Brani tratti dal documento della Organizzazione Mondiale della Sanità: “*Global action plan on the public health response to dementia 2017 – 2025*”

1) Dementia is an umbrella term for several diseases that are mostly progressive, affecting memory, other cognitive abilities and behaviour, and that interfere significantly with a person’s ability to maintain the activities of daily living. Indeed, dementia is a major cause of disability and dependency among older adults. There is evidence suggesting that overall more women develop dementia than men.
2) Alzheimer disease is the most common form of dementia and may contribute to 60-70% of cases. Other major forms include vascular dementia, dementia with Lewy bodies, and a group of diseases that contribute to frontotemporal dementia. The boundaries between different forms of dementia are indistinct and mixed forms often coexist.
3) In 2015, dementia affected 47 million people worldwide (or roughly 5% of the world’s elderly population), a figure that is predicted to increase to 75 million in 2030 and 132 million by 2050. Recent reviews estimate that globally nearly 9.9 million people develop dementia each year; this figure translates into one new case every three seconds.
4) Nearly 60% of people with dementia currently live in low- and middle-income countries and most new cases (71%) are expected to occur in those countries. Dementia in low- and middle income countries will contribute further to increasing inequalities between countries and populations worldwide, having a significant impact not only on individuals but also on their carers, families, communities and societies.
5) Dementia accounts for 11.9% of the years lived with disability due to a noncommunicable disease. In light of the improved life expectancy globally, this figure is expected to increase further. Crucially, although age is the strongest known risk factor for the onset of dementia, it is not an inevitable consequence of ageing. Further, dementia does not exclusively affect older people, with young onset dementia (defined as the onset of symptoms before the age of 65 years) accounting for up to 9% of cases.
6) Some research has shown a relationship between the development of cognitive impairment and lifestyle-related risk factors that are shared with other noncommunicable diseases. These risk factors include physical inactivity, obesity, unbalanced diets, tobacco use and harmful use of alcohol as well as diabetes mellitus and mid-life hypertension. Other potentially modifiable risk factors more specific to dementia include mid-life depression, low educational attainment, social isolation and cognitive inactivity.
7) The vision of the global action plan on the public health response to dementia is a world in which dementia is prevented and people with dementia and their carers live well and receive the care and support they need to fulfil their potential with dignity, respect, autonomy and equality. The goal of the global action plan is to improve the lives of people with dementia, their carers and families, while decreasing the impact of dementia on them as well as on communities and countries.
8) A comprehensive and coordinated response to dementia requires collaboration among all stakeholders to improve prevention, risk reduction, diagnosis, treatment and care. Achieving such collaboration requires engagement at the government level of all relevant public sectors, such as health, social services, education, employment, justice, and housing, as well as partnerships with relevant civil society and private sector entities.
9) Effective implementation of the global action plan on the public health response to dementia will require actions by Member States, the Secretariat and international, regional, national and subnational partners. Depending on national context, these partners include but are not limited to: development agencies; academic institutions and research agencies; civil society,

including people with dementia, their carers and families and associations that represent them, and other relevant organizations; the private sector, health insurance, and the media.

10) Country-based assessments of the needs and capacities of different partners will be essential to clarify the roles and actions of stakeholder groups. Targets included in this global action plan are defined for achievement globally. Each Member State can be guided by these global targets when setting its own national targets, taking into account national circumstances. Each Member State will also decide how these global targets should be adapted for national planning, processes (including data collection systems), policies and strategies.
11) Given the range of the population affected directly or indirectly by dementia and the complexity of this condition, dementia requires a broad, multistakeholder, public health approach. Such an approach will lead to a comprehensive response from the health and social care system (both public and private) and other government sectors, and will engage people with dementia and their carers and other relevant stakeholders and partners.
12) The development and coordination of policies, legislation, plans, frameworks and integrated programmes of care through a comprehensive, multisectoral approach will support the recognition, and address the complex needs, of people with dementia within the context of each country. This approach is in line with the principle of universal health coverage and the standards outlined in the Convention on the Rights of Persons with Disabilities.
13) PROPOSED ACTIONS FOR MEMBER STATES: Develop, strengthen and implement national and/or subnational strategies, policies, plans or frameworks that address dementia, whether as separate instruments or integrated into other planned actions for noncommunicable diseases, mental health, ageing, and disability (or equivalent). These undertakings should give consideration to equity, dignity and the human rights of people with dementia and support the needs of carers, in consultation with people with dementia and other relevant stakeholders.
14) PROPOSED ACTIONS FOR MEMBER STATES: Promote and support collaboration and partnerships with countries at international, regional and national levels for multisectoral action in the response to dementia and aligning these with the principle of universal health coverage. Collaboration and partnerships should include all relevant sectors: health, justice and social services sectors, civil society, people with dementia, carers and family members, and organizations in the United Nations system, United Nations interagency groups and intergovernmental organizations.
15) PROPOSED ACTIONS: Motivate and actively engage in dialogue between associations representing people with dementia, their carers and families, health workers and government authorities in reforming health and social laws, policies, strategies, plans and programmes relevant to dementia, while paying explicit attention to the human rights of people with dementia and their carers as well as their empowerment, engagement and inclusion.
16) PROPOSED ACTIONS: Support the development and application of national dementia policies, legislation, strategies and plans, and the creation of a formal role and authority for people with dementia and their carers to influence the process of designing, planning and implementing policies, laws and services related to dementia.
17) There is a common misconception that dementia is a natural and inevitable part of ageing rather than a disease process, resulting in barriers to diagnosis and care. The lack of understanding also causes fear of developing dementia and leads to stigmatization and discrimination. Furthermore, people with dementia are frequently denied their human rights in both the community and care homes.
18) Dementia-awareness programmes should: foster an accurate understanding of dementia and its various subtypes as clinical diseases; reduce stigmatization and discrimination associated with dementia; educate people about the human rights of people with dementia and the Convention on the Rights of Persons with Disabilities; enhance the general population's ability

to recognize early symptoms and signs of dementia; and increase the public's knowledge of risk factors associated with dementia, thereby promoting healthy lifestyles and risk reduction behaviour in all.

19) A dementia-friendly society possesses an inclusive and accessible community environment that optimizes opportunities for health, participation and security for all people, in order to ensure quality of life and dignity for people with dementia, their carers and families. Shared key aspects of dementia friendly initiatives include safeguarding the human rights of people with dementia, tackling the stigmatization associated with dementia, promoting a greater involvement of people with dementia in society, and supporting families and carers of people with dementia.