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# DEMENTIA AND DEMENTIA CARE

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## Differences in management of dementia by societies on the globe

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Despite mortality from infectious illnesses, human conflicts and poverty, dementia incidence is expected to rise on the globe in tandem with the ageing population. Whilst many countries have made sensible progress in implementing public awareness campaigns to improve the public understanding of dementia, solely 25% of countries worldwide have a national policy to support those with dementia and their families (World Health Organisation, 2021). Furthermore, perspectives on dementia and its treatment vary greatly among these countries. In developing countries like India, home-based care is the standard when it comes to treating dementia. Low-income elders in India receive home-based treatment from a group of professional staff and volunteers from the Alzheimer's and Related Disorders Society (ARDS). Whilst beds solely consist of little more than a wooden frame with a piece of cardboard yet dementia patients are able to receive a treatment plan and regular in-home visits from ARSDI caregivers. In sharp contrast, more industrialised countries like The Netherlands are able to implement a way more advanced approach. Here, a designated 'dementia' village just miles away from capital Amsterdam exists, where half of the residents are dementia patients and the other half are residents who are specially-trained caregivers who pose as restaurant staff, barbers and other regular occupations making sure those with cognitive impairment remain safe and calm. This innovative care facility allows those suffering from memory loss

feel as though they are living regular lives and remain engaged with their environment. Besides financial status, individualistic and collectivistic moralities might influence on dementia care choices. As such, there is strong evidence of cross-cultural differences in how dementia is approached. For instance, in Chinese cultures, individualism is regarded as egotistical and selfish – it is associated with a focus on personal interest and with a lack of care for others. In contrast, collectivism relates to solidarity with the group. Hence, in collectivistic cultures, family care for dementia tends to be considered primary, where letting professionals take over this responsibility either as home or institutionalised care is often perceived as elder neglect. Family care traditions for dementia are also prevalent among Latin-Americans and Africans and East-Europeans. On the other hand, found that values and attitudes surrounding care in American individualistic cultures were associated with nursing homes, with a lack of portrayal of familial duty. Hence, both financial status and individualistic and collectivistic moralities seem to be two of the factors that modulate dementia perspectives and care. In the presentation there will be given an overview of how cultural differences influences the perception of alzheimer disease in societies and how healthcare systems react on this. We will explore more in-depth specifically how these factors affect dementia care and treatment across the globe.

### Biography

Suzanne Kruizinga, MD MHA, is a dynamic force in the intersection of medicine, entrepreneurship, and innovation. As a Medical Director, she combines her expertise from the University of Amsterdam with a profound commitment to healthcare advancement. Additionally, Suzanne's entrepreneurial spirit has led her to make strides in the medical field, showcasing her multifaceted talents. Beyond her medical pursuits, she is also known for her involvement in professional football, embodying a diverse and accomplished professional journey.

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