

Changing Approaches to Dementia Management: How Relevant Is It for Ukraine?

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Introduction. According to various estimates, from 58% (Alzheimer's Disease International, 2015), 60% (World Health Organization, 2015) to 66% (Skladzien, E., Bowditch, K., & Rees, G., 2011), (Brodaty, H., & Donkin, M., 2009) of people with dementia live in low and middle-income countries, and this percentage is expected to increase over the next few years. It can further increase the inequality in access to medical and social services both between countries and among different age groups within countries.

Despite the scale of the spread and economic impact of dementia on the family, on caregivers and on the community as a whole, the disease is either not discussed at all or is not a priority in low-economic countries (World Health Organization, 2012).

Over time, countries, which could face the need for the effective policy and plan to implement dementia measures, will encounter a number of specific obstacles that they have to overcome. Therefore, today, the important step is to study the experience of countries that have embarked on their path to counter dementia and are determined to succeed in combating this disease.

Purpose: to attract attention of policy and decision makers to dementia problems in Ukraine to facilitate developing system of health care and social care for people living with dementia and their caregivers.

Methodology. A systematic search of the literature was conducted and inclusion/exclusion criteria applied to the retrieved papers. Searchers in electronic statistical databases helped us to identify the countries for making the following comparative analysis (World Life Expectancy, 2018), (Ministry of Health of Ukraine 2017).

Results. Since Ukraine is not yet on this list and the problem of dementia is not relevant to it, we tried to make the short comparative analysis of Ukraine with countries for which dementia is one of the national priorities (France, the Netherlands, the USA, the UK, Norway and Australia).

In the world ranking of countries, Ukraine occupies the 176th position in terms of death rate from Alzheimer's disease/ dementia, that at first glance does not cause anxiety and looks favorably enough. In the overall structure of mortality of the Ukrainian population, the same indicator is only 0.38%. In the developed countries, the trend towards the same indicators is completely opposite: all six of our chosen countries in the world ranking on death rate from Alzheimer's / dementia fall into the first 30 top positions, and in the national ranking of mortality, this indicator ranges from 9.91% (Norway) to 15.37% (Great Britain).

Taking into account the morbidity indicators among the population of the older age groups psychic disorders occupy the penultimate place in the overall morbidity structure, leaving behind only blood diseases. The fact that the incidence of circulatory system occupies up to 19% of the total morbidity structure, and the mortality rate – almost 54% leads us to believe that dementia can be “hidden” in this indicator. The reason for this may be a low level of addressing of population for help in medical institutions and, accordingly, a low level of diagnosis of dementia.

Limitation and strengths of the study. Since dementia has been considered by Ukrainian scientists only from the medical point of view, and the issues on how to manage dementia or how to develop a dementia strategy in Ukraine haven't been analyzed yet, our research is mainly based on the foreign scientists' studies. The key advantage of the proposed study is that it is one of the first attempts to look at the problem of dementia in Ukraine from the public administration point of view in different aspects and directions. It is an attempt to initiate a professional discussion with policy and decision makers on issues of developing and implementing a strategy for people living with dementia and their families.

Social value. Alzheimer's disease and other dementia is a global health problem, and is of an exceptional size, affecting the increase in costs and social changes in society. The personal, social and economic consequences of dementia are enormous, which leads to the increase in the costs of long-term care to governments, communities, families and individuals and the loss of productivity for economies. It is expected that this issue may be most “painful” for developing countries: according to experts, the number of elderly people aged 65 and older will have been increased by 140% by 2030, while in developed countries this figure will have reached 51% (Dobriansky, P. J., Suzman, R. M., & Hodes, R. J., 2007).

Conclusions. The problem of counteracting dementia in Ukraine is not yet a national priority, but conducting cross-sectoral studies can fundamentally change the situation. The comparative analysis of countries on several indicators available to us within the framework of this study gives grounds to believe that Ukraine will face the need for a detailed analysis of the problem of dementia.

Achievement of success in the complex situation of counteracting dementia can be reached through the establishment of intersectoral cooperation at the primary level, where the provision of medical and social services is the closest to the patient and his cares. Coordinated collaboration on prevention, early diagnosis, effective treatment and care will increase access to services for those who need it.

Keywords: mental health, health policy, disease prevention, organization of health care, health statistics.

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