

Guest Editorials

Alzheimer's Disease International

Alzheimer's Disease International (ADI) aims to promote and support the work of national Alzheimer associations. Their main purpose is to support carers of people with Alzheimer's disease and related dementias, and to raise awareness of the impact of the disease on the individual and the carer.

AD is a global problem. There is now substantial awareness in developed countries. However, awareness is only surfacing in less economically developed countries where populations are rapidly aging and traditional family structures are breaking down.

As the recently elected chairman of ADI and former chairman of the National Alzheimer's Disease Society in the UK (1987–1994), I believe that national Alzheimer associations can be a strong force and mechanism through which carers can exert a powerful voice about their needs.

The challenge to the 40 member country organizations that currently constitute ADI is how to spread worldwide skills and expertise so that organizations, small and large, those just starting and those established, can all benefit. One of the reasons that this is difficult is that countries have such different national traditions, and different attitudes to voluntary action, and it is all too easy to be patronizing and insensitive to local needs. I, therefore, see ADI as facilitat-

ing the dissemination of information between countries. In that way, countries can pick up and adapt for themselves what they may find useful. This can then lead to more appropriate requests for help and offers of assistance. Information is a powerful tool, and I see this activity as the basic way in which ADI with its small secretariat currently based in London can help country organizations in their various levels of development. This is going to be made easier with the new technology.

Exchange of information is the most important reason for the annual ADI international conference held in a different country each year (1997—Helsinki, Finland; 1998—Cochin, India; 1999—Johannesburg, South Africa; 2000—Chicago, US). These meetings are unique at an international level in that they bring together the carers and professionals with common interests to discuss a range of subjects including recent research, organizational, clinical, and ethical issues. This year in Helsinki, we are planning a consensus seminar on informed consent in dementia.

As a carers organization, ADI needs to collaborate with professional organizations, such as the International Psychogeriatric Association. I urge members of the IPA to become members of their own national Alzheimer associations. Working as an Old Age Psychiatrist in London

over many years, I have found professionals working in the Alzheimer movement can help to ensure that the work of the voluntary organization is appropriately focused; has well-defined aims; and, with added business expertise, is underpinned with adequate resources. National associations, if they have good relationships with professionals, can also be helpful in facilitating research. In large Alzheimer associations, such as those in the US and UK, it has even been found possible to find significant resources to finance research.

My experience leads me to believe if ADI manages to work in the way I have

described, that over the course of time it will make a substantial political contribution. It could influence governments worldwide to take seriously the impact of Alzheimer's disease on the individual and the family. Every country, whatever its level of economic development, has a duty to put Alzheimer's disease and its consequences high on its political agenda.

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