

Gerontological and Social Support for Alzheimer Disease Patient in Turkey

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Abstract

Aging phenomenon can also be observed significantly as a result of demographic changes in Turkey. The increase of life expectancy and also decrease of birth rate support demographic changes dramatically. As reported by Turkish Statistical Institute, number of elderly populations is 6 million 895 thousand 385 people. The mortality rates cause of Alzheimer in 2011 was 6 thousand 155. In 2015 the number almost doubled with number of 11 thousand 997. Gerontology and gerontological researches are relatively current in Turkey. From this point of view, medical treatments, social, psychological and gerontological support should be given by professionals to the Alzheimer patient in Turkey. In this report, elderly populations by statistic, design of services for patients with dementia, well-known example of Alzheimer Patient Day Care and Family Meeting Center explained to emphasize Turkey's population is aging. Considering these information, precautions and actions can be taken by private associations or non-profit organizations in terms of provide services or make an awareness on public.

Keywords: *Aging in Turkey; Social and Gerontological Support; Gerontological Services; Alzheimer Patients in Turkey; Alzheimer Patient Day Care and Family Meeting Center*

Aging phenomenon can also be observed significantly as a result of demographic changes in most of the countries in world. Globally, the number of populations who aged 60 or over in 2017 is 962 million. The number of elderly people is expected to be double by 2050 in the world. Demographic transition started at Europe and followed by Asia and Latin America by having lower fertility rates in terms of increased life expectancy [1].

Beside than having a longer life, there are some outcomes related to the aging phenomenon. For instance, diseases become more prevalent, chronic disease, dementia, cardiovascular diseases, cancer, diabetes [2]. According to World Alzheimer Report of 2018, there are 50 million people are living with dementia and it expected to be reach 152 million people in 2050. The cost of dementia approximately a trillion US dollar per annual. It is predicted to be double by 2030 [3].

Turkey has the second lowest median age in OECD countries, projections shows that it expected to be "aged" country in two decades. Family structure in Turkey emphasizing the elderly has been cared by family centered. However, this structure has been changing as consequence of industrialization and urbanization on economy and demography [4]. As reported by Turkish Statistical Institute, number of elderly population is 6 million 895 thousand 385 people. Comparing this number with total population 8.3% of the population in Turkey is elderly, 61.6% of elderly aged between 65- 74, 29.7% aged between 75-84 and 8.6% aged 85 and over [5]. There are different studies were operated in different cities in Turkey. In consonance with Özdemir and Taşçı [6] number of patients with dementia approximately 400.000 in Turkey.

Alzheimer disease is a most prevalent type of dementia and one of the great challenges in health-care in 21st century. As many researches which has been focusing on the Alzheimer disease on molecular level shows little known about causes of Alzheimer disease so that curative treatments are not available [7]. Supportively, to accompany medical treatment, social and gerontological services for patient with Alzheimer disease provide more opportunities to deal with dementia process for patients and at the same time for patient's relatives, friends, and family members.

Health and social services for Alzheimer and dementia patients divided in their different type services in Turkey. First type of service is centers for elderly Services. These services contain care in nursing homes, elderly care and rehabilitation centers, care centers and elderly residents. Second type of service is Alzheimer patient day care centers. Third type of service is elderly care services which divided in two different group; home care and residential care for elderly [8]. Regarding implementations, concept of gerontology first time started with department of Gerontology in Akdeniz University by Prof. Dr. İsmail Tufan who is founder and chief of the department in 2006 in Turkey.

Under leadership of Prof. Dr. İsmail Tufan considering the Alzheimer patients, Alzheimer Patient Day Care and Family Meeting Center's decided to be established in different cities in Turkey such as Aydın, Antalya. The main aim is to be contribute gerontological services in every city in Turkey [9]. One of the well-known applied gerontological outcome is Alzheimer Patient Day Care and Family Meeting Center which executed by Prof. Dr. İsmail Tufan and supported by Antalya Metropolitan Municipality in Antalya-Turkey. Alzheimer Patient Day Care and Family Meeting Center, It's also known as a Blue-House by public. Alzheimer patients have support by doctors, physiotherapist, gerontologist, psychologist, social worker, nurses, care givers, nutritionist [10]. Patients with dementia and Alzheimer needs more multi-disciplinary health care according to decelerate the process of dementia [11].

In conclusion, there are non-profit associations, non-governmental organizations [NGO], private organizations, support services applied by government and projects undertaken by municipalities to compose awareness to society on dementia and Alzheimer disease. Implementations such as provide consultant to how can people avoid from Alzheimer disease, what people has to do in early age for preventative health care, what are the rights of patient with Alzheimer disease, how Alzheimer patients relatives, friends, families manage the processes, steps of Alzheimer. On the other hand, to factor in preventative implementations is crucial promote active, healthy aging for population. For instance; lifelong learning programs which support by Universities or 60 and over aged University in Turkey. Nevertheless, aged population is expected to be 20.8% of total population in 2050 [12] related to this information more precautions and affective actions can be taken by private associations or non-profit organizations collaboration with doctors, gerontologist, social workers, physiotherapist, psychologist, nurses, care givers, nutritionist etc. in terms of provide services or make an awareness on public.

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