in 2013.

Other countries have had less success. Australia’s latest National Framework for Action on Dementia was similar to the UK’s plan in its promotion of access, education, training and research. The framework also helped health jurisdictions develop local action plans, which the jurisdictions would implement. However, a 2011 government

review found the plan had limited effect on access to appropriate care and on-the-ground services. Progress towards other goals varied due to differences in implementation between jurisdictions.

A Canadian dementia strategy might face similar challenges, as implementation of many aspects would fall to the provinces, says Patrick Fafard, an associate professor of social sciences and public health policy expert at the University of Ottawa in Ontario.

Historically, the most successful federal health initiatives have been awareness and research campaigns — efforts best done on a national scale. Problems crop up when the federal government intrudes on provincial jurisdiction to improve the delivery of care, says Fafard.

That’s partly why the federal government has held off introducing a national dementia strategy, Health Minister Rona Ambrose told reporters during a break at G8 summit in London, UK. “We live in a federation. We have 13 health systems. We have a different make up in our country than some other countries.” — Kierra Jones, *CMAJ*

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