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THE VANISHING MIND

Children Ease Alzheimer's in Land of Aging



By PAM BELLUCK Published: November 25, 2010

SEONGNAM, South Korea — They were stooped, hobbled, disoriented, fumbling around the house. They got confused in the bathtub and struggled up stairs that seemed to swim before them.

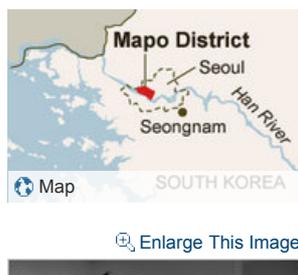
The Vanishing Mind

War on Dementia

Articles in this series are examining the worldwide struggle to find answers about Alzheimer's disease.

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"Oh, it hurts," said Noh Hyun-ho, sinking to the ground.

"I thought I was going to die," said Yook Seo-hyun.

There was surprisingly little giggling, considering that Hyun-ho, Seo-hyun and the others were actually perfectly healthy 11- to 13-year-old children. But they had strapped on splints, weighted harnesses and fogged-up glasses, and were given tasks like "Doorknob Experience" and "Bathroom Experience," all to help them feel what it was like to be old, frail or demented.

"Even though they are smiling for us, every day, 24 hours, is difficult for them," Jeong Jae-hee, 12, said she learned.

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Todd Heisler/The New York Times High school students in Seoul assisted a woman with dementia at the Cheongam nursing home, part of a broader "War on Dementia" by the South Korean government.

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Todd Heisler/The New York Times Middle school students in Seoul spent a recent Saturday wearing 3-D glasses and watching a movie depicting a woman with dementia who wanders from home.

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Todd Heisler/The New York Times At the Seobu Nursing Center, students from a boys' high school in Seoul help patients with art therapy and physical therapy, and suggest ways to improve the patients' lives.

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"They lose their memory and go back to childhood."

It is part of a remarkable South Korean campaign to cope with an exploding problem: Alzheimer's disease and other dementias. As one of the world's fastest-aging countries, with nearly 9 percent of its population over 65 already afflicted, South Korea has opened a "War on Dementia," spending money and shining floodlights on a disease that is, here as in many places, riddled with shame and fear.

South Korea is training thousands of people, including children, as "dementia supporters," to recognize symptoms and care for patients. The 11- to 13-year-olds, for instance, were in the government's "Aging-Friendly Comprehensive Experience Hall" outside Seoul. Besides the aging simulation exercise, they viewed a PowerPoint presentation defining dementia and were trained, in the hall's Dementia Experience Center, to perform hand massage in nursing homes.

"What did I do with my phone? It's in the refrigerator," said one instructor, explaining memory loss. "Have you seen someone like that? They may go missing and die on the street."

In another striking move, South Korea is also pushing to make diagnoses early, despite there being scant treatment.

"This used to be hidden" and "there is still stigma and bias," said Kim Hye-jin, director of senior policy for the Health and Welfare Ministry. But "we want to get them out of their shells, out of their homes and diagnosed" to help families adjust and give patients "a higher chance of being taken care of at home."

Hundreds of neighborhood dementia diagnostic centers have been created. Nursing homes have nearly tripled since 2008. Other dementia programs, providing day care and home care, have increased fivefold since 2008, to nearly 20,000. Care is heavily subsidized.

And a government dementia database allows families to register relatives and receive iron-on identification numbers. Citizens encountering wanderers with dementia report their numbers to officials, who contact families.

To finance this, South Korea created a long-term-care insurance system, paid for with 6.6 percent increases in people's national health insurance premiums. In 2009, about \$1 billion of government and public insurance money was spent on dementia patients. Still, with the over-65 population jumping from 7 percent in 2000 to 14 percent in 2018 to 20 percent in 2026, dementia is straining the country, socially and economically.

"At least one family member has to give up work" to provide caregiving, said Kwak Young-soon, social welfare director for Mapo District, one of Seoul's 25 geographic districts. Because South Korea encourages people to work well past retirement age, families may also lose dementia sufferers' incomes.

Most families no longer have generations living together to help with caregiving, and some facilities have long waiting lists, but "we can't keep building nursing homes," Mr. Kwak said. "We call it a ghost. It's basically eating up the whole house."

Dementia Epidemic



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South Korea is at the forefront of a worldwide eruption of dementia, from about 30 million estimated cases now to an estimated 100 million in 2050. And while South Korea's approach is unusually extensive, even in the United States, the National Alzheimer's Project Act was introduced this year to establish a separate Alzheimer's office to create "an integrated national plan to overcome Alzheimer's." Supporters of the bill, currently in committee, include [Sandra Day O'Connor](#), whose late husband had Alzheimer's.

South Korea also worries that dementia, previously stigmatized as "ghost-seeing" or "one's second childhood" could "dilute respect for elders," Mr. Kwak said. "There's a saying that even the most filial son or daughter will not be filial if they look after a parent for more than three years."

So the authorities promote the notion that filial piety implies doing everything possible for elders with dementia, a condition now called chimae (pronounced chee-may): disease of knowledge and the brain which makes adults become babies. But South Korea's low birth rate will make family caregiving tougher.

"I feel as if a tsunami's coming," said Lee Sung-hee, the South Korean Alzheimer's Association president, who trains nursing home staff members, but also thousands who regularly interact with the elderly: bus drivers, tellers, hairstylists, postal workers. "Sometimes I think I want to run away," she said. "But even the highest mountain, just worrying does not move anything, but if you choose one area and move stone by stone, you pave a way to move the whole mountain."

South Korea is even trying to turn a crisis into a business opportunity. The Aging-Friendly hall, financed by the Ministry of Knowledge Economy, encourages businesses to enter "silver industries," producing items for feeble elderly people, from chopsticks that are easier to pick up to automated harnesses that hoist people from bed, sliding along a ceiling track, and deposit them onto toilets or living room couches.

College students visit the hall and don blue 3-D glasses for "Dementia Experience" video journeys following people disoriented on streets or seeking bathrooms.

Throughout South Korea, Mrs. Lee leads "dementia supporter" training, arguing against longtime practices of chastising or neglecting patients, and advocating for preserving their skills and self-esteem.

One tip: give demented relatives "a washing pan and washboard" and say, "The washing machine's terrible — we need your help" washing clothes, she told 200 senior citizens interested in nursing home jobs or family caregiving advice. If patients say, "I'm good at making soy soup," but forget ingredients, "guide them step by step, she advised. Otherwise, "They may make it into salt soup, and everyone will say, 'Oh, this is terrible, you stop doing it.'"

Even the youngest are enlisted. Mr. Kwak, the local government official, arranges for nursery school classes to play games with nursing home patients, saying that it destigmatizes dementia and that patients who "regress to earlier days" may "find it easier to relate to young children."

And Dr. Yang Dong-won, who directs one of many government-run diagnostic centers in Seoul, has visited kindergartens, bringing tofu. "This is very soft, like the brain," he said, letting it crash down. Now, "the brain is destroyed."

"Dementia is very bad for you, so protect your brain," he said, with exercise, "not drinking too much sugar," and saying, "Daddy, don't drink so much because it's not good for dementia."

At a Dementia March outside the World Cup Soccer Stadium, children carried signs promoting Dr. Yang's Mapo district center: "Make the Brain Smile!" and "How is Your Memory? Free diagnosis center in Mapo."




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The Mapo Center for Dementia perches at a busy crossroads of old and new, near a university and a shop selling naturopathic goat extracts. It has exercise machines out front and a van with pictures of smiling elderly people.

Even people without symptoms come, Dr. Yang said. They are "eased by hearing, 'You do not have dementia and can visit two years later.'"

Cha Kyong-ho's family was wary of getting him tested. "Dementia was a subject to hide," said his daughter, Cha Jeong-eun. "I worried his pride would be hurt going through this kindergarten experience."

But when "my mother asked him to get ingredients for curry rice, he came back with mayonnaise," she said. And one day, Mr. Cha, 74, a retired subway official, could not find his way home. "I was like, 'Where the hell am I?'" he said.

Ultimately, he visited Mapo's center, finding the testing challenging.

"Sometimes I don't remember what I read, or I can see it with my eyes and my brain is processing it, but I cannot say it out loud," he said about the questions. "How can my brilliant brain remember everything? Jeez, it's so headachy."

Checking his ability to categorize items, Dr. Yang asked, "What do you call dog and tiger?"

*"I call them dog and tiger."*

"Pencil and brush?"

*"Oh, there's a word for that."*

"Airplane and train?"

*"I feel embarrassed I don't know."*

"You have a lot of [loss of memory](#)," Dr. Yang said. "This is the very beginning stages of Alzheimer's disease."

He suggested that Mr. Cha get a government-subsidized brain [M.R.I.](#) to confirm the diagnosis, and said drugs might delay symptoms slightly. He recommended Mapo's free programs "to stimulate what brain cells he has." These include rooftop garden "floral therapy," art classes making realistic representations of everyday objects, music therapy with bongos sounding "like a heartbeat."

Mr. Cha sighed.

"I think," he said, gesturing toward his brain, "that something's wrong with this, just a little bit."

### **Students as Helpers**

Schools offer community service credit, encouraging work with dementia patients, whom students call grandmas and grandpas. Teenage girls do foot massage at the Cheongam nursing home, which is run by Mrs. Lee, the Alzheimer's Association president, for women without sons to care for them. (In South Korea, sons' families traditionally shoulder caregiving responsibilities.) During one massage session, 16-year-old Oh Yu-mi rubbed a patient's toes, saying: "I'm doing the heart. The heel is the reproductive system. It will help them excrete better."

Another girl doing foot massage, Park Min-jung, 17, was shaken to realize that dementia could explain why her grandfather recently grabbed a taxi and circled his old neighborhood seeking his no-longer-existent house. "He used to be very scary to me," she said, but training made her feel that "I can do things for him."

A patient wept as the girls left, upsetting 16-year-old Kim Min-joon, the massage group's leader. She said social workers suggested being less effusive to patients, so the girls' leaving would be less traumatic: "If there is love or affection of 100 grams, cut it up into 1 gram each" and distribute it over "100 visits, not all at once." But "I'm not good at controlling that," Min-joon said. Even at school, "The feeling of their touch remains with me."

A boys' high school selects top students to help at Seobu Nursing Center, doing art therapy and attempting [physical therapy](#) with dances and "balloon badminton" (the racket is pantyhose stretched on a frame). The boys write observations to help Seobu adjust programs.

At school, they wrote questions on the blackboard: "Problems and solutions of communicating with the elderly. Ways to improve and execute exercise routine. How to make sure we're all on time."

"They don't comprehend my words," said Kim Su-hwan, 16.

"Maybe we should get closer to their ears," suggested Kim Jae-kyeum.

Maybe "some of us could massage them," said Su-hwan. "You do that, Su-hwan," snickered Jae-kyeum.

"Smile at them more," another student said. "Some of us look like we don't want to do this."

For Kim Han-bit, 16, the program is intensely personal. Han-bit was 13 when his grandmother, who practically raised him, got Alzheimer's, and "I would just feel it was annoying and walk out of the room," he said. "She would ask to do an activity, and I would say, 'What business do you have doing that?'" It was my responsibility to feed her, give her drinks, wash her face. But I even resisted and fought back," he said. When she died, he added, "I couldn't let out tears."

The dementia caregiving program had made him "wonder why I wasn't able to do that with my own grandma, and I think I should do better in the future to compensate for all my wrongdoing," he said. "I could have taken care of my grandmother with a grateful feeling. If only I could have."

Recently, he worked to engage Lee Jeong-hee, a patient half his height with missing teeth who laughed, but spoke incoherently.

"When I come next time," he said tenderly, "please remember me."

*Su-Hyun Lee contributed reporting from Seoul, South Korea.*

*This article has been revised to reflect the following correction:*

**Correction: November 25, 2010**

An earlier version of a photo caption with this article misidentified the location where a student was bowing in a hallway. The photo was at the Seobu Nursing Center, not the Mapo Center for Dementia in Seoul.

A version of this article appeared in print on November 26, 2010, on page A1 of the New York edition.

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