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# Opening Session/ Keynote

## KO1.01

### Healthy aging and long term care for older people: A global perspective

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Today, for the first time in history, most people can expect to live into their sixties and beyond. In less developed countries, this is largely the result of much reduced mortality at younger ages. In high income countries, continuing increases in life expectancy are now mainly due to declining mortality in older ages. These extra years of life have profound implications for each of us, as well as for the societies we live in. They are likely to have a fundamental impact on the way we live our lives, the things we aspire to, the way we relate to each other.

Yet, the impact of these extra years will be heavily dependent on one key characteristic - health. While "healthy ageing" is a term that is widely used by both researchers and policy makers, there is little consensus on what it might encompass. It is often used to signify a positive disease free state that distinguishes between healthy and unhealthy individuals. This is problematic in older age since many individuals may have one or more health conditions that are well controlled and have little influence on their ability to function. On the other hand, some may have significant losses of function that cannot be attributed to specific conditions. In framing the goal for a global public health strategy on ageing, the World Health Organisation (WHO) has therefore considered healthy ageing in a more holistic sense, based in a life course and functional perspective.

WHO frames this strategy in the World Report on Ageing and Health, which will be released in October 2015. The foundation of this Report is a conceptualisation of Healthy Ageing that moves beyond the absence of specific diseases or comorbidities to consider both the individual and their physical and mental capacities as well as the environmental context they inhabit. Opportunities for public health interventions across the life course are identified, with long term care is highlighted as a central strategy. Consistent with the healthy ageing model, however, long term care is framed as a way of enabling older people's abilities rather than simply helping them meet basic needs.

The model of Healthy Aging and its consequences for the development of Long Term Care systems will be discussed. Good practices from different regions of the world will be provided.

## KO1.02

### Balancing cure with care: A bio-psycho-social approach to treatment of people with Alzheimer's disease

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The aging of the baby-boom generation and increased longevity portends the incidence of Alzheimer's disease (AD) in the United States alone will grow to more than 13 million by mid-century in the absence of a cure or preventive measures (Hebert, et al., 2003). Clearly, the search for a cure is of great import, for the 'tidal wave', as it were, will bring with it tremendous financial and emotional costs. The consequences for other industrialized, as well as so-called third world, nations will be no less severe, with today's young adults faced with providing for the care and well-being of their elders who have been diagnosed. Absence a cure, however, the quality of life of all concerned will be optimal only if (a) formal and informal caregivers are, to the greatest extent possible, knowledgeable about the remaining intact abilities and the needs of care recipients such that (b) those abilities can be encouraged and engaged appropriately and the needs met, while minimizing excess disability (Brody, 1971). The biomedical approach to understanding AD, dominant for most of the twentieth century, focuses principally and understandably on the deficits displayed by those diagnosed and the search for ameliorative treatments, but this approach virtually ignores their intact cognitive and social abilities and the contexts in which those abilities are displayed despite striking deficits observed in clinical testing.

More recently, a Bio-Psycho-Social model has been advanced, focusing on the person with AD in terms of his or her intact selfhood, subjective experience, as well as the effects of social situations

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on his or her cognitive and social abilities Kitwood, 1998; Lyman, 1989; Cotrell and Schultz, 1993; Downs, 1997, 2000; Bender and Cheston, 1997; Harris 2002; Post, 1995; Snyder, 1999; Temple, et al., 1999; Holst and Hallberg, 2003; Sabat, 1994, 1998, 2001, 2003, 2006, 2008; Sabat and Harré, 1992, 1994; Sabat and Collins, 1999; Sabat, et al., 1999; Sabat, Napolitano, and Fath, 2004; Killick and Allan, 2001; Keady, 1996; Keady and Gilliard, 2002; Clare, 2002, 2003, 2004; Hubbard, et al., 2003; Innes, 2009; Wilkinson, 2002; Kontos, 2004, 2005; Washburn, et al., 2003; Hughes, 2001, 2006; Hughes, Louw, and Sabat, 2006; Downs and Bowers, 2008). The Bio-Psycho-Social model illuminates what people with AD can experience and accomplish whether they are in the mild, moderate, or severe stages of the disease as defined by standard methods of assessment and regardless of whether they live at home or in a residential assisted living setting of one or another kind. Case study material will be used to illustrate how information provided by the Bio-Psycho-Social model, with its focus on the totality of the person in question, would be beneficial to care givers and care-recipients alike, and deserves our attention as a result.

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