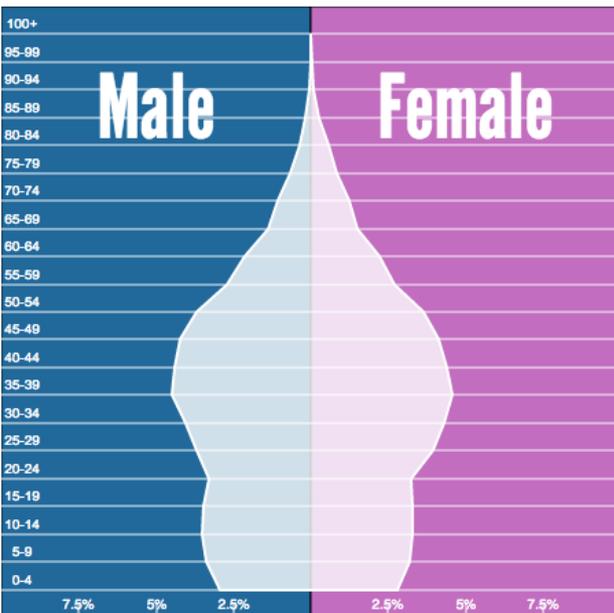


Caring for Patients with Alzheimer's Dementia: A Singapore Perspective

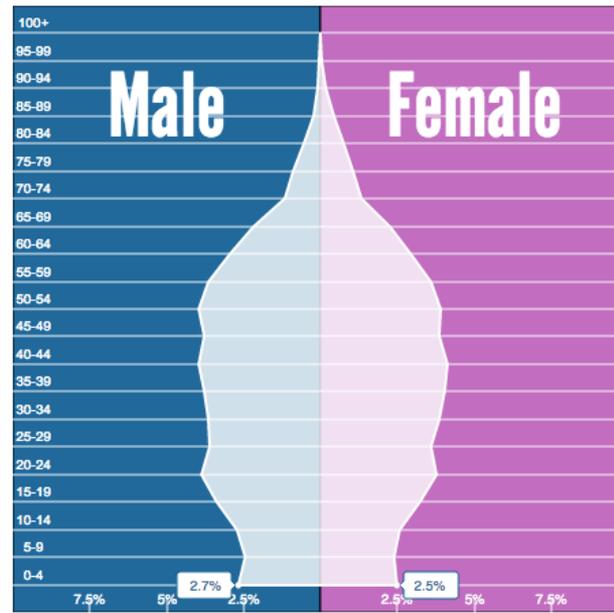
Dr Christopher Lien
Senior Consultant Geriatrician



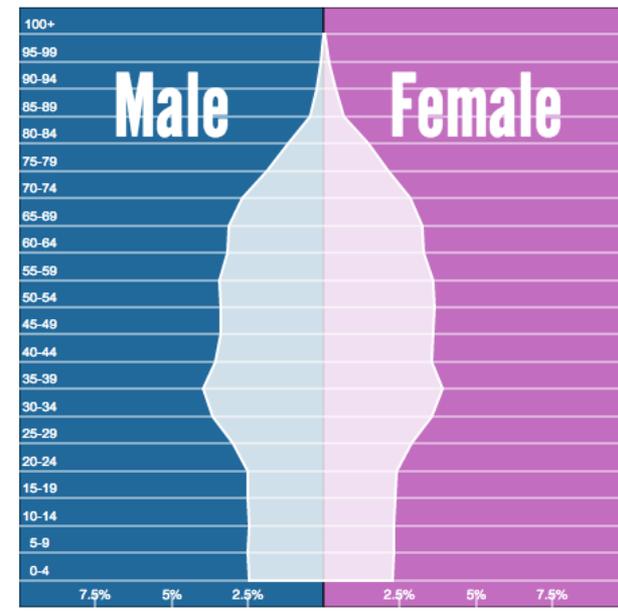
2005 ' Population: 4.495.000



2015 ' Population: 5.618.000



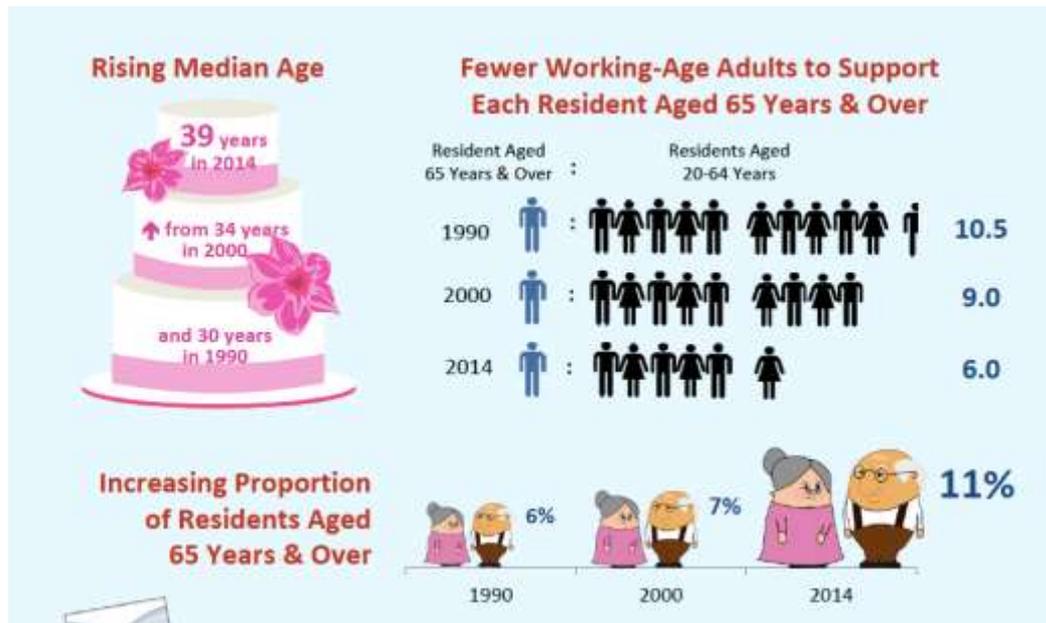
2030 ' Population: 6.577.000



<http://populationpyramid.net/singapore/2030/>

Singapore Population

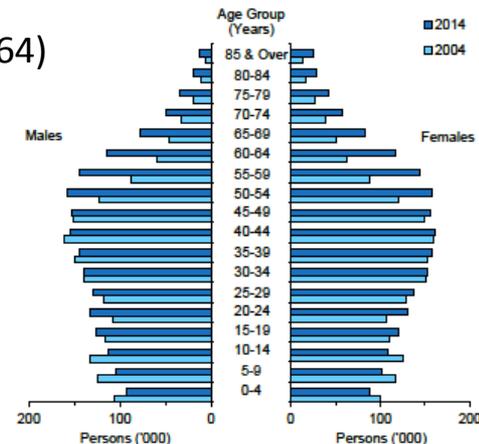
- 5.47 million in June 2014 (3.85 mil residents)
 - Aged 65 and above 10.5% (approx 400 000)
- Foreign Domestic Workers: 218 000



ts age 15 – 64)

s age 15 – 64)

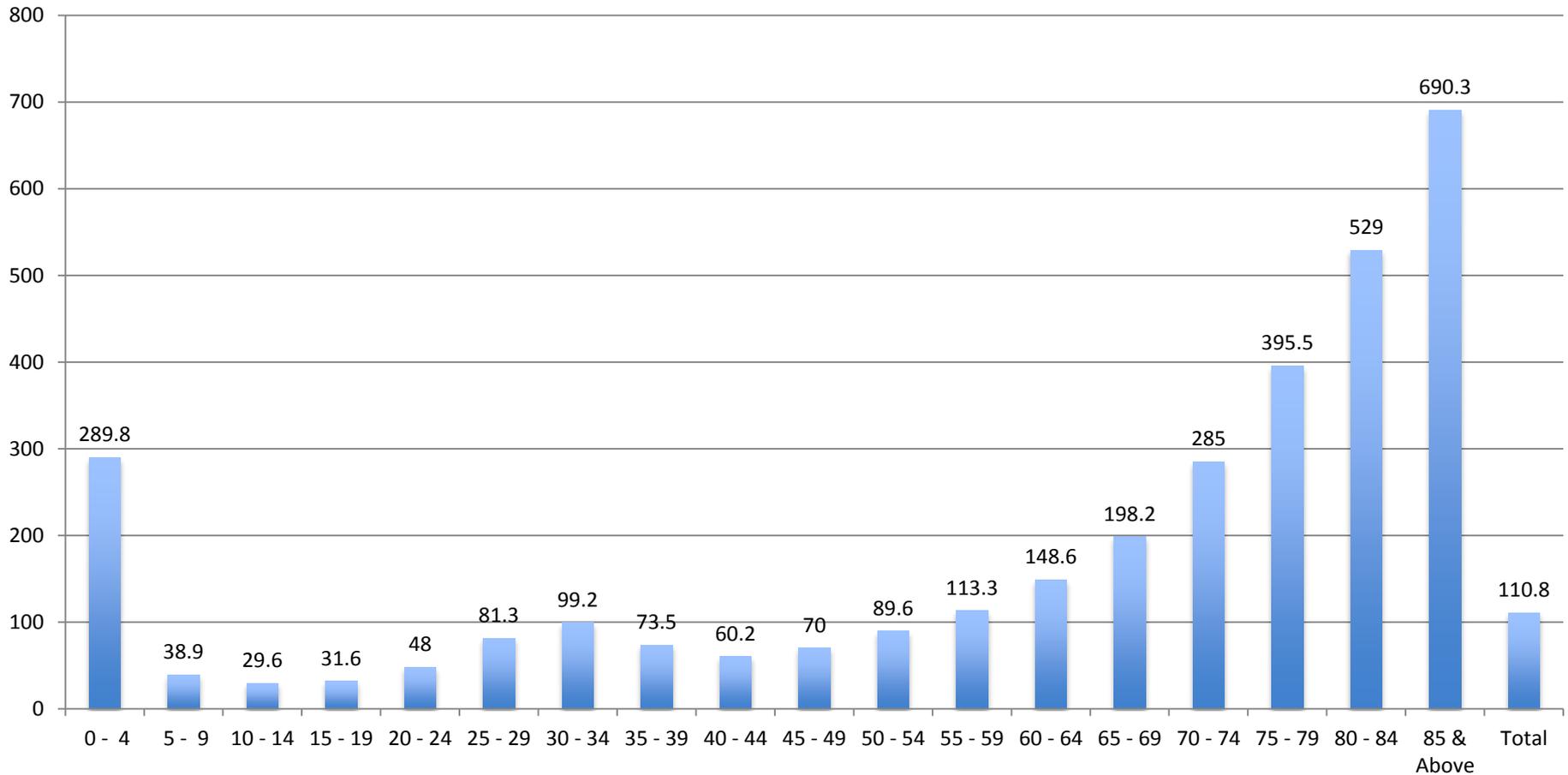
Chart 1.2 Age Pyramid of Resident Population



- Life expectancy at birth: 82.5 years
- Life expectancy at age 65: 20 years

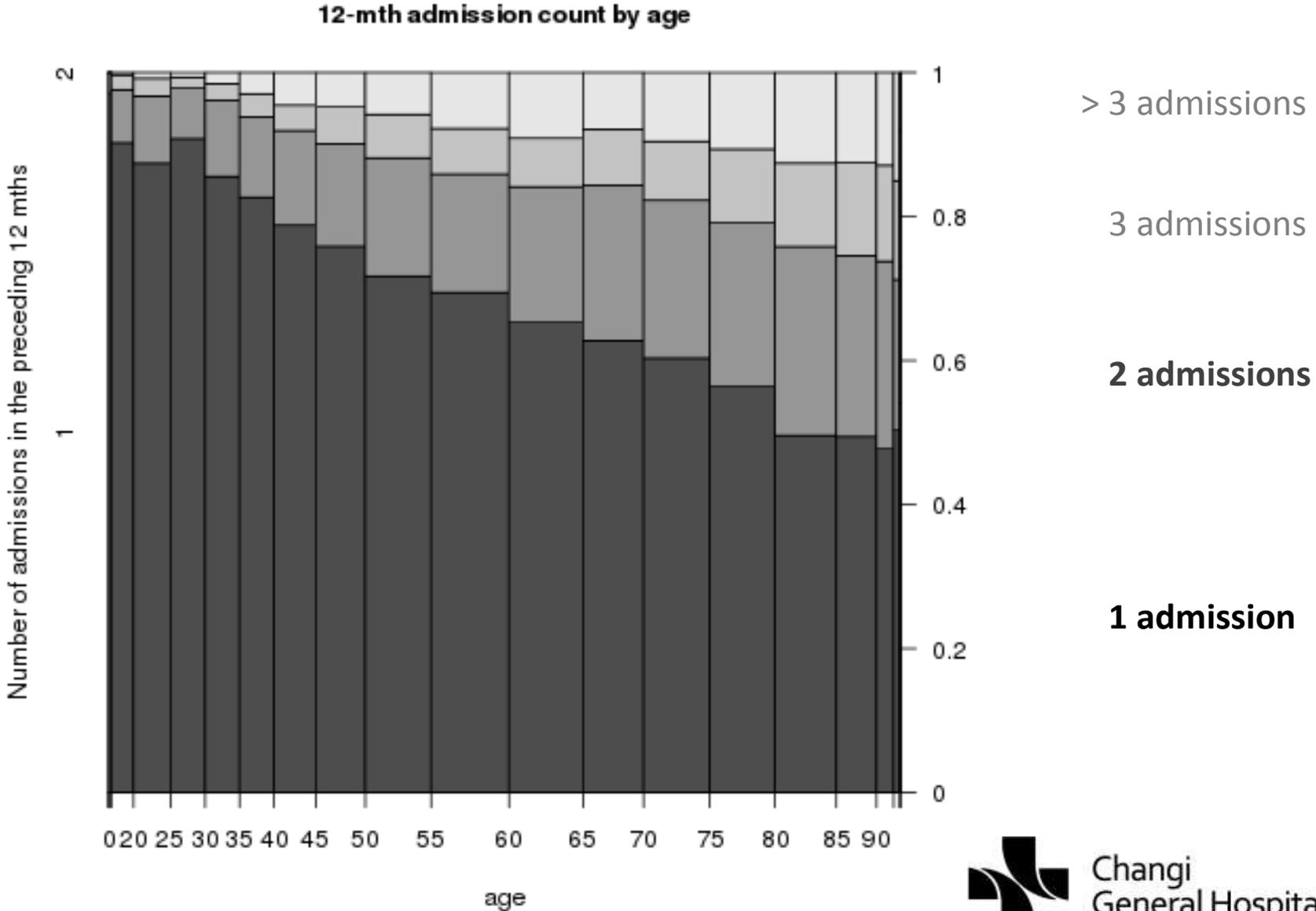
Hospital Admission Rates by Age

(per 1000 resident population) in 2012

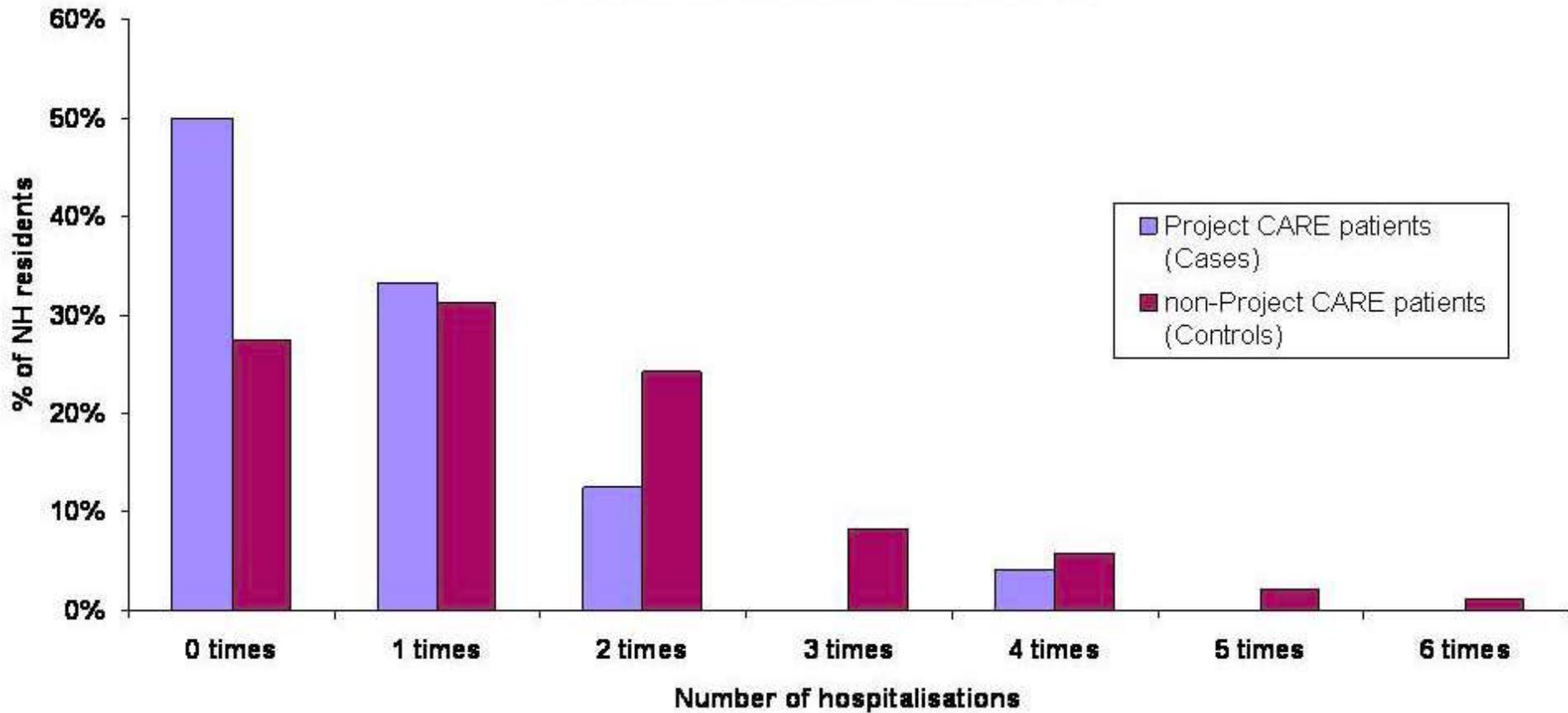


30 day readmissions: 12.2% (aged \geq 65: 19%)

12 month admissions - 2013



Number of Hospital Admissions Of Nursing Home Residents In The Last 6 Months Before Death



Singapore – Health Facilities

- 11000 acute beds
 - 2195 specialty centres
 - 1562 private hospitals
- 11000 ILTC beds
 - 830 community hospital
 - 186 chronic sick
 - 10652 nursing home (5000 more in next 5 years)
 - 150 inpatient hospice
- Community Facilities:
 - 14 Dementia Day Care Centres
 - 50 Day Rehab/Day Care Centres
- Home Care Providers:
 - 11 Home nursing providers
 - 10 home medical providers
 - 5 home hospice providers

Table 1.1
Estimated costs and number of people with dementia in the Asia Pacific region

	Projected Population ('000)*	Estimated Number of people with Dementia ('000)			Estimated Costs US\$ (mln)
	Y2015	Y2015	Y2030	Y2050	2015
ADI Members					
Australia	23,923	328	520	864	\$ 12,892
Bangladesh	160,411	460	834	2,193	\$ 321
China, P.R.	1,401,587	10,590	18,116	32,184	\$ 44,619
China, Hong Kong SAR	7,314	115	212	438	\$ 3,227
China, Macau SAR	584	4	11	26	\$ 158
Chinese Taipei	23,380	260	461	840	\$ 6,990
India	1,282,390	4,031	6,743	12,542	\$ 4,620
Indonesia	255,709	1,033	1,894	3,979	\$ 1,777
Japan	126,818	3,014	4,421	5,214	\$ 93,240
Malaysia	30,651	123	261	590	\$ 705
Nepal	28,441	78	134	285	\$ 52
New Zealand	4,596	60	96	154	\$ 1,199
Pakistan	188,144	450	712	1,422	\$ 642
Philippines	101,803	301	568	1,149	\$ 599
Singapore	5,619	45	103	241	\$ 1,064
Republic of Korea	49,750	462	974	2,113	\$ 8,676
Sri Lanka	21,612	147	262	463	\$ 230
Thailand	67,401	600	1,117	2,077	\$ 1,810
ADI members total	3,790,133	22,100	37,438	66,772	\$ 183,422
Non ADI members*	211,660	1,179	1,970	4,209	\$ 1,446
Total Asia Pacific	3,991,793	23,279	39,409	70,981	\$ 184,868

+ Population projection from ADI based on UN data (<http://esa.un.org/wpp/>)

* Non ADI members consists of 21 countries/territories

Prevalence and cost data from ADI's World Alzheimer Report 2009, World Alzheimer Report 2010 and GB policy brief 2013. As the prevalence rates and the number of people with dementia are derived from projected population figures, some data may vary from different reports and analyses.

Prevalence of dementia

Country	Population (2015)	Prevalence (2015)	Prevalence (2030)	Prevalence (2050)
China	1.4 bil	10 mil	18 mil	32 mil
Hong Kong	7.3 mil	115 000	212 000	436 000
Singapore	5.5 mil	45 000	103 000	241 000
Indonesia	255 mil	1 million	1.89 mil	3.9 mil
Malaysia	30 mil	123 000	261 000	590 000

[About Dementia](#)



[Caregivers](#)

[Support Services](#)

[News & Events](#)

About Us

- [What We Do](#)
- [Milestones](#)
- [Management Committee & Management Team](#)
- [Financial & Annual Report](#)

[LEARN MORE](#)

Make a purchase that makes a difference

Each time when you make a purchase with us, you are helping to support the work of Alzheimer's Disease Association in providing care for people with dementia and their caregivers.

[START SHOPPING](#)

NEWS | 07 Oct 2011 Welfare Groups pool resources and cut cost more....

[Home](#) > [About Us](#) >

About Alzheimer's Disease Association, Singapore

The Association was formed in 1990 as a result of growing concern for the needs of people with dementia and their families. ADA is a voluntary welfare organization and is made up of caregivers, professionals and all who are interested in dementia.

Our Mission

- To provide quality care and support
- To promote research, education and training for dementia intervention and prevention
- To be the voice for people with dementia and their families
- To be the leader in dementia care
- To enable people with dementia and their families to continue to live with dignity

Our Core Values

Compassion, Commitment, Innovation, Professionalism, Integrity

Our Objectives

- To increase the quality and quantity of care for the elderly with dementia
- To increase the number of services for the elderly with dementia and to be a model for other organisations to follow and learn from
- To increase families' abilities to cope with and continue caring for their elderly with dementia
- To manage and support Centres for the elderly with dementia
- To increase opportunities for research, the teaching and training of psychogeriatrics for personnel caring for the elderly with dementia

Diagnosis & Assessment

Have you noticed a change of behaviour in your loved one? If yes, do seek an early assessment and diagnosis for dementia from specialists that include geriatricians, psycho geriatricians, neurologists and psychiatrists.



Diagnosis & Assessment

For people with dementia and their families, an early diagnosis has many advantages. Seek help from a doctor for an assessment and diagnosis.

[Diagnosis & Assessment](#) >



Understanding Dementia

Dementia describes the effects of certain conditions and diseases on a person's mental ability, personality and behaviour.

[Understanding Dementia](#) >



Living With Dementia

People with memory loss and confusion exhibit challenging behaviours because the disease has caused changes within the brain.

[Living With Dementia](#) >

About Dementia

- < [Dementia Overview](#)
- < [Diagnosis & Assessment](#)
- < [Where To Go For Diagnosis](#)
- < [Understanding Dementia](#)
- < [Living With Dementia](#)
- < [Research](#)
- < [Statistics](#)
- < [Publications](#)
- < [Person Centered Care](#)
- < [Public Education](#)

Dementia Helpline
6377 0700

Mondays to Fridays
9.00am - 6.00pm

HEALTHY MINDS, HEALTHY COMMUNITIES

National Mental Health **BLUEPRINT** SINGAPORE 2007 - 2012



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The CPGP aims to improve the mental health of the elderly through community partnerships. Launched in 2007, Changi General Hospital began the programme in the eastern part of Singapore. Its equivalent, the Aged Psychiatry Community Assessment & Treatment Service (APCATS) which is spearheaded by the Institute of Mental Health, services central and western Singapore.

The CPGP also works with staff and volunteers of eldercare agencies such as day care centres, community hospitals, nursing homes and Community Development Councils as well as general practitioners. Under this programme, staff and volunteers were trained to understand and manage mental health problems in the elderly. Training is conducted in English, Malay and Mandarin in order to meet the needs of participants and where required, intermediate modules that provide more in-depth knowledge and skills have been conducted.

Eldercare agencies are encouraged to screen their vulnerable clients for dementia and depression and post-screening assessments of clients who need help are arranged. Ongoing support and consultancy has also been made available to interested agencies.

This programme provides direct care to home-bound elderly with mental health problems and their caregivers, thereby avoiding unnecessary admissions to hospitals.

At Changi General Hospital (CGH), clinical attachments for doctors and staff from other institutions, such as St. Andrew's Community Hospital, Alexandra Hospital, Tan Tock Seng Hospital and Singapore General Hospital are provided.

CGH worked with St. Hilda's Community Services and Temasek Polytechnic on a Ministry of Community, Youth and Sports (MCYS) funded project to develop "Mind Games" for the elderly. The CPGP trained the staff of St. Hilda's and other eldercare agencies on how to use the prototype of the "Mind Games" in order to extend the use of the games to other agencies.

CPGP TEAM SUPPORTS ELDERLY PATIENTS AT HOME

After exhibiting unusual behaviour, 84-year-old Mr Lee* was sent to IMH where he was diagnosed with delusional disorder (persecutory type). He was put on anti-psychotic medication and after his condition stabilised, he was discharged. However, his family faced great difficulty in bringing him for his check-ups at IMH because he was wheelchair-bound and his children did not drive. As a result, he was put on the APCATS programme.

As his condition is stable, APCATS team reviews Mr Lee every three months. During the one hour visit, a nurse and a doctor will assess his mental state, check for side effects of the medication, do a physical examination and provide psycho-education and caregiver support. A medical social worker, occupational therapist or physiotherapist will also visit him from time to time to provide social support and functional assistance.

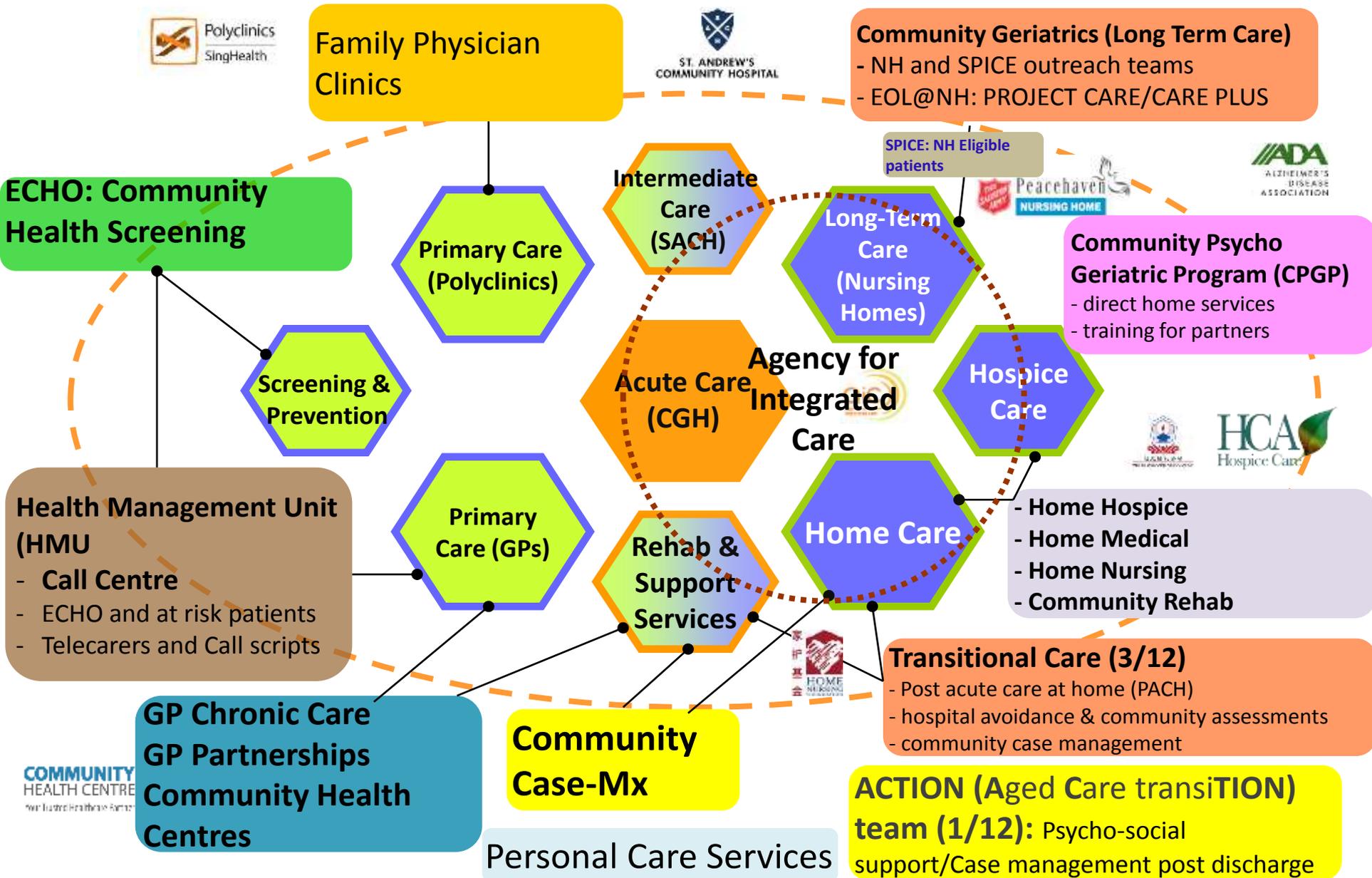
APCATS helped Mr Lee's family to apply for Medifund subsidy to pay for the visit.

His daughter Ivy Lee said, "My siblings and I are already in our 50s and it is hard to juggle work with bringing our father to the outpatient clinic at IMH since it opens only during office hours and on weekdays. The home visits have greatly helped my family emotionally and financially."

*Not patient's real name.

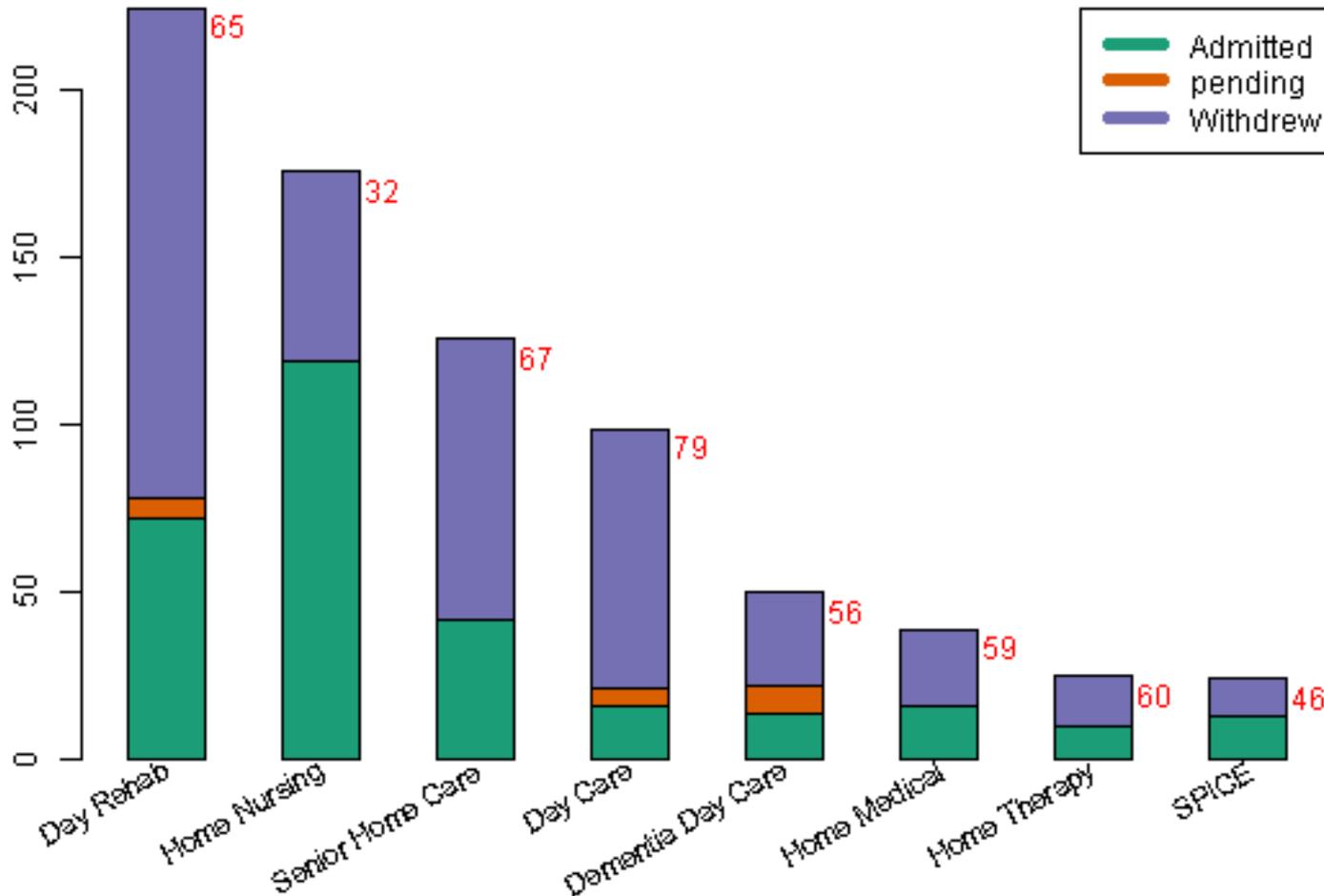
Diagnosis and Support

- Memory clinics (4-6 months lead time)
- Early intervention programs (variable)
- <http://www.alz.org.sg>
- Caregiver support
 - enrolment and access
- Dementia Day Care Centres
 - Day Rehabilitation Centres
 - Senior Care Centres
- Rehabilitation and re-enablement:
 - Day Centres
 - Home based
 - Ambulatory Care services
- Post acute care/Transitional Care Teams
- ACTION team (1 month post discharge)
- Community Psychogeriatric Team
- CREST (Community Resource, Engagement and Support Team)
- <http://www.goodlife.org.sg>
- Community Support:
 - Ageing-in-place
 - Neighbours
 - Virtual Hospital



Enrolment in community services through AIC IRMS (Integrated Referral Mx System)

Referral outcome by service type

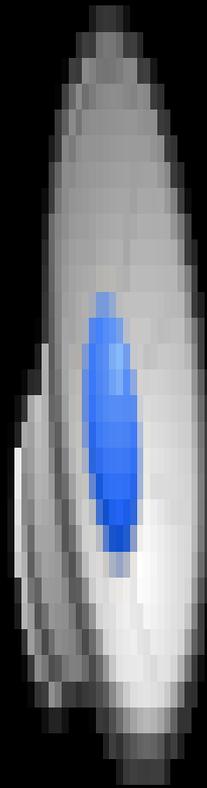














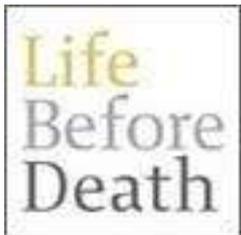






Beginning with the end in mind?

End of life reflections



I'm dying here
and you treat it
like it's no big deal.

Thank you.

“Thank you for treating me as if I’m still a part of your life. Thank you for not treating me with kid gloves. For not treating me as if I am already dead.

Thank you for talking to me. After all, I’m just dying. It’s not as if I’m deaf or have lost interest in football or anything. And thank you for listening to what I want, and what I have to say about my life and my death. Most of all, thank you for being there with me, and sharing your love with me while I am here to enjoy it.”

In life, what we say to each other matters, and perhaps never more so than at the end of our lives. Words can be profound gifts. And of all the words in the world, it’s the simple ones like ‘thank you’, ‘I love you’, ‘I’m sorry’, and ‘I forgive you’ that can bring the greatest comfort to the dying, and be the greatest blessing to those that remain.

Find out more about how to say it - in words, with an e-card or even flowers - at www.lifebeforedeath.sg

Beep

Beep

Beep

Beep

Beep

Beep

Wouldn't the voice
of a loved one make
a better farewell?

Dying in a brightly-lit, white, noisy and echoing hospital ward, or at home, among familiar, sights, sounds and the people you love? Not surprisingly, we've found that given the choice, many people opt for the second way.

Unfortunately many people don't get to make that choice; either because of medical necessity or because they avoided ever talking about death with their families while they were still able to.

That's why it's a good idea to have a think about how you would like to make your farewell, and then a quiet chat with your family about your thoughts. Remember, talking about death won't kill you.

For honest and sensitive discussions about death, start at www.lifebeforedeath.sg

Why we shouldn't be afraid to say... um... the D word.

Death. Though it happens one day to us all, many of us avoid speaking of it even if it is imminent.

But talking about death won't kill us. In fact we've found talking openly about death, and our feelings, can bring the sort of comfort, solace and indeed personal growth that even doctors and medicine cannot.

To find open and honest discussions about death, start at www.lifebeforedeath.sg

Are we dying more connected to machines than our loved ones?

The miracle that is modern medicine has extended the length and quality of our lives. But it may also separate us from our families at the time of our death for the sake of keeping us alive a few extra days or weeks.

But it also offers us another option: palliative care. Rather than extending the length of life at any cost, it tries to improve the quality of our remaining days.

Find out more about dying well at www.lifebeforedeath.sg

•
Every life comes to a full stop eventually. But it's what is said before the full stop that matters.

Say 'I love you', 'thank you', 'I'm sorry', or 'I forgive you' while you can. Tell your loved ones how you feel.

Things that are left unsaid will remain unsaid forever. But spoken out loud, these words can be a gift to the dying or a profound blessing on those that remain.

Find out more about ways to say it at www.lifebeforedeath.sg

“Hi it's me.
I'm dead.”

When Melissa Spangenberg's father died, she set out on a quest to inform all his 'World of Warcraft' gaming buddies of his death, so they would not think he had simply abandoned them.

We all have different ways of honouring our loved ones. But in our experience, the best way to do so is while they are still alive.

See how others have honoured their loved ones in life with legacy albums at www.lifebeforedeath.sg

End-of-Life Care

Life
Before
Death

www.qualityofdeath.org



Economist Intelligence Unit The Economist

The quality of death Ranking end-of-life care across the world

A report from the Economist Intelligence Unit
Commissioned by



生也安然 离也坦然
Live Peacefully, Leave Calmly

A close-up, artistic photograph of an hourglass. The top bulb is filled with a vibrant teal liquid, which is dripping into the bottom bulb. The liquid in the bottom bulb is a lighter, more translucent teal. The hourglass is positioned on the left side of the frame, with the rest of the background being a plain, light color.

LIVING WITH THE END IN MIND

A STUDY OF HOW TO INCREASE THE
QUALITY OF DEATH IN SINGAPORE

PERSPECTIVES OF 30 LEADERS

by Koh Buck Song

Photo Projects

Life
Before
Death



Happy Coffins (2010)



Lien Foundation Survey on Death Attitudes

(General Population)

Blackbox Research



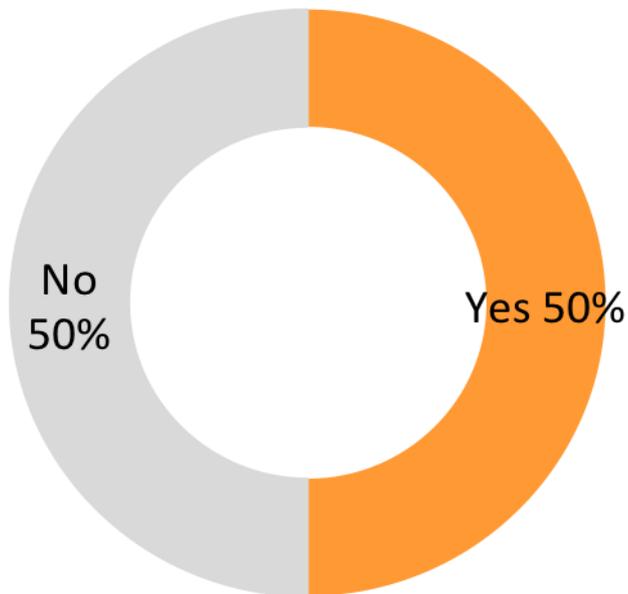


**How comfortable
are people
talking about
matters related
to death and
dying?**

Discussions about Death/ Dying

Only half of Singaporeans have talked about death or dying with their loved ones

Chinese respondents and those aged above 60 are less likely to have talked about death or dying



	18-29	30-39	40-49	50-59	60+
Yes	59%	47%	52%	53%	37%

	Chinese	Malay	Indians
Yes	47%	57%	60%

Base: All respondents (n = 1006)

Reasons for not talking about death/dying



Those above 60

“There’s no need to do so” (42%) and “I don’t know how to broach the topic” (40%)



Chinese

“I don’t know how to broach the topic” (47%) and “I don’t want to burden anyone with it” (39%)

B0. Have you talked about matters related to death or dying with your loved ones?

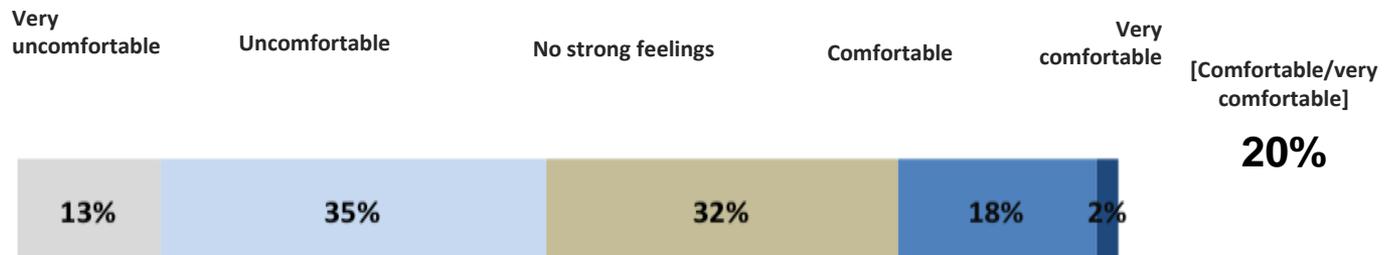
Level of Comfort with Discussing Death

36% of the respondents said they were comfortable with talking about their own death. However, when asked about talking to someone who is terminally ill, only 20% said they would be comfortable.

Own Death



With Someone with a Life-Threatening Illness



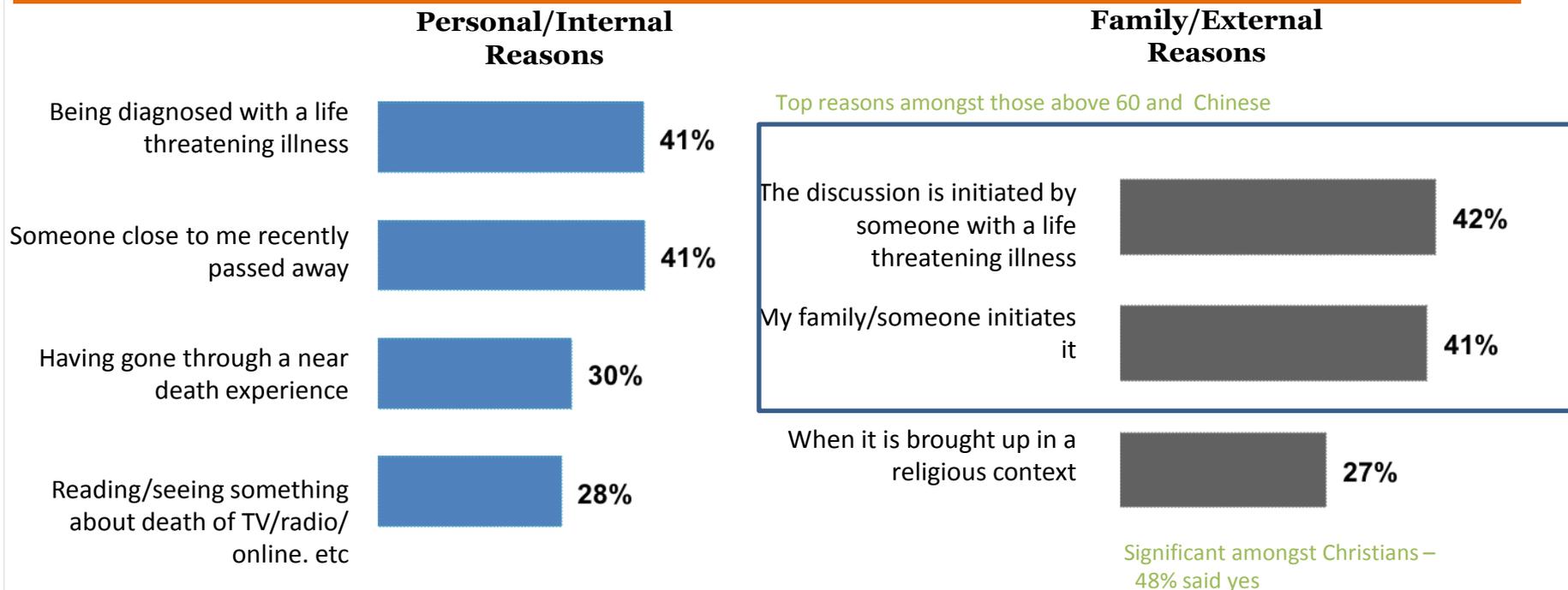
Base: All respondents (n = 1006)

B1. How comfortable are you with discussing your own death or dying?

B2. How comfortable are you talking about death or dying with someone who has a life threatening illness (with a year or less to live)?

Triggers for Discussions about Death

The biggest triggers for talking about death are when one is faced with a life threatening illness or if someone passes away.



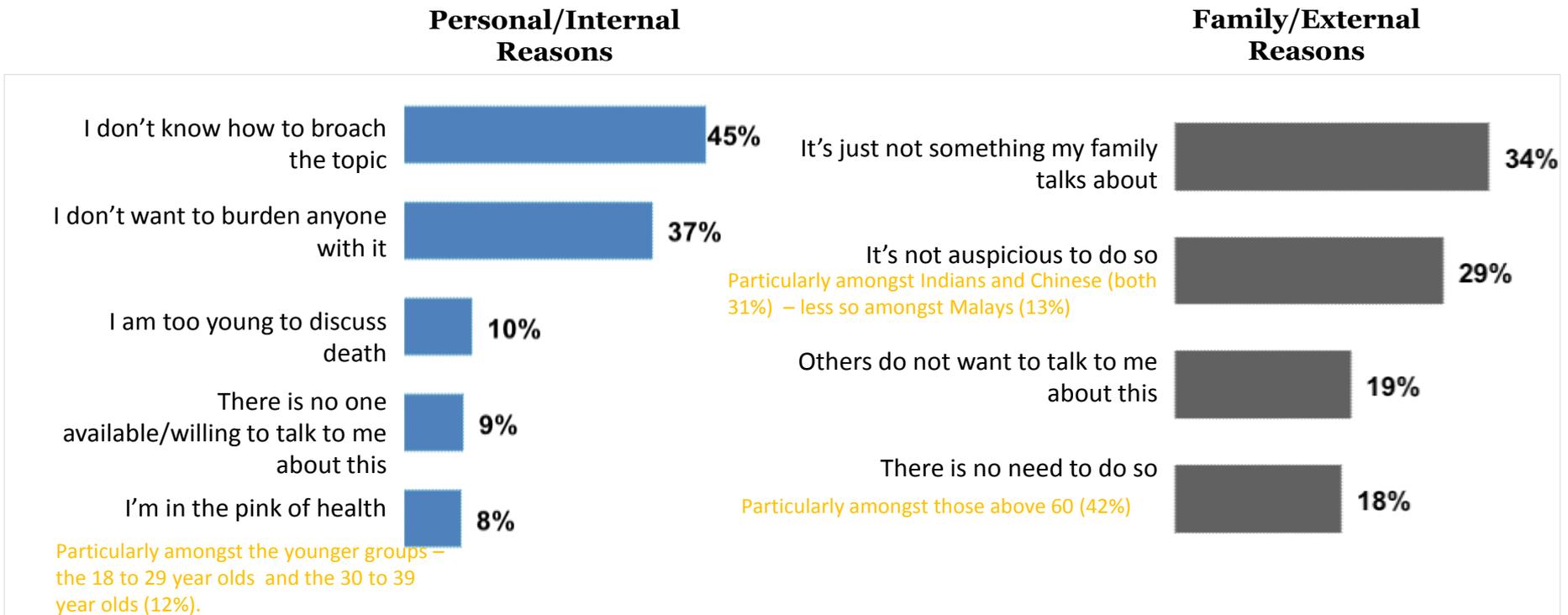
Key finding

Seniors and the Chinese can be quite passive when it comes to talking about death – they wait for someone with a life threatening illness or a family member to initiate the conversation first.

Base: Those uncomfortable with discussions about death (n = 500)

Reasons for Discomfort

The biggest reason for discomfort with talking about death/dying is that respondents do not know how to broach the topic (45%). In terms of family/external reasons, 34% said that it is just not something that their family would talk about.



Base: Those uncomfortable with discussions about death (n = 500)

B3 Which of the following statements best describes why you are uncomfortable with talking about death or dying

**What do
people fear
about death?**

- Medical costs (88%)
- Being a burden to family and friends (87%)
- Well-being of their family after death (80%).

Where and how do people want to die?

- More than three quarters of Singaporeans want to die at home –even if there was insufficient support from family, friends or medical professionals
- Most Singaporeans associate dying well with dying without illness, pain or suffering.
- The top priority of Singaporeans is to ensure that their death would not be a financial burden to family members. Other important concerns are also having control over pain relief and to be surrounded by loved ones.

Lien Foundation Survey on Death Attitudes Doctors & Nurses Survey

Blackbox Research



10 Key Questions

On Palliative Care

- 1 How familiar are medical professionals with palliative care?
- 2 Are current educational programmes adequately preparing medical professionals for supporting patients with life-threatening illnesses?
- 3 Do medical professionals recognise the importance of palliative care?
- 4 Do medical professionals discuss palliative care with their patients?
- 5 How do medical professionals rate palliative care and what are their personal attitudes towards it?

On Death and Dying

- 6 How comfortable are medical professionals with talking about death and dying?
- 7 What do medical professionals fear about death?
- 8 Where and how do they want to die?
- 9 Are medical professionals adequately preparing for end of life?
- 10 What are medical professionals professional and personal views towards life-prolonging treatments?

Obitcheery (2013)

死

她从不畏惧。因为她深信“死”不该是人人忌讳不谈的话题。

所以，当我太太得知自己患上了绝症，她非常勇敢地面对一切。她非但不怕提起“死”这个字眼，反而坦然地与家人朋友深谈此事。也许就是因为她把死亡看得太沉重可怕，因此可以不受束缚地安排自己的后事。她把握了时光，分别为孩子、岳母、姐妹们，还有我，写下了遗言。体贴入微的她还分配好一笔钱留给孩子们，为他们的将来做好打算。她能在临走前完成这些事，充分反映了她的坚强与豁达。

也许，“走好”从中有了更深一层的意思。而“死”，其实根本无需忌讳。



符标玲
于2011年12月4日逝世

夫：陈衍福
子：陈奕鸣 陈奕达
女：陈思利

The power of Obitcheery: How fun can being a talking die?

Some dedicated it to their loved ones. Some left for the occasional remote Obitcheery, yearned for the great with us.

Compassion
Dedication
Address
Patience
Patience for Life
Memory

Life • Stories

These are stories told and created by families and friends - beautiful regions and full memories of their loved ones, each deserving an "Obitcheery" in celebration of their lives.

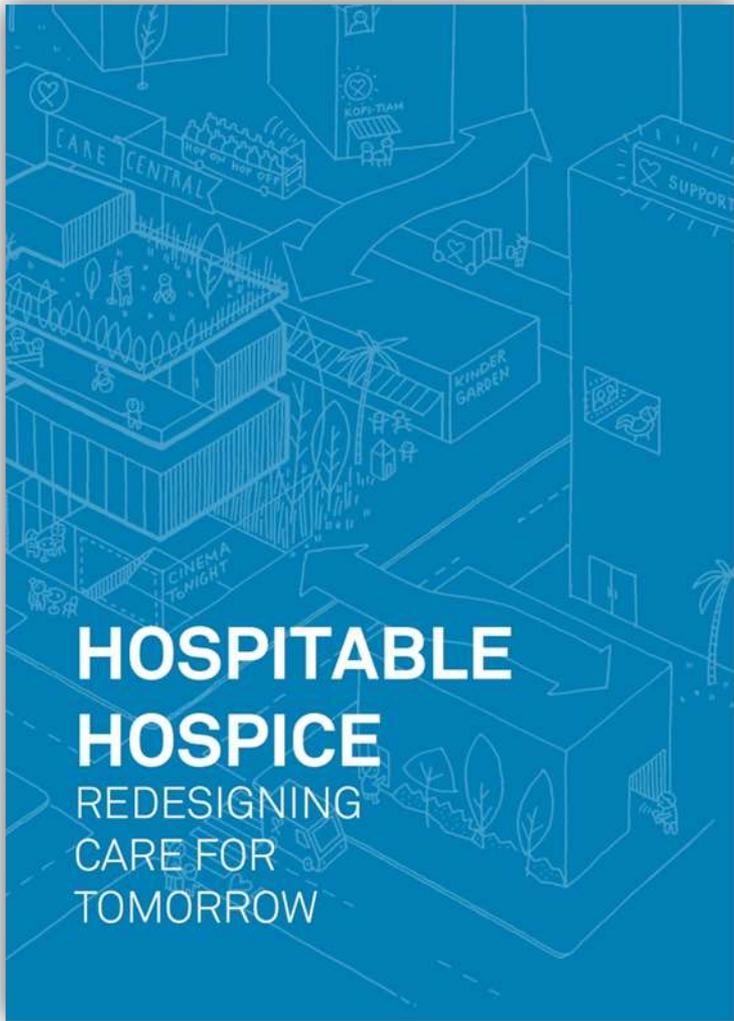
The Life Foundation thanks all participating families and friends for sponsoring these loved ones, memories, and moments from an obitcheery, an obitcheery, and obitcheery - a world of books, and new eyes on obitcheery.

Special thanks to Marketing Advertising International for their support of love in creating each obitcheery with the "obitcheery" and capturing the joy of life with creative courage.

Obitcheery
www.obitcheery.com

Life Foundation

Hospitable Hospice



HOSPITABLE HOSPICE 24 EXPERIENCE DESIGN PRINCIPLES



CARE CENTRAL



Both Sides Now @ KTPH



Both Sides Now @ Heartlands



MOS

Die Die Must Say

4D: 0484





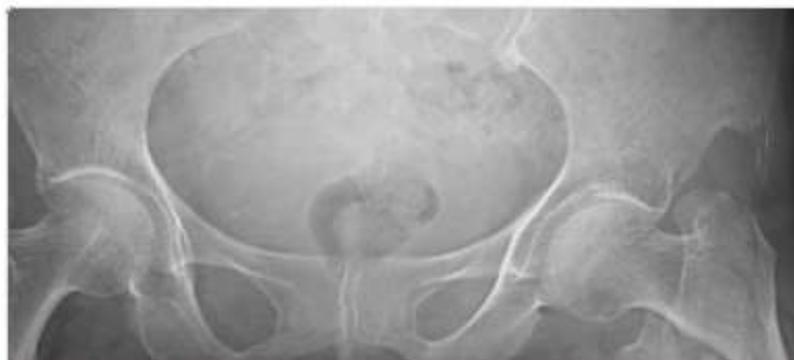
Mr Lim

Chronic care for a patient with limited means



Mdm Lee

Confusion and conflict about nutrition and hydration



Mdm Wu

The right to make a bad decision?

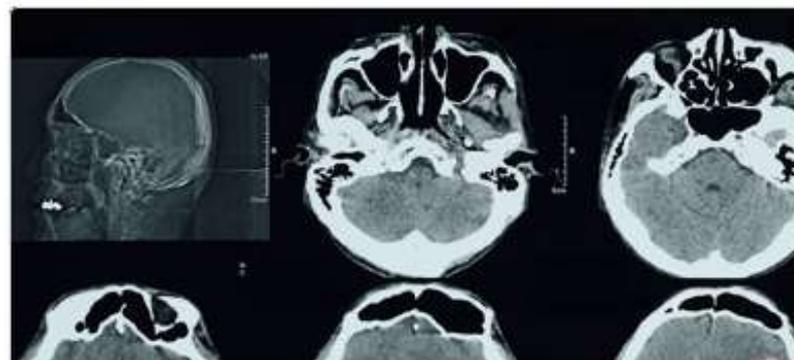
Ms Mendez

Providing care to foreign workers



Mr Shi

Cognitive impairment and decision-making



Mr Yung

Decision-making following a catastrophic brain injury

Centre for Biomedical Ethics at the Yong Loo Lin School of Medicine

Making Difficult Decisions with Patients and Families

A Singapore Casebook



BROWSE BY TOPIC

artificial nutrition and hydration • brain injury • clarifying diagnosis and/or goals of care • conflict within family or between family and team • decisions about potentially life-sustaining treatments • discussing and using patient preferences • financial consequences of treatment • foreign domestic workers • home care and nursing home • hospital (emergency and inpatient) • outpatient • paediatrics • resource allocation • truth-telling • uncertainty about patient's decision-making capacity



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Centre for Biomedical Ethics
Yong Loo Lin School of Medicine



Caring for Patients with Alzheimer's Disease – in summary

- Awareness
- Health system capability, capacity, structure
 - Basic vs discretionary
 - Private, public and non-profit
 - Workforce
- Coping with loss(es)
- Difficult conversations, decisions and choices
- Disease burden a natural resource?