



Education with impact: transforming dementia care in Bangladesh and India

**An impact report for International Dementia Academy
South Asia 2022-23**

Introduction

Dementia Academy was established in 2016 to provide a structured training programme for clinicians who seek formal training in both the clinical and managerial aspects of running a 'dementia service'.

Through the passion of its head of faculty, Prof Iracema Leroi, partnership with multiple organisations seeking to improve the international picture of dementia care, and sponsorship from [ESTHER Ireland](#), this same model of learning was developed for virtual access by delegates in South Asia with a focus on Bangladesh and India.

'Upscaling services for people with dementia and their families is becoming critical as these countries are starting to age and with this comes an increasing prevalence of dementia in ageing populations. However, replicating healthcare interventions from high income countries to lower and middle income countries may not always be appropriate.'

A model whereby clinicians and institutions from high income countries partner with multiple lower and middle income-based stakeholders is needed - a partnership model. The aim is to create high quality, culturally sensitive and contextually appropriate brain health services.'

Iracema Leroi, professor in geriatric psychiatry at Trinity College Dublin and the Global Brain Health Institute, and head of faculty for Dementia Academy

Two thirds of the world's population who live with dementia are from lower and middle income countries, yet these are the places where services may be less resourced and clinicians have yet to focus their skills and interest in the area. Additionally, health literacy regarding dementia may still be developing and dementia is not seen as a medical condition to be treated, but as anything from a natural part of ageing to a non-medical cause. ([Blakemore 2018](#); [Hossain 2018](#); [Brooke 2020](#)).

[International Dementia Academy Bangladesh](#) (in 2021) and [International Dementia Academy South Asia](#) (extending education out to include both Bangladesh and India), was established to share best practice, knowledge and understanding from health systems in the West, where dementia has been more highly recognised, with healthcare professionals across South Asia in regions with fewer resources. It does this in partnership with specialists in those countries who have insight into the cultural, societal and governmental challenges facing those healthcare professionals, supporting them to lead for change, and to improve care and services within the current parameters affecting them.

The scale of the challenge

There is a real need to identify, support and scale successful brain health interventions in South Asia, yet there are cultural, societal, financial and systemic challenges to implementing services, at multiple levels. Dr Shariah Faruque, a psychiatrist at Shaheed Ziaur Rahman Medical College Hospital, and speaker on IDAB, shared his insights in an 2022 interview.

He explained that the health system, for the majority of people, means their first point of contact will be with a healthcare provider who has informal medical training and who are 'not very concerned about dementia'.

'We have GPs here in Bangladesh, but the first contact for most people, most of the time, is with village doctors. They're not trained doctors though they have some medical knowledge; they are not very concerned about dementia...'

Dr Shariah Faruque, psychiatrist, Shaheed Ziaur Rahman Medical College Hospital, Bogura, Bangladesh

If that individual sees a GP, or has a village doctor who understands and suspects a diagnosis of dementia, they will often not be referred to further services to avoid burdening the family with healthcare costs when there is no chance of 'cure'.

'GPs and village doctors will often not refer someone to formal healthcare services because they will be concerned about the healthcare costs to that family given that there is no 'cure' for them if they do have dementia.'

Dr Shariah Faruque

In Bangladesh, there is no stand-alone or integrated National Dementia Plan and there are no dedicated resources to implement such a plan, or to support healthcare professionals in terms of dementia awareness, knowledge, and practice. Additionally, there is no financial support for families seeking medical care for their loved ones with dementia. However, dementia is highlighted in the government's [Plan of Action for Non-communicable Diseases \(NCD\)](#), creating a positive opportunity to introduce change, and to provide the educational piece of the puzzle.

In India there is an estimated prevalence of 7.4% in the over 60's population ([Lee 2023](#)) - almost double that found in England's over 65's where there is a prevalence of 4% ([OHID 2019](#)). There is also a higher rate of young onset dementia and a lower mean age of dementia onset than found in higher income countries. Despite the high prevalence, there is very low access to services or support for the condition, with only one in 10 people with dementia receiving a diagnosis, treatment or care ([Nulkar 2019](#)).

Culturally and societally, India faces similar challenges as those seen in Bangladesh around dementia understanding and healthcare seeking behaviours.

'Dementia is seen as a normal part of ageing, and this means people do not seek help or go to their doctors for a diagnosis. In addition to this, healthcare providers - doctors and others - are not aware or they are not equipped to diagnose and treat dementia.'

Dr Mathew Varghese, senior professor of psychiatry, National Institute of Mental Health & Neurosciences (NIMHANS), Bangalore, India

The education

Drawing on Dementia Academy's seven-year, tried and tested model of learning, and sponsored via an educational grant from [ESTHER Ireland](#), and run in partnership with the Global Brain Health Institute, Trinity College Dublin, [Alzheimer Society of Bangladesh](#), [Shaheed Ziaur Rahman Medical College](#) and [Lund University](#), [International Dementia Academy Bangladesh](#) was developed in 2021. A year later, this offering was broadened to support healthcare professionals in India as well, through [International Dementia Academy South Asia](#).

These fully virtual courses have combined a mixture of interactive and self-directed learning. In both iterations of the course, delegates are kept engaged with a consistently paced programme, combining regular releases of new material to work through in their own time, and a two-hour live, interactive session with all the delegates and their course leaders at the end of each month.

The eight themes are followed over four months, and each theme comprises around four or five 20-30 minute teaching videos from a variety of experts in the field; some resident to South Asia and others based in Western countries. Alongside these videos is a range of references and further reading for the delegates to review.

The content for a theme is released at the start and midpoint of each month. Then a live interactive teaching session is held on the last Friday of the month where there are opportunities for questions and broader discussion around the content of those two themes.

'Comprehensive discussions on diagnosis and assessment process'

'Encouraging discussions to develop understanding on dementia'

comments from delegate on the IDAB MasterClass

'The pace at which it was conducted was great. Also the live sessions were something to forward to. The structure and coverage of topics was excellent.'

comment from delegates on the IDASA MasterClass

Reviewing the education so far

'The treatment gap in mental health and neurology is enormous in our country. This type of project will not only help to develop expertise and skill but also awareness of our clinicians/ service providers. I am expressing my gratitude and thanks to you, the organisers and the whole team.'

Delegate on the first IDAB course,
Professor of Psychiatry at Dhaka Medical College, Bangladesh

The education so far has been well received with an evaluation finding that both session content and quality were rated highly. In evaluating the first course, 77% of delegates acknowledged a positive impact on their knowledge, attitude and practices, and 78% shared that they are incorporating dementia care into their personal practice more. 86% would like to see the course offered to colleagues in the future.

Whilst delegates for the IDAB reported the pace of the course challenging, two thirds of delegates completed it, and 70% went on to carry out a quality improvement project, either individually or within a group.

Challenges in access or completion of the course included cultural and time barriers. The level of English speaking sessions was a challenge for some delegates, and as many of these sessions were by clinicians whose first language is Bangla, this can be easily remedied in future courses by recording sessions in speakers' first language. Another challenge was the use of technology required to access the course materials, which are all online.

The main challenge cited, however, was time; both the time needed to complete the self-directed study, and a desire to increase the time allocated for the interactive sessions. An extra month was added to the course to support delegates in the former which highlights a challenging healthcare environment where putting aside time to study is difficult. 10 hours of interactive learning and discussion time was committed to support the latter, and that still more was wanted demonstrates the dedicated interest of those learning to spend more time analysing case studies and discussing difficult aspects of diagnosis and management, which is commendable.

The course developed for the IDASA took into account some of these challenges, and feedback has been even more positive. The steady pacing to the course and the interactive nature of the live sessions were a highlight for many.

'The pace at which it was conducted was great. Also the live sessions were something to forward to. The structure and coverage of topics was excellent.'

'The sessions were very interactive; I loved them.'

'The monthly zoom sessions and the case scenarios were very impressive.'

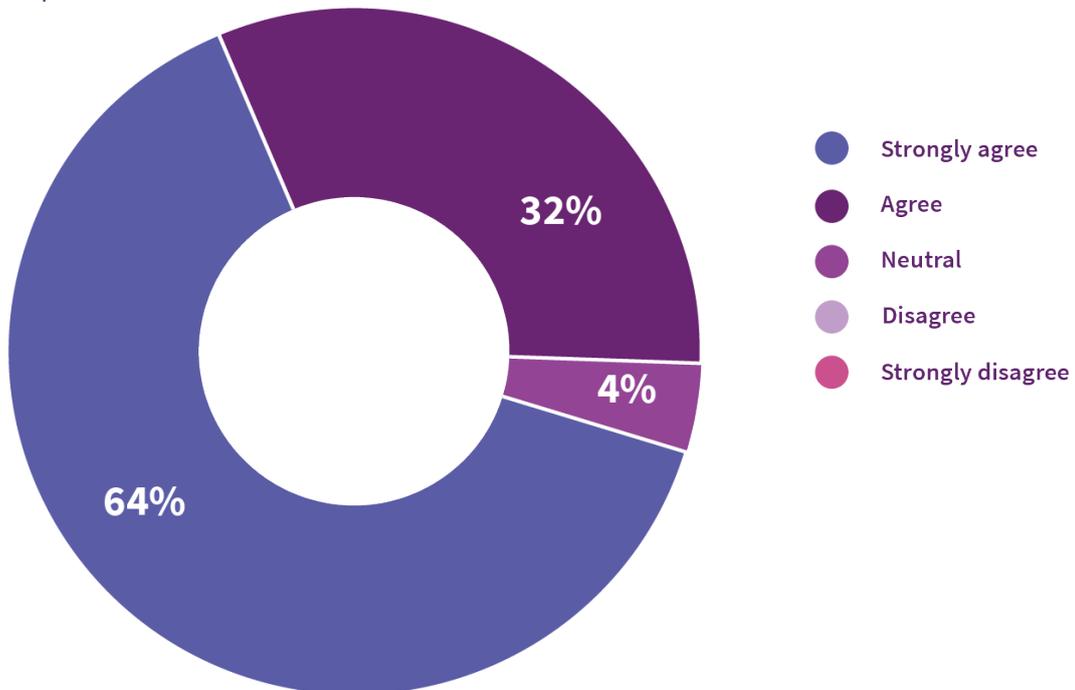
Delegate comments from IDASA

Reviewing the education so far

Reviewing evaluation forms, it is clear that the education has significantly improved delegates' knowledge and practice around dementia:

Statement	% strongly agree or agree
The course has significantly enhanced my knowledge of dementia	96%
Since starting the course, i have improved my clinical skills in dementia diagnosis and care	96%
I am incorporating dementia care into my practice more	100%

This course has significantly enhanced my knowledge of dementia
25 responses



Plans for future education

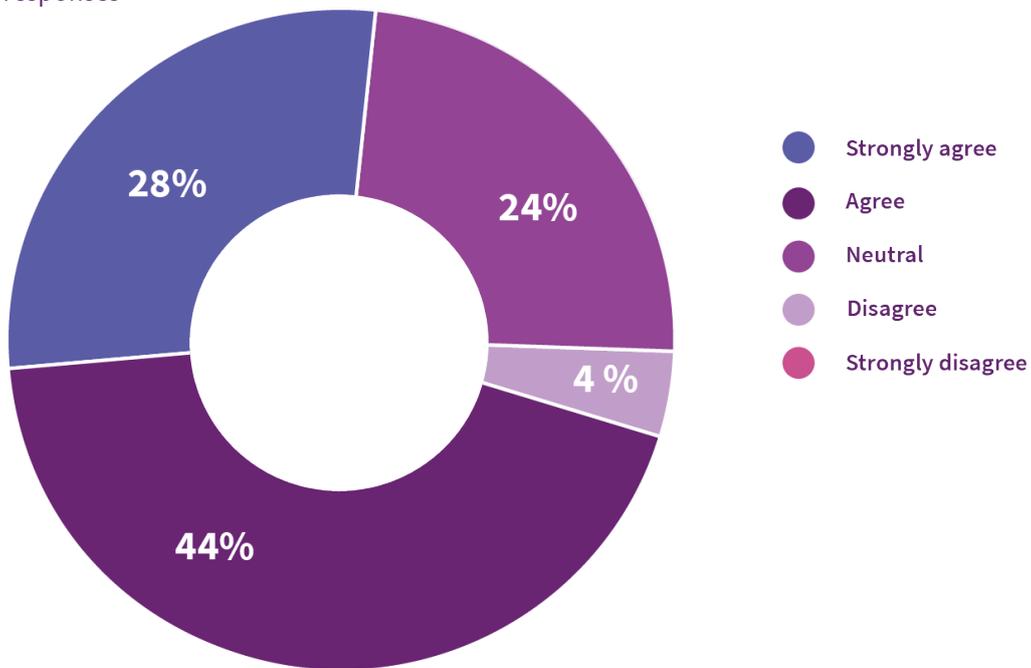
Due to the continued requirement for education across South Asia and the success of the courses to date, we plan to run another IDASA in 2024. 96% of learners on the most recent course felt that it should be offered to their colleagues and peers in the future.

The next iteration of IDASA will follow the same format, style and content as the previous one given the positivity of comments received.

From the recent course evaluations for IDASA, the level of course material appears to be pitched correctly for the majority of learners, as does the format of learning with 88% agreeing or strongly agreeing that the pace, delivery method and content all suited them.

I feel the course was the right difficulty level for me - neither too easy nor too hard.

25 responses





Neurology Academy: education with impact

Dementia Academy is part of Neurology Academy.

Neurology Academy is an innovative educational provider for healthcare professionals including consultants, specialist nurses, pharmacists, therapists and other allied health professionals. Our courses are developed by practising specialists who combine their experience and expertise into case-based learning designed to create specialists in their field with confidence in effecting change.

We specialise in education, networking and mentorship, encourage the sharing of good practice, and promote clinical leadership across a range of conditions. Each condition or healthcare theme has its own 'Academy'.

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