




Procedure file

Basic information		
INI - Own-initiative procedure	1994/2224(INI)	Procedure completed
Old people: prevention of senile dementia, setting up special centres for investigation and research		
Subject 4.10.07 The elderly 4.20.01 Medicine, diseases		

Key players			
European Parliament	Committee responsible	Rapporteur	Appointed
	 Environment, Public Health and Consumer Protection		20/12/1994
		PPE POGGIOLINI Danilo	
	Committee for opinion	Rapporteur for opinion	Appointed
	 Research, Technological Development and Energy		

Key events			
05/10/1994	Non-legislative basic document published	B4-0175/1994	
16/01/1995	Committee referral announced in Parliament		
21/02/1996	Vote in committee		Summary
21/02/1996	Committee report tabled for plenary	A4-0051/1996	
16/04/1996	Debate in Parliament		
17/04/1996	Decision by Parliament	T4-0184/1996	Summary
17/04/1996	End of procedure in Parliament		
13/05/1996	Final act published in Official Journal		

Technical information	
Procedure reference	1994/2224(INI)
Procedure type	INI - Own-initiative procedure
Procedure subtype	Initiative
Legal basis	Rules of Procedure EP 143-p5
Stage reached in procedure	Procedure completed

Documentation gateway

Non-legislative basic document		B4-0175/1994	05/10/1994	EP	
Document attached to the procedure		B4-0502/1995	31/03/1995	EP	
Committee report tabled for plenary, single reading		A4-0051/1996 OJ C 117 22.04.1996, p. 0003	21/02/1996	EP	
Text adopted by Parliament, single reading		T4-0184/1996 OJ C 141 13.05.1996, p. 0087-0129	17/04/1996	EP	Summary

Old people: prevention of senile dementia, setting up special centres for investigation and research

In adopting the report, the committee decided to broaden its scope, changing its title to "Alzheimer's disease and the prevention of disorders of the cognitive functions in the elderly". The purpose of the report is to compel the Community authorities to take action to combat a grave problem of increasing importance which has so far failed to attract the scale of attention the committee believes it merits from the Community. However, the recent announcement that former US President Ronald Reagan is suffering from the disease has helped to raise its profile. It is estimated that 8 million people - about 2 per cent of people over 65 - will be afflicted by Alzheimer's disease or similar syndromes by the year 2000. Alzheimer's disease, named after Alois Alzheimer (1864-1915), the German doctor who first diagnosed it in 1907, is an irreversible and incurable degeneration of the brain leading to loss of memory, confusion and in some cases personality change. The total loss of independence it causes in turn leads to serious physical problems such as incontinence, bedsores and failing to eat, which ultimately causes the death of the patient in circumstances which are particularly hard to cope with for his or her carers. In a motion for a resolution contained in the report, the committee called on the European Commission to submit as soon as possible a programme of measures to combat Alzheimer's disease and related syndromes and to provide more resources, under its BIOMED programme, for joint research into the disease. The motion also called on the Member States to define a strategy for dealing with the problem. In his explanatory statement, the rapporteur, Mr Danilo POGGIOLINI - EPP, I), a doctor himself, complained that Europe's response to the issues raised by Alzheimer's disease had hitherto been rather timid. It was a matter for regret, he said, that in its communication on the framework for action in the field of public health (COM (93) 0559) the Commission did not intend to propose a specific measure in this field. Moreover, the Council of Health Ministers had not, so far he knew, dealt with the disease. "It is therefore Parliament's responsibility to confront the Community authorities with their responsibility and force them, in so far as this lies within its powers, to take action against Alzheimer's disease in Europe," he said. The programme of measures which the committee wants the Commission to adopt includes: * epidemiological monitoring; * the early exchange of experience and research into early diagnosis in order to distinguish Alzheimer's from other forms of dementia with specific causes such as vascular dementia, alcoholism, etc, which in some cases are reversible; * the publication of successful initiatives, such as round-the-clock Alzheimer's telephone help-lines; * encouragement for the setting up of specialized out-patient clinics; * the mounting of information campaigns. The committee wants the Member States, inter alia, to draw up a policy providing for the partial or total payment of medical and social expenses currently borne by patients' families or carers. It also wants it to promote special training courses for paramedical staff and to support specific hospital and non-hospital facilities for those who have reached the terminal phase of the disease. According to the rapporteur, Alzheimer's mainly affects persons over 60 and its incidence doubles with every five years of age. Younger people from the age of 40 can, however, be affected. The World Health Organization estimates that a quarter of all those who reach the age of 85 suffer from the disease, which is a considerable number given the general increase in lifespan in Western countries. Epidemiological studies show that there is no difference in the percentage of men and women suffering from it, allowing for the greater average life expectancy of women. Nor is there any geographical difference, given that it affects more people in societies where there is a longer life expectancy. Apart from these figures, the demographic and social consequences of Alzheimer's disease also give cause for concern. Since the population pyramid (age distribution pattern) is being, or has already been, reversed in the countries of the European Union, the burden and cost of Alzheimer's disease will be borne by a smaller and smaller proportion of the population. As yet there is no cure for Alzheimer's disease, although there are hopes that some drugs (e.g. tacrine) may help to slow down the degeneration of the brain. Longer-term hopes are placed in the use of gene therapy. However, as yet the causes and origins of the disease are not known and nomedical prevention is possible. Moreover, diagnosis is difficult, at least in the early stages of the disease. ?

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The European Parliament adopted the report by Mr Danilo POGGIOLINI (PPE, I) on Alzheimer's disease and the prevention of disorders of the cognitive functions in the elderly. It called on the Commission to submit as soon as possible a programme of measures to combat Alzheimer's disease and related syndromes and for Creutzfeldt Jakob disease to be included in this programme. This programme should focus on: - epidemiological monitoring; - early exchange of experience in relation to diagnosis in order to distinguish this disease from other forms of dementia; - drawing up guidelines for staff trainings; - support for setting up specialized medical centers; - the creation of networks to assess new forms of treatment; - support measures for families and patient associations; - information campaigns for the general public and for specific groups (schoolchildren, social workers etc.); - early diagnosis and self-diagnosis. It called on the Commission to publicize successful initiatives, such as the Alzheimer's telephone lines which already exist in some Member States, minding centres to back up home care, an Alzheimer Awareness Week, World Alzheimer's Day etc. It also called on the Commission to step up support for research into Alzheimer's disease under its BIOMED research programme (especially into the possible correlation between intake of aluminium from food additives and

the disease). Parliament called in this respect for the Commission to make provision for special budgetary lines for this type of action. Parliament called on the Member States to step up cooperation between social and health services, to draw up a policy providing for the partial or total payment of medical expenses and social charges currently borne by patients' families, to promote special training courses for medical staff and to create hospital and non-hospital infrastructures for those who have reached the terminal stage of the disease.?