

Letter to Editor

Rising Dementia Cases in Bhutan Needs Non-Pharmacological Interventions

LETTER TO EDITOR

World Health Organization (WHO) defines "Dementia as a syndrome in which there is deterioration in cognitive function beyond what might be expected from the usual consequences of biological aging [1]. Globally, around 55 million people are living with dementia, and most (60%) live in low- and middle-income countries—however, the WHO expects more dementia cases worldwide because of the increasing aging population. However, many dementia cases are underreported as many countries lack national dementia strategies and action plans; also, governments have limited resources to identify dementia cases. WHO projects that the person living with dementia will be 78 million in 2030 and 139 million in 2050 worldwide [1], and almost 71 million (> 60%) will be in the Asia region [2].

Bhutan, part of the South Asia region, is not exceptional. Bhutan reported 21 persons living with dementia in 2016 and added 15 new cases in 2018 [3]. The detected dementia cases (from 2016-18) were primarily young adults and males (15-49 years). However, dementia usually affects females and the older population. Furthermore, it is estimated that about 2588 dementia existed in Bhutan in 2019, and it would be 11668 by 2050 (351%) [4]. Thus, Bhutan needs a national assessment to determine dementia at the community level to identify the exact number of persons living with dementia. It would be a significant public health issue among the other noncommunicable diseases in the coming years in Bhutan.

By 2030, the yearly cost of providing people with dementia with health, social services, and informal care will have risen from US\$ 1.3 trillion to US\$ 2.8 trillion [5]. Many countries have developed national dementia strategies or action plans aligning with WHO's global action plan to address the issue adequately and minimize the economic burden on health systems [6]. Bhutan lacks national dementia strategies, so it needs a comprehensive action plan. Otherwise, Bhutan will face a new health challenge with dementia.

Besides medicinal or pharmacological treatment of dementia, there is also non-pharmacological intervention or treatment (Table 1). Pharmacological therapy (medicinal treatment) for dementia is expensive, not promising, and has little efficacy and limited benefits for long-term management [7]. However, the non-pharmacological intervention is primarily not based on medicines. For example, art therapy, music therapy, stimulating sensory activities, etc., and their benefits are widely documented [8, 9, 10]. Also, non-pharmacological interventions are cost-effective, with fewer or no side effects, and non-pharmacological interventions could be implemented by family members, paraprofessionals, and community workers [8]. They need minimal training. The evidence-based non-pharmacological interventions could effectively manage behavior and psychological symptoms of dementia. Thus, the Western world is inclining toward non-pharmacological treatments or interventions, an emerging new area, to enhance the quality of life of the person with dementia. Four non-pharmacological therapies are standard and holistic and are used to improve the cognitive, psychological, and behavioral issues of persons living with dementia (Table1) [8]. Cognitive stimulation therapy is the most effective non-pharmacological intervention [8].

It is time for Bhutan to think of non-pharmacological interventions besides expensive pharmacological treatment in dementia action plans or strategies. The first author is directly involved in managing mentally impaired persons at dementia care homes and goes through experiences in non-pharmacological approaches. The author creates non-pharmacological activities, such as music, adult coloring, active games, storytelling, intellectual activities, etc., based on four standard therapies (table 1). These activities engage the brains of persons with dementia in changing behavior, improving social and emotional well-being, and understanding their surrounding environment. The non-pharmacological approach keeps the person living with dementia busy instead of sitting in the room alone. Busyness and more activities help the person living with dementia (based on their brain capability) maintain a quality of life. The first author develops non-pharmacological interventions based on physical, emotional, social, vocational, intellectual, and spiritual domains. Both authors indicate the interventions should be culturally appropriate. They experience that non-pharmacological interventions have long-term effects in some situations than medicines. Bhutan can take advantage of adopting non-pharmacologic interventions in dementia care.

Table 1. Non-Pharmacological holistic and standard therapies with interventions

Name of interventions	Description	Examples	Benefits
Reminiscence Therapy	Recall of past events	Photograph, familiar item from the past, recall of memories	Mood improvement, Cognitive benefits
Validation therapy	Validate the person's (living with dementia) feelings and emotions in their moment of confusion (Communication technique)	Empathy and listening	Alleviating stress, promoting contentment, decreasing behavioral disturbance
Reality Orientation	Reminding the person living with dementia of facts about themselves and their environment.	Memory aids, signpost, notices	Decreasing confusion and behavioral symptoms
Cognitive stimulation therapy (widely recommended)	Cognitive based tasks	Word games, puzzles	Cognitive improvement and wellness

Keywords: Bhutan, Dementia, non-pharmacological intervention, cognitive stimulation therapy

CONSENT (WHERE EVER APPLICABLE)

It is not applicable

ETHICAL APPROVAL (WHERE EVER APPLICABLE)

It is not applicable

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