



The Japanese Society of Psychiatry and Neurology

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The Japanese Society of Psychiatry and Neurology (JSPN) has a strong concern about dementia (Major Neurocognitive Disorders) apparently being completely excluded from the chapter for the Mental and Behavioral disorders in the beta draft of ICD-11, the classification of diseases developed by World Health Organization (WHO), and only included in the chapter for the Diseases of the nervous system, according to the website shown below.

<http://apps.who.int/classifications/icd11/browse/l-m/en/#/>

Historically, in Japan, psychiatrists have been primarily responsible for clinical care, research and education for dementia. In 1980s, two academic societies with focus on dementia were established: the Japanese Psychogeriatric Society and the Japan Society for Dementia Research. Both of these societies have been mainly organized by psychiatrists. Initially, most of the members of the Japanese Psychogeriatric Society were psychiatrists, and their interest was mainly of clinical matters. On the other hand, the members of the Japan Society for Dementia Research were not only psychiatrists, but also neurologists and scientists for basic research, and they were most productive in the areas of basic research. Throughout the latter half of 20th century, it has been psychiatrists that took the lead in management of the clinical problems related to dementia.

With the approval of use of Donepezil in 1999, the first therapeutic drug for Alzheimer's disease, the situation changed and not only the psychiatrists but also the neurologists and geriatricians came to join the clinical care for dementia. However, the importance of the role that psychiatrists play in clinical care for dementia has not diminished. In Japan, the translation of dementia has been changed from "Chihou," a term with derogatory implications, to "Ninch-sho," a more neutral expression that simply indicates cognitive dysfunction in 2004. This movement was put forward by psychiatrists. The Japanese Psychogeriatric Society and the Japan Society for Dementia Research established a system for medical specialists for dementia, in 2000 and 2008 respectively, and they have both contributed to the advancement of dementia treatment.



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Dementia is a highly social condition to begin with. Neurocognitive disorder leads to the behavioral disturbance of patients with dementia due to impairment in processing the external stimuli. “Cognition” and “behavior” are the important human functions which serve as a basis for the human social life, and in patients with dementia, these function are impaired. As such, understanding and care of dementia requires consideration for psychological and social factors, much more so than biological ones. In today’s situation where fundamental cure of dementia has not been developed, our emphasis is on how to manage the Behavioral and Psychological Symptoms of Dementia (BPSD) and how to support for the social life of these patients. Given this situation, we consider the involvement of psychiatrists for clinical service for dementia as essential. In Japan, with the rapid increase in the number of patients with dementia, 364 medical facilities have been designated as Dementia-specialized Medical Centers, where psychiatrists and neurologists cooperate and provide medical treatment by bringing in their respective expertise. Generally, psychiatrists deal especially with the differential diagnosis between dementia and the other psychiatric disorders in old age such as depression, and also with the treatment of BPSD, which the family members and caregivers of the patients find most exhausting; this makes psychiatrists essential in the care of dementia. Considering this situation, JSPN has made it mandatory for the trainees of the Japanese Board-Certified psychiatrists to experience the treatment of dementia. In addition, JSPN has established and provided e-learning seminars on dementia so that its members can improve their skills in care and management of dementia.

Moreover, in Japan with its aging population, it is estimated that seven million people will be suffering from dementia in 2025, and ten million in 2050, which in response demands a joint effort by clinicians in psychiatry, neurology and geriatrics. Psychiatrists have substantially contributed to the care and management of dementia so far, and are expected to be even more involved in the medical service for dementia.

Considering the estimated number of patients with dementia and the framework of the treatment for dementia in Japan, classifying dementia only in the section for nervous diseases is likely to cause the reduced opportunities for psychiatrists to make intervention in clinical practice, and also cause a discrepancy between the



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provided care and the needs of by the patients and their families, resulting in confusion among them. This will then interfere with provision of appropriate treatment and care for the patients and their families, eventually leading to the huge burden that our society has to bear, to our great disadvantage, in association to dementia.

Hence, JSPN hopes for inclusion of dementia with its code in the chapter of MBD, just as in the ICD-10. On a final note, we emphasize that we also hope to make continuous contributions to the development of the chapter of MBD in the ICD-11.

Sincerely,

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