

World failing to address dementia challenge

世界没有解决痴呆症问题（上）

Only a quarter of countries worldwide have a national policy, strategy or plan for supporting people with *dementia* and their families, according to the WHO's '*Global status report on the public health response to dementia*', released today. Half of these countries are in WHO's European Region, with the remainder split between the other Regions. Yet even in Europe, many plans are *expiring* or have already expired, indicating a need for renewed commitment from governments.

根据世界卫生组织今天发布的《公共卫生领域应对痴呆症全球状况报告》，世界只有四分之一的国家具有支持痴呆症患者及其家人的国家政策、战略或计划。其中一半国家在世卫组织欧洲区域，其余则分布在其他区域。然而，即使在欧洲，许多计划也即将到期或已经到期，这表明政府需要重新做出承诺。

At the same time, the number of people living with dementia is growing according to the report: WHO *estimates* that more than 55 million people (8.1 % of women and 5.4% of men over 65 years) are living with dementia. This number is estimated to rise to 78 million by 2030 and to 139 million by 2050.

与此同时，该报告指出，痴呆症患者人数在不断增加：据世卫组织估计，目前有超过 5500 万人（65 岁以上的人群中，8.1%的女性和 5.4%的男性）患有痴呆症。估计这一数字到 2030 年时将上升到 7800 万人，到 2050 年时则将达到 1.39 亿人。

Dementia is caused by a variety of diseases and injuries that affect the brain, such as *Alzheimer's disease or stroke*. It affects memory and other cognitive functions, as well as the ability to perform everyday tasks. *The disability associated with dementia is a key driver of costs related to the condition*. In 2019, the global cost of dementia was estimated to be US\$ 1.3 trillion. The cost is *projected* to increase to US\$ 1.7 trillion by 2030, or US\$ 2.8 trillion if corrected for increases in care costs.

痴呆症系由阿尔茨海默病或中风等影响大脑的一系列疾病和伤害所导致，可影响记忆和其他认知功能，以及执行日常任务的能力。痴呆症方面的费用主要源于与该病症相关的残疾。2019 年，全球用于痴呆症的费用估计为 1.3 万亿美元。预计到 2030 年，这一费用将增至 1.7 万亿美元，而如果将护理费用的增加考虑在内，则为 2.8 万亿美元。

"Dementia robs millions of people of their memories, independence and dignity, but it also robs the rest of us of the people we know and love," said Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization. *"The world is failing people with dementia*, and that hurts all of us. Four years ago, governments agreed a clear set of targets to improve dementia care. But targets alone are not enough. We need *concerted* action to ensure that all people with dementia are able to live with the support and dignity they deserve."

世卫组织总干事谭德塞博士说：“痴呆症不仅剥夺了数百万人的记忆、独立性和尊严，也夺走了我们所熟悉的亲人。但令我们痛心的是，痴呆症患者未能得到世界

的关注。四年前，各国政府达成了一套明确目标，旨在改善痴呆症护理。但仅有目标是不够的。我们必须采取协调一致的行动，确保所有痴呆症患者都能得到其应有的支持和尊严。”

More support needed, particularly in low- and middle-income countries

需要提供更多支持，特别是在低收入和中等收入国家

The report highlights the urgent need to strengthen support at national level, both in terms of care for people with dementia, and in support for the people who provide that care, in both formal and informal settings.

报告强调，迫切需要在国家一级加强支持，既要照护痴呆症患者，也要支持在正规和非正规环境中提供这种护理的人员。

Care required for people with dementia includes primary health care, specialist care, community-based services, *rehabilitation*, long-term care, and *palliative* care. While most countries (89%) reporting to WHO's Global Dementia Observatory say they provide some community-based services for dementia, provision is higher in high-income countries than in low- and middle-income countries. Medication for dementia, *hygiene* products, assistive technologies and household adjustments are also more accessible in high-income countries, with a greater level of *reimbursement*, than in lower-income countries.

痴呆症患者所需的护理包括初级卫生保健服务、专科护理、社区服务、康复服务、长期护理和姑息治疗。虽然向世卫组织全球痴呆症观察站进行报告的大多数国家

(89%) 都表示能为痴呆症提供一些基于社区的服务，但高收入国家的提供率高于低收入和中等收入国家。此外，在高收入国家比在低收入国家更容易获得痴呆症药物、个人卫生用品、辅助技术以及相应的家居安排，而且报销水平也更高。

The type and level of services provided by the health and social care sectors also determines the level of informal care, which is primarily provided by family members. Informal care *accounts for* about half the global cost of dementia, while social care costs *make up* over a third. In low- and middle-income countries, most dementia care costs *are attributable to* informal care (65%). In richer countries informal and social care costs each *amount to approximately 40%*.

卫生和社会护理部门提供的服务类型和水平也决定了主要由家庭成员提供的非正规护理的水平。非正规护理约占全球痴呆症费用的一半，而社会护理费用占三分之一以上。在低收入和中等收入国家，大多数痴呆症护理费用（65%）可归于非正规护理。在较富裕的国家，非正规和社会护理费用各占 40%左右。

In 2019, carers spent on average five hours a day providing support for daily living to the person they were caring for with dementia; 70% of that care was provided by women. Given the financial, social and psychological stress faced by carers, access to information, training and services, as well as social and financial support, is particularly important. Currently, 75% of countries report that they offer some level of support for carers, although again, these are primarily high-income countries.

2019 年，照护人员平均每天用 5 小时为其所照顾的痴呆症患者提供日常生活支持；这种护理服务 70%由妇女提供。考虑到照护者面临的经济、社会和心理压力，为其提供信息、培训和服务以及社会 and 财政支持尤为重要。目前，75%的国家报告表示能为照护者提供某种程度的支持，不过这些国家主要是高收入国家。