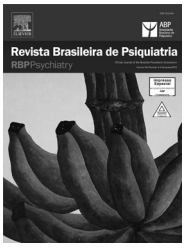
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EDITORIAL

Population ageing in Latin America: dementia and related disorders

Population ageing is a worldwide phenomenon that occurs at different paces in different parts of the world. Between 1997 and 2007, the total Brazilian population increased by 21.6%, whereas the number of people aged 65 and over increased by 49.2% and the number over 85 years increased by 65% (www.ibge.gov.br). It is estimated that Brazil will have approximately 30 million people over the age of 65 by 2030. The incidence of chronic conditions such as cancer and cardiovascular disease, which are linked to ageing, is increasing and is beginning to be recognised as a public health priority. Dementia is one of the main causes of disability in later life, and its significance remains under-appreciated. It is important to understand the contribution of dementia to disability in the context of the contribution of these other chronic conditions. According to the GBD estimates in the World Health Report 2003 (http://www.who.int/whr/2003/), dementia contributed 11.2% of all years lived with disability among people aged 60 years and over, which is more than stroke (9.5%), musculoskeletal disorders (8.9%), cardiovascular disease (5.0%) and all forms of cancer. Moreover, dementia has a uniquely devastating impact on individuals, families and society.

There are more than 24 million people living with dementia worldwide, with approximately 1 million in Brazil. These numbers are predicted to double every 20 years.[1] The economic cost of dementia is enormous, and much of this cost is due to informal care provided by family members and other informal carers, who often need to cut back on paid employment to undertake care duties. In an original study conducted in Rio de Janeiro, Truzzi and colleagues[2] examined different aspects of the burden of caring for a person with dementia and found a high proportion of women, usually spouses or children, caring for people with dementia. These authors highlighted the importance of addressing the behavioural and psychological symptoms of people with dementia as well as caregivers' depression because these factors are important sources of caregivers' emotional exhaustion. Understanding the different aspects of caring for a person with dementia is the first step toward reducing caregivers' stress, with important consequences for the patient and family members. The stress associated with caring for people with dementia not only affects the health of caregivers, including their mortality risk, but also has important indirect effects on patients. Reducing caregivers' stress will improve the quality of the caregiving provided and may decrease institutionalisation and other consequences for the person with dementia.

Despite its impact dementia remains a neglected condition and many cases are not identified in the community and therefore are not treated. There is no cure for dementia, but there is much that can be done for patients and carers. Considerable effort has been made regarding non-pharmacological interventions that can benefit patients and carers, and some of these interventions have shown promising results. The use of 'reminiscence therapy' for people with dementia, for example, has a long history and has been recommended by guidelines such as NICE (http://www.nice.org.uk/nicemedia/live/10998/30318/30318.pdf) for depression among people with dementia. However, evidence has not been always consistent. Dr. Serrani Azcura[3] conducted a randomised controlled trial of a reminiscence intervention for people with dementia using a life history approach. This trial showed promising results regarding the quality of life and social engagement of people with dementia. There is a need for additional well-designed trials using standardised protocols so that findings can be compared and pooled, allowing more robust conclusions to be drawn for the benefit of patients and their families.

Although most older adults live in low- and middle-income countries, most of the research into ageing and chronic conditions such as dementia has been conducted in high-income countries.[1] This reality is changing, with countries such as Brazil and other Latin American countries bringing important contributions to the field. Three studies

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in this edition of the RBP are examples of the relevant work conducted in this region: both studies cited above and the Bambui study,[4] a secondary analysis of a population-based cohort study of people aged 60 and over with more than 10 years of follow up. This unique cohort study has made extensive contributions to various areas, from cardiovascular diseases and health inequalities to genetics and the late-life mental health of older Brazilian adults. In this analysis, Quintino-Santos et al.[4] showed that homozygosis for the APOE E4 allele was associated with worse cognitive performance. Despite some limitations, including the use of a single cognitive performance indicator, the Brazilian version of the MMSE (Mini Mental Status Examination), this study contributes to the evidence for a gene dose effect of the APOE e4 allele on cognitive performance. Further analysis of this rich dataset using information as a cross-sectional measure as well as information from the many years of follow up on cognitive decline over time will be a welcome and important development. It is also important to develop additional studies on ageing and mental health that can raise awareness, inform policy, and encourage the implementation of effective services that meet the needs of this sector of the population.

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Disclosures

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** Modest*

*** Significant*

**** Significant. Amounts given to the author's institution or to a colleague for research in which the author has participation, not directly to the author.*

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