A national strategy: implementation of the French Alzheimer plan 2008-2012

18 January 2012

Dementia Strategy Conference Dublin

Florence Lustman, inspecteur général des finances
The main challenges of the plan

» A commission chaired by Pr Ménard
  • 10 members, 8 working groups, 100 people, 3 months
  • Report to the President on 8 november 2007

» A financial effort on 5 years
  • 200 M€ for research
  • 200 M€ for medical care
  • 1,2 billion euros for medico-social support

» A new governance based on transparency
  • Direct reporting to the President of the French Republic every 6 months
  • Coordination and assessment
  • Steering committee every month
  • Supervisory committee every 4 month
Website : www.plan-alzheimer.gouv.fr
Plan Alzheimer 2008-2012

Let healthy ageing have a future

Solutions explorer and organizer

3 axis
- Research
- Health
- Solidarity

3 objectives
- Cure: know the disease and find a medical treatment
- Take care: look after and increase quality of life for patients and carers
- Respect: guarantee the dignity of the person with Alzheimer’s and ethics of this key social issue

3 targets
- Disease
- Person with Alzheimer’s
- Family caregiver
Research

- Foundation Plan Alzheimer
- 125 research projects – 81 M€
  - GWAS : new genes
  - IGAP
- 138 new researchers
- Structuration
  - National epidemiologic data bank : 342 centers, 222 000 patients
  - Clinic epidemiology training for 614 doctors
  - 3 cohorts (3C, MEMENTO, young patients)
  - Methodology support group
  - Imaging center
- AAICAD in PARIS – july 2011
About

The ultimate goal of the Joint Programming in Neurodegenerative Disease project (JPND) is to find cures for neurodegenerative diseases and to enable early diagnosis for early targeted treatments. However, it is not possible to give definitive predictions on how long this might take to happen.

In the interim, JPND will identify common research goals that would benefit from joint action between countries in order to accelerate progress on solutions that can alleviate the symptoms, and lessen the social and economic impact for patients, families and health care systems.

There will be 3 main components to this work.

- Improve the scientific understanding of the disease.
- Improve the medical tools available to doctors to identify and treat the disease.
- Improve the social care and structures available to assist patients, their families, and health service providers so that patients can receive optimum care at all stages of their illness.
L’accompagnement éthique,
c’est affirmer la permanence de la personne humaine
en toutes circonstances même les plus dégradées.


editorial

Un engagement politique, une exigence partagée

Emmanuel Hirsch,
Directeur de l’Espace éthique AP-HP, professeur d’éthique médicale, faculté de médecine, université Paris-Sud XI
Personal pathway for a person with dementia
Alzheimer’s plan: 2012

**DIAGNOSING**

- General practitioner
  - Breaking the diagnosis
  - Supporting
- Specialist (Neurologists, Memory centres, Centre for young Alzheimer’s patients)

**TAKING CARE**

- **Home**
  - Home rehabilitation
- **Out of home: specialized structures**
  - Training for professional and family caregivers
- **Hospital**
- **Nursing home**

**MAIA**

- Simplifying
- Assessing
- Orientating

**RESEARCHING TO CURE, CARE AND INCREASE QUALITY OF LIFE**

Person with dementia
Family caregiver
Places for diagnosis in France

Source: DHOS 2009 & CNAM 2009
National center for young patients with AD

National reference centre for young Alzheimer’s patients

Local correspondants
Day care centers

Sources: Finess, Sélia, Enquête Alzheimer activity 2009
CNSA

Places

Structures

Sources: Finess, Sélia, Enquête Alzheimer activity 2009
CNSA
Alzheimer rehabilitation teams

Plan Alzheimer - mesure 6 - Equipe Spécialisée Alzheimer (E. S. A.)
nombre d'E.S.A. autorisées

DGCS/3A - dt - situation au 31 décembre 2010
Special care units in nursing homes
Measuring patients’ quality of life

CLINICAL PRACTICE INDICATORS OF ALERT AND MASTERING OF THE IATROGENICITY OF NEUROLEPTICS IN ALZHEIMER PATIENTS

Evolution de Alerte NLP chez PA & Malz de 2007 à 2010

- 2007: 16.90%
- 2008: 16.10%
- 2009: 16.00%
- 2010: 15.50%

Prescription chronique

PA âgé de 65 ans et plus

PALZ âgé de 65 ans et plus

2007 2008 2009 2010
Conclusion