

# Comprehensive Strategy for Promotion of Policy Measures against Dementia (New Orange Plan)

Towards the Dementia-Friendly Future

January 27, 2016

It is estimated that, in 2012, Japan had 4.62 million people of dementia, which amounts to seven in one among those older than 65. Combined with approximately 4 million patients diagnosed with mild cognitive impairment, one in four elderly citizens (those above 65) are considered to have either dementia or be in a preliminary stage of it.

Additionally, these figures are estimated to increase as Japan's aging issue progresses. According to the calculation based on the latest available data, it turned out that there will be approximately 7 million people with dementia by 2025 and the portion of patients with dementia and those above 65 will rise from one in seven to one in five. This estimate gives rise to the necessity not to regard those with dementia as the ones that must receive treatment but to establish an environment in which a larger society coexists in harmony with those with dementia and the dementia patients can live with the symptoms.

The increase in the number of dementia patients, accompanied by the surge of elderly citizens, is an internationally shared issue, and Japan is a nation in which the aging phenomena took place at the most rapid rate. In this context, Japan needs to provide a nationwide social welfare system in which patients with dementia do not have to change their lifestyles for the sake of the treatment and can continue to live in their local residence areas even after proceeding into a severe or late phase of dementia that requires intensive nursing. To achieve this goal, Japan also will have to aim for the establishment of local and comprehensive care system that integrates medical practices, nursing, preventative care, residential support as well as life support, thereby demonstrating an example of the ways to address the issue of increasing dementia.

With this goal in mind, the Ministry of Health, Labour, and Welfare newly devised "Comprehensive Strategy for Promotion of Policy Measures against Dementia (New Orange Plan)" in addition to "Five-Year Plan for Addressing Dementia" (announced in September 2012 by the Ministry of Health, Labour, and Welfare). The formation of the plan aims toward 2025, the year in which the baby boomers turn 75 and above. The purpose of this new measure is to realize a society which respects the will of dementia patients and allows them to live in their local areas.

In consolidating the plan, the Ministry incorporated the insights from a variety of people involved such as the dementia patients and their families. Also, the establishment of the strategy was done through a collaboration between the Ministry of Health, Labour and Welfare and the Chief Cabinet Secretary, the Cabinet Office, the National Police Agency, the Financial Services Agency, CAA (the Consumer Affairs Agency), the Ministry of Internal Affairs and Communications, the Ministry of Justice, MEXT (the Ministry of Education, Culture, Sports, Science and Technology), the Ministry of Agriculture, Forestry and Fisheries, the Ministry of Economy, Trade and Industry and the Ministry of Land, Infrastructure and Transport. These relevant governmental offices will cooperate with one another and support the overall lives of the elderly with dementia.

## 1. Basic Principles

The implementation of the said measure will aim to respond aptly to the needs of those with dementia patients who continue to live in their local areas and involve the following seven pillars. The implementation of this strategy will end in 2025, and the concrete numerical goals are scheduled to be established in 2017, given that nursing care insurance system considers three years as the duration of planning for a project and that constant monitoring of the implementation and the consequent adjustment would be necessary.

### 1. Raising Awareness of Dementia

To develop a societal foundation that supports dementia patients, the Ministry will attempt to promote campaigns for raising social awareness of dementia, to nurture supporters of dementia patients, and to incorporate the problems senior citizens including dementia patients face in our society today into the school curriculum.

### 2. Provision of Appropriate and Timely Medical and Nursing Support for Dementia

Valuing the medical and nursing practices that center around the patients, the Ministry will strive to encourage physicians and caregivers to collaborate with one another and respond timely and efficiently to the needs the dementia patients. This endeavor will allow the patients to continue to live in their local areas.

With this goal in mind, the Ministry will prioritize early-stage diagnosis and medical care, attempt not to limit the place of medical support for dementia to be hospitals and nursing centers, and

establish a “circulating system,” which allows the patients to receive services at the most appropriate time and place even after leaving the hospitals or when observing Behavioral and Psychological Symptoms of Dementia.

### Bolstering Measures Against Early-Onset Dementia

Spouses of early-onset dementia patients often become their partners’ main caretaker, which adds to preexisting obligations such as working full-time, earning cost of living and education and sometimes serving as a caregiver of other family members such as their own parents. For this reason, the Ministry will take measures in providing comprehensive support for such cases in terms of employment and other involvement with the society.

### Support for Caregivers of Dementia Patients

While the Ministry observes a steady increase in the number of senior citizens and dementia patients, it also recognizes that supporting caregivers of dementia patients also leads to the improvement of the lives of the dementia patients themselves. Therefore, the Ministry will aim to reduce the physical and psychological burdens of the caregivers and to allow them to balance taking care of the dementia patients and other aspects of their lives.

### Establishing Communities That are Friendly Toward Dementia Patients and Other Senior Citizens

Considering that one in four senior citizens (those above the age of 65) have dementia or is likely to develop one, the Ministry believes that the cultivation of senior-citizen-friendly environment leads to the development of a community that is conducive to the lives of dementia patients. In addition, the Ministry will attempt to foster communities that are friendly toward senior citizens including dementia patients by providing physical and other forms of life support as well as securing their employment and participation in society.

### Promoting and Implementing Research on Prevention, Medical Diagnosis, Rehabilitation Model and Nursing Model of Dementia

The Ministry will also promote the endeavors to research and develop prevention, diagnosis, treatment and rehabilitation model of dementia through inquiring into the mechanism of the causes of dementia and BPSD. Additionally, for the research whose proposed solutions are proven to be effective, it will promptly endeavor to disseminate the solution. The dissemination of the research results will be processed in accordance with “Strategy for Health and Medicine” (approved by the Cabinet on July 22nd, 2014) and “Promotion Plan for Research and Development of Medicine” (approved by the Health and Medicine Strategy Promotion Sector on July 22nd, 2014).

### Prioritizing the Perspectives of Dementia Patients and Their Family Members

Grant that the previous effort tended to focus on the perspectives of those who take care of dementia patients, the Ministry will make an effort not only to revitalize social awareness of dementia patients for the patients themselves but also to ascertain the needs of early-stage dementia patients, to provide the sense of life-purposes, to allow dementia patients and their family members to partake in the development or evaluation of dementia-related measures.

— might not be necessary —

## 2. Concrete Strategies

### 1. Raising Awareness of Dementia

#### [Basic Principles]

Through promotional efforts and raising awareness, the Ministry will disseminate the idea that every citizen could become a dementia patient or its caregiver, and therefore, that dementia should be considered as a common illness.

#### (1) Implementation of the Campaign That Represents the Voices of Dementia Patients and Deepens Society's Understanding of Dementia

The Ministry will launch a nationwide campaign that aims to deepen the citizens' understanding of dementia through advertising and other means.

### 2. Provision of Appropriate and Timely Medical and Nursing Support for Dementia

#### 【Basic Principles】

The Ministry will aim to establish a circulating system that is based on immediate diagnosis and treatment, place patient-centered medical and nursing practices on the foundation, encourage various entities such as medicine and nursing to organically collaborate, promptly and continuously respond to the changes of dementia symptoms, which involves prevention, early stages, peak, middle stages and the last stages of life, and to realize a system that provides the most appropriate treatment at the most conducive time and place.

## (1) Thorough Implementation of Patient-Centered Treatment

## (2) Promotion of Preventative Medicine

## (3) Improvement of System Toward Immediate Diagnosis and Treatment

(Improving the quality of the treatment provided by personal doctors, nurturing doctors specialized in dementia support, etc.)

○ The Ministry will promote awareness and learning of the symptoms and prevention of dementia and MCI (Mild Cognitive Impairment) and allow the dementia patients or their family members to promptly consult with appropriate institutions when experiencing or observing abnormality. Moreover, it will improve health care provided by personal doctors, oral care provided by personal dentists and prescriptions of medicine by local pharmacies as well as develop a system that promptly identifies early-stage dementia and appropriately responds to the needs in the community consisted of various parties such as neighborhood associations, private corporations and businesses, volunteer or NPO organizations and local police offices.

○ In order to achieve these goals, it is urgent not only to implement the strategies explained above but also to train local doctors so that they can improve their treatment of dementia patients and, if necessary, delegate the patients to medical institutions. The Ministry will facilitate training that aims to improve local doctors' ability to treat dementia and to nurture doctors who can consult on dementia diagnosis. Additionally, it will seek to collaborate with relevant associations and increase the number of dementia-specialized doctors and accredited doctors with concrete numerical goals.

【The cumulative total of the participants in training sessions for local doctors' improvement of treatment of dementia patients】 (an increased target)

2013 (Heisei 25) 3,257 participants

⇒ 2017 (Heisei 29) 5,000 participants

For 100 thousand clinics, the Ministry used to place one dementia-specialized doctor for every 25 clinics, but it will adjust the allocation to one dementia-specialized doctor for every 20 clinics so that the total number of the participants of the training sessions increase from 4,000 to 5,000.

○ In addition to local doctors, the organizations such as dental medical institutions, which possess close, daily collaborative communications with local medical institutions, medical centers for dementia patients, are also expected to play a role in diagnosing early-stage dementia. That is, through the dental care provided by dentists or the prescription coaching

given by pharmacists, the Ministry will encourage these experts to identify early symptoms of dementia, communicate with patients' personal doctors and to continue to provide oral care or prescription coaching accordingly. For this reason, the Ministry will consider how best to enhance dentists and pharmacists' ability to treat dementia patients and implement the training sessions for them with the support from relevant parties.

【(tentative title) Training Session for Dentists and Pharmacists' Treatment of Dementia Patients】  
(newly established)

In 2015 (Heisei 27), consider how best to provide the training session

⇒

From 2016 (Heisei 28) and onwards, implement the training sessions with the support from relevant parties

### (Organizing Institutions such as Dementia-Specialized Centers)

○ For the potential dementia patients, the personal doctors ought to process an immediate diagnosis while receiving supports from the dementia experts and, if necessary, delegate the diagnosis to institutions such as dementia-specialized centers.

○ In regards to dementia-specialized centers, the Ministry will first clarify their roles in the local communities and their degrees. With these considerations, it will strategically organize and maintain the centers in addition to other medical institutions that can conduct diagnoses of dementia. It will also carry out the evaluation of these dementia-specialized centers, thereby securing their functions through PDCA cycle.

【The number of dementia-specialized centers】 (increasing the target)

The estimate for 2014 (Heisei 26) approximately 300 locations

⇒ 2017 (Heisei 29) approximately 500 locations

While the numerical goals stay the same, the Ministry will reevaluate the foundation-based, community-based and clinic-based functions as well as the ways in which institutional collaborations are implemented and become able to flexibly operate in accordance with the reality surrounding the local communities.

### (Establishment of the Support Teams Specialized in Early-Stage Dementia)

○ The Ministry will encourage the establishment of the support teams that specialize in easy-stage dementia so that there is a response system that allows diagnosis of early-stage dementia and immediate provision of suitable medical and nursing care at an early stage. Local towns or cities will place such support teams in institutions such as hospitals and clinics including Comprehensive Local Support Centers and Dementia-Specialized Centers. Under the guidance of dementia-specialized doctors, experts from multiple disciplines visit those who are likely to have dementia or are diagnosed with dementia and their families, conduct observation

and evaluations and comprehensively and intensely provide early-stage support such as family support, lead into suitable treatment for dementia in collaboration with patients' personal doctors and support their self-sufficiency.

【The number of Support Teams Specialized in Early-Stage Dementia in cities and towns】  
(raising the target)

Estimate of 2014 (Heisei 26) 41 towns and cities

⇒ from 2018 (Heisei 30) and onwards all towns and cities

The Ministry will set a new target, taking into consideration the laws regarding the maintenance and revision of the laws that intend to promote the comprehensive securement of medicine and nursing in local communities.

### (Maintenance and Improvement of a Suitable Response System After Early Diagnosis)

○ Maintenance and improvement of a suitable response system after early diagnosis is important in dealing with dementia. By taking measures such as making available contact information of local parties relevant to the patients, the Ministry will respond to the reality of the local communities and promote an arrangement that incorporates the viewpoints of the dementia patients themselves or their family members.

## (4) Adequate Response to BPSD (Behavioral and Psychological Symptoms of Dementia) or Physical Complications

### (Establishment of Circulating System)

○ Even when observing the case of BPSD or physical complications, the Ministry will ensure that there will be sufficient treatment or rehabilitation at places such as medical institutions and nursing institutes as well as that it will establish a circulating system that guarantees the provision of adequate medical services at the most appropriate places in response to the symptoms. In doing so, with the awareness that dementia-specialized medical treatment is part of the circulating system, the Ministry will implement the division of roles and functions and encourage the collaboration between medicine and nursing.

Noting that the treatment for mental illness including dementia is regarded as part of the hospital and health planning, each prefecture will prepare for the medical services in their local communities.

○ In order to improve and expand caregiving sites' capabilities, logistic support for and control over specialized medical nursing services provided by psychiatrists and/ or experts of geriatrics must be emphasized, and it is vital to continue to strive for the improvement and efficiency of the services. To be more concrete, mental hospitals will need to collaborate with nursing

businesses or participate in the local communities' network and advise the nursing staffs, family members or the doctors whose expertise is outside of dementia. Also, it is important that mental hospitals provide adequate diagnosis or treatment at their clinics or by visiting the patients.

### (Sufficient Support for BPSD)

○ The progression of dementia does not always give rise to BPSD, and BPSD may arise, depending on the patient's physical or environmental factors. In principle, preventive measures against BPSD should be taken through prompt diagnosis and medical and nursing services. In addition, even when BPSD develops, apt assessment and intervention without the usage of medicine should be prioritized.

○ Treating BPSD with medication should be carried out with the understanding that the medication often impairs the patient's viability or cause side effects especially for the elderly. For this reason, the Ministry will disseminate informational documents such as "Guideline for Treating BPSD with Psychotropic Medication." Moreover, since it is often pointed out that the medication from multiple hospitals causes the overlap of internal medicine or side effects, the Ministry will advocate for the coordination of medication in regional medicine.

○ Because of the patient's lack of the insights into their own mental condition, it is sometimes necessary not to comply with the patient's will or to restrict their actions. The Act for the Mental Health and Welfare of the Persons with Mental Disorders (Act No.123 of 1950) defines adequate procedures for mental hospitals that ensures such restrictions will guarantee the respect for the patient's dignity and the consideration for the patient's human rights. Regarding nursing care insurance services and other businesses that deal with residency, Public Nursing Care Insurance Law (1997) mandates the basic prohibition of physical restrictions and the appropriate procedures for such restrictions for emergency cases. In accordance with these systems, the Ministry will ensure that restrictions for the patients will be done in an appropriate manner even at the necessary times and that the arenas outside of medical and nursing institutions also comply with these principles.

○ The major cause of hospitalization of dementia patients is BPSD, and the families with dementia patients often decided on the hospitalization after exhausting themselves to the maximum level. For this reason, even after the patient's BPSD diminishes, his or her family would often recoil from the patient's return to the home and hence prolong the institutionalization of the patient. In addressing this issue, the Ministry will promote early diagnosis and treatment, consider that supporting the caregivers leads to the improvement of the quality of life for the dementia patient and encourage the support that reduces the family's mental and physical burdens.

○ In hospitalizing dementia patients, as an institute that flexibly and intensively provides highly specialized yet standardized medical treatment, mental hospitals ought to



aptly divide the roles and cooperate with nursing service businesses and facilities that provide long-term and ongoing livelihood support. It should be noted, however, that chronic BPSD with medium or serious physical complications may demand long-term specialized medical services.

○ It is difficult to define a standard requirement for dementia patients to receive medical treatment at mental hospitals because of the varying factors such as the capacity of the caregivers as well as the local community. It is often said, however, that the hinderance of the patient's daily life caused either by 1) noticeable delusions (such as paranoia), 2) hypersensitivity that triggers anger and violence, or 3) recognizable depression, anxiety or irritation serves as the signal for the need for medical treatment provided by experts.

○ The Ministry will promote the establishment of the "critical path" from support for dehospitalization to collaboration in local communities and assist the patients' deinstitutionalization from medical or nursing facilities or return for home. This will be done under the consideration for the factors that hinder one from early dehospitalization, for the establishment of the circulating system that provides appropriate measures at appropriate times even after patients' dehospitalization and for preventing immobilization of medical and nursing services.

### (Sufficient Measures against Issues Such as Physical Complications)

○ Acute care hospitals, which handle issues such as physical complications of dementia patients, often face the necessity to provide well-balanced service that promptly address both physical complications and dementia. In reality, however, the countermeasure that takes into account dementia patients' individual characteristics is often set aside, and even when the countermeans against the physical complications are taken, there still remains many cases in which the symptoms of dementia exacerbates. From the perspective of improving the capacity to counteract against dementia in medical institutions that handle issues such as physical complications, the Ministry will actively utilize the training opportunities provided by relevant organizations and promote the trainings so that health professionals in regular hospitals can improve the ability to respond to dementia.

【The Number of Health Professionals in Regular Hospitals Who Receive Trainings to Improve the Ability to Respond to Dementia (total)】

As of March 31, 2013 (Heisei 25) 3,843

⇒ As of March 31, 2017 (Heisei 29) 87,000

\* The basic concept that 10 health professionals (2 doctors and 8 nurses) represent one hospital (approximately 8,700) and receive training does not change.

○ In aptly responding to physical complications, it is important that institutions such as acute care hospitals that take care of issues such as physical complications as well as mental

hospitals improve their capacity to handle BPSD. Additionally, the Ministry will consider the desirable medical environment that can best respond to physical complications.

○ Nursing professionals in institutions such as acute care hospitals, who frequently interact with dementia patients at occasions such as hospitalization, ambulatory, and visits are vital keys that strengthen the medical service's capacity to deal with dementia. Adding to the already existing training opportunities provided by relevant organizations, the Ministry will first consider how best to disseminate widely to nursing professionals the knowledge and skills necessary for handling dementia and provide training with the support of the affiliates.

【Training to Improve Nursing Professionals' Capacity to Handle Dementia (Provisional Name)】 (newly established)

Fiscal year 2015 (Heisei 27) Consider the ideal training  
⇒ From Fiscal Year 2016 (Heisei 28) and onwards Provide trainings with the support of relevant affiliates

### (Propulsion of the Apt Rehabilitation of Dementia Patients)

○ The Ministry will promote the rehabilitation of dementia patients that pays a thoughtful consideration for the patients' actual life, accurately measures patients' faculties such as cognitive functions and supports patients' autonomous handling of ADL (e.g. diet and excretion) and IADL (e.g. cleaning, hobbies, and public participation). This goal necessitates the development of a rehabilitation model and research that addresses life function disabilities that are based on cognitive impairment. In addition, the Ministry will investigate into pioneering attempts undertaken at institutions such as long-term care health facilities, introduce them to the national network, and plan to promote rehabilitation of dementia.

## (5) Offering Caregiving That Supports the Lives of Dementia Patients

## (6) Coordination Between Medicine and Nursing That Supports Patients' Final Stage of Life

## (7) Propulsion of Organic Coordination Between Medicine and Nursing (Establishment of Dementia Care Path)

○ Securing the coordination between medicine and nursing in each local community necessitates the establishment of the "Dementia Care Path," the flow of appropriate services

that responds to each patient's' condition. In formulating the 6th Insured Long-Term Care Service Plans, which has ensued since 2015 (Heisei 27), the Ministry has been urging local communities to consider their own "Dementia Care Path" and to estimate the scale of nursing services accordingly. Moreover, the "Dementia Care Path" not only provides an exhaustive list of the local community's resources such as medical and nursing services but also helps setting the target for support. The Ministry will ensure that dementia patients, their families and medical and nursing professionals share these information and continue to provide support without an interval.

### (Promotion of Information Sharing Among Medical and Nursing Professionals)

- Today, dementia is one of the Common Diseases, and it is characterized by its demand for the coordination beyond clinics and nursing professionals' livelihood support, without which there is no adequate support. In particular, early diagnosis and treatment of dementia, BPSD and physical complications require the involvement of and internal information-sharing among various parties such as personal doctors, dementia-specialized support doctor, dementia specialists, early intensive support team for dementia patients, medical center for dementia, acute care hospitals, rehabilitation-specialized hospitals or mental hospitals, dental-medical institutions, pharmacies, local comprehensive support centers, nursing professionals and nursing service businesses.
- For instance, in ascertaining the cause and the background of BPSD, it is imperative that medical and nursing professionals exchange and discuss their assessments of physical and environmental causes from their own professional perspectives. In doing so, nursing professionals would first have to acquire a firm understanding of the medical professional's' diagnosis and reflect their assessments onto their livelihood support. In the meantime, however, the medical professionals ought to receive feedback from nursing professionals on how the medication is impacting the lives of dementia patients. These processes will likely lead to the sufficient diagnosis and medication. It is important that, centering around personal doctors and caregiving specialists, medical and nursing professionals establish transparent relationships and communicate with one another.
- For this reason, by providing an example of information-sharing tools that are necessary for managing the dementia-related cooperation of medicine and nursing, the Ministry will support the coordination among medical and nursing professionals that concurs with the reality of the local community. While the Ministry is aware of the significance of information sharing tools, it also views the process during which related affiliates of dementia medicine and nursing establish transparent relations and discuss as to which information sharing tools are conducive as a valuable contribution to the coordination. In addition to these efforts, the Ministry will encourage Community Care Meetings to explore and share local resources related to dementia.

【Preparation of Dementia Information Coordination Sheet (tentative title)】 (newly established)

As of March 31st, 2015 (Heisei 27) Present a prototype of information coordination sheet through a research project

⇒ From April 1st, 2016 and onwards - Promote the usage of the coordination sheet that meets the needs of the reality in local communities  
(Arrangement of Local Dementia Promoters)

○ Allowing dementia patients to continue their lives in their local communities demands the establishment of a coordinated, organic network of necessary medicine and nursing professionals that responds to various states of dementia over the entire span. It also requires effective support for dementia patients. For this reason, each town or city is expected to appoint Local Dementia Promoters to parties such as Community General Support Centers, municipal offices, and Medical Centers for Dementia, provide support for the coordination among medical institutions including Medical Centers for Dementia, nursing services and local support organizations, and conduct consultation services for dementia patients or their families.

【The Number of Local Dementia Promoters】 (increased target)

Estimate as of March 31, 2014 217 municipalities

⇒ From April 1st, 2018 and onwards - Assign Local Dementia Promoters to all municipalities

\* target newly set based on Medical Care General Security Promotion Act.

○ Treatment of dementia places a high demand for both medical management and nursing care for daily lives of patients and the integral provision of these services with the goal shared by both sides. Hence, the Ministry will encourage parties such as Local Dementia Promoters to actively use “Dementia Life Support Training (Inter-Vocational Cooperation Training for Dementia Care) Manuals,” which was created with an intent to promote organic coordination between medical and nursing professionals, and “Guidelines for Families of Dementia Patients.”

(Promotion of the Coordination Between Community General Support Centers and Medical Centers for Dementia)

○ Providing efficient and effective services for dementia patients calls for an executive function that organically coordinates and utilizes each services and for an organic coordination of Community General Support Centers and Medical Centers for Dementia that meets the reality of local communities. For this reason, the Ministry will introduce to the nation pioneering efforts on strengthening coordinating functions of Community General Support Centers and medical care and Medical Centers for Dementia, which also functions as Community General Support Centers, thereby establishing executive functions in local communities.

### 3. Strengthening of Strategies for Early-Onset Dementia

#### 【Basic Principles】

### 4. Support for Caregivers of Dementia Patients

#### 【Basic Principles】

(Alleviation of a Burden for Caregivers of Dementia Patients)

(Support for Family Members as Caregivers of Dementia Patients)

(Alleviation of a Burden for Caregivers and Support for Their Work-Life Balance)

### 5. Promotion of the Establishment of Age Friendly and Dementia Friendly Communities

#### 【Basic Principles】

- (1) Livelihood Support
- (2) Preparation of Physical Environment That is Easy to Live in
- (3) Support for Employment and Public Participation
- (4) Securing Safety

(Preparation of Community Watch System)

(Securing Transportation Safety)

(Prevention of Consumer Damage such as Fraud)

(Protection of Human Rights)

(Prevention of Abuse)

## 6. The Development and Dissemination of Research on Dementia Prevention, Diagnosis, Treatment, Rehabilitation Models and Nursing Models

【Basic Principles】

## 7. Serious Consideration for the Perspectives of Dementia Patients and Their Family Members

【Basic Principles】

- (1) Implementation of the Campaign for Deepening Social Awareness of Dementia from the Perspectives of Dementia Patients
- (2) Understanding the Needs of Early-Onset Dementia Patients and Supporting Their Purpose in Life
- (3) Devising Measures against Dementia and the Participation of Dementia Patients and Their Families in Policy Evaluations
- (4) Other Notes

(Preparation of Apt Responsive System After Early Diagnosis)

(Bolstering Strategies against Early-Onset Dementia)