

Ministry of Health
MENTAL HEALTH SERVICES

NATIONAL ACTION PLAN
FOR
TREATMENT OF DEMENTIA
IN CYPRUS
2012 - 2017

MINISTRY OF HEALTH VISION FOR TREATMENT IN CYPRUS

Developing an integrated dementia strategy that includes all the axes that make up the problem:

Prevention, Early Diagnosis and Therapy, Patient Care and Support to Carers , and Research.

The aim is to raise awareness and reduce stigma, prevent and improve early diagnosis, better patient care and support for carers, and add value to the quality of life of patients.

The Ministry of Health will promote the development of excellent services for patients by creating the necessary service centers.

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PREAMBLE

The Ministry of Health, recognizing the enormous dimensions of dementia and the aging of the population, and wishing to make a catastrophic contribution to its treatment in Cyprus, commissioned the Alzheimer 's Multidisciplinary Committee the strategy of action against dementia.

Thus, the Alzheimer 's Disease Committee has undertaken to prepare an action plan that will include ways to develop and implement a comprehensive dementia strategy in Cyprus, which will be in line with the principles and vision of the Ministry of Health.

The Alzheimer 's Multidisciplinary Committee in Cyprus, was established in 2000 by a decision of the former Minister of Health Mr Frixos Savvides in response to the Alzheimer 's Association's request for the study and treatment of Alzheimer 's problems . This body is represented by both the public and the private sector. The Chairman of the Commission is the respective Director of the Mental Health Services, according to the decision of the former Minister of Health Dr. Christos Patsalides, which is joined by 13 other members. In particular, the Commission's composition is as follows (*Multidisciplinary Commission for Disease Alzheimer* , 2012):

Chairman:

1. Director of Mental Health Services , Dr. Yannis Kalakoutas

Members:

1. Chairman Association Support of People with Alzheimer's Disease, Mrs. Noni Diakos.
2. Representative of the Department of Medical Services and Public Health Services, Ministry of Health , Anna Nuska.
3. Representative of the Department of Mental Health Services , Ministry of Health, Dr. Irene Georgiou-Kyriacou.
4. Representative of the Department of Pharmaceutical Services , Ministry of Health , Mr. Andreas Teloudis.
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9. Representative of the Pancyprian Medical Association and Psychiatric Society of Cyprus, Dr. Anna Polyneiki.
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11. Representative of the Association of Psychologists, Dr. Marios Konstantinou.
12. Representative Institute Nefrolo c limit and Genetics, Dr. Savas ducklings p Taq.
13. Representative Cyprus University of Technology, Dr. Eurydice Papastavrou

"The National Action Plan to Address Dementia will be implemented gradually on the basis of the financial resources of the state "

SUMMARY

Dementia is a syndrome mainly of the elderly, and given the aging of the population, it assumes epidemic proportions. In Cyprus, the health services in their current structure and organization is not ready to deal effectively with the problem of dementia. It is fair, however, to recognize that great efforts are made to address or from all those involved, both at the forefront of the battle against dementia, and the prevention and care.

What is lacking today is the holistic approach to the problem. The rational management of the disease today should be based, in line with the recommendations of the World Health Organization, in four areas: prevention, early diagnosis and treatment, patient care and support for carers, and research.

This report includes suggestions for a comprehensive approach to the issue and recommends the creation of a **body** responsible for the management of dementia .

To prevent disease, the recommendation is to better coordinate and strengthen awareness programs, enlightenment and disease prevention, with emphasis on the influence of lifestyle, dietary habits, physical activity and social networking, as well, and ensuring sustainability As of these programs.

With respect to the n early diagnosis and treatment, the primary goal is to re STEP primary health care with the aim of easy and equal access for all patients, as well as the right to free choice of free medical treatment.

Regarding patient care and support to carers, the report promotes the preparation of guidelines to improve community mental health services and general nursing, as well, and the creation of K stews Daily F. rontidas, short-term and long hospitalization.

In the field of research, the cooperation of all existing research centers and volunteering will be promoted to conduct research and gather valuable data on the rational treatment of dementia at all levels.

The political leadership is called upon to proceed with the appointment of a [House](#) with the key terms of reference for the rational organization of the prevention, diagnosis, treatment and care services of patients with dementia as mentioned in the strategy text.

CHAPTER 1

I NTRODUCTION

According to the World Health Organization (*WHO, 2002*), prolonging the life expectancy of the world's populations is one of the greatest triumphs of humanity, but also one of the most important challenges, as aging poses increased economic and social demands on all the countries.

By 2025 the number of people over 60 years will increase by 250%, while in 2050 this number will reach two billion, substituting population triangular pyramid with a more cylindrical structure (*WHO, 2009*). A particular problem faces Europe with the "Euro-marathon" phenomenon, which, combined with the birth rate and the increase in the life expectancy of the citizen of the European Union, is a major social, economic but also a public health problem.

Additionally, the development of science and medical technology has increased the number of people reaching deep retirement and although old age itself does not cause illness, it is related to various health problems, disabilities and various forms of dementia.

Since dementia is estimated that 30 million people suffer worldwide, with 4.6 million reference Iria Yankee great hip- a peristaltic s annually (*Alzheimer 's He had a disease International, 2008*). The direct meaning leads to a progressive decline in activity in many areas of human functions, including memory, communication and speech skills crisis, planning, initiative, and, everyday self functions. Along with the reduction in cognitive and functional abilities, people suffering from dementia may develop psychological and behavioral symptoms such as depression, psychosis, aggression, and, vanishing trends and wandering, which further complicate the issue of care patients .

The effects of dementia are aggravating for the individual and his family due to prolonged mental strain , and , for society in general, since it causes a great financial burden and entails enormous costs in direct and indirect costs for health and social care systems.

The largest number of functionally dependent people with dementia remains at home in the community, which is the preferred place of residence rather than an institution, with the family providing most of the care. Besides , staying at home is associated with longer longevity, better quality of life and less cost .

According to various reports , the number of primary family carers is 52 million (*Schulz & Martire , 2004*) , while in Europe the EUROFAMCARE study in 23 countries showed that in Greece families provide about 80% of the care they need dependent elderly people (*Mestheneos , Triantafillou , Kountouka , 2004*) . However, Primary caregivers of dementia patients from the same family environment, they are often the same old people, with different physical and psychiatric disorders, powerless to fend them to the extent necessary.

Studies carried out in Cyprus have shown that the care of patients with dementia is an important factor in burdening and causing psychiatric morbidity among family members who take on this role (*Papastavrou et of 2007, 2009, 2011*) . It seemed , also, that families do not have the necessary support, knowledge, aid or assistance to be able to meet the requirements of care, while simultaneously organized structures are absent for help both patients and their families.

The World Health Organization (WHO) , through the Alzheimer's Disease International , recommends specific context activities, which should be taken into account by Member States to address the problems of dementia. This proposal for the development of the National Anti- Doping Strategy aims at reorganizing and upgrading the services provided to support patients and their families in response to the "dementia epidemic". The National Strategic S. lan based on four pillars:

1. Prevention

Emphasis on all levels of prevention , Primary, Secondary and Tertiary . Strengthen information and education programs for citizens, with particular emphasis on prevention , fighting the disease that surrounds the disease and exploiting the latest data on the influence of lifestyle, physical activity and eating habits on the appearance disease. Good practices in these areas should be cultivated to the public through strong messages. Ensure easy and equal access for patients and their families to early diagnosis and timely information, regardless of where they live.

2. Early Diagnosis and Treatment

In force ysi all structures involved in the care, especially of P rotovathmias Care Y Hi. The services are required to become more flexible so that they can respond to the growing demand for care services and the very important need for early diagnosis and therapeutic intervention , including pharmaceuticals.

3. Patient care and support to carers prices

Broadening the institution and the number of K stews the day, which currently provide limited support in patients with dementia. Specific support programs will aim to help patients maintain their functional abilities, self-care and independence for as long as possible. Also, in these centers to strengthen the supplied memory empowerment programs, and physical activity programs, which maintains Procedure Law the physical function of patients and limited f s problems, such as falls. To strengthen the education and training of health professionals about dementia to d iefrynthei action state-union cooperation to create appropriate institutions -endechomenos with public-private partnership for sector- long stay patients with a dementia, which do not have proving someone to take care of them. Identify legislative patients with dementia as having the same rights and benefits as people with other disabilities, to enforce their rights and provlef i et legislative coverage of these and their family caregivers with disability benefits in addition to those which already provided.

4. Research

Ensure and direct the necessary funds so as to boost research in the field of prevention, the reduction of risk factors and delay of the disease. To determine the needs of patients with dementia, their caregivers and their families. Encourage research into the creation and reinforcement of scientific methods aimed at improving the quality of life of patients, primary caregivers and their families. Today, research spending on dementia in Cyprus is zero.

In addition, it is of strategic importance to pursue :

- strengthening of major cooperatives from state and voluntary organizations,
- joint development of a single policy that concerns the care planning and in equal access to, and,
- changes in the relevant legislative framework.

To be able, however, the action plan for dementia to be successful it is necessary to mobilize all stakeholders and civil society, for this and the text of the National Strategy for Dementia in Cyprus will be open for public consultation by the parties of the Cyprus Parliament, learned societies and institutions, civil society, organizations of patients with dementia, NGOs, the Church of Cyprus, the private sector, as well as the universities, with a view to strengthening pluralism and the formulation of the final draft of the National Strategy.

Following the conclusion of the public consultation, the final **National Strategy for Dementia in Cyprus** will be drawn up, on which the National Operational Plan will be based, including concrete measurable and measurable objectives, programs to be implemented, performance indicators of the actions, timetables and the financial budget

State cooperative society and civil society through the involvement of organized groups in decision-making, and through the support, encouragement and encouragement of voluntary initiative bodies, will be a necessary condition for the implementation of the strategic plan. Additionally, they should be encouraged and supported and independent

initiatives beyond the immediate objectives of the services, as for example initiatives for research and international cooperation , which will be in even more valid the action plan

At the political level , the implementation of the project requires the involvement and cooperation of all relevant actors to create the legislative framework that will allow the implementation of the objectives set. Need , also, the will to fund and the allocation and utilization of funds which will be allocated to prevention, early diagnosis and treatment in the care of patients and support for carers as well and , in the dementia research Cyprus. However, as the whole preparation will take some time to materialize, and while the increase in the number of patients does not stop, the fact that draws attention for immediate well-designed and targeted actions with a dual purpose, both directly improve services for dementia and other capacity-building to respond to the expected increase in the number of patients in the future.

CHAPTER 2

THE MULTIPLE NATURE OF OPENING AT NATIONAL AND INTERNATIONAL LEVEL

2.1 What is Dementia?

Dementia is a syndrome , especially of the elderly, characterized by multiple cognitive deficits within a stable level of consciousness, which are mainly related to orientation, memory, language, perception and judgment, attention and concentration, as well and, in the social skills of the individual. This is a state with progressive cognitive impairment and with concomitant disorders of emotion, the behavior and the personality s .

The most common cause of dementia is Alzheimer 's disease (70%), followed by vascular dementia (15-30%). However, more than 100 types of dementia have been reported so far.

These causes may be various brain tumors, head injuries, chronic infections - such as syphilis, AIDS or Creutzfeldt - Jacob disease - cardiac / vascular causes (brain infarcts), congenital or hereditary causes - such as Huntington 's Disease - primary psychiatric causes (pseudodementia) physiological causes -as epilepsy and shunt pressure-metabolic causes -as vitamin deficiencies, chronic endocrinopathies, chronic metabolic disorders or chronic anoxic katastaseis- degenerative brain diseases -as the law st Alzheimer , the disease of Parkinson or Alzheimer's Pick - demyelinating diseases -as multiple Plakas- or , drugs and toxins -as alcohol, heavy metals poisoning by carbon monoxide, various drugs or radiation.

All these forms of dementia do not follow s always the same evolution. In some cases, the patient's condition may improve or remain stable for a certain period of time. In another small percentage of cases , about 10%, the dementia is treatable or potentially

reversible is , however, most of dementias gradually leads to death. Most patients die of complications , such as pneumonia or other infections , rather than the disease itself.

2.2 Epidemiology of dementia

Epidemiological evidence for dementia have shown that plagues millions of people worldwide with an increasing trend, while this increase is likely to have a significant impact on health systems , as well as , the families who bear the greatest burden of patient care. The nature of the disease impact is multidimensional with emotional, financial, social, legal and other implications , which affect not only the individuals and the families indirectly g them, and the wider society. Given menu that life expectancy in Cyprus is one of the bedrooms highest in Europe , and given the association of age with dementia, it is expected that the problem will increase in the coming years.

Therefore , the problem of dementia requires systematic recording of laying dementia static to gather reliable information and designing appropriate prevention and support programs , both of people suffering from the disease , and families themselves, which are responsible for the most because of the weight of care.

According to a 2005 study (*Ferri et al , 2005*) , dementia worldwide has affected 24.3 million people , with a percentage of 18% relate to disease Alzheimer . It is estimated that by 2025 Alzheimer 's disease will affect 34 million people, 10 % of whom will be over 60 , and 50% will be over 85 years of age .

According to studies carried out in various countries of the world, dementia, in contrast to other situations, is almost the same prevalence, and the increasing trend of the disease is seen in developed and undeveloped countries.

The global incidence of the disease shows that every year 4.6 million new cases are diagnosed, a new incidence every 4 seconds. The annual incidence of dementia in

Europe is 8.8 per thousand (*Ferri et al , 2005*) , wherein more than 7% affects people aged over t h v 85 years.

The percentage of patients with dementia doubles every five years , so every one in two people age s 85 years presenting dementia. This means that while the chance of getting infected increases with age, old age alone does not cause the disease. There are recent indications that age-related problems, such as atherosclerosis, can make a significant contribution to the development of the disease. As people are living more and more years, the number of people with Alzheimer 's disease and other forms of dementia will increase. Additionally, the direct meaning affects the whole of society, regardless of gender, ethnicity or social class , and can affect adults of working age, as well as older adults.

Regarding the epidemiological analysis of the risk factors of the disease (*Mentenopoulos & Bouras, 2002*) , that includes age, female gender, nat ic usefulness, social class and education, Down syndrome, genetic predisposition, endocrine, hormonal and toxic agents, cranio-cerebral injuries and vascular agents.

There is no precise epidemiological evidence in Cyprus, but it is estimated that the incidence follows the same trend as in the rest of Europe, which underlines the need for epidemiological studies to determine the magnitude of the problem in our country.

2.3 Alzheimer 's disease

As mentioned above, Alzheimer 's disease is observed in more than half the cases of dementia. It is an irreversible degenerative brain disorder, with cognitive impairment, which leads to death.

The onset of u disease is unclear, however, it may be late, that is, it may occur in people aged over 65, or early, that is, when it occurs at age 30-60 years. Also, the form of the disease may be familial (5%), which mainly concerns early onset of the disease, or sporadic. The course of the disease is progressively declining , with an average survival

of 8 years after diagnosis, and the survival range of patients may range from 1 to 20 years (*Bradley et al., 2000*).

Possible risk factors for the disease are female gender - the incidence in females is 1: 5, while the incidence in men is 1: 10 - the low educational level, a possible brain trauma in the patient's medical history, the existence associate oneth degree with the same disease, the possible immune response in the organism, viruses, heart disease, type II diabetes, oxidative stress and possible infections.

Genetic factors up to 40%, Down Syndrome , cell membrane phospholipid, aluminum toxicity, glutamate metabolism, as well as other factors are implicated in the etiology of the disease .

At the neuropathological level, the generation of amyloid plaques ("senile plaques") between brain neurons and neurofibrillar masses within them is considered responsible for brain tissue death and consequently the manifestation of the symptoms of the disease. This pathology is distinct only post-mortem in biopsy, where the diagnosis of the disease is finally established. Similarly, there is a diffuse cerebral cortex atrophy, with widening of the grooves, shrinking of the strands and enlargement of the ventricles, which are however visible also in imaging examination of the patient's brain in vivo, either axial or magnetic tomography.

All of these brain lesions do not relate to a normal course of the aging of an organism but are considered responsible for the onset of the disease. Patients have a wide variety of symptoms that occur at different times in different individuals, and not all patients will experience all the symptoms of the disease . A practical way of staging the disease separates dementia into a mild, moderate and severe form (*Tsolakis, Kazis, 2005*) . According to this staging , the first disrupted function is that of memory , and in particular the memory disorder is a prognostic factor for Alzheimer 's disease more than a decade program i n diagnosis.

In the early stages of the disease, the patient forgets his appointments, loses his or her personal belongings, constantly asks for the same things or writes lists of what to do or the things he wants to buy. At later stages, he confuses his familiar faces, forgets recent events, can not use directories and fails to meet any appointment. In the final stages, the patient lives in the past and may not recognize the faces of familial d q of.

With regard to the speech disorders in the early stages the patient has difficulty in finding words and has reduced fluency which leads to social isolation. At later stages it finds it harder to find the words even more, it has a growing tendency for repetitions, it has difficulty in following up debates and has strong misunderstandings. The situation deteriorates with discontinuity of speech and the vocabulary is constantly limited until the reason is completely lost.

In the same way , influenced and operational patient activities, both compound (IADL = I nstrumental A ctivities of D Aily L iving) and basic (ADL = A ctivities of D Aily L iving), which are associated with self-handling of the individual. At first attacked the complex activities, such as job performance, the ability to manage finances, the ability to use the car, while slowly, the person is less well-behaved, has difficulty orienting and needs guidance and help . At heavier stages of disease depends entirely on the n caregiver in all its activities. In the final stages the patient can not maintain the balance of sitting, unable to keep his head high and becoming bedridden.

At this point it is worth noting that there is still no effective treatment for Alzheimer 's disease . Commercially marketed drugs are used to control the symptoms of the disease and inhibit its progression. The effectiveness of these drugs is, at best, moderate.

And as the disease remains, at least still, unhealthy, in the same way there is currently no specific and scientifically proven way of life that prevents or slows cognitive decline. However, some useful advice on proper nutrition (Mediterranean type), daily physical exercise, the social networking of the individual, and his continued spiritual development

can delay the progression of the disease to a person, exerting a protective role in his brain.

2.4 The care of patients with dementia

Most w a s of elderly care falls on the shoulders of the family , which is why in recent decades a dramatic development of research and there is a theory to Four don't directly with the "family care". Consistent s , society and state or EX s common interest to support empowered and strengthen families in order for them to be able to continue to care for the elderly at home (*Hills , 1998*) .

The reasons that have prompted science to study this phenomenon are enough . And in the first place, the financial cost of patient care. That would be huge for the Member ed n families not take on this care , for this and the contribution of family caregivers are extremely important , not only for their ailing members, but also for society in general. Calculations made on the total cost of dementia in the countries of the European Union (*Wimo et al .*) , They raise this to 160 billion euros (€ 22,000 per patient each year), while for Europe to 177 billion. A proportion of 56% of this cost is estimated to be related to the costs of indirect care, ie by the patients' families.

However, the care of these patients from their families is heavily burdened by economic, emotional and psychological costs. Such a task is not easy but full of emotional tension and physical exhaustion , with the result that relatives who care for such patients are characterized as the "hidden victims" of the disease (*Zarit et al., 1982, 2006*) .

Generally the families who care for patients with dementia , especially the first-level carers , experience increased physical and psychiatric morbidity, low quality of life and social isolation (*DiBartolo , 2000, Zarit & Whitlack , 1995, George & G w yth er , 1986, Clyburn et al . , 2000, Bell et al . , 2001, Colvez et al . , 2002; Coen et al . , 2002*) . Also, very few people are prepared are for this role , while the structure of modern European s Family remains Western-style does not allow taking the computer role bedrooms carer , as well,

there are and properly equipped to handle the emotional and physical requirements imposed on them.

In the literature there is a strong consensus that the care of elderly people with disabilities is STRESS p ogen and burdensome for many family members and contributes to psychiatric morbidity in the form of depression and anxiety. The researchers , also argue that the combination of the loss of a beloved person , the long-term stress , the natural s requirement s care as well and , t the s biological s vulnerability s older carers can degrade their own physiological function, increase the risk for physical health problems , and , finally , create new victims care.

For this reason, the larger time onic period , primary caregivers remain healthy, the more they will retain their independence, will enjoy life and be able to better care for their loved ones.

A second reason for strong interest in care research is the variety of research questions that arise in the context of care. Most researchers support their studies on chronic stress exposure theories and seek the role of mediating variables and agents that may alleviate stress in care , with the ultimate goal of developing intervention strategies to alleviate the burden. Dementia , and especially dementia Alzheimer , is characterized by progressive cognitive rebate , which has the effect of dependence of people affected by supportive care , with all the problems that entails on the family, and are referred to as "charge» (*Zarit et al., 1986, George & G w yth er , 1986*) . Indeed, the care of patients with dementia appear to be and aggravating and the care of people with other chronic diseases (*Almberg et al., 1997*) , because of its specificity .

So , as the costs to the family, patients, health systems and society in general are enormous, there is an urgent need for a strategic plan to address dementia in Cyprus.

2.5 The problem of dementia in Cyprus

In Cyprus there are no precise statistics on the number of people who suffer from dementia. However, if we consider that dementia affects at least two people at the same time, the patient and his family carer, differently each, this number is immediately doubled.

Given that in Cyprus there are no specialized institutions with appropriate programs for DP there is with dementia, as neither sufficient number of Entre The merisias F. rontidas employment and care of these patients, so have to stay 24 hours a day with their relatives, it is easy to understand that when dementia hits a person's door, then the whole family suffers with it.

In the entire island of bedrooms here are only two Community K stew's Daily Care for people with the disease Alzheimer, and located in the e-existing Nicosia. This results in limited access to them by people residing in non-Nicosia areas. However, within the context of volunteering, the Pancyprian Alzheimer's Support Association now provides partially state-sponsored Home Care programs in all provinces, even in a limited number of patients.

While there are not enough studies in Cyprus to investigate the magnitude and complexity of the problem of dementia as a whole, the following may be mentioned, based on experience and data from other countries:

- the occurrence of dementia inevitably accompanied by increased needs and / kg i intensive care and patient treatment.
- The growing use of health services by patients with dementia greatly increases health costs.
- Spending these can be separated in the direct, indirect and "invisible" costs.
- The average cost includes the primary costs for the medical care of the patients :
 - medical s visit bis ,
 - diagnostic values exam bis ,

- purchase of medicines ,
- medical expenses (hospital , long term care facilities , home care, home care by mental health nurses) .
- Complications disease and co-morbidity.
- Indirect costs relate to the non-apparent costs as a result of the progressive inability of the patient :
 - loss of productivity (loss of income) of both the patient and caregiver,
 - cost of time for relatives who seek help (alternatively , the value of "informal" care).
- As " a visible" costs characterized m t a further important aspect of social v - Economic dimension of the condition , i.e. the effect q disease on quality of life of patients. Additionally, it includes psychosomatic caregiver burden as a result of the requirements for care of patients . It is characteristic that in the US in 2007 , dementia , due to the high average cost per patient combined with its large prevalence, was the third most expensive disease for the country's Health System .
- Taking care of patients with dementia in an institution reduces family commitment and increases the total direct cost of the patient's care, without however including indirect costs.
- The hours of care required by a family member monthly to care for a patient with dementia account for approximately all hours of full-time working hours.

It is therefore necessary to treat the disease in its early stages , with the ultimate goal of slowing its progression. Taking health policy decisions in the direction of more cost-effective treatment options and early detection and treatment of the disease can result in significant benefits for the health on the previous and the community in general.

2.6 This care condition f s dementia patients in Cyprus.

P. rosates reports and investigations carried out demonstrate the multiple gaps in services for dementia in Cyprus. Particularly:

1. The basic network of primary care for patients with dementia are the Mental Health Services and Koinotikis General No. sileftikis Ministry of Health in various community centers in Cyprus.
2. Services care in the form of in home visits s available in limited only degree in urban and rural areas . They are understaffed, without a sufficient number of qualified people for the special needs of patients and require immediate upgrade s and enhancement s .
3. Similar services provide within the framework of volunteering the Alzheimer 's Association of People Supporting . However, while these services are partly subsidized by the Ministry of Health, they are unable to satisfy all the specialized needs of patients with dementia.
4. There are , still, specialized clinics "Dementia" or "M nimis " , while just recently opened a pilot E xoterik what I Atreus the 'A' Welfare 'in Community Infirmary Strovolos, and this once a month . The diagnosis of dementia is made today by psychiatrists and neurologists in n public and private sector , and , at the Institute of Neurology and Genetics Cyprus, which has a specialized unit in B - Neurological Clinic which deals with behavioral neurology (including dementia cases).
5. Currently U here are only two R Entre Std eras p which allowed patients with dementia to participate in daily programs cognitive strength. These Centers are located in the Nicosia District .
6. Lack Service center s education in primary family caregivers of patients leaving them without the necessary knowledge skills to enable them to meet their care needs.
7. Failure to provide benefits to family members who take care of patients with dementia at home is even more burdensome for the burden they have .
8. No specialized short-term and long-term hospitalization services have been created for patients with dementia.
9. Many patients with dementia hospitalized in institutions that are unsuitable for their care and especially s needs them .

- 10. Dementia research remains uncovered, since no government spending is planned in the near future to support and support it .**
- 11. There is no clear legal framework for patients' rights and obligations of the state than against t them.**
- 12. Efforts to raise awareness and educating the public with respect to dementia and its problems must be intensified , but and to enter into a regular and continuous basis , with the simultaneous engagement of both the state as volunteering and SMEs.**
- 13. The disease prevention programs are currently very limited and need to be expanded.**
- 14. Patients with dementia do not have access to all the drugs used in dementia. Most are given free of charge by the public sector, while the rest are partially subsidized.**

It is obvious that the present situation regarding the care of patients with dementia, but and the general management or s t s, Cyprus is inadequate . This is a matter of concern to all, both as health care professionals and as a state, as the number of these patients is expected to increase in the coming years, according to documented forecasts . Competent bodies have recognized the need for comprehensive treatment of Alzheimer 's disease to become high on the list of public health priorities and scientific research, and they will all work together to achieve this goal.

CHAPTER 3

STRATEGIC PLANNING

The design of dementia strategy in Cyprus, like any strategy, has a specific vision, a mission, as well as clear goals and values .

Undoubtedly, the efforts will only be successful if all the co-responsible stakeholders cooperate in harmony with each other and implement the state 's commitments with its will and funding. This cooperation can be done through a National Coordinating Authority, which will have clear responsibilities and limits of responsibility. To this end, the Alzheimer 's Multi-Committee Committee is invited to be upgraded to a National Dementia Management Committee.

Moreover, it is necessary to create a framework for monitoring and continuous evaluation (Monitoring and Evaluation) of all programs to be implemented.

The **vision** of the National Strategy is to treat dementia in Cyprus , on the basis of declarations of the World Health Organization , the commitment of WHO and its recommendations Alzheimer Europe , for the change in perception, in policy and in practice to improve access of people suffering from dementia and their families to care services , and to provide opportunities for more treatment and health care options.

The **mission** of the National Strategy is to coordinate all Dr. aseon purpose of comprehensive treatment of dementia and ensuring the quality of services of prevention, treatment , care and social support.

The **values** of the National As a strategy fully aligned with the respective values of the Health System of Cyprus, in particular by :

- equal access to diagnostic tests, treatment, medication and care, away from gender, age, race, occupation, origin, and income discrimination

- protecting the health of citizens through coordinated preventive and epidemiological surveillance of dementia cases.
- ensuring anonymity and protecting sensitive personal health data
- defending the individual's freedom of choice and self-interest within the bounds of legality
- ensuring the quality, efficiency and effectiveness of dementia services
- social responsibility and the involvement of civil society in decision-making, as well as
- absolute respect for human dignity.

The goals of the National Strategy are:

- 1. Strengthening Primary Health Care. Improving the effectiveness of dementia management at primary level by improving patient referral systems.**
- 2. Appropriate treatment. Optimal optimization of patient access to drugs used in dementia.**
- 3. Care in the community. Development of alternative structures of long-term and specialized care in the community.**
- 4. Enlighten the audience. Citizens' education campaigns for recognition, early diagnosis and management of dementia with the synergy of volunteering and SMEs.**
- 5. Initiatives to involve the community, their patients, their carers and voluntary organizations.**
- 6. Defining national policy and establishing laws for fair access to primary and secondary care services as well as social welfare and benefits programs.**
- 7. Empowerment of health care professionals with training in advanced techniques and skills.**
- 8. Interdependence with workplace and volunteering to better adapt people with early dementia to their workplace, or even to facilitate their carers in their own work.**
- 9. Health monitoring within the community.**

10. Support research on prevention, the predisposing factors of the disease, its applicants, and the provision of services to patients.

T the strategic plan will be the catalyst for change in the way in which patients with dementia and their care are treated by the State of Cyprus and the Cyprus society generally .

CHAPTER 4

RECOMMENDATIONS FOR ACTION

4.1 Primary Care

Strengthening PFM in Cyprus and improving the effectiveness of dementia management at primary level. This effect can be achieved by creating training programs for general practitioners for dementia and new developments in diagnosis and treatment of disease, but also with the two-way communication PHC (General Practitioners) and the DFY (Dementia Family Yellows) (Dementia Family Yellows, Neurologist, Cognitive).).

Also, early diagnosis is crucial. This is why dementia services should be redesigned so that diagnosis of dementia is early and adequate and patients can receive the treatment, care and support that will enable them to live as good as possible with dementia.

At present, only a small percentage of patients with dementia has been officially diagnosed or maintained contact with specialized services in developed countries. Also, the diagnosis very often FIV company late in the disease process, when they have already lost several opportunities for the prevention and optimize the quality of life. When the dementia Clear m n osketai time, the patient and the Family remains the lack of s ability s options. They can not make conscious plans for their future and they do not have timely access to help, support and therapies (social, medical, nursing, psychological, occupational therapy).

There is agreement in the international literature on the importance of early diagnosis in dementia with regard to benefits, namely:

- the d iatirisi patient's operability at high levels for a longer time
- p liris patient participation and carers in planning interventions, tailored to their needs

- a significant reduction in the total cost of hospitalization , and
- a significant reduction of the effects of dementia on the caregivers .

Despite the very significant benefits of early diagnosis, the studies show that the majority of patients with dementia either never diagnosed at any stage of their illness by a specialist or it becomes too late when already deteriorate their health , either diagnosis is made on the basis of another patient's health problem (fracture, infection) , which aggravates the symptoms of the disease.

4.2 Appropriate treatment

New drugs for dementia , but it and everything , what newer features today science to treat the disease, management of symptoms or n prevent complications of, must free be provided by the state and to ensure equitable and fair access to that's all. The coverage will need to include and da diapers physiotherapy, psychotherapy, occupational therapy, speech therapy, hospitalization in institutions or at home, as well , to pay the flat carers houses. And because , Primary family caregivers may suffer themselves from problems associated with the close involvement in their care, such as U high charge levels or depression, both drugs and support to them should be covered immediately.

Equally important are bonuses and should be approved:

- an initial stage of special needs type dentistry for all dementia patients and caregivers for the remaining stages of the disease, following evaluation
- with severe disability , type of quadriplegia and paraplegia , for end-stage patients who may be bedridden
- p Supply of cis to the (diapers , bed pads, gloves, ointments , etc.)
- Mr. alypsi costs or part of the cost fysiotherapei a , ergotherapei a , speech therapy, dental services , etc..
- p tathero benefit or coverage of expenses in a nursing home or Mr. liniki .

In addition , a review of the benefits offered by private health and care insurance is needed to make the purchase of care services available to patients with dementia.

4.3 Care in the community

Community programs appropriately staffed , which will allow patients with dementia to continue their lives as best as possible and dignified manner close to their homes and families indirectly their s. The programs they can improve the quality of life of patients, especially in the early stages , and it has been documented that the better is the Community programs, the less is the overall cost of care in the economy of the state . Additionally, programs are able to reduce the behavioral problems of patients by 20%, to restrict the use of suppressive psychotropic drugs and to promote self-restraint or them . They , too, to co involve and structured activities (physical activity, sensory activity, nutritional information) aimed specifically at improving behavior problems. Similarly, spatial orientation rehabilitation activities, cognitive reliability controls, behavioral and psychosocial approaches to treatment , generally can improve the quality of life and reduce the incidence of behavioral problems, even ed n the these interventions still need to be assessed more adequately .

4.3.1 Centers The merisias F. rontidas

In these centers can be organized , on a systematic basis , groups of nurses, physiotherapy, psychological support, occupational therapy and speech therapy, which help to maintain the functionality of the patient and their ability for self-care and self-care. These K stews a The unit s A ' Welfare , which can be created independently or in conjunction with other patient care facilities with chronic diseases or elderly care facilities, provide psychological support services in Family remains, or and home special care in PATIENTS sectors in specific areas.

4. 3.2 Creating opportunities for socializing patients

Countries , such as England and the Netherlands , have pioneered in this field with the creation of recreational areas - cafes (dementia cafes) - where the patients and their

relatives can meet in a relaxed environment to discuss, socialize and share their experiences, fears and concerns. More than 250 such cafes already operate in the UK , which operate through special programs aimed primarily at supporting emotionally the patients and their families.

4.3.3 Establishment of a "Demonstration Management Consultants"

Because dementia is a chronic, evolving and complex problem , with various implications for patients' lives and their daily lives, coping with it requires the search for new approaches to health care provision. M t a new approach is the creation of the institution 'Incident »(case ih management), which has been adopted by many countries. This institution is described as a cooperative process of evaluation, planning, facilitation and counseling for choices and services that will meet patients' health needs through the resources of a country , with the aim of promoting quality life of patients.

4.3.4 Hospitalization and home care

Development of existing care services and creation of new structures with specialized services for patients with dementia all over Cyprus . In addition to the nurses and occupational therapists already visiting patients at home, the j service could they be enhanced by extending the health team and with physiotherapy, psychological support , etc.. Qualified staff can visit t being patient in his home , will assess the needs of and determine the treatment program of .

However, the program will not only cover patients who can not be moved or served , but also patients at a very early stage of the disease , with a view to slowing down or even avoiding hospitalization or institutionalization , through education and support programs family carers. To this end, the use of new technologies (automation and teleworking) in the home , for the appropriate configuration of the space, to serve the needs of the patients , is useful .

4.3.5 Care, education and support workshops for primary carers

Because most of the care is provided at home by the patients' families, people who are directly involved in care need training on practical issues of care and management of the patient's problems. For this reason, in these workshops, psychological support programs for relatives and management of their own problems, tensions and conflicts, which are often created as a result of the burden of the care of patients with dementia, could be offered. These workshops could be combined with the simultaneous creation of a fixed telephone line for help of relatives as well, what they needed during their difficult work.

4.3.6 Centers for 24-hour care

The creation of a secure bracelet for 10-20 days of hospitalization will ensure patient safety where necessary medical care is needed and the caregiver's valuable respite time.

4.3.7 Specialty Respite Centers for Longstanding Dementia

Here they could be cared for patients at an advanced stage and will offer them protection, palliative care and a better quality of life. Existing institutions are required to adapt their premises accordingly and to adequately empower their staff to be able to meet the specific needs of dementia patients, as this is the only way to avoid recurrent hospitalization. Clearly, with the simultaneous supervision of these institutions. In addition, it is proposed to create an ambitious program to adapt the architecture of nursing homes to the needs of patients with end-stage dementia. This is a key element for the quality of life of patients, and can be supported by investment programs.

4.3.8 Use of technology in the care of dementia

Cyprus needs to be modernized with the latest technology and the enormous advances made in caring for these patients in the community with the use of technology. These tools support the care of chronic patients and facilitate the exchange of information.

4.3.9 Creation of memory rooms in the various hospitals

Specialized Memory Clinics contribute to the diagnosis and treatment of the disease. Hospitals of memory and dementia in public hospitals could also have the possibility of

long-term and long-term hospitalization of patients with dementia in order to more closely monitor the course of the disease while at the same time serving the research purposes.

4.4 Enlightenment and information of the public

The aim of the action is to raise awareness of dementia as a whole in society as well as to increase the awareness of society and health professionals about the understanding of dementia , which will also help to address social stigma associated with dementia.

In this direction will the public be informed about the benefits of disease prevention, early diagnosis and treatment As of , as and s decrease s social exclusion and discrimination. A helping hand in this effort will be the use of the Media to inform and raise public awareness on issues such as:

- the prevention of disease
- the importance of timely diagnosis, recognition and appropriate management of dementia , especially in the early stages
- the prevention and elimination of stigma
- the public awareness of the disease and problem s of
- with the public ntharrynsi for participating vehicles in voluntary organizations providing support to patients with dementia and
- with the public ntharrynsi for participating vehicles in research programs .

Even schools, universities, even the army , with organized education campaigns, various events, lectures, and the distribution of brochures and other educational materials, must also stand in the media to enlighten the public about dementia .

Finally, voluntary organizations , which have as their primary objective precisely raising awareness and enlightening the public, can actively contribute to this action by organizing various activities. For example, the People Support Association with Disease Alzheimer organizes annual awareness campaign on the occasion of the World Day of Disease

Alzheimer (21st September). Also, a xiopoi -assessed various forms of art as social awareness tools , organizes occasional exhibitions and theatrical performances.

4.5 Involvement of the community, volunteers, families and patients

The involvement of organized groups, community, families and patients in policy development is of major importance and, indeed, they must be involved at all levels of decision-making. The National Strategy proposes :

- alpha navathmisi the role of voluntary organizations as well and t the n encourage family support project development initiatives and patients
- to the conomic support these organizations for program implementation purposes , pointing out that
- the design As any programs must always take into account the views and needs of patients , so that they can be designed according to need as determined by the same patients and not by professionals health .

On iprostheta, proposing the creation a of K Entre u E DUCATION E willing , where health professionals will train individuals to provide home care to patients with dementia. Such interventions are of the utmost importance for the prevention or management of crisis situations, which often lead to the institutionalization of patients while at the same time benefiting the same patients and their families from the psychological support provided through them.

It is also proposed to develop social networks of structured mutual support and information on dementia. The creation and maintenance of such networks of patients with dementia and their carers can provide instant support to their newly diagnosed patients with dementia and their carers. Also, dementia patients and their carers can take an active role in developing and operating local services for dementia. Developing local networks of mutual support and education , beyond providing practical and emotional support, will

help reduce social isolation and promote it - care, and will also provide a source of information for better decision making on local needs.

Support networks should be designed according to user preferences and local requirements. They should aim to achieve results , such as the opportunity to regularly discuss with people with dementia, to get information, practical advice for dealing with dementia, emotional support and reducing social isolation .

4.6 Definition of national policy, programs and legislation

In Cyprus , the existing legislation does not cover the complexity of the legal problems that sometimes accompany the problem of dementia , thus , both the patients and the families indirectly g them to remain exposed.

Also, the social welfare programs and benefits for part -term patients with dementia is limited, so many patients depend exclusively on familial emphasis their s and their financial capabilities. For this reason, the National Strategy proposes:

4.6.1 *Review of the Legislative Framework*

To enforce the rights of patients with dementia with an appropriate legislative framework , which will ensure the responsibility of the State towards them to provide services for the prevention, early diagnosis and treatment , care, and , psychosocial employment of patients and support their families. To this end, the relevant Ministries and the House of Representatives are invited to work together and firmly support the proposed amendments.

At the same time, the state should increase spending on prevention, enlightenment, healing, care s and dementia research in the field and to allocate the necessary funds for the implementation of the National Plan.

4.6.2 Creation of a Commissioner's office on dementia

The creation of a Commissioner's office could help protect and safeguard the rights of patients with dementia and their families. Particularly sensitive issues are the management of patients' assets and their expressed wishes.

4.6.3 Implementation of quality improvement programs for services

At all stages of prevention, diagnosis, treatment and care of patients with dementia, a quality control system must be set up. Priority should be given to the development and use of quality indicators, which will constantly monitor the results of the implemented programs, compare them and evaluate them for improvement purposes.

4. 6.4 Creating new jobs

It becomes necessary to create multidisciplinary management teams for patients with dementia. The multidimensional nature of the disease and the multiple problems that accompany it can not be dealt with by a professional but by a team of specialists with a different specialization and specialization each one.

4. 7 Training of health professionals and human resources development

The training and specialization of doctors, nurses, psychologists, occupational therapists, physiotherapists and other health professionals will help prevent, diagnose early and better care for dementia patients .

Special training for dementia in the form of vocational training and training of physicians, general practitioners, psychiatrists and neurologists and all health professionals will be carried out by specially certified Centers, which will set up a special Master 's degree in "Dementia and Gerontology" for Health Professionals and Social Scientists.

In terms of conferences , health professionals attending conferences in Cyprus and in abroad , whenever possible . This should be reinforced by the assumption by the competent Cyprus tournament and other conferences, international scope, such as the two already organized, one at the initiative of S. ynde -term u People Support with Disease

Alzheimer . Also, health professionals could specialize in the care of dementia patients by visiting specialized centers abroad through short-term scholarships, as well as by attending similar educational programs in Cyprus with invited local and foreign speakers.

At the same time, strengthen the training of nursing students , and other relevant studies , undergraduate level so as to increase knowledge and awareness of future health professionals in dementia issues . The suggestion is to include " dementia " in its multidimensional form as a separate course of choice in the University Institutions .

4. 8 Interconnection with other sectors

Developing Work s programs for people with early dementia will help them to continue working, remaining thus as productive members of society .

Family caregivers of patients also need special facilities to work in order to be able to continue their work of care, such as reduced working hours , emergency care leave or special care allowances. Especially for those who are forced to stop their work to look after their sick relatives, adopt a special status that provides for their return to work when they can.

4. 9 Monitoring of health in the n community

The effectiveness of any prevention, diagnosis, treatment, care, support and research programs adopted and implemented in Cyprus for the treatment of dementia should be monitored for evaluation and improvement purposes. To this end, it is necessary to monitor the functioning of these programs by developing advanced monitoring systems.

4. 10 Strengthening and promoting research in Cyprus

The needs arising from inadequate treatment of dementia in Cyprus today, and as it will be very soon public health problem effortlessly highlight the need to create one s new s

generation As academic researchers , to investigate the problem of dementia in Cyprus dimensionally (medical, social, economic, psychological), in order to identify patients' problems and suggest measures integrated approach them .

Research around the dementia has not promoted even in Cyprus , while, states as universities and idiotika- t the Research Promotion Foundation and the Institute of Genetics and Neurology Cyprus could contribute to this end, either by conducting surveys on a national scale , or by participating in international research projects. At the same time, the creation of a data exchange carrier and information in relation to the investigation around dementia will help promote scientific s development s in Cyprus .

To this end, the contribution of voluntary organizations , both for the purposes of diagnosing needs and collecting data , and for disseminating the results of research , is particularly useful . The Alzheimer 's Alzheimer Support Association is already working with state and private universities to carry out some research.

All this, however, in order to be feasible, requires the financial support of the state. Therefore, the state budget is called upon to financially reinforce all "learning and knowledge-creation institutes" - state, private, voluntary initiatives - to investigate dementia as a whole.

4. 1 1 Reinforcing volunteering

Given the undeniably excellent cooperation between the Ministry of Health, Committee Multidisciplinary's Disease Alzheimer and volunteering, especially of S. ynde -term u People Support with Disease Alzheimer , and the multiple benefits that arise from this cooperation, proposes the further State aid of institution of volunteering p agkypria basis.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

Currently, Cyprus is unable to provide comprehensive services for dementia . The suffering of patients, failure to realize the existing manpower , the limited research on dementia, lack of quality control system, coordinated primary and secondary prevention programs as well, and reliable statistical data , are some of the weaknesses of the existing systemic.

At the same time, pressures from organized groups are becoming more intense and it encompasses the risk that forced the State to take piecemeal , and potentially , unnecessary or erroneous measures, which will increase the cost without substantially help patients.

The Strategic Plan is a unique opportunity for a global approach to dementia disease to overcome the current adversity, co-ordination and exploitation of the private and public sectors. The effort to create a collaborative but also competitive environment is an indication of culture and respect for the rights of the patient and is fully in keeping with the spirit of the time.

Developing integrated services for dementia is a big challenge for a small country like Cyprus. It must be understood and respected that integrated and high-level care for patients with dementia in Cyprus will only be ensured through a well-designed system. A prerequisite for achieving these high goals is the excellent organization and cooperation of all those involved.

5.2 Suggestions

5.2.1 Dementia Management Committee

It is proposed to create an autonomous Dementia Management Committee , under the supervision of the Ministry of Health, with the following responsibilities:

- preparation of the necessary legislation in cooperation with the Ministry of Health
- p yntonismo As of care for patients with dementia and implement quality control programs
- promoting the continuous training of human resources
- is responsible for the strategic planning of research, ensuring that there is no duplication and that the research programs will bring the maximum benefit to Cyprus as well as,
- to briefing the public on issues related to dementia and view constitute or loss research in a manner understandable to the public.

In order to succeed in its mission, the Dementia Management Committee should be able to continuously monitor developments in dementia , analyze and crystallize them, plan and promote programs, study and analyze the needs and the requests of organized patient sets, to find resources and to manage them properly.

Given the magnitude and complexity of responsibilities, the composition of the said Committee should include experts on dementia and technocrats in the fields of public health, FINANCIAL limit , and administration . At the same time , the spirit of the time required and the participation of representatives of patients as equal members.

It goes without saying that it must be ensured that the members of such a Commission, which will exercise the power of the EN, must promote their own interests or third parties. At the same time, there should be subcommittees of all the specialties and organizations to pass on all the problems to the Commission. For the purposes of a well functioning Commission, a Secretariat should be set up to receive and evaluate

the suggestions of the subcommittees and forward them to the Management Committee. The Management Committee could, of course, consist of thirteen (13) members as follows:

- 1. President (Appointment by the Minister of Health)**
- 2. Representative of Mental Health Services**
- 3. Representative of Cyprus Psychiatric Society**
- 4. Neurologist (Institute of Genetics and Neurology of Cyprus)**
- 5. Representative of the Neurological Society of Cyprus**
- 6. Representative of Medical Services and Public Health Services**
- 7. Representative of Nursing Services of the Ministry of Health**
- 8. Representative of the Association of Physiotherapists in Cyprus**
- 9. Representative of the Cyprus Occupational Therapist Association**
- 10. Representative of the Nursing School of TEPAK**
- 11. Representative of the Association of Cyprus Psychologists**
- 12. Representative of the Alzheimer 's Disease Support Association**
- 13. Patient with Alzheimer 's disease**

5.2.2 The expected implementation of the GAS and possible impacts

With the expected introduction of the GHS in Cyprus the organization and the management of all health services will be put on a new basis and this should be taken seriously in the policy planning for the preparation of the strategy for tackling dementia .

By applying GeSY the state will cease to subsidize the operation of state hospitals and I nstitouto Genetics and N evrologias Cyprus . The state hospitals will become autonomous and their survival will depend more on the sale of health services. The j Patients have the right to free choice of doctor, clinic or hospital between the public and private sectors . Competition between public and private hospitals and clinics is expected to be acute, which is legitimate and will help to upgrade health services. If the state does not upgrade state health services then they will be degraded with the possibility of being dissolved.

5.2.3 The steps below

Implementing the dementia strategy is not an easy task and should be considered as an integral part of this report. Within three months of approval of this report, the following should be done:

- 1. determination of the Dementia Management Committee with the composition to be decided by the Minister of Health , taking into account the suggestions made in this report.**
- 2. The task of the Dementia Management Committee will be to implement the strategy.**
- 3. The Ministry of Health in cooperation with the Dementia Management Committee to proceed immediately with the preparation of the necessary legal framework for the implementation of the strategy in cooperation with the Legal Service.**
- 4. The Ministry of Finance to find the necessary funds for the implementation of the above.**

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