

Dementia Care In Singapore

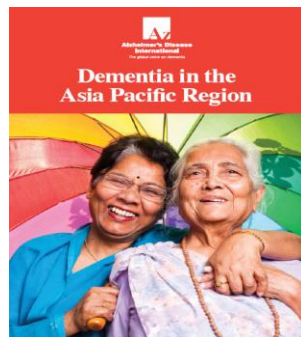
Philip Yap
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SINGAPORE

Estimated Number of People with Dementia ('000)			Estimated Costs of Dementia in Y2015 US\$ (mil)			
Y2015	Y2030	Y2050	Medical	Non-Medical	Informal Care	Total
45	103	241	\$ 89	\$ 721	\$ 854	\$ 1,664

(data from ADI 10/66 Dementia Research Group)



Comment

Good news on dementia prevalence—we can make a difference

The findings of the Cognitive Functioning and Ageing Study (CFAS) I and II are unequivocally good news. New data, reported in *The Lancet*,¹ suggest that the prevalence of dementia in the UK in 2013 was significantly lower than would have been expected based on the estimated prevalence in 1991. For CFAS I, data were taken from

It is plausible that changes in health behaviour and provision, including smoking cessation and improved management of cardiovascular risk factors such as hypertension, have prevented or delayed the onset of dementia at a population level. The next questions must be: how much further can we go in pursuit of



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...Dementia is a powerful example of the complexity and long-term nature of the disorders that are now the major outstanding challenges for health-care systems. **Those with dementia are generally an old and frail population with multi-morbidity...only 17% of people with dementia have no other long-term disorder.** ...If we can get services right for dementia, then we will be a long way towards getting them right for all individuals with complex and long-term disorders.

80 year old man with moderate stage dementia

- Widowed, lives with single daughter who works full time as a school teacher. Alone in the day, has a tendency to go out on his own. Suffers from hypertension, diabetes, hyperlipidemia, old stroke, OA knees, poor vision. Ambulant but gait unstable, has fallen thrice this year
- Issues
 - Falls, way finding, medication compliance, nutrition, hygiene
- **Increased frequency of micturition, nocturia, occasional incontinence, also suffers from constipation. Sleeps poorly at night**

THE STRAITS TIMES / Singapore

ST NEWS PREMIUM LIFESTYLE TECH COMMUNITIES VIDEO MULTIMEDIA

SINGAPOLITICS asia**report** COMMUNITIES READERS'POST STJOBS

New study on extended family to ensure care

Data on relatives' support can help policymaking as households shrink

PUBLISHED ON JUN 8, 2015 9:27 AM



The study, which started last month, will involve 1,500 people aged 55 and above who are either single or married but childless. **One-person households and those headed by married couples who are childless or not living with their children have almost doubled - from 175,000 in 2000 to 300,000 last year.**



International Psychogeriatrics: page 1 of 8 © International Psychogeriatric Association 2012
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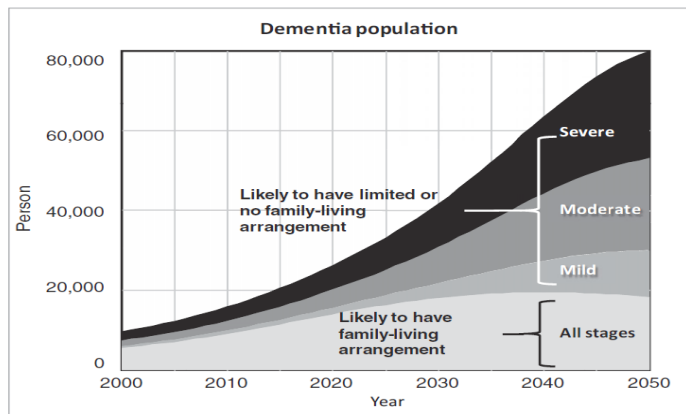
Future living arrangements of Singaporeans with age-related dementia

James P. Thompson,¹ Crystal M. Riley,² Robert L. Eberlein¹ and David B. Matchar^{1,3}

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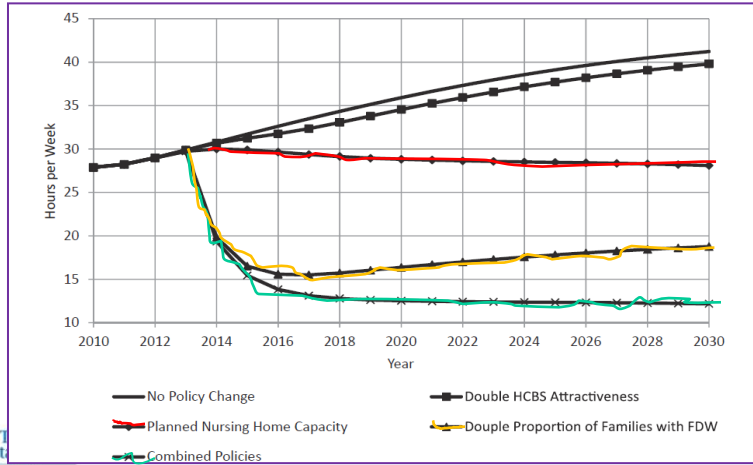
³Department of Medicine, Duke University Medical Center, Durham, North Carolina, USA



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 DOI: 10.1111/1475-6773.12030
 SIMULATION METHODS IN HEALTH SERVICES RESEARCH: APPLICATIONS FOR
 POLICY MANAGEMENT AND PRACTICE

Simulating the Impact of Long-Term Care Policy on Family Eldercare Hours

John P. Ansah, David B. Matchar, Sean R. Love, Rahul Malhotra, Young Kyung Do, Angelique Chan, and Robert Eberlein



Smart Home with Assistive Technology to secure safety, independence and maintain QoL for people with dementia and provide peace of mind for caregivers



The impact of neuropsychiatric symptoms on caregiver distress and quality of life in persons with dementia in an Asian tertiary hospital memory clinic

Results: Ninety-six percent of PWD presented with at least one NPS, 18% experiencing mild, 31% moderate, and 47% severe symptoms, respectively. While agitation (63.1%), apathy (61.8%), depression (55.5%), and irritability (55.5%) were the most common NPS; disinhibition (35.2%), hallucination (25.5%), and elation (14.2%) were the least common. NPS increased generally but differentially as dementia progressed and significantly predicted caregiver distress ($\eta_p^2 = 0.732$, $p < 0.0001$) and PWD-QoL ($\eta_p^2 = 0.066$, $p < 0.0001$). Factor analysis revealed two NPS clusters, disruptive and affective; the former exerting greater impact on caregiver distress and the latter on PWD-QoL.

the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition and the Clinical Dementia Rating scale, respectively. The Neuropsychiatric Inventory Questionnaire was administered to assess NPS in PWD and the corresponding distress experienced by the caregiver. QoL for PWD (PWD-QoL) was assessed by the Quality of Life-Alzheimer's Disease scale.

Results: Ninety-six percent of PWD presented with at least one NPS, 18% experiencing mild, 31% moderate, and 47% severe symptoms, respectively. While agitation (63.1%), apathy (61.8%), depression (55.5%), and irritability (55.5%) were the most common NPS; disinhibition (35.2%), hallucination (25.5%), and elation (14.2%) were the least common. NPS increased generally but differentially as dementia progressed and significantly predicted caregiver distress ($\eta_p^2 = 0.732$, $p < 0.0001$) and PWD-QoL ($\eta_p^2 = 0.066$, $p < 0.0001$). Factor analysis revealed two NPS clusters, disruptive and affective; the former exerting greater impact on caregiver distress and the latter on PWD-QoL.

Conclusion: The results show a high prevalence of NPS which increase caregiver distress and negatively impact PWD-QoL. The differential profile of NPS across the dementia stages warrants stage-specific interventions and due consideration in resource planning and service design for PWD and their caregivers.



Profiling The Dementia Family Carer In Singapore



10/12/15

Alzheimer's Disease Association of Singapore
Seng BK, P Yap



Full report can be downloaded from
<http://www.alz.org.sg/about-dementia/research>

EXECUTIVE SUMMARY

(excerpt)

The carer of a person with dementia (PWD) is typically a middle-aged daughter with at least 10 years of education and holding a full-time or part-time job. Many carers have to cope with other responsibilities and pursuits, and about 50% of the carers are assisted by domestic maids. The “successful” carer is likely one who can balance these multiple roles well. The competence, coping and welfare of domestic maids need to be considered given their intimate involvement in dementia care.



Singapore Informal Care Survey Report

2010

Angeline Chan^{1,2}
Tina Ostbye³
Rajni Malhotra¹
Ariel J. Hir²

Report

¹ Duke-NUS Graduate Medical School
² National University of Singapore
³ Duke University

N = 1190

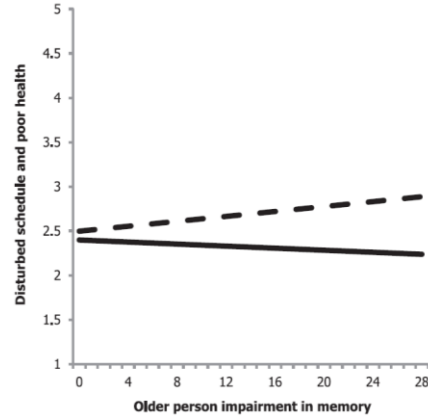
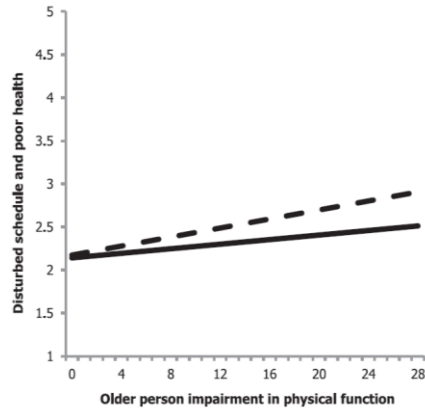
Female 60%, Married 65%

Middle aged (45-59yrs) 55%
≥10yrs education 67.4%

Active employment 55.6%
Assisted by FDW 49%



FDW help to reduce family caregivers' strain from caregiving



Østbye T, Malhotra R, Malhotra C, Arambepola C, Chan A
 J Gerontol (B) Psych Sci & Soc Sci 2013



Most (about 70%) of respondents from non-employer households indicated that domestic workers should have at least a day off per week. However only 46% of the respondents indicated that they would definitely give the worker a day off should they employ one.

Made to Work

Attitudes Towards Granting Regular Days Off to Migrant Domestic Workers in Singapore

The Singapore National Committee for the United Nations Development Fund for Women (UNIFEM Singapore)

Humanitarian Organisation for Migration Economics (HOME)

Transient Workers Count Too (TWC2)

2011



EXECUTIVE SUMMARY

(excerpt)

The level of carer burden is significant, with 27.2% of carers expressing feelings of burden more often than sometimes. It is hence important to screen for carer burden in any dementia service. The highest stress statements pertain to the need to multi-task, with carers having to juggle between caregiving and work as well as other family commitments. Carers have to cope with the guilt of not doing enough and the burden of feeling personally responsible for the Person With Dementia (PWD). Helping carers juggle multiple responsibilities and supporting them through feelings of not being up to the task and guilt is key.



Full report can be downloaded from
<http://www.alz.org.sg/about-dementia/research>

International Psychogeriatrics (2013), 25:10, 1605–1619 © International Psychogeriatric Association 2013
 doi:10.1017/S1041610213001051

Perceived unmet needs of informal caregivers of people with dementia in Singapore

Janhavi Ajit Vaingankar, Mythily Subramaniam, Louisa Picco, Goi Khia Eng, Saleha Shafie, Rajeswari Sambasivam, Yun Jue Zhang, Vathsala Sagayadevan and Siow Ann Chong

Research Division, Institute of Mental Health, 10 Buangkok View, Singapore 539747

- Information
- Accessible & appropriate services
- Emotional & social support
- **Financial support**



Vaingankar JA, Subramaniam M, Picco L et al.
 Intl Psychogeriatrics 2013

Quality dementia care is expensive for the family

Average household income in Spore \$5,000

• Drugs	Per mth	PG
– Cognitive enhancers	\$150	Benefits
– Others	\$50	IDAPE
• FDW	\$700-\$800	PG-DAS
• Day care (2-3x/wk)	\$300	MAF plus FDW grant
	>\$1300	Save \$500

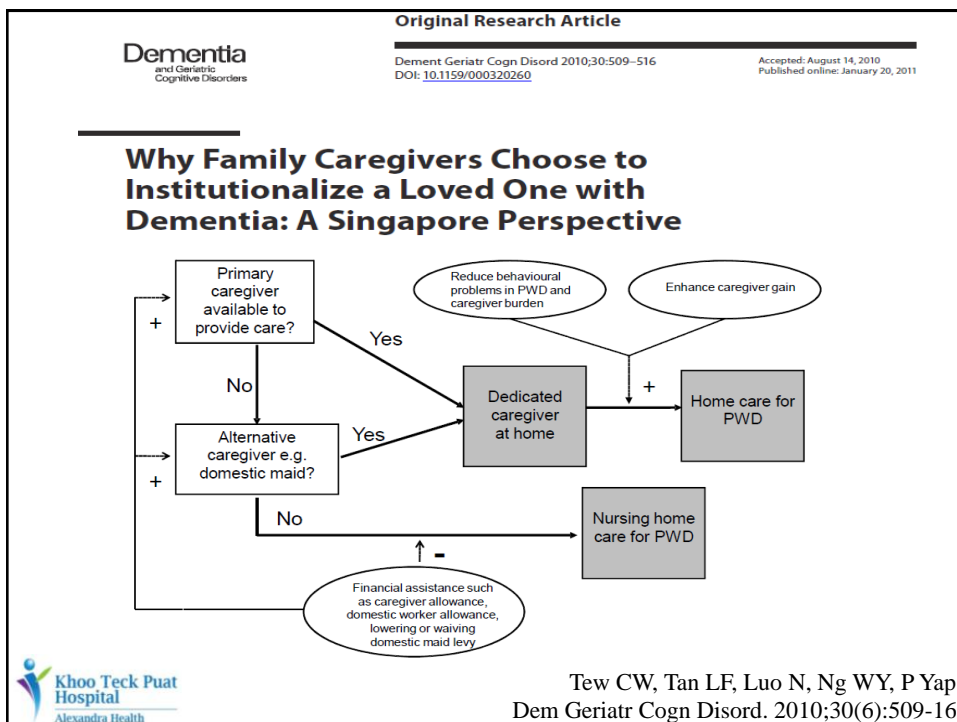
Caregivers' Household Income

Singapore Informal Care Survey Report 2010

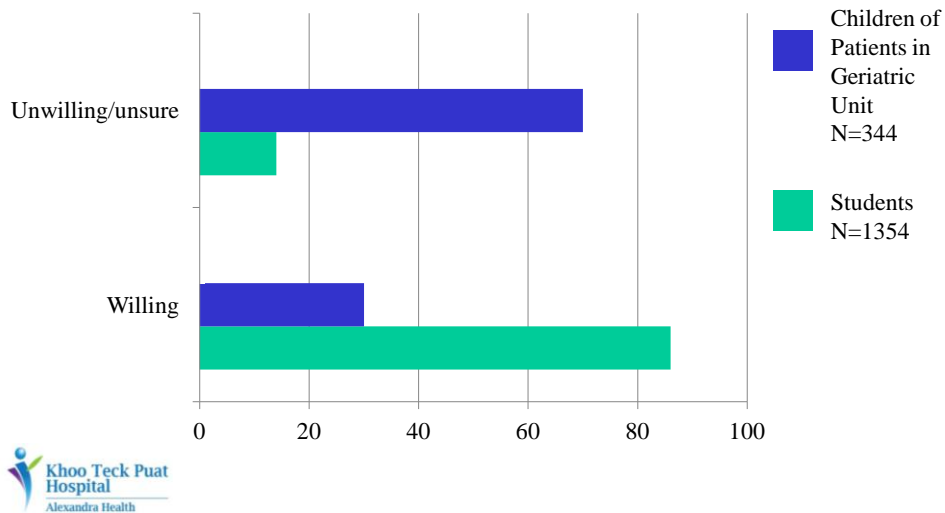
	19 to 44 (n= 169)	45 to 59 (n= 654)	60 to 74 (n= 243)	75 & above (n= 124)	Total (n= 1190)	
	%	%	%	%	%	
CG's Monthly Household Income*						
Less than \$1000	7.7	12.7	35	43.5	19.7	
\$1000 to \$1999	20.7	18	19.3	17.7	18.7	
\$2000 to \$3999	32	33	22.2	16.1	28.9	
\$4000 and above	31.4	29.8	11.1	8.1	23.9	
Don't Know	5.3	5.2	9.5	12.1	6.8	
Refuse to answer	3	1.2	2.9	2.4	1.9	
Number of Persons in CGs' Household*						
Mean (No. of persons)		5.3	4.7	3.8	3.4	4.5

Caregivers' Expressed Needs For PWD

- **Safe & secure environment**
- Medical treatment to control symptoms
- More trained professionals to provide care
 - Day care centres, hospitals & nursing homes
- Temporary residential facility for respite
- Legal advice & assistance



Willingness to stay with / care for parent in own home



Secondary Students Survey

(N=1354)

Want to stay with parents (86%)	Don't want to stay with parents (14%)
<ul style="list-style-type: none"> ▪ Because of what they have done ▪ Expression of my love ▪ Sense of responsibility ▪ "They are my parents" ▪ Parents can help me & care for grandchildren 	<ul style="list-style-type: none"> • Privacy, personal space • Desire for independence & control • Avoid inconvenience & conflicts • Difficult to care for elderly Parents don't want to, prefer to live on their own

Perceived unmet needs of informal caregivers of people with dementia in Singapore

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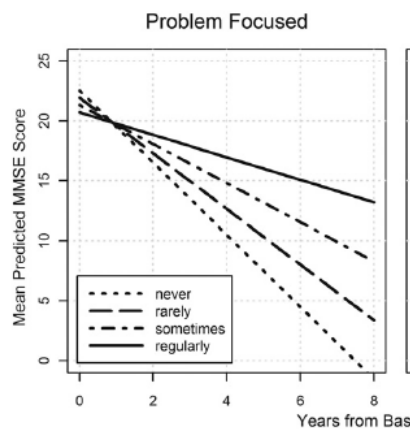
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- Information
- Accessible & appropriate services
- Emotional & social support
- Financial support



Vaingankar JA, Subramaniam M, Picco L et al.
Intl Psychogeriatrics 2013

Caregiver Coping Strategies Predict Cognitive and Functional Decline in Dementia: The Cache County Dementia Progression Study



Problem focused coping

- reframing the problem
- looking on the positive
- drawing on personal resources
- active support seeking



Tschanz JT, Piercy KW, Corcoran C et al.
Am J Geriatr Psychiatry 2013

Exploring Dementia Specific Coping Strategies in Caregivers in Singapore

Item	Description	Factor 1 (positive)	Factor 2 (negative)
1	I made a point to praise him when he did what I considered appropriate	.785	
2	I tried to divert his attention when he began to feel upset	.735	
3	I tried to have him participate in as much of the ordinary family routine as possible	.717	
4	I tried to help him look on the bright side of things	.714	
5	I showed him a special amount of physical affection	.694	
6	I tried to teach everyone involved to approach him in the same planned way	.690	
7	I tried to make sure he got enough physical activity or exercise	.688	
8	I kept a close eye on him so that I could prevent any problem before it developed	.677	
9	I tried to arrange his surroundings to safeguard him against problems, getting into trouble or endangering himself	.669	
10	I tried to suggest ideas he might accept and follow through on	.620	
11	I tried to arrange situations I hoped would be stimulating to him both mentally and emotionally, e.g. day care programmes	.606	
12	I encouraged him to keep up with friends and relatives, and to visit them	.577	
13	I criticised or scolded him to try to prompt better behaviour from him		.851
14	I yelled or acted angry, it was often the only way to get my way with him		.786
15	I threatened him with undesirable consequences if he did not cooperate		.778
16	I was firm with him, and insisted that he lived up to certain expectations I have for him		.771
17	I blamed him for having created the difficulties		.729
18	I told him to stop doing things that cause worry because of what it did to me or other family members		.726
19	I withdrew from him		.656
20	I asked him to explain why he was doing something, to draw his attention to his mistakes		.492

Maximizing a Nurturing Care Style for Persons With Dementia: A Person-Centered Analysis

N=340

Care Style	Coping Strategy	Gains	Carer Distress due to Behavioural Problems
Nurturing	+ve	+++	+
Authoritarian	-ve	+	+++
Passive	nil	+	+

Many caregivers don't use
dementia services...

60% (N= 272)

Why do patients and their families not use services for dementia? Perspectives from a developed Asian country

	N	Percent of Cases
Caregiver Services		
Not applicable, use such services regularly	108	39.9
No time, busy with other commitments and priorities	71	26.2
Obtain own source of information	39	14.4
Services for PWD		
Not applicable, use such services regularly	109	40.2
Have a domestic maid to provide care	57	21.0
Don't see the need or relevance	50	18.5
Patient refuses	47	17.3

Summary

Caregiving Lack	Possible Solutions
Home Alone (Lack family caregiver)	<ul style="list-style-type: none"> •Domestic helpers / ?Neighbours •Day Care / Night Care •Nursing Home •Assistive Technology
Lack skills / support	<ul style="list-style-type: none"> •Skills training (structured / home based / informal) •Counselling / emotional support •Support groups
Lack finances	Give money, more subsidies, broader insurance coverage & higher payouts ;)
Lack piety	Don't know! ;(