

FIGHT DEMENTIA CAMPAIGN

**TOWARDS A
WORLD WITHOUT
DEMENTIA**

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ACTION PLAN

SPOTLIGHT ON DEMENTIA RESEARCH

Alzheimer's Australia launched the Fight Dementia Campaign on 13 October 2011 and has advocated for the Federal Government to make dementia a National Health Priority Area and to invest in action to combat the dementia epidemic.

On 20 April 2012, in response to the Fight Dementia Campaign, the Prime Minister, Julia Gillard, and the Minister for Mental Health and Ageing, Mark Butler, announced an investment of \$268.4 million over five years to tackle dementia as part of the **Living Longer. Living Better.** aged care reform package. This reform package, titled *Tackling Dementia*, addresses dementia across the health and aged care system and responds to a number of the priorities from the Fight Dementia Campaign.

The Commonwealth Government has now secured the agreement of the state and territory governments, to make dementia a National Health Priority Area.

However the Government has not made any commitment to increase investment in dementia research.

WHAT IS OUR GOAL?

TO MOVE TOWARDS A WORLD WITHOUT DEMENTIA BY:

1. Delaying the onset of dementia by five years;
2. Reducing the number of people living with dementia in 2050 by one third; and
3. Improving quality of life for people with dementia.

CAN THIS GOAL BE ACHIEVED?

WE ARE OPTIMISTIC.

The brain is the most complex of the human organs and there are more than a hundred different causes of dementia. But over the past 25 years, researchers have made important discoveries which mean we now have a much better understanding of how the brain works and the diseases which can cause dementia.

Despite this progress scientists have not yet developed a way to stop the progression of dementia or to eliminate the diseases that cause this condition.

But we are optimistic that ways will be found to delay the progression of dementia so that we achieve a dementia free life for more Australians.

In the past 10 years we have developed a much better understanding of the modifiable factors which can increase the risk of dementia. We now know that the same actions that are good for your heart also reduce your risk of dementia.

We also know that if we develop interventions to delay the onset of dementia, we have the potential to significantly reduce the number of people living with dementia. The objective is to delay the onset of dementia for long enough so people can live dementia-free lives. If the onset of dementia could be delayed by just five years, the number of people with the condition could be reduced by one third by 2050.

In the next 10 years, we are optimistic about moving towards a world without dementia because:

1. Multiple strategies are being pursued to delay or reduce the risk of dementia, including therapies to neutralise the toxic effects of proteins in the brain, vaccination, stem cell therapies and gene therapy;
2. New medications are in trials to slow or delay the progress of dementia in the brain;
3. New medical technologies are being developed to detect dementia years before symptoms emerge so that it is possible to treat those most at risk; and
4. We are beginning to understand the environmental, behavioural and genetic risk factors to help people reduce their risk of developing dementia.

Even if we achieve the target of reducing the numbers of people with dementia, there will remain a need for good quality dementia care. Better ways of supporting people with dementia and their carers to live independent and fulfilling lives, for as long as they can, will remain a key part of the research strategy.

The approach proposed to achieving a world without dementia is no different from that adopted for other major chronic diseases, for example diabetes, cancer, heart disease or AIDS.

We are often not able to cure these conditions, but we are increasingly able to treat and manage them to give Australians a better quality of life.

HOW CAN WE ACHIEVE OUR GOAL?

START NOW BY INCREASING GOVERNMENT INVESTMENT IN DEMENTIA RESEARCH BY \$200 MILLION OVER FIVE YEARS.

Over the past 30 years Australian scientists have led the world in research into the causes and care of dementia.

However, our dementia research funding has not kept pace with other countries, nor has it kept pace with other chronic diseases.

As a result, the Australian dementia research sector is now facing an urgent shortage in capacity. We need an immediate injection of funds to boost the number of Australian researchers working on dementia over the next 10 years.

This is the **only way** to ensure that Australian consumers will benefit from new knowledge, treatments and care as soon as they possibly can.

We need an additional investment in dementia research of **\$200 million over five years** to:

1. Build capacity in dementia research by supporting 150 of the best new researchers to start working on the biggest challenges in the field;
2. Establish a strategic fund to support major new dementia research projects targeted at the most pressing issues facing health and aged care;
3. Ensure we make the most of what we already know by translating existing research into better dementia care practice; and
4. Investing in vital dementia research infrastructure to allow our scientists to develop the solutions we need.

This proposal has been provided to the McKeon Review of Health and Medical Research in Australia, which is looking at future policy settings for funding of health and medical research.

CAMPAIGN BRIEF

WHY IS THERE A NEED FOR INVESTMENT IN DEMENTIA RESEARCH?

- There are almost 280,000¹ Australians living with dementia and 1.2 million who provide support and care.² Each week, there are an estimated 1,600 new cases and if there is no progress on ways to treat or prevent dementia, this number is expected to grow four-fold to 7,400 new cases each week by 2050.³
- Without new ways to prevent or delay the diseases that cause dementia, there will be almost 1 million people still living with the condition by the middle of the Century.
- If researchers can develop new interventions to delay the onset of dementia by just five years, the number of people with dementia in Australia in 2050 would be reduced by one third.⁴
- Dementia is currently the third leading cause of death, and costs the health system approximately \$6 billion per annum. With the growth in dementia numbers, it is estimated to become the third greatest source of health and residential aged care expenditure within 20 years.⁵
- Dementia is the single greatest cause of disability in older Australians (65 and older).³
- In 2010, people with dementia were estimated to receive around 210 million hours of informal care.⁶ The cost of replacing the family carers with paid carers is estimated at \$5.5 billion per annum. The opportunity cost or lost productivity borne by individuals, business and Government is estimated at \$881 million.⁷
- Greater investment in basic clinical research will increase the potential for future industry investment and development of medications.

¹ Dementia Across Australia: 2011-2050, Deloitte Access Economics, September 2011

² Pfizer Health Report, Issue 45: Dementia. 2011

³ Keeping Dementia Front of Mind: Incidence and prevalence 2009 – 2050, Access Economics, August 2009

⁴ There are a number of studies on the potential impact of interventions to delay the onset of dementia, and a reduction in the number of people with dementia of one third in 2050 is the most conservative of these. These studies include: Delaying the onset of Alzheimer's disease: Projections and Issues, Access Economics, 2004; Projections of future numbers of dementia cases in Australia with and without prevention, Jorm, A., Dear, K., urges, N. *Australian and New Zealand Journal of Psychiatry*, 39: 959-63. 2005; and A computer model of dementia prevalence in Australia: Foreseeing outcomes of delaying dementia onset, slowing disease progression and eradicating dementia types. Vickland, V., McDonnell, G., Werner, J., Draper, B., Low, L-F., & Brodaty, H. *Dementia and Geriatric Cognitive Disorders*, 29: 123-30. 2010.

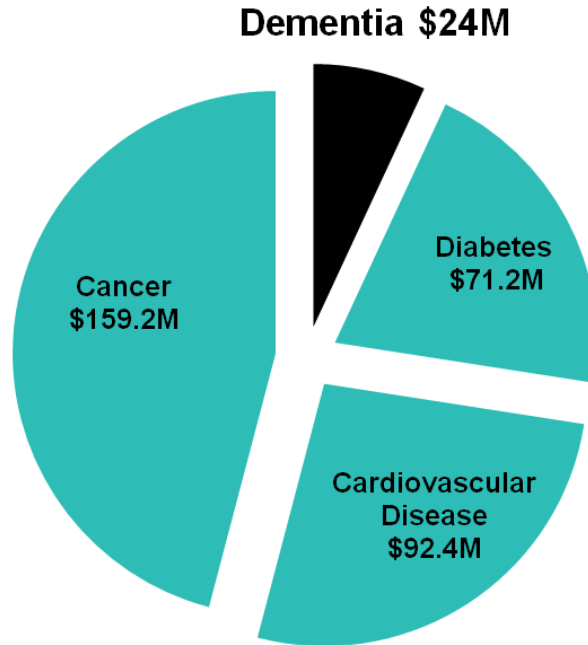
⁵ The Dementia Epidemic: Economic Impact and Positive Solutions for Australia, Access Economics 2003

⁶ Caring places: planning for aged care and dementia: 2010-2050, Access Economics, July 2010.

⁷ Making Choices – Future dementia care: Projections, problems and preferences, Access Economics, April 2009

HOW MUCH IS SPENT ON DEMENTIA RESEARCH NOW?

Government investment in dementia research through the NHMRC was \$24 million in 2011-12; less than every other National Health Priority Area apart from asthma.



National Health and Medical Research Council research funding for selected National Health Priority Areas, 2011-12

An extra \$200 million over five years will bring the total government investment in dementia research through the National Health and Medical Research Council (NHMRC; the major source of public funding for research) to around \$60 million per year. This will be equivalent to 1% of the \$6 billion direct cost of dementia care.

THE IMPORTANCE OF CAPACITY BUILDING

Health research areas need a critical mass of researchers not only to undertake the necessary research, but to ensure that researchers can compete for vital funding. Australia is failing to build the required dementia research capacity for the future.

DOES RESEARCH DELIVER?

Investment in health and medical research is a proven approach to reducing these future health and economic challenges. For every dollar invested in health and medical research the average return in health benefits is \$2.17.⁸ Investment in research through the NHMRC between 2000 and 2010 is projected to have saved \$966 million to the health care system and projected gains of \$6 billion linked to increased well-being.⁸

We need to ensure that Australian consumers receive the full benefits of the newest breakthroughs as soon as they possibly can.

⁸ Exceptional Returns: The value of Investing in Health R&D in Australia II, Access Economics, 2008.

WHY SUPPORT AUSTRALIAN RESEARCHERS?

Australia has some of the leading dementia researchers and internationally recognised programs of research:

Professor Henry Brodaty has conducted world-class research on the beneficial effects of a comprehensive training program and of counseling for family carers.



Professor Kaarin Anstey has contributed to understanding lifestyle and environmental risk factors for dementia.



Professor Perminder Sachdev has played a key role in the development of new research criteria for vascular cognitive disorders. He has initiated a number of longitudinal studies of cognitive ageing and dementia, and has led important research on computational neuroanatomy.



Professor Perry Bartlett contributed to the discovery of the capacity of stem cells in the brain to generate new neurons. His research group was the first to isolate and characterise these stem cells, and to show how they can be stimulated to produce new neurons that may prevent cognitive decline and dementia.



Professor David Ames is the Chief Investigator of the Australian Imaging, Biomarker and Lifestyle Flagship Study of Ageing which aims to discover which biomarkers, cognitive characteristics and screening tests for health and lifestyle factors determine subsequent development of Alzheimer's disease.



Associate Professor Sue Kurrle has a clinical qualification as a geriatrician, and positions as Director of Rehab and Aged Care, Hornsby Ku-ring-gai Health Service, and as Curran Chair in Health Care of Older People, Faculty of Medicine, University of Sydney. She has had a long interest and involvement in diagnosis and management of dementia and is involved in several clinical dementia drug trials.



Professor Tony Jorm wrote key papers on prevalence, incidence, projections and risk factors for dementia.



Professor Colin Masters identified the amyloid protein, more than 25 years ago, in partnership with Professor Beyreuther. The amyloid theory remains the most prominent theory of Alzheimer's pathology.

