Demenza nei migranti e nei rifugiati: una prospettiva globale

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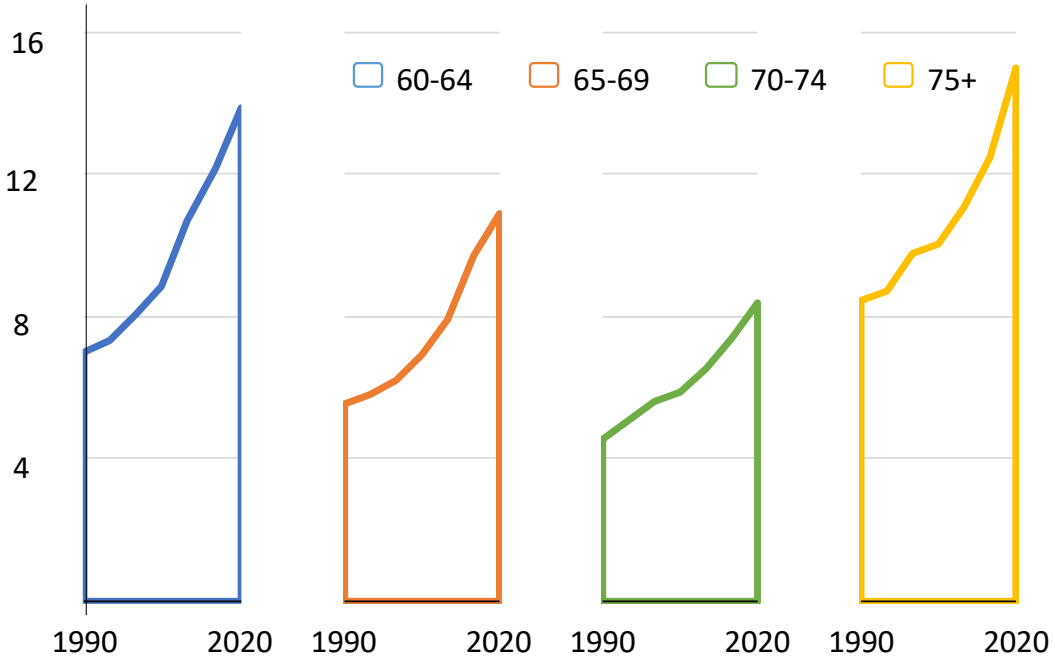
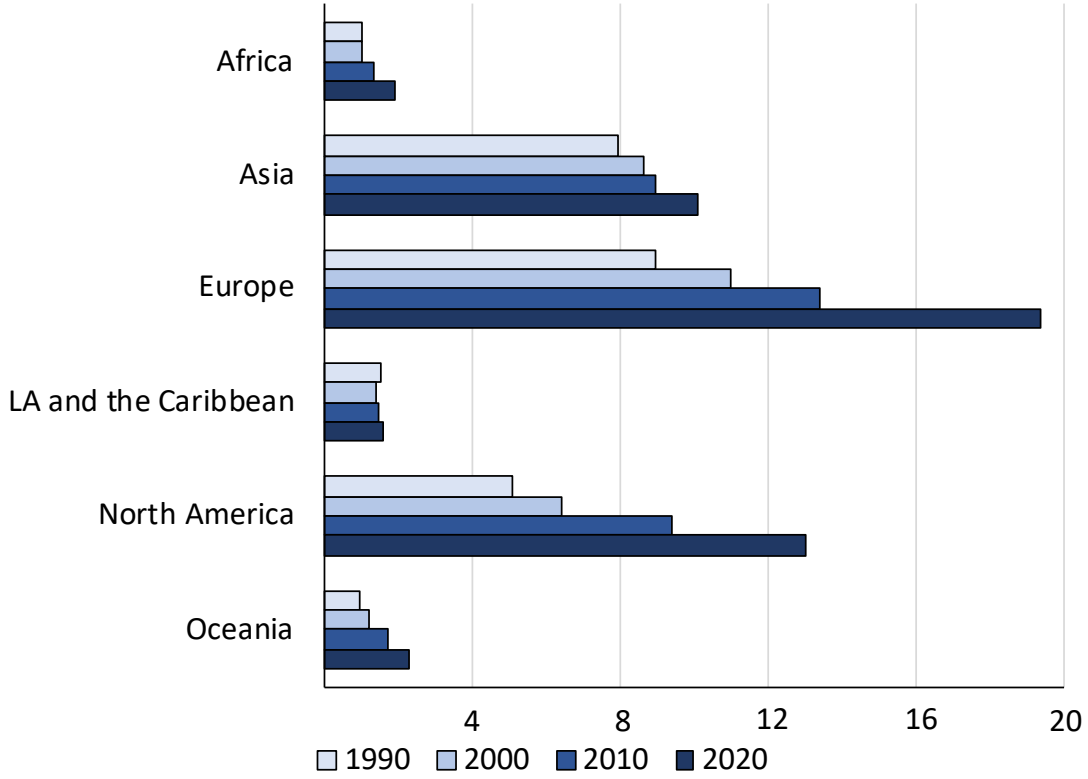
immidem

Aging of migrant populations

Demographic transition – international migrants

Change in the number of older migrants, by age class and macro-area (million)



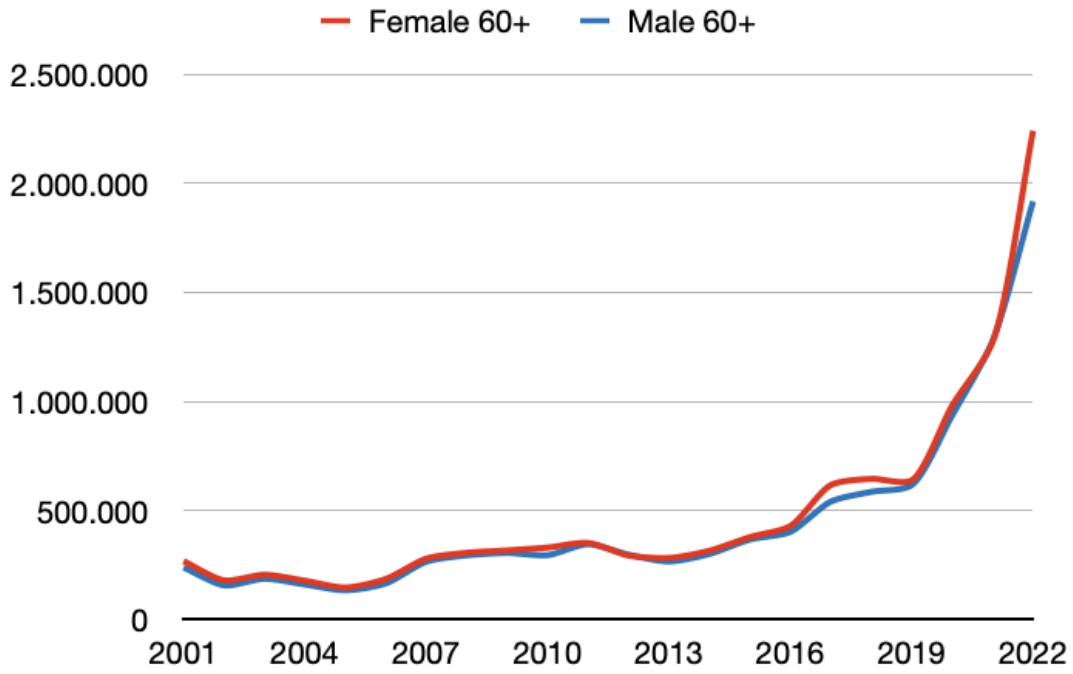


Source: UNDESA International Migrant Stock 2020

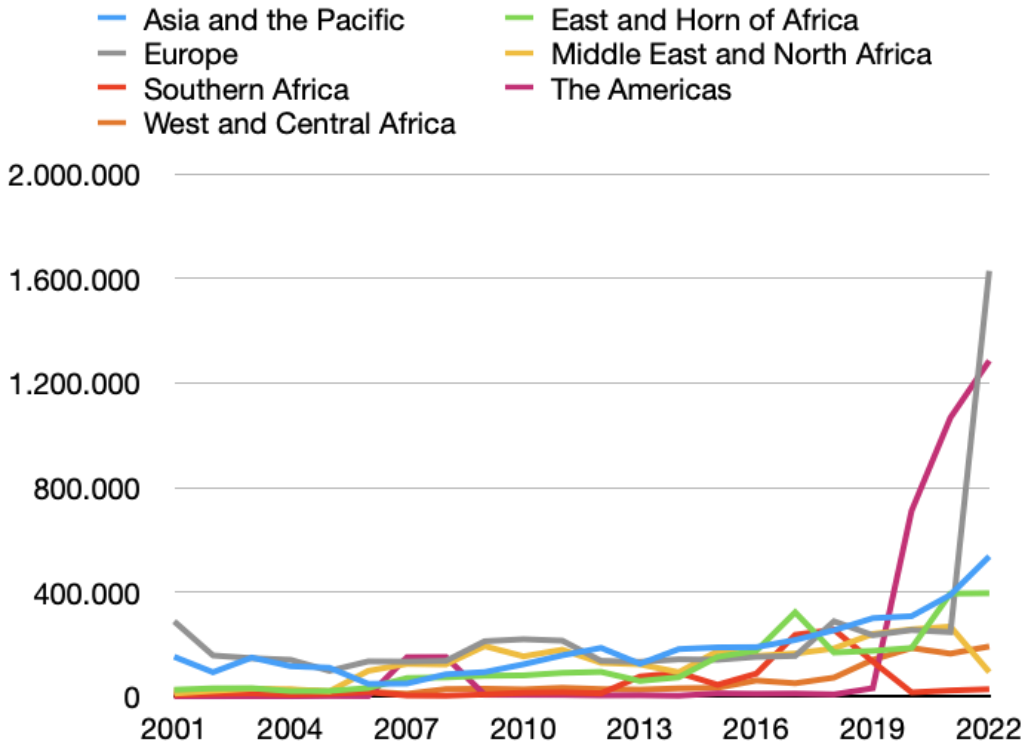
Aging of migrant populations

Demographic transition - refugees

Trend of the absolute number of forcedly displaced people, aged 60 years or older, registered worldwide in the 2001-2022 period, by sex.



Trend of the absolute number of forcedly displaced people, aged 60 years or older, registered worldwide in the 2001-2022 period, by UNHCR region

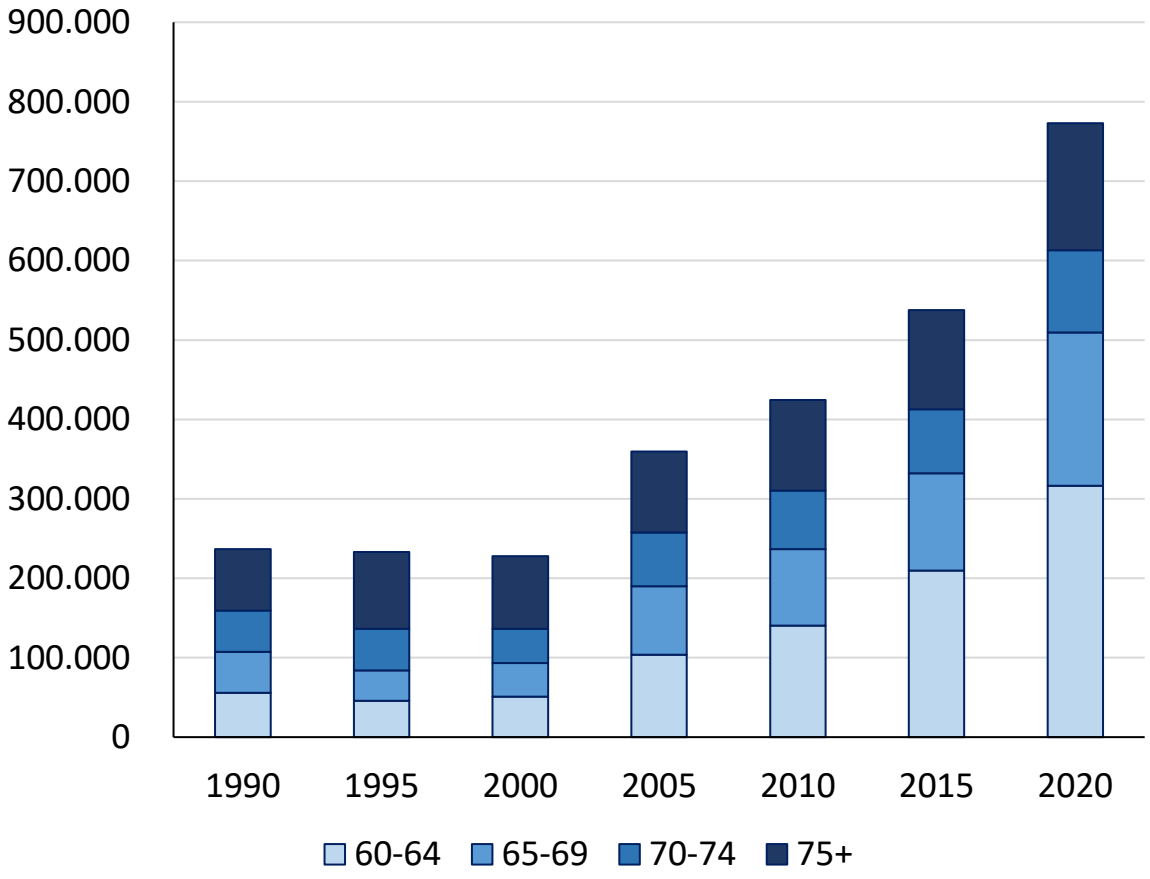


UNHCR
The UN Refugee Agency

Population aging and migration in Italy

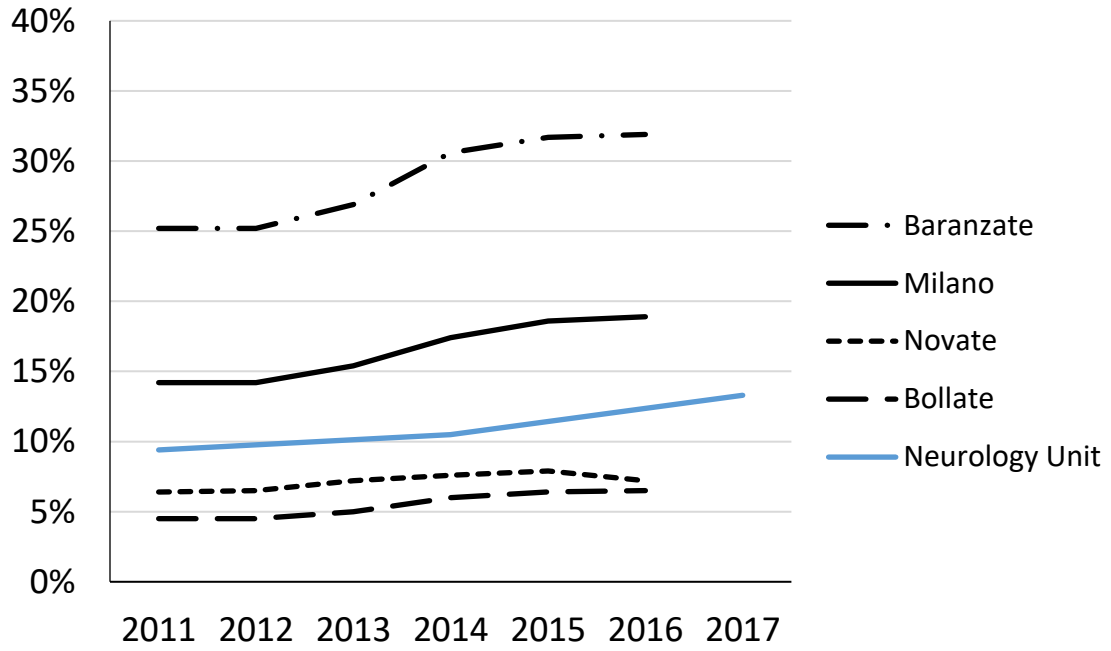
Epidemiological transition

Number of older migrants living in Italy by age class



Number of older migrants with dementia in Italy

Number of migrants living in the referral area of the Sacco Hospital and referred to the Neurology Unit



Cova I et al. Aging Clin Exp Res. 2020;32(3):535-538

United Nations
Department of Economic and Social Affairs

Dementia in migrants

Challenges and barriers

Cross-cultural cognitive assessment

Health literacy

Caregiving

Access to healthcare services

Stigma

Prevention

Immidem: Dementia in migrants living in Italy

Ministero della Salute

GR-2016-02364975
GR-2021-12372081

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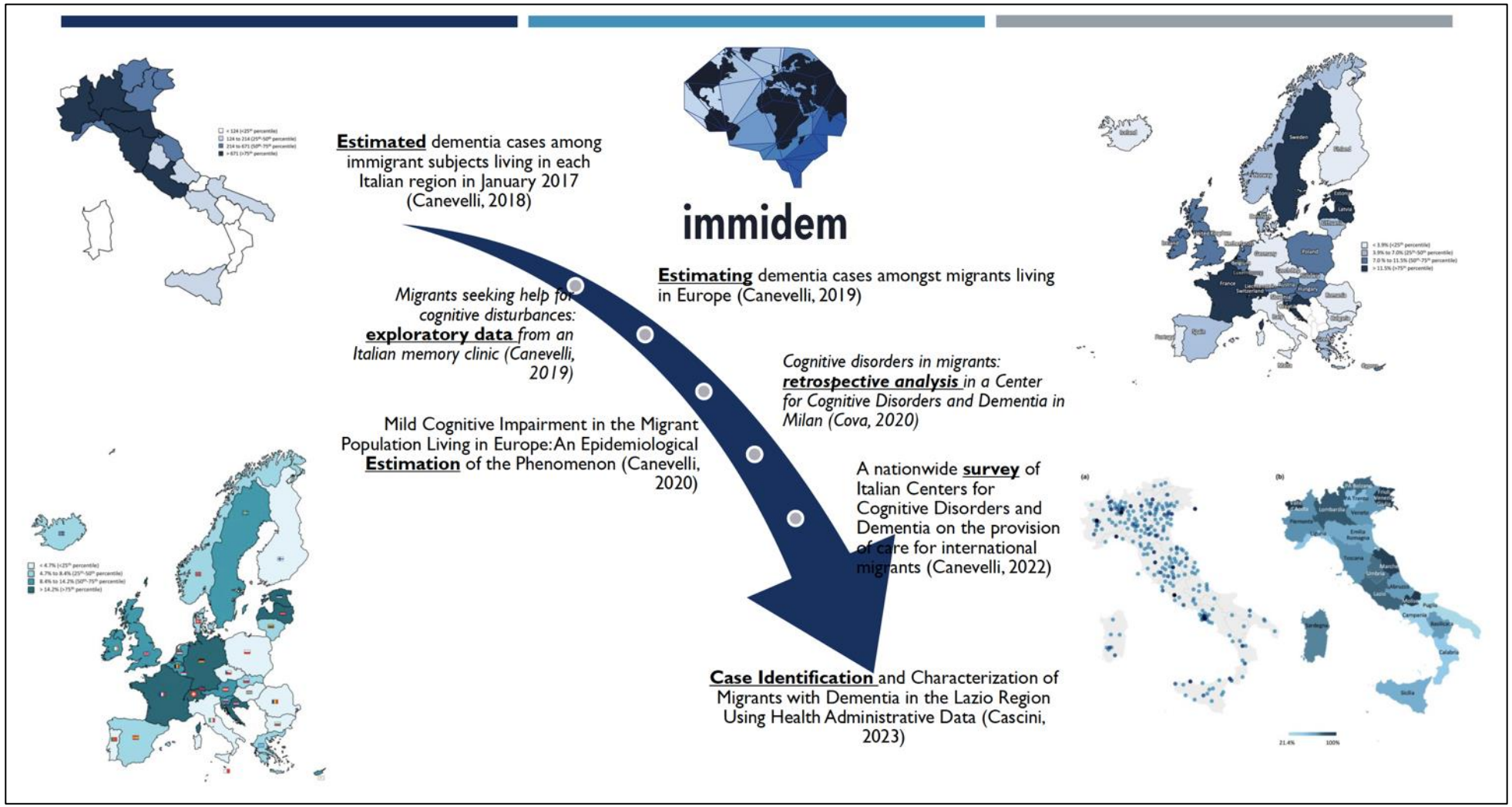
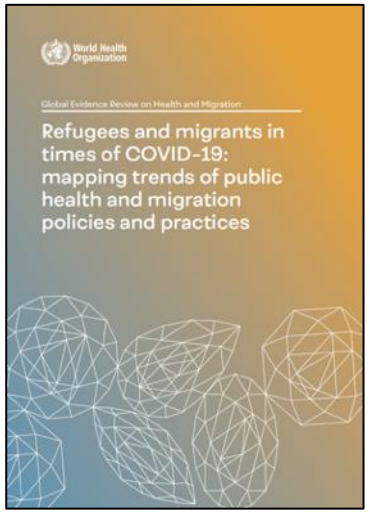
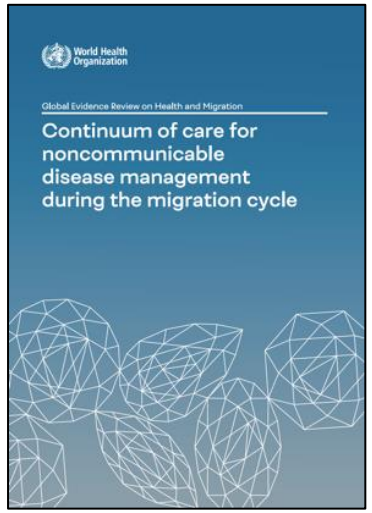


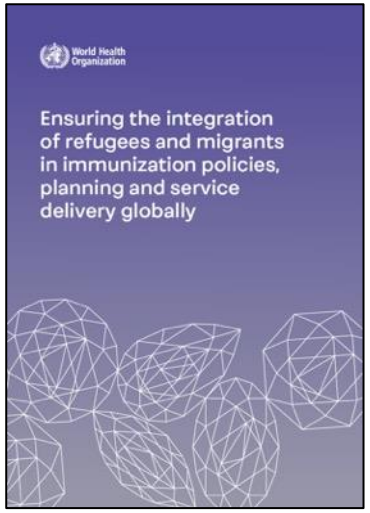
Courtesy of Simone Pomati

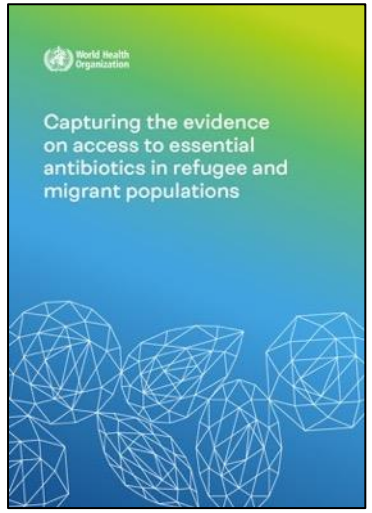
Global Evidence Review on Health and Migration (GEHM)

The Global Evidence Review on Health and Migration (GEHM) series is an evidence-informed normative product of the WHO Health and Migration Programme (PHM) that aims to respond to policy questions on migration-related public health priorities. The GEHM series addresses knowledge gaps on the health status and health policies related to refugees and migrants by summarizing the best available evidence worldwide and proposing policy considerations. Thereby, the series seeks to support evidence-informed policymaking and targeted interventions that are impactful and make a difference in the lives of refugees and migrants.



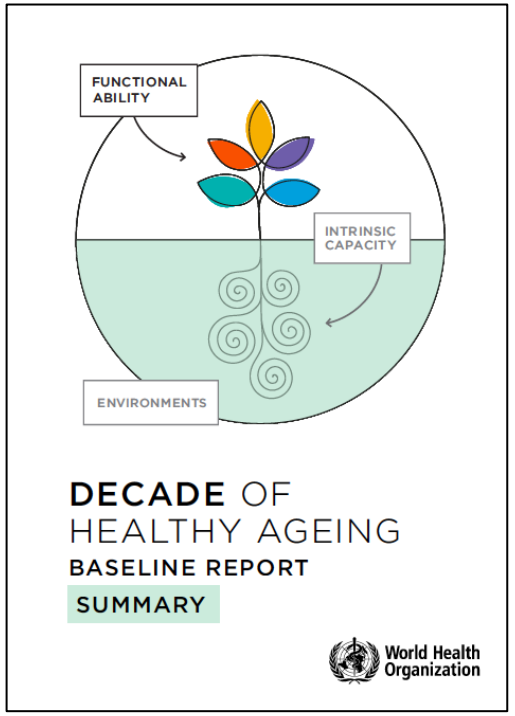


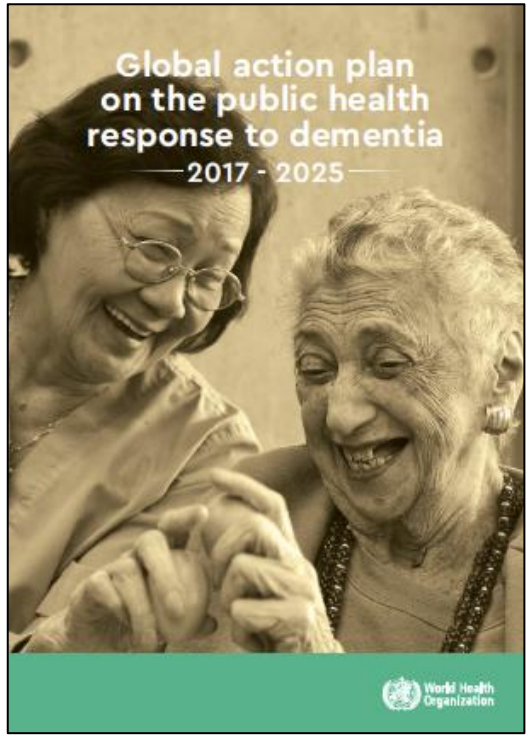




World Health Organization

GEHM on dementia in refugees and migrants
Background





GEHM on dementia in refugees and migrants
Methods

Scoping review: "What is the available evidence on the impact of dementia in refugees and migrants and on the provision of care and support for these population groups?".

Academic literature review

Two broad blocks of search terms for:
1) Dementia
2) Refugees and migrants

Additional records from snowball searches and consultations with international experts

Grey literature review

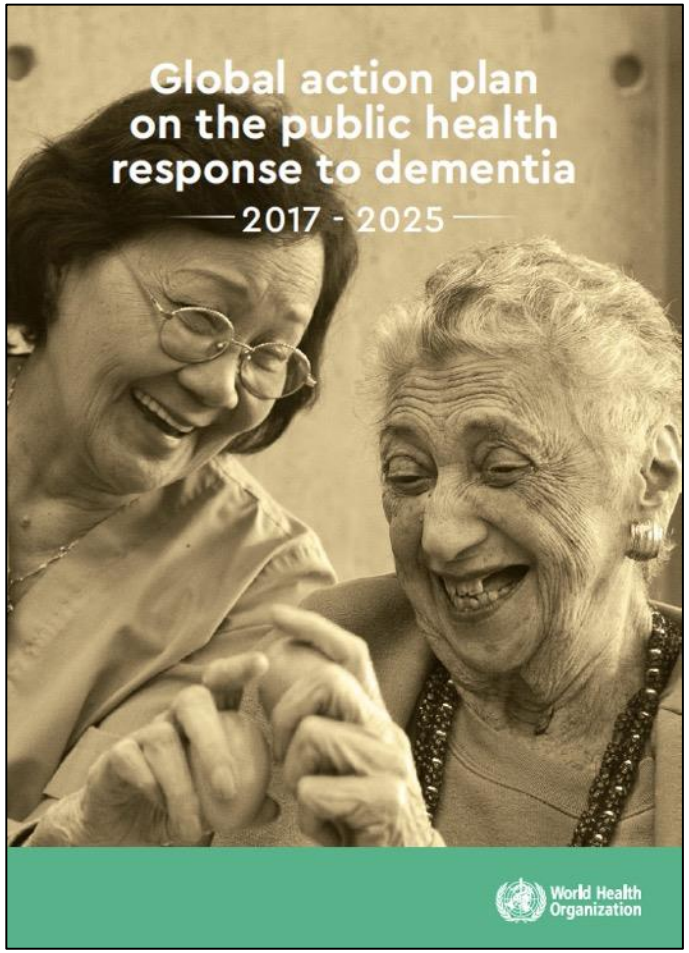
Eligibility criteria

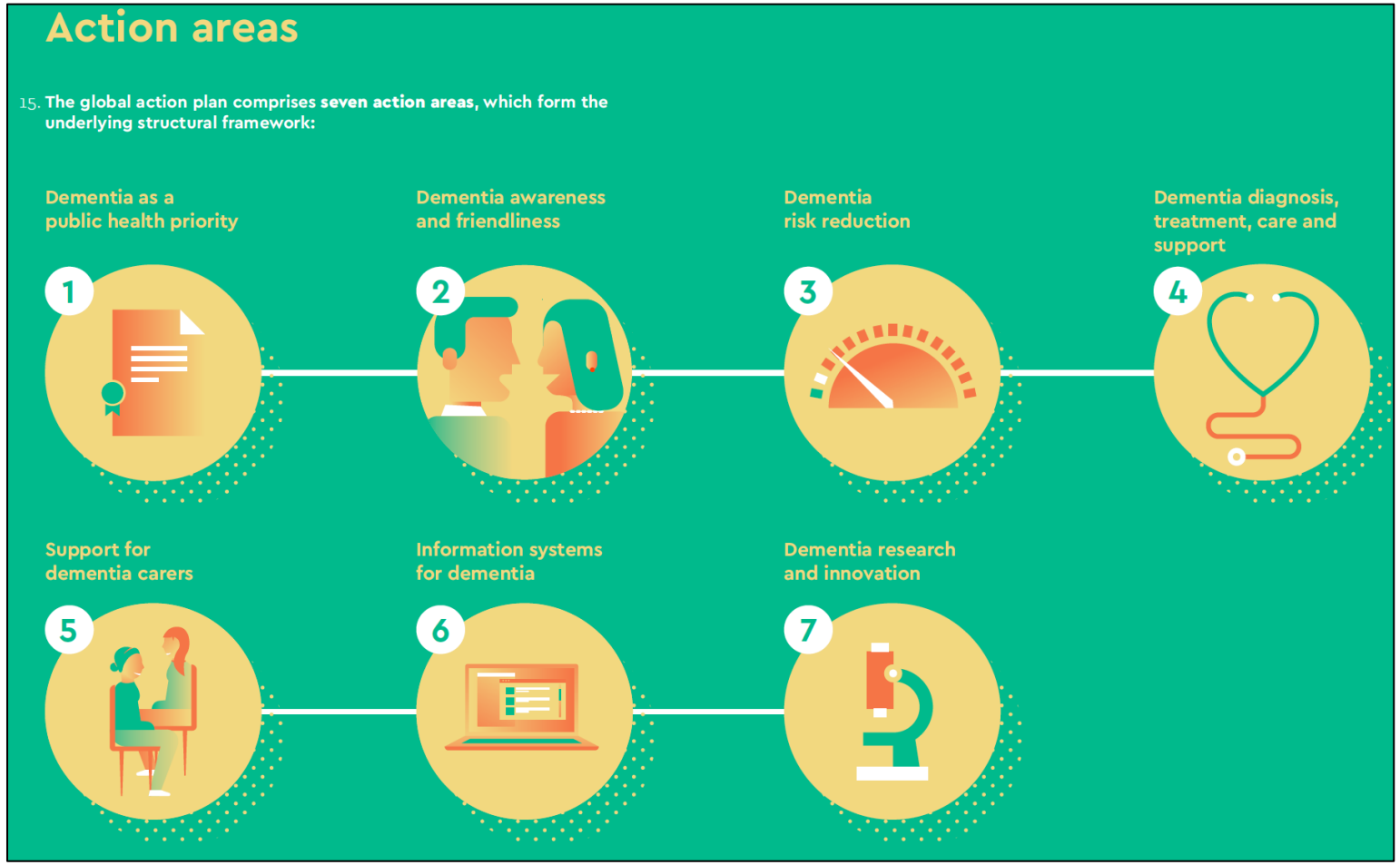
Inclusion criteria:
- Original papers/policy documents
- Focus on dementia/MND
- Focus on refugees/international migrants
- UN official languages

Exclusion criteria:
- Focus on milder/minor cognitive disorders
- Focus on internal migrants, ethnic minorities

GEHM Dementia in refugees and migrants

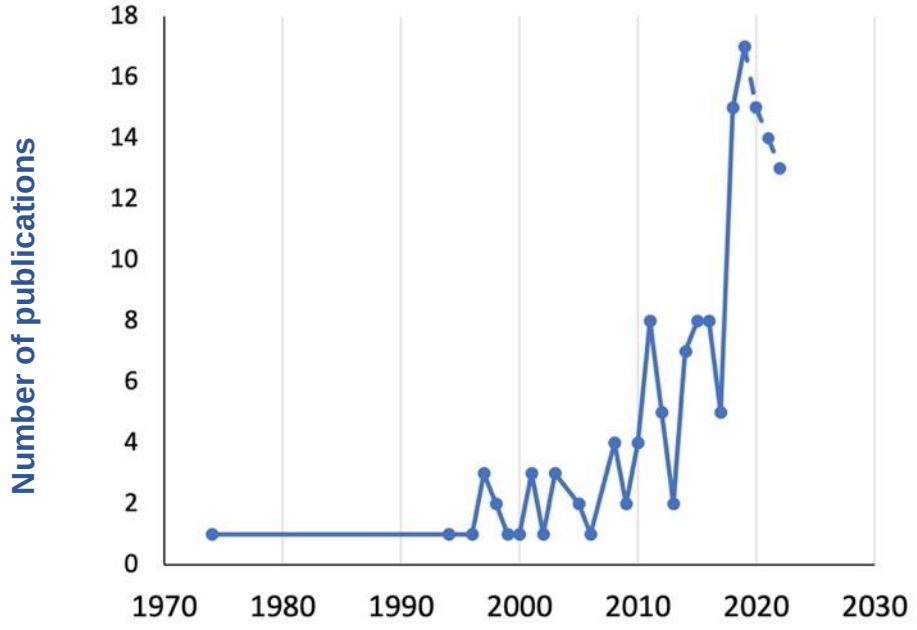
Methods





GEHM on dementia in refugees and migrants
Results

- A total of 147 studies and 39 policy documents were included in the evidence synthesis

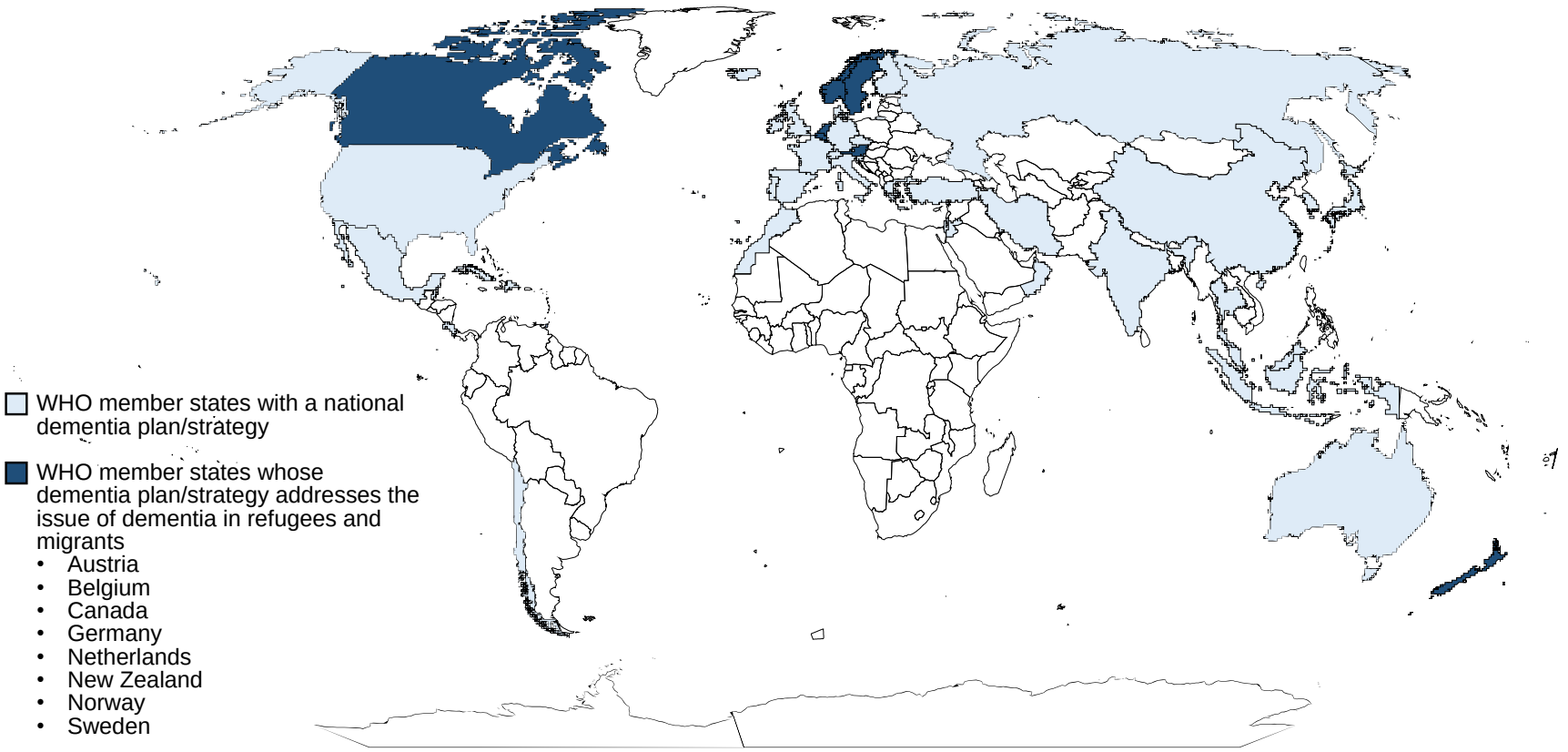


- Studies were conducted only in high-income and upper-middle-income countries (United States n=39; United Kingdom n=17; Netherlands n=16; Sweden n=14; Norway n=11; Canada n=10).
- A total of 6,614,034 participants; sample sizes ranging between 1 and 3,286,624 (median 90; interquartile range 20-757).
- Study participants: 1) older people with dementia (including refugees and migrants) in 75 studies; 2) informal caregivers of migrants with dementia in 36 studies; and 3) healthcare professionals caring for migrants with dementia in nine studies.
- Most quantitative studies (68.7%) relied on cross-sectional analyses, 21 on longitudinal observations, and three were structured as randomized controlled trials.
- Most studies (59.2%) were population- or community-based, 25 were conducted in outpatient services, 11 in residential facilities (e.g., nursing homes), and the remaining in hybrid settings.

GEHM on dementia in refugees and migrants
Results

Dementia as a public health priority

World countries with existing National Dementia Plans



Con tecnologia Bing
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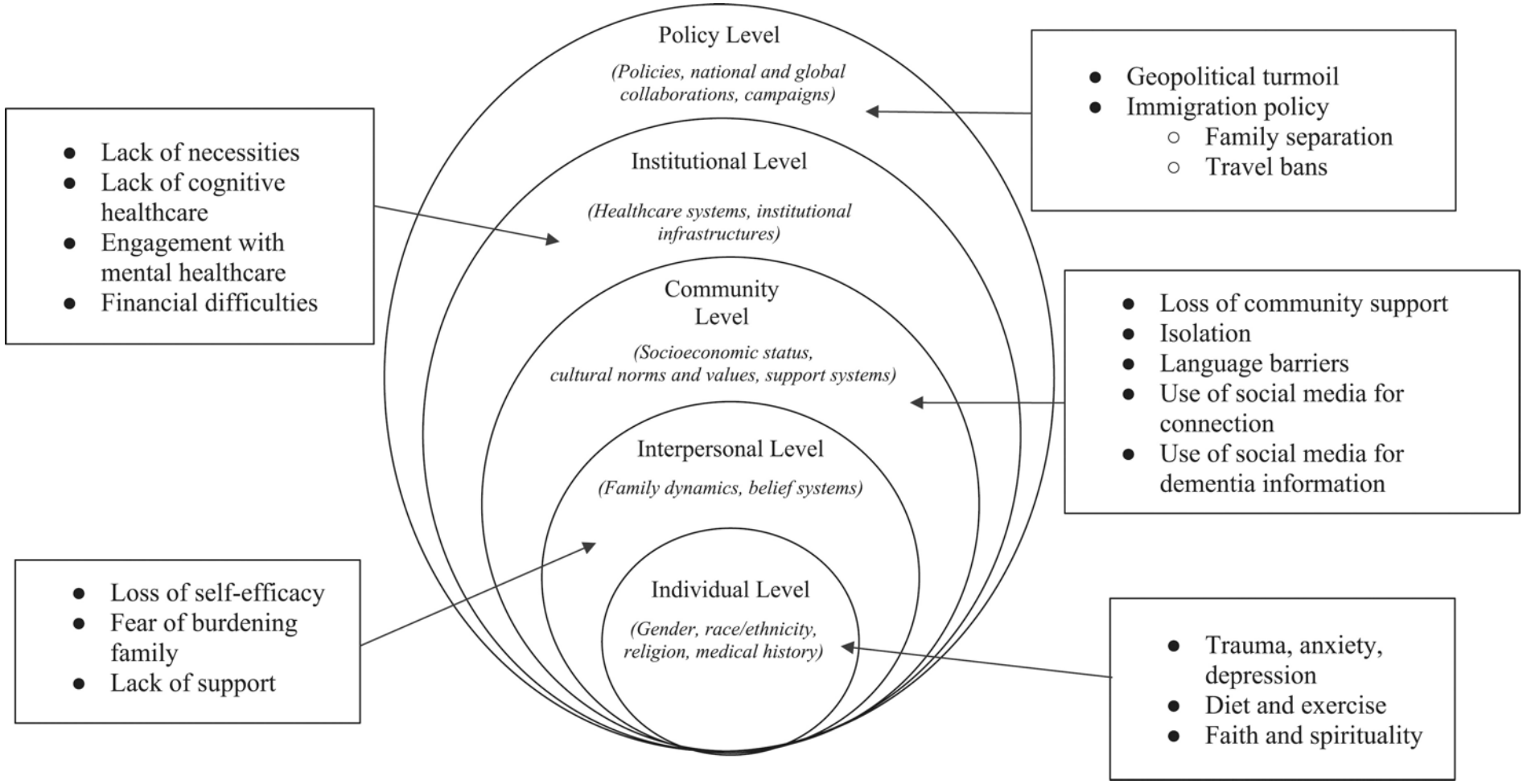
GEHM on dementia in refugees and migrants
Results

Dementia awareness and friendliness

General awareness of dementia is low in certain groups of refugees, migrants, and their informal caregivers

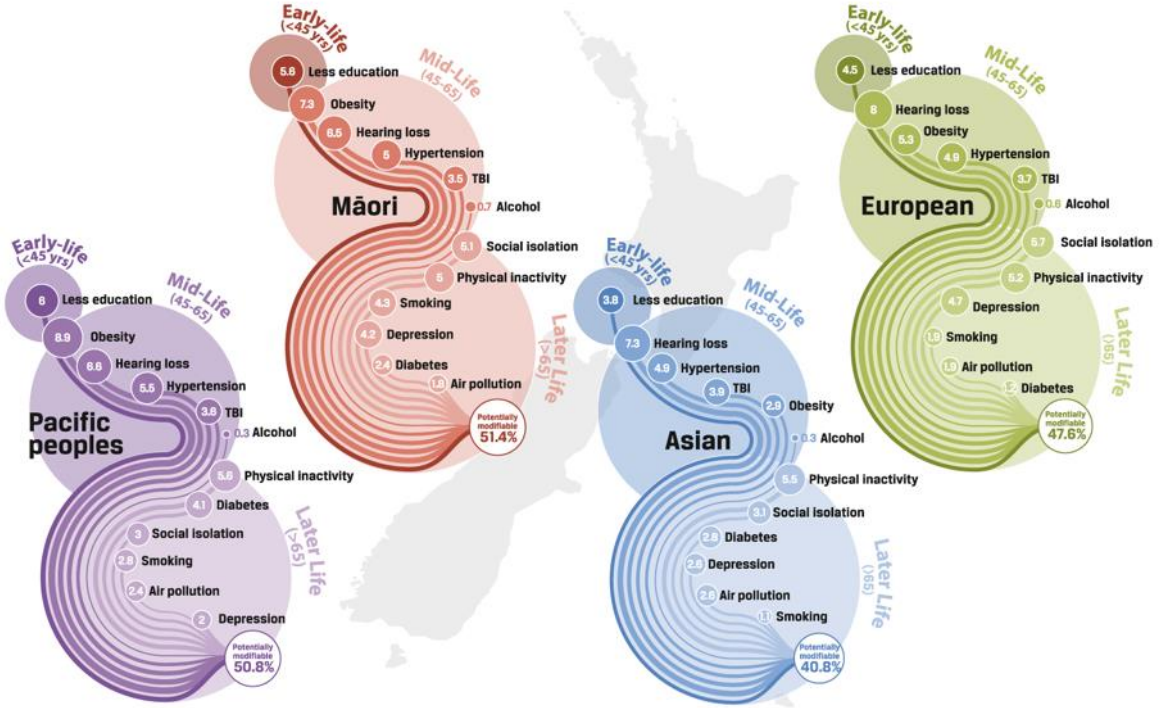


Kaki Da et al., Journal of Geriatric Psychiatry and Neurology. 2024;0(0).

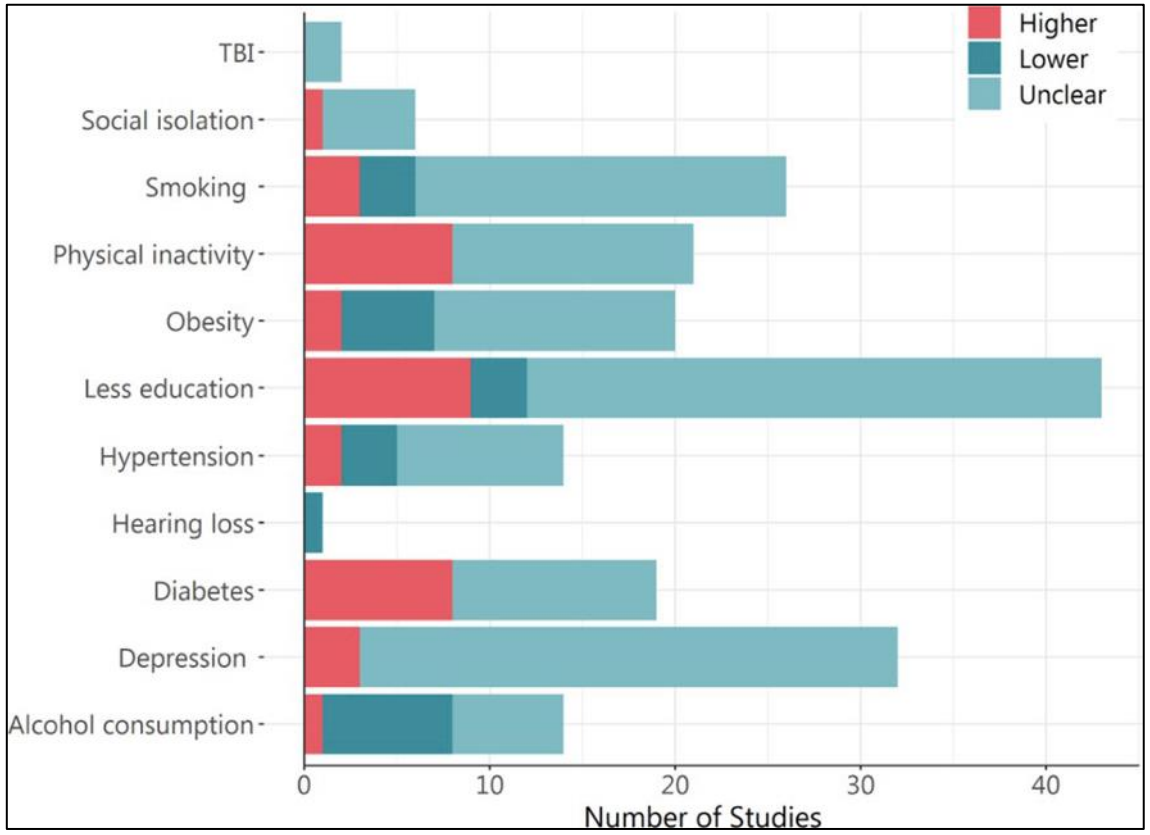
GEHM on dementia in refugees and migrants
Results

Dementia risk reduction

Several dementia risk factors may be differently distributed in different migrant and refugee populations. This influences the impact of risk reduction strategies. Primary prevention of dementia should be culturally situated.



Ma'u E et al., Lancet Reg Health West Pac. 2021;5;13:100191



Hamrah MS et al., J Immigr Minor Health. 2023 Jun;25(3):692-711

GEHM on dementia in refugees and migrants
Results

Dementia diagnosis, treatment, care and support

International Psychogeriatrics: page 1 of 10 © International Psychogeriatric Association 2010
doi:10.1017/S1041610210000955

Assessment of dementia in ethnic minority patients in Europe: a European Alzheimer's Disease Consortium survey

T. Rune Nielsen,[1,2] Asmus Vogel,[1] Matthias W. Riepe,[3] Alexandre de Mendonça,[4] Guido Rodriguez,[5] Flavio Nobili,[5] Anders Gade[2] and Gunhild Waldemar[1]

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european journal of neurology
ORIGINAL ARTICLE

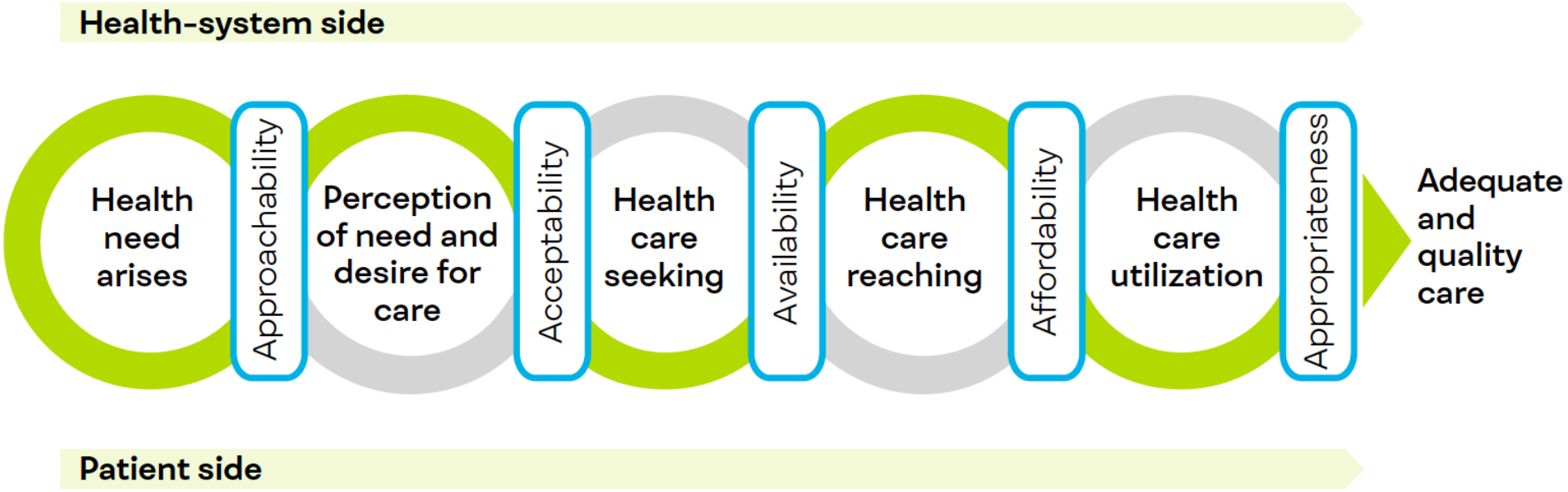
A nationwide survey of Italian Centers for Cognitive Disorders and Dementia on the provision of care for international migrants

Marco Canevelli[1,2] | Ilaria Cova[3] | Giulia Remoli[2] | Ilaria Bacigalupo[2] | Emanuela Salvi[4] | Giorgia Maestri[3] | Alessia Nicotra[3] | Martina Valletta[1] | Antonio Ancidoni[2] | Francesco Sciancalepore[2] | Silvia Cascini[5] | Anna Maria Bargagli[5] | Simone Pomati[3] | Leonardo Pantoni[6] | Nicola Vanacore[2] | ImmiDem Study Network* | ImmiDem Study Group

Cross-cultural neuropsychological assessment in Europe: Position statement of the European Consortium on Cross-Cultural Neuropsychology (ECCroN)

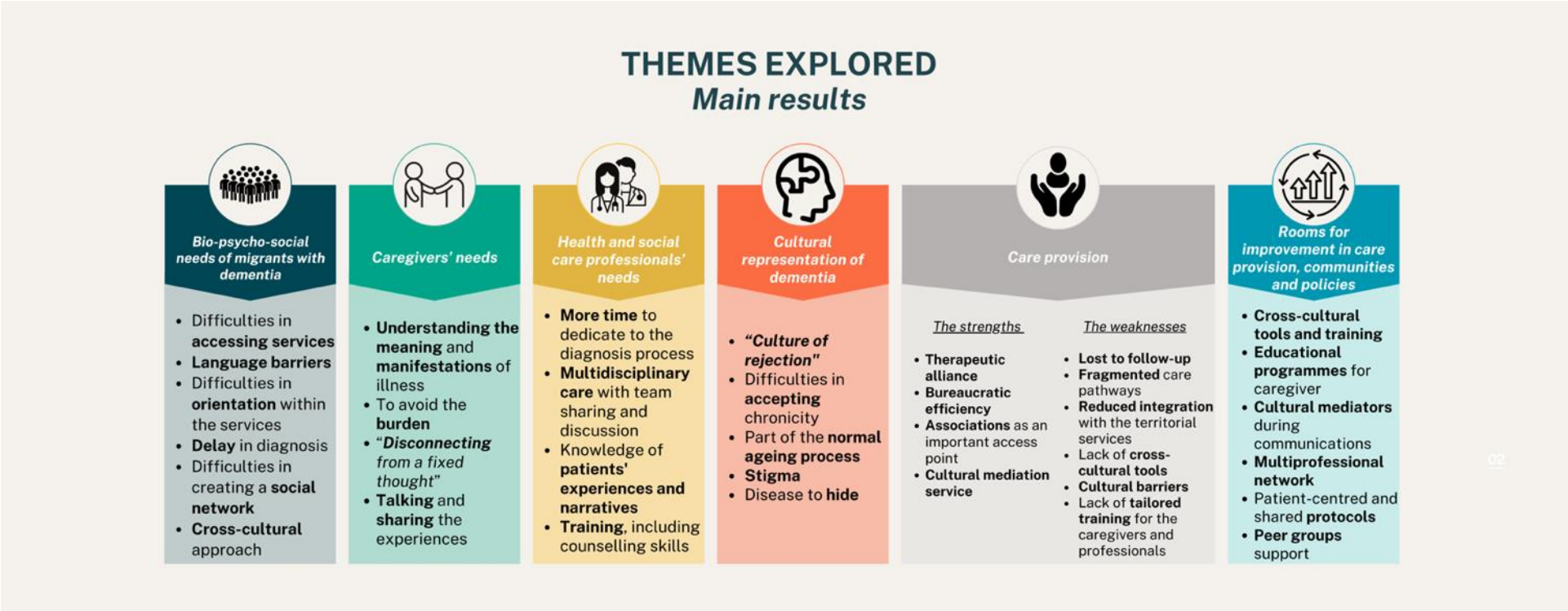
Sanne Franzen[a], on behalf of the European Consortium on Cross-Cultural Neuropsychology (ECCroN)

[a]Department of Neurology, Erasmus MC - University Medical Center, Rotterdam, The Netherlands;



GEHM on dementia in refugees and migrants
Results

Support for dementia carers



Di Nolfi A et al., Ann Ist Super Sanità 2024 (In Press)

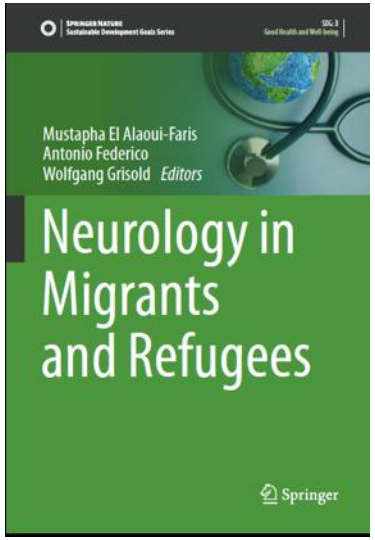
GEHM on dementia in refugees and migrants
Results

Information systems for dementia

Studies comparing the prevalence/incidence of dementia in migrants relative to natives in Europe

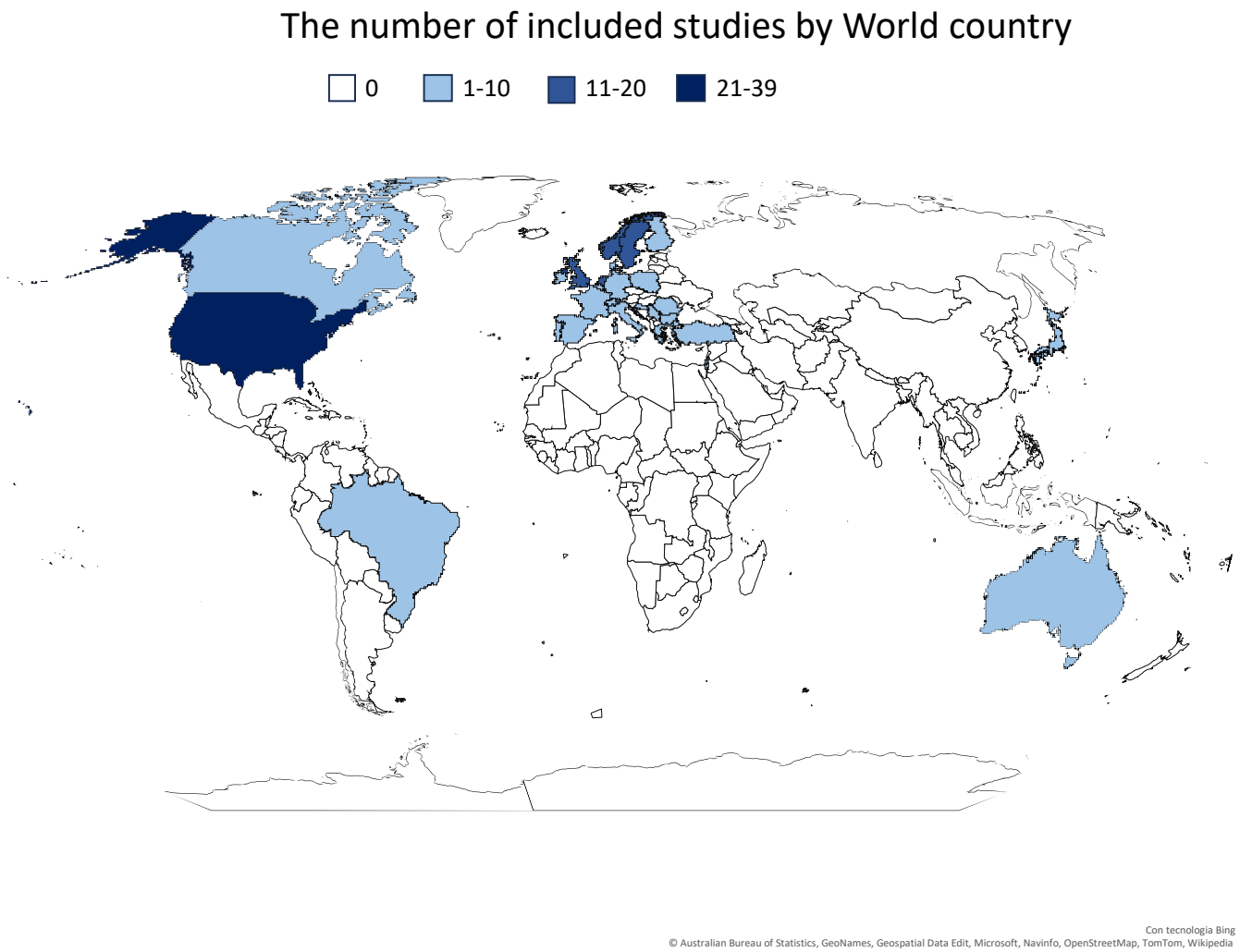
Study	Country	Migrant group(s)	Prevalence (%) HR/OR/RR (95%CI)
Registry-based studies			
Diaz et al. (2015)	Norway	High income countries Other income countries	OR 0.90 (0.83-0.98) OR 0.84 (0.73-0.96)
Stevnsborg et al. (2016)	Denmark	Danish-born Western migrants Non-western migrants	2.7% 1.5% 1.4%
Wändell et al. (2019)	Sweden	Male migrants Female migrants	HR 0.85 (0.83-0.88) HR 0.93 (0.91-0.95)
Population-based studies			
Livingston et al. (2001)	UK	African-Caribbean/African Irish European Cypriot Other	RR 1.72 (1.06-2.81) RR 0.36 (0.15-0.87) RR 0.83 (0.35-1.98) RR 1.13 (0.52-2.48) RR 0.99 (0.42-2.35)
Adelman et al. (2011)	UK	African-Caribbean	OR 3.1 (1.3-7.3)
Parlevliet et al. (2016)	Netherlands	Native Dutch Turkish Moroccan-Arabic Moroccan-Berber Surinamese-Creole Surinamese-Hindustani	3.5% 14.8% 12.2% 11.3% 4.0% 12.6%

HR hazard ratio; *OR* odds ratio; *RR* relative risk



Cappa S. and Canevelli M. Neurology in Migrants and Refugees. Springer Nature Switzerland AG 2022

GEHM on dementia in refugees and migrants
Knowledge gaps



- Low- and middle-income countries were underrepresented in the scientific and grey literature
- However, more than 13 million older international migrants currently live in less developed countries (i.e., 27.5% of the overall population of older migrants)
- 85% of 27.1 million refugees live in developing countries
- 60% of the 55 million people living with dementia worldwide reside in low- and middle-income countries

GEHM on dementia in refugees and migrants
Knowledge gaps

Editorial

Journal of Alzheimer's Disease
1–4
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DOI: 10.1177/13872877241290368
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There are dementia patients in Gaza too

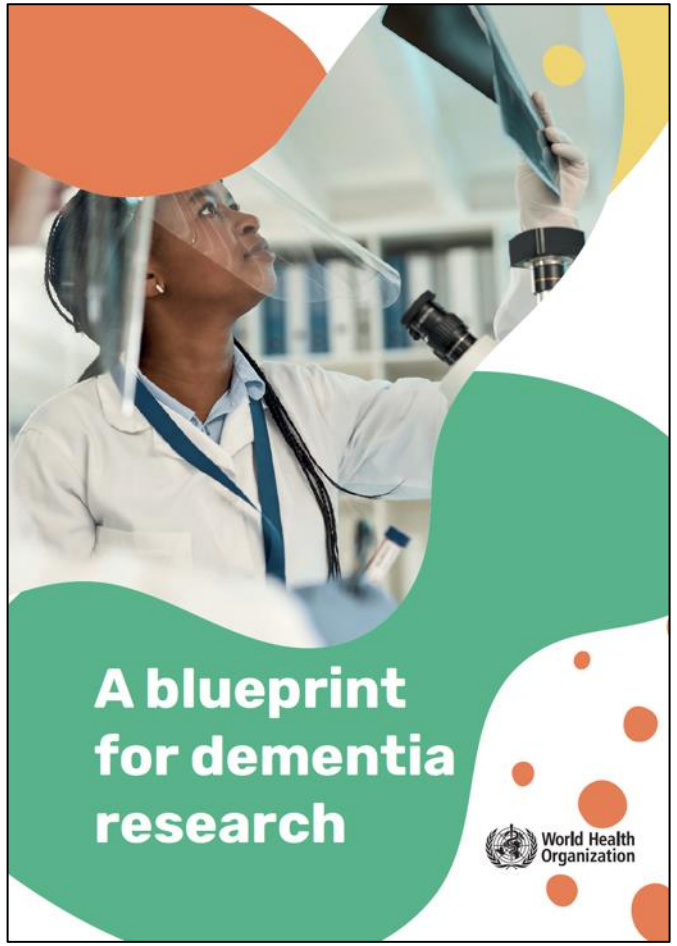
Bilal Irfan[1,2,3,4], Abdallah Abu Shammala[5], Nour Alshaer[1,6,7], Elias Nasser[1,8], Muaaz Wajahath[1,9], Adam Hamawy[1,10], Mohammed Tahir[1,11], Haseeb Khawaja[1,12], Osaama Khan[1,13], Karim Fikry[1,14], Arshad Kaleem[1,15,16], Mosab Nasser[1] and Khaled J Saleh[1,9]

Abstract

This editorial highlights the devastating impact of the ongoing Israeli military assault in Gaza on dementia patients, whose fragile care systems have collapsed, leaving them vulnerable and without essential medical support. Through harrowing stories of displacement, medication shortages, and tragic deaths, the piece underscores the profound moral failure in protecting Gaza's most vulnerable, calling for urgent global action to address the humanitarian crisis and ensure dignity and healthcare for all affected individuals.

- There was insufficient evidence regarding refugees who have dementia.
- There is insufficient data on dementia among refugees and migrants residing in detention camps or receiving care at dedicated facilities such as reception centers and outpatient services managed by non-governmental organizations.

GEHM on dementia in refugees and migrants
Knowledge gaps



Research themes

Summarizing current state and research gaps

- Dementia epidemiology and economics
- Dementia disease mechanisms and models
- Dementia diagnosis
- Drug development and clinical trials for dementia
- Dementia care and support
- Dementia risk reduction

15 strategic goals

Actions and timebound milestones address research gaps

1. High-quality epidemiological data
2. Economic impact of dementia
3. Understanding underlying diseases
4. Models of diseases
5. Development of biomarkers
6. Development of clinical assessment of cognition and function
7. Diagnosis during prodromal stages
8. Development of novel therapies
9. Improving clinical trials
10. Legislative and regulatory environments
11. Tools and methodologies for interventions
12. Models across the continuum of care
13. Methodologies and approaches for risk reduction research
14. Understanding risk factors
15. Risk reduction interventions

Conclusions

- Interest in dementia among refugees and migrants is increasing within the scientific community.
- Global aging has led to an increasing number of refugees and migrants with dementia who may require local healthcare resources tailored to their specific needs in host countries.
- Migration and forced displacement can impact various aspects of dementia care, such as prevention, risk reduction, diagnosis, and support.
- Refugees and migrants face inequalities in accessing care and support for dementia.
- Identified gaps in the literature on migration and dementia include a lack of data on refugees and migrants living in emergency situations and from low- and middle-income countries (LMICs).
- **The findings of this review indicate that refugees and migrants must be adequately included in global health initiatives concerning dementia, which should be recognized as a significant health issue for these populations.**
- **It is essential to develop and implement integrated, culturally sensitive care pathways specifically for refugees and migrants with dementia. Additionally, situation-specific risk reduction strategies and support for caregivers should be designed.**
- **Moreover, the health needs of refugees and migrants living with dementia in emergencies should be acknowledged and addressed effectively.**

Thank you for your attention

Acknowledgments

The document was written and researched by Marco Canevelli (Sapienza University of Rome and Italian National Institute of Health, Italy) with the support of Martina Valletta (Karolinska Institute and Stockholm University, Sweden), Sanne Franzen (Erasmus MC University Medical Centre, Rotterdam, the Kingdom of the Netherlands), Renelle Bourdage (Université Paris Cité, France, and Erasmus MC University Medical Centre, Rotterdam, the Kingdom of the Netherlands), Tala Al-Rousan (University of California San Diego, United States of America) and Alessandro Blasimme (ETH Zurich, Switzerland).

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