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CONFERENCE ABSTRACT

Building a Population Based Cognitive Screening System to Improve the Early Diagnosis of Dementia in Japan

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An introduction: Since the global population is rapidly ageing dementia has become a worldwide concern; the illness places considerable burdens on individuals and their family members as well as on a health and social care provisions. By 2050, 135 million people are estimated to have dementia in the world. In 2010 the global cost of dementia care was estimated at $604bn and was estimated to increase to $1tr by 2030. Japan, a rapid ageing country, is requiring urgent interventions regarding dementia.

Of all chronic diseases, dementia is one of the most significant contributors to dependence and disabilities of individuals. Because of the absence of a cure, a professional's belief; nothing can be done to dementia, has contributed to the delay of its diagnosis. However, the increasing number of evidences showing possibilities of prevention, earlier diagnosis and interventions of dementia begin to draw international attentions. In Japan, although every municipality is obligated to have a multidisciplinary team to cope with dementia since 2015 under the national policy, the actual implementation hasn't developed so much yet.

This research aims to summarise establishment of the population based cognitive screening system project in M-city in Japan to provide the evidences of the diagnosis and early interventions in dementia care.

Short description of practice change implemented: We conducted a pilot project in M-city. We chose this city, located within 20km area from the centre of Tokyo, because of the great necessity to develop interventions for dementia while their elderly population rises rapidly. We organized a study committee composed of the city workers, the representatives of long-term care providers, and academic experts in order to develop methodologies for the dementia screening and the steps of interventions afterward. The intervention includes following steps; 1) consultation of memory problems, 2) explanation of the project to individuals with dementia and their families, 3) execution of the questionnaire survey (DASC-21 (AWATA2016., et al)), 4) care management (i.e. encourage visiting a home doctor or medical institutes supporting dementia, education of self-care, adjust the use of long-term care services etc.) and 5) monitoring, and they were applied in all Community-based integrated Centres and some of

primary care doctors, pharmacists, and long-term care providers. DASC scores of each participant at the points of the screening and the monitoring were collected together with the participant's self-reports about their daily practices in self management.

Key findings: In order to promote the early diagnosis and interventions for people with dementia, it is necessary to focus on patients who are discharged from acute hospitals. Moreover, cooperation with primary care doctors is indispensable (essential) in cognitive screening systems, and it is important that those doctors take a role in exclusion of non-dementia diseases and in an appropriate management of coexisting conditions and daily lives of dementia patients. Although DASC-21 is useful as a screening tool, development of a simpler tool is needed.

Highlights: M-city continues the project of the cognitive screening system and publishes the results to the citizens. Furthermore, M-city is considering to strengthen the coordination between Community-support centers and primary care providers in order to establish a screening system. The city is also preparing to introduce financial incentives to encourage screening.

Conclusion: While Japan is promoting to construct the community-based integrated care system, the measures to achieve so are depending on the decisions of each municipal government. M-city started to build the cognitive screening system to improve early diagnosis of dementia and they investigate whether the screening system influences on containment of future medical and care cost as one of the outcomes. Although this practice is currently considered as advance in Japan, such practices need to be more common in the future.

Keywords: cognitive screening system; dementia; early diagnosis; japan

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