

Long term care of Dementia and Alzheimer's Disease in Mauritius

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AGEING POPULATION

- Life expectancy 2014 M 70.95; F 77.34
- 2030 M 73.73 ; F 79.03
- Percentage old persons 2000-9% ;
- In 2014-13% of 1.320,000 = 179,200 ;
- In 2030-20%
- Estimation of 6000 Persons with Dementia and AD
- (ADI 2009 Report)
- NCD prevalence high HBP and Diabetes 1 in 5 ;
- CVD risk and vascular dementia
- Tobacco – Alcohol use disorders and IVD
- Low education in elderly F>M
- Obesity and physical inactivity

DIAGNOSIS and TREATMENT

- Middle and Late stages of dementia
- Public Hospitals in 5 regions with decentralised inpatient and outpatient Psychiatric, Neurological and Medical services
- Laboratory tests and MRI on demand by treating specialist
- Private Clinics with specialists and investigative tests available, MRI and psychological assessments done for confirmation of diagnosis
- Treatment in private and public with availability of antipsychotics, anxiolytics and antidepressants. Anticholinesterase- inhibitors in private only.
- Psychiatric admission for difficult challenging behaviours
- Data on dementia is scarce
- No differentiation between patients with specific types of dementia and AD
- Who made the diagnosis?, Are the diagnostic approaches uniform ?
- How many of these patients have AD?

Awareness and Education

- Association Alzheimer
- Public Conferences
- Alzheimer 's Month September
- Media campaigns
- Ministry of Social Security has a health promotion program in 20 Elderly Day Care Centres(EDCC) and Residential Care Homes
- 27 Health and Nutrition Clubs in EDCC and SWC
- Activities in EDCC need to be adapted for dementia , cognitive stimulation and reminescence should be provided on a specified day for persons with dementia
- Training of professionals of health and social systems need to be continous and comprehensive

Residential Care

- Majority of persons with dementia and AD live in their own house with a relative or a carer
- 22 Charitable Institutions and 37 Private Residential Care Homes
- A study done by the Observatory on Ageing of MSS, 2014, on “*Management of Dementia and AD in Subsidised Homes*”
- 12% of those living in Charitable Institutions have dementia and AD and were admitted as there were no one to care for them at their house
- The workforce of these residential homes lack training in dementia care and activities were not dementia specific

Alzheimer Day Care Centre

- Association Alzheimer runs a day care centre 5 days a week from 8.30 to 15.30, providing a service to persons with dementia and their families
- List of activities include cognitive stimulation, music therapy and reminescence
- Proposal to collaborate with Senior Citizens Associations and the 20 EDCC's around the island, so as to have regional branches of Association Alzheimer and to provide day care facilities and support for persons with dementia

TRAINING

- MSS - General practitioners, nurses, physiotherapists, occupational therapists, social workers, social security officers and psychologists;
- MoH& QL- Consultants, specialists, registered medical officers, medical students, Nurses, Social workers, psychologists, speech therapists, occupational therapists, health care assistants, nutritionists, Community Based Rehabilitation officers;
- Formal and Informal carers
- Need for Gerontologist, geriatrician and specialised geriatric nurses
- Private sector professionals

Social Security and Income support

Under the National Pensions Act

- **Basic Retirement Pension (Universal Pensions)**
to elderly aged 60 and over. 3 rates:
(60-89 Rs 3,623,90-99 Rs 10,789, (100+ Rs 12,300)
- **Carer's Allowance-** Rs 2,286

Under the Social Aid Act(means tested)

- **Rent Allowance** to elderly living alone-Rs 1619
- **Additional social aid**
- **Allowance to purchase Dentures** – Rs 3221
- **Incontinence Allowance** to elderly over 75 years –Rs 423
- **Income Support** –Rs 267

Other Schemes

- **Capitation Grant per head/per day**
 - Aged 60 and below 90 Rs 220
 - Aged 90 and below 100 Rs 564
 - Aged 100 and above Rs 583
- **Inmates allowance-** Rs 560
- Other benefits in kind
- Assistive devices
 - Spectacles
 - Hearing aids
 - Wheelchairs
- Free bus travel
- 3 Residential Recreational Centres for the elderly

Services of MSS

- Monthly Domiciliary visits by medical practitioners to 5,000-6,000 persons aged 75-89 yr (severely disabled) and all those 90+yr
- Weekly medical visits to 20 Charitable Institutions. Provision for Nursing and paramedical staff
- Special 24 hour service to Foyer Trochetia only centre for 32 elderly persons with severe disabilities
- Training in palliative care to terminally ill elderly at Foyer Trochetia and Charitable Institutions

RETIREMENT AND LONG TERM CARE

- Public Civil Service Pensions Scheme - 6% contribution deducted from salary
- On retirement persons gets full pension based on $\frac{2}{3}$ last salary or opts for lump sum equivalent to 25 month salary + $\frac{1}{2}$ of last salary
- National Savings Fund , employers contribute 2.5% monthly and on retirement received as lump sum
- National Pension Scheme , employee contribute 3% and employer 6% of salary, on retirement will receive amount of contribution paid
- For private sector, there is a ceiling of Rs 15,000 to which this NPS applies
- Individuals opt for private insurance schemes, health insurance and retirement plan

Planning for long term care

- Majority of persons with Dementia and AD are cared for in their personal homes
- Information, education and training of caregivers
- Capacity building of all professionals working in the care of elderly
- Income support to be reviewed
- Carer's allowance need to be revised
- Health insurance schemes to be discussed with body of Insurers
- Retirement plan to be made also available for persons working in the private sector
- Day Care Facilities to look after persons with dementia and to provide respite to caregivers



RECOMMENDATIONS

- Intentional cooperation between MoH and MSS because of the biological and psychosocial nature of dementia;
- Ensure Community outreach services to prevent dependence on residential care alone;
- Increase pool of formal carers to provide home based services;
- Integration of dementia services at the primary health care level;
- Formal Psychiatric nurse training to increase the pool of mental health nurses in community health centres
- Capacity building among doctors, not limited to diagnosis and treatment, but include psychosocial interventions for dementia
- Commitment to make dementia a public health priority and to develop a national plan of action for dementia with the collaboration of all stakeholders;
- **(*Situation Analysis of Dementia and AD in Mauritius ; WHO, MSS and MoH, Dec 2013*)**

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- Thank you for your attention
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