

## REVIEW ARTICLE

# DEMENTIA IN MALAYSIA: ISSUES AND CHALLENGES

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## Abstract

**Objective:** The number of people surviving until old age has been increasing worldwide. Reductions in both fertility and mortality rates, better living standards, nutrition and health care are claimed to be the key factors that increase the proportion of aged people within the population. Nevertheless, growing numbers of older adults also increases the susceptibility to diseases that commonly afflict the elderly, such as dementia. In this article, we discuss on the current issues of dementia in Malaysia and its challenge in providing a better management and services for this population. **Methods and Results:** Review of literature by searching the databases CINAHL, SCOPUS, MEDLINE and PsychINFO from June 2010 to November 2010 was done on the issues involving dementia patients in Malaysia such as ageing trend, awareness and availability of services. **Conclusion:** Despite a limited number of studies on dementia in Malaysia, literature revealed the importance of acknowledging the issues and improving the services for the patients. Efforts should be made by the government and private sectors to promote healthy ageing in Malaysia. *ASEAN Journal of Psychiatry, Vol.12(1): Jan – June 2011: XX XX*

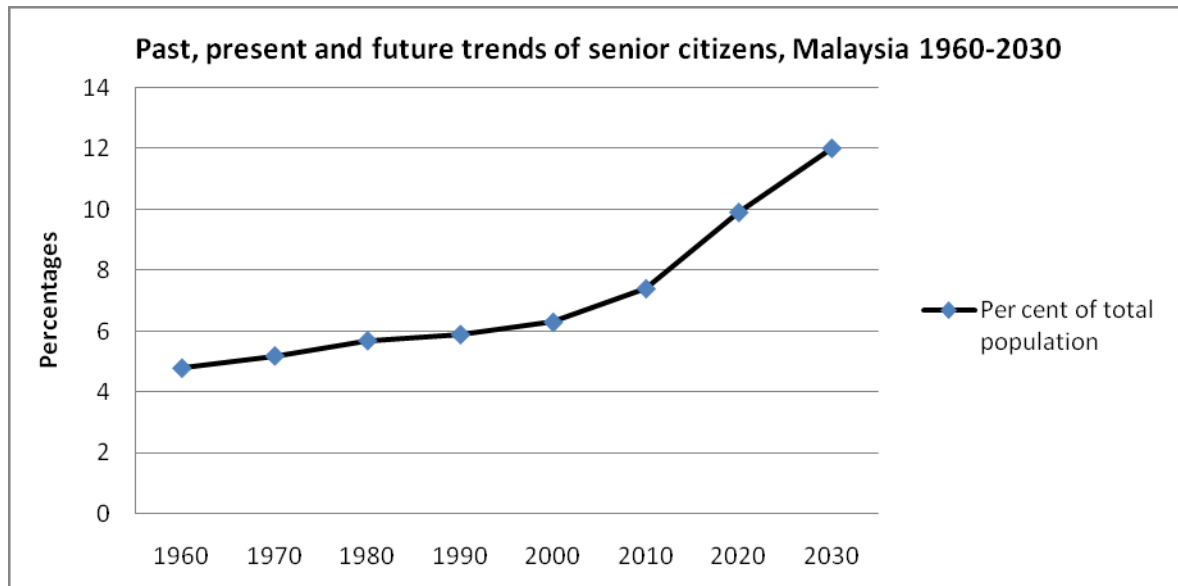
**Keywords:** Dementia, Cognitive impairment, Malaysia, Elderly

## Introduction

Malaysia is one of the developing countries located in Southeast Asia. It consists of thirteen states and three Federal Territories with a total landmass of 329,845 square kilometers (127,354 sq mi). The population stands at over 28 million people with proportions of 50.4% Malay, 23.7% Chinese, 11% indigenous, 7.1% Indian and 7.8% others. The population growth rate for the country in 2009 is about 1.7% per annum with life expectancies at birth for males and

females at 70.5 years and 76.2 years respectively [1].

Using United Nations (UN) and the Malaysian Ministry of Health recommendations to define elderly or 'old age' in Malaysia, Karim [2] reported that the proportion of the total population who were elderly had increased steadily from 4.6% in 1957 to 5.7% in 1990. It is also predicted that the proportion will continue to increase from 6.3% in 2000 to 12% by the year 2030 [3]. The details are shown in Figure 1.



**Figure 1:** Past, present and future trends of senior citizens, Malaysia 1960-2030. **Source:** Department of Statistics of Malaysia

Whilst the number of people reaching old age is increasing, it is of concern to health care providers and government [4,5]. Among the issues causing this concern are the social, economic and wellbeing effects [6]. For example, the most common disabling illness associated with old age is dementia [5], of which there are many types including Alzheimer's Disease, vascular dementia and dementia due to general medical conditions (substance abuse, head trauma, HIV) [7]. According to the Alzheimer Disease International report, the prevalence of dementia in Malaysia in 2005 was 0.063% and the annual incidence rate 0.020% [5]. It is projected that this figure will increase to 0.126% and 0.454% in 2020 and 2050 respectively [5]. With its rapid growth and morbidity, it ranks the second on the burden of disease in Asia Pacific Region compared to sexually transmitted diseases (excluding HIV/AIDS), poisoning, peptic ulcer, malaria and breast cancer [8].

However, Malaysia, like other countries in the Asia Pacific region may not be well prepared to provide quality health and care services for people with dementia and their

caregivers [5]. Among the challenges in dealing with dementia in Asia include limited awareness of the disease itself, the existence of stigma, underutilization of services, urbanization and migration, and credibility of health care professionals [5,6, 9 – 12].

## Methods

A systematic review of English articles was conducted by searching the databases CINAHL, SCOPUS, MEDLINE and PsychINFO from June 2010 to November 2010. Keywords used include dementia, cognitive impairment, Malaysia, elderly, problem and issues.

## Results

A total of 407 studies matched the search and were screened using the following selection criteria: (i) studies on dementia patients in Malaysia (ii) studies involving elderly in Malaysia. Studies that focus on pharmacotherapy, validation of instruments and other psychological and medical problem (ie: depression, schizophrenia and

HIV related) were excluded. Relevant literatures mostly discussed on three issues: Awareness and stigma related to dementia, the availability of resources and services and the credibility of health care professional in recognising the symptoms and providing supports to the patients and their caregivers.

## **Discussion**

### ***Awareness of dementia and stigma***

The main issues and challenges in dealing with dementia in Malaysia are awareness and stigma. Both awareness and stigma associated with an illness are important factors in determining how people response towards it [10]. Regarding dementia awareness, most people in Asian countries like Malaysia, perceive dementia as a normal part of aging instead of a specific condition that needs to be treated [13-15]. According to Tsolaki et al [15], 73% of caregivers in their study did not recognize the signs of dementia and misinterpreted these as a normal sign of aging. As a result, it took about 6 to 16 months for the care givers to seek medical advice from health professionals [15].

Delay in illness detection subsequently leads to poor quality of life and may induce excessive stress and strain for families [14, 16]. In addition, it also hinders people with dementia and their relatives from seeking medical and social welfare services as they may not be aware of what help is available, they may perceive it as not appropriate for them, there are issues of time commitment and cost of care [5,10,17,18].

Stigma is another issue that plays an important role in determining responses to dementia. Findings from a study by La Fontaine in exploring people's perceptions of ageing and dementia revealed that stigma and ignorance were two major issues that

hindered people from seeking help [10]. This is further supported by other study by McKenzie where carers acknowledged that having a family member with dementia would invite condemnation from others in their own community. As a result, there was a loss of social connectedness with friends or other family members for the carers [19].

### ***Resources and services***

The resources and services available within the country were explored based on the information available from the Ministry of Women, Family and Community Development of Malaysia and relevant Non-Government Organisations (NGOs) websites.

To date, various community health and support services are available to assist older adults with dementia and their caregivers. In Malaysia, these services are under the responsibility of Social Welfare Department of Malaysia. Services provided by the ministry include health care, guidance, counseling, recreation, religious teaching and welfare services [20]. Welfare services in this context refer to financial assistance and institutional care which are predominantly for those without family and the indigent. Persons age 60 and above who are registered with the Social Welfare Department will be given a monthly allowance of RM200 under the scheme called Aid for Older Persons and they are also entitled a discount when purchasing artificial/orthopedic appliances and spectacles or domestic travel [20].

The Ministry also administers 13 Homes for the Older Persons to accommodate those without the next of kin and 15 Day Care Centers for the elderly who live in the community [20]. A number of NGO's are also involved in providing services to older people. In May 2000, it was reported that

3,218 NGO's were involved in welfare and with majority of them involved in providing support for the needs of the elderly. In addition, 157 institutional care and shelters run by the NGOs were built to cater the growing demands for services from people of different social situations [20].

In addition, community support services were introduced with an aim to assist people with health or social problems maintain the highest possible level of social functioning and quality of life. In Malaysia, the most common type of community support services are palliative home care provided by Hospis Malaysia and day care centres. The Palliative home care team consists of palliative care doctors, nurses, pharmacist, clinical psychologist and occupational therapists who visit patients at home, hospitals and nursing homes [21]. Day care centers on the other hand provide care for the elderly who lived alone while their caregiver went to work. Activities that were offered at the day care centers include recreation, sports, rehabilitation, religious class and skill development [22]. Nevertheless, despite the advantages of having these resources, the availability of psychiatric care is still lacking especially in rural areas. It is reported that the ratio for psychiatrist in Malaysia is around 0.05 to 0.60 per 100 000 population. This is significantly differ when compared to other developed countries like Australia and other European countries which have a ratio of 9 to 28.5 per 100 000 population [23].

Furthermore, ignorance on the resources and services available can leads to the underutilization of these facilities [11,24,25]. In a study done by Brodaty on 109 dementia caregivers in Australia, out of 7 services offered in the community, 34.9% of the respondents did not receive any community services, 25.7% used only one service, 14.7% used two services and 12.8%

used three services. Only 11.9% of the respondents used more than 3 services [24]. The most common reasons given for non-use were: perceived lack of need, with 65.2% for non-use respite and 91.7% for non-use community nursing; and resistance to accepting help from services, with 12% for non-use respite and 9% for general home help [24].

### *Credibility of the health care professionals*

Another issue in dementia care relates to the credibility of health care professionals. Providing mental health services to a multicultural community is a challenge to the health care system [11,18, 26]. Differences in religious belief, language and perceptions of mental illness which varies across ethnic groups has been acknowledged as factors that coloured help seeking behaviours in this population [27].

These difference are acknowledged as factors that colour help seeking behaviours in this population [27]. In a study done by La Fontaine and colleagues in exploring the perceptions of ageing, dementia and associated mental health difficulties amongst British South Asians of Punjabi Indian origin, one of the respondent quoted: 'we are afraid to come to mental health services because no one will speak our language...it's so difficult to express emotional difficulties in another language' (group 3) [10]. In other study on care-giving among minorities, caregivers acknowledged that they might consider using the health care services if the provider was trained and sensitive to religious and cultural issues [28].

In addition, studies have also found that lack of knowledge among physicians hindered the caregiver from reaching out to available services and supports provided for dementia patients and their caregivers [9,26]. Bruce

and Paterson, for example, revealed that several carers complained about the credibility of the general practitioners (GP) to refer dementia patients to appropriate services; and three respondents reported that their GP had no knowledge of what support services were available [9]. Additionally, there are issues around the poor quality of some services and ethnocentric issues that hinder the elderly and the caregiver from using available services [9,19,28,29].

### **Conclusion**

Dementia has been recognized as one of the troubling illnesses among the elderly. As the population ages, it is predicted that dementia will become increasingly important. Although care management for the elderly in Malaysia is still under development, efforts are being made by the government to improve the care provided for the elderly with dementia. A range of services and incentives have been introduced for the benefits of dementia patients and their caregivers. Nevertheless, these benefits will be useless if the end-users do not utilize the services provided for them.

Therefore, importantly, efforts should be made to develop awareness and increase the knowledge about dementia among the general public and health care providers. This can be achieved by providing appropriate training to the health care providers such as nurses, physicians, geriatricians, etc. In addition, communication with patient and their caregivers are also important to encourage understanding about the disease, its progression, services available and other resources. Government and private sectors also need to share responsibility in order to promote healthy ageing.

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