

Alzheimer Center Project



FundAlzheimer's project

Background

The portion of 65 years old people and older is approximately 10% of the worldwide population, on tendency to increase in a 15% in the coming decades. In the United States, 55 millions of Americans will be older than 65 years for the years 2020 and 2030 (20% of the total population). In Barcelona, in 1986, 14.82% of the population was older than 65 years and it increased to a 17.36% in 1991.



In 1960, in Cuba, a Latin American country in which several elderly studies have been developed, the relative portions of children older than 5 years were in a 13.4%, and of people older than 60 years were in a 7.3%; for the year 2000, an increase of 1,600,000 inhabitants older than 65 years (14%) was predicted; and for the year 2025, one of each four Cubans will be older than 60 years.

Hence, the possibility for presence of the Dementia Syndrome (SD)-English acronym- will be greater, situation that takes an important place in the elderly patients morbidity; only that it doesn't appear as one reason in the mortality statistics, but it is about an affectation that without any doubt hastens death for its complications, asking for a greater medical and social support.

According to the United Nations, the population of developed countries was about 1,143 millions in 1990; from them, 143 millions were older than 65 years. When applying mass prevailing rates according to the aging groups, it was possible to get into an appraising of 7,4 millions of people with dementias.

We consider that the Dementia Syndrome general studies and in particular the Alzheimer Dementia should be taken into account in the moment to elaborate the elderly people integral caring programs in Costa Rica, country that has been characterized by a competitive social security in comparison with countries such as Chile and Cuba, which count with health indices similar to developed countries.

Costa Rica as other countries of the area does not escape from the demographic changes, in which elderly population increases vertiginously and at the same time their health necessities, as the Dementia Syndrome prevalence. The 60 years old population and older is composed by nearly 282 000 individuals, in other words, 9% of the population in general and it is expected that in the coming 5 years it will be of 356,000 individuals; in 2025 the elderly people percentage will be greater than 15% (750 000 individuals). This population is distributed according to sex in 48% men and 50.3% women. It is geographical location in the country is similar (49.7% urban areas and 50% in the country side).

In our country there are not prevalence studies which let us know its behavior in the national field. The Dr. Patricia Herrera Castro developed a prevalence study in the ASCATE Diurnal Center in Cartago. In this study she found out that the Dementia Syndrome prevalence in the diurnal center was a 30.08%, showing a higher presence of the Alzheimer illness with a 23.57%, followed by other dementia types (5,69%) and also by the vascular dementia (0.81%).

Hence, these data show that dementia illnesses and/or Alzheimer affect gradually our elderly population, situation that has motivated different initiatives, and ASCATE is willing to promote services and projects that would benefit life's quality of all those people who want to take advantage of these sources.

Justification



According to the background, The Integral Attention Center for Dementia Syndrome patients and relatives in Costa Rica offers elderly people the possibility for treating a series of dementia and/or Alzheimer illnesses, specially when they affect a big part of our population, not only worldwide but also nationally. The creation of a new center to improve life's quality of Dementia patients' relatives and patient's themselves is an imminent necessity.

This Center should have an integral health view which embraces psychological, physical, marital, spiritual and social aspects, at the same time than quality services, low and accessible prices for the population. It is also important to embrace an auto-balanced product and to be addressed to benefit the lowest economical resources areas.

The integration of the factors will be closely related to an institutional view which from the philosophical point should restate the traditional biologist conception of health in which the relation between the patient and principal health attention centers staff is restricted to certain exclusivities in the curative field.

Our work principles and intentions are based on the new ways to treat reality, placing preventive medicine as the main point of this effort, instead of the curative exclusivity, at the same time than the family and the community, instead of the individual in a socio-economical and cultural determined context. We develop an attention system that allows:

- The active participation of the benefited and the different groups in the decision taking process to modify their own situation (family and community).
- Researching as an indispensable element for programming and performance of preventive projects and programs.
- The risk emphasis incorporation which allows offering an integral and suitable service and also better distribution and usage of the internal sources.
- Interdisciplinary and inter-institutional coordination which decreases the doubling functions level.
- Since nearly one year and a half during the Alzheimer and other dementias Symposium's eve developed in the Conventions Palace in the city of Habana, Cuba, Dr. Allis Sellek and Mrs. Ruth Rivera Viquez, started dialogues to develop a research about dementias in the Diurnal Center ASCATE (Spanish acronyms), in Cartago, Costa Rica.

After beginning the diagnosis in 2000, the following general objective was defined:

To develop an integral attention program for Dementia Syndrome and similar illnesses patients, including their relatives and caretakers, through the creation of a Caring and Investigation Center which fulfills international quality standards for caretakers of these patients.

In this sense, strategies for the development of this project and its construction were established. The immediate necessities for the Center would be a land purchasing or donation and the construction of an Integral Caring Center for elderly people affected by Alzheimer or other kind of dementia.

Affiliate

You can become a member of the ASCATEALZHEIMER subsidiary and contribute to make real our project.

They will be able to be affiliated by means of a request where comments basic and general information, form (enclosed a Spanish version) that will be provided to him by the Secretariat of the BRANCH in our offices. It can print the request to complete it and to send it here to the fax (506) 591-4012.



The contribution is voluntary and can be monthly, semiannual or annual, for what you will be given the corresponding receipt. Nowadays, we rely on several contributing members; you can be the next one.

For more information, please call us at (506) 551-9504 / (506) 591-4012 Ex. 101-103

Donations



If you want to contribute to ASCATE's work, there are several ways to do it. You can send monetary donations to ASCATE's account No.102526582 swist BCACCRSC; however, we are unable to send back tax inference receipts for we are a foreign organization. In case you need a tax inference receipt, please send your contribution to ascate@racsa.co.cr

We have several projects that need you help:

Voluntaries:

If you want to come to Costa Rica as part of a building group to work in the clinic or other projects, please get in contact with Ms. Rivera by e-mail at rivera@ascatealzheimier.org. In general, these teams stay in Costa Rica from 10 to 14 days having a variety of experiences including one tourist day and one free day to go through all expeditions people want.

Dental/medical equipment donations or other materials:

If you want to help through medical equipment donations already used but in good conditions, please get in contact with Mrs. Rivera by e-mail at rivera@ascatealzheimier.org

We thank you for your help and bless your good charity,

Mrs. Claudia Corrales
ASCATE Legal Representative

**SOLICITUD DE AFILIACIÓN
FILIAL ALZHEIMER**

Nombre completo _____

No. de cédula _____

Edad _____

Estado civil _____

Dirección casa de
habitación _____

Teléfono _____

Cuota	Mensual	<input type="checkbox"/>	Semestral	<input type="checkbox"/>
	Anual	<input type="checkbox"/>	Otra	<input type="checkbox"/>

Rige a partir del mes de _____

Aprobado en sesión No. _____ del mes de _____ del año _____

Firma Solicitante

Firma Secretario Filial