Chairperson's Message

I am pleased to inform you that as part of our new plan to strengthen the bond between the national office and the chapters, the Secretary General, Mrs. Vidya Shenoy and I have decided to visit all chapters on a zonal basis. To begin with, we visited Mysore, Bangalore and Chennai chapters and it was an auspicious and encouraging start.

We were delighted to hear about the plans being made by members of the Mysore chapter, who are hosting the XX Annual conference of ARDSI on the 10th and 11th of December. Dr. Hanumanthar Joshi, Dr. Goswami and Dr. Murali Krishna need special mention for their painstaking efforts in planning and organizing the conference. They have eminent speakers and researchers from UK, USA, and Australia are putting together an excellent scientific schedule which will cover both medical and care giving aspects of dementia from a holistic view. I had the privilege of launching the conference website, ardsicon2016.com and you will all soon be getting the first announcement. I urge you to actively send good number of delegates to the conference to show our solidarity.

The day spent with Dr. Radha Murthy at Bangalore, visiting the three centres run by the Nightingales Medical trust and seeing the work is being done for persons with dementia was heartening. Their new facility, Centre for active Aging was world class and this is the step in the right direction for elders to take preventive steps against dementia. The hub and spoke dementia care centers are an ideal model for cutting costs while opening new centres and this model can be replicated on a national basis.

The meeting with the members of the Chennai chapter focused on starting a full time Geriatric Centre at the earliest. Dr. Sathianathan informed that permission has been granted to set up a Geriatric Clinic at Sri Ramachandra Hospital, Porur Chennai.

The Kerala State Initiative on Dementia Project is progressing well. We hope to open 10 residential care centers in the coming year and this pioneering partnership with the Kerala government has been a boon for persons with dementia and their families in Kerala.

To give you some updates on the international scene, I have just returned after attending 3 important meetings in London - The reconstituted World Dementia Council Meeting, the Breakfast Roundtable on Women’s Brain Health and the CEO and Global Stakeholders Meeting on Dementia. The World Dementia Council is now ready to begin the various work streams and what is exciting for India is that we can be part of their Risk Reduction and Care Giving Programmes.

Mrs. Meera Pattabiraman,
Chairperson, ARDSI
Two thirds of Indian population lives in rural areas and the literacy level in these areas is significantly lower when compared to urban regions. It is safe to estimate, two thirds of people with dementia in India live in rural areas, too. We all agree improving the awareness about dementia is the first major step to improve the quality of life of those affected by dementia. If we have a closer look at the awareness campaigns, educational and training activities related to dementia, it is not hard to realize that the majority of those are concentrated in urban areas. People who live in rural areas and those who belong to low socioeconomic status do not seem to be getting the desired benefits or information others are privy to.

We have a social responsibility to ensure equal access to information, support and service to all sections of society. We have to make conscious efforts to ensure the disadvantaged sections of society do receive the attention they need. While planning awareness programmes, screening camps, training programmes and service development, the rural and disadvantaged members of the society should receive due consideration.

It is encouraging to hear recent news about the improvement in poverty levels and quality of life in rural areas which have been partly attributed to the wide spread electrification and rise in female literacy. The reports which indicate a significant rise in the use of social media especially among the rural youth are also stimulating. However we are also aware of the reality that significant numbers of people do exist especially in several larger states of the country who have not been helped by these developments.

We urge you to make suggestions about how we can reach the disadvantaged sections of the society and increase their awareness of dementia. The methods we choose and the language we use become important in this regard. We are especially keen to listen to you on any innovative methods how the ARDSI Newsletter could reach and be useful to them.

We look forward to hear from you.

Mrs. Vidya Shenoy, Secretary General, ARDSI & Hon. Secretary, ARDSI, Mumbai Chapter

REPORT: 19th NATIONAL CONFERENCE- ARDSICON 2015

ALZHEIMER’S & RELATED DISORDERS SOCIETY OF INDIA (ARDSI), MUMBAI CHAPTER had the prized privilege of hosting the 19th National Conference of ARDSI-ARDSICON 2015-at the Mayfair Banquets, World located in the heart of Mumbai. Hosting this Conference was indeed a great opportunity and experience for all to share and exchange professional views, experience and knowledge. Indeed, as someone put it that this National Conference, ARDSICON 2015 hosted by Mumbai Chapter would be remembered for a long time to come as it “has set a standard for others to emulate”.

The conference was very well-attended by professionals, from both overseas and India, in medicine, nursing, social sciences, families having patients affected by dementia, caregivers as also many senior citizens. The scheduled programme started with Mrs. Vidya Shenoy, Secretary General of ARDSI and also Hon. Secretary of Mumbai Chapter, hosts of ARDSICON 2015, inviting Dr. Jacob Roy Kuriakose, Hon. Vice-Chairman of ADI, Founder ARDSI and Patron, ARDSICON 2015 who spoke on ‘A Global Challenge of Dementia’ followed by Mrs. Meera Pattabiraman’s presentation, Dementia: India’s Hands-on Strategy: Looking Ahead’ by National Executive Director, Mr. Narendhar. Mumbai Chapter President, 86-year ‘young’ and active Mr. C. G. Thomas, credited Mumbai Chapter’s steady progress to Vidya’s capabilities, passionate and committed efforts that have proved to be a game-changer in the history of Mumbai Chapter.

Dr. Jacob Roy Kuriakose expressed his views on the remarkable efforts in putting this ARDSICON 2015 together and confidence in Mumbai Chapter’s future endeavours being a success, too. Chief Guest, Deputy Mayor of Mumbai, Mrs. Alka Kerkar who inaugurated the Conference lauded consistent and tireless efforts of Mumbai Chapter. She also formally released the ARDSICON 2015 souvenir and WAM Report Newsletter. Honoured guests were felicitated by Mr. Thomas Cherian, Treasurer Governing Body of ARDSI and Nandini Devendra, staff of Mumbai Chapter.

Parallel sessions were held in two halls and topics covered include: nursing, domiciliary geriatric day and night care, home care for dementia in India and its challenges, protective factors in the Indian context, legal and medical aspects, addressing challenges of dementia, its evaluation and care, well being, psycho therapeutic interventions for impaired disorders in secondary and tertiary care, music, evidence-
based models and how we can make India dementia-friendly. Topics never covered before included sexuality and integrated medicine: effects of alternative therapies with Indian herbs, Yoga, spiritual aspect of dementia. An interesting ‘Three-year Plan and its Strategy- Vision for India’ was presented by Mr. Narendhar, Executive Director, ARDSI National Office.

The cultural programme was thoroughly enjoyed and admired by all delegates, more so as they were performed by the blind students and special children from the Victoria Memorial School for the Blind, VMS Learning Centre and children from economically backward areas. Mime artists gave stunning acts and well-known professional whistler performed to both English and Indian numbers. Students of Bombay YMCA performed typical Maharashtrian folk dances, LEZIM with impressive pyramid building and KOLI (fisher folk), were novel to most delegates.

The closing function concluded with a Vote of Thanks proposed by Ms Vidya who made a special mention of the support extended by Mumbai Chapter, the role of dementia patients, their families and caregivers for the successful progress of ARDSI activities. Ensuing, a special pledge was taken by all participants led by Mr. Narendhar, to reiterate that healthcare is a human right, without exception, which must be reflected at every level of healthcare. This was in celebration of Patient Solidarity Day, December 5. Thereafter, Dr. Satyapal Goswami of ARDSI, Mysore Chapter invited all present to the next ARDSICON scheduled to be held at Mysore in November 2016. Dr. Ashok Shetty, Dy. Director of the Bhaktivedanta Hospital and Research Institute, Mumbai who gave a talk on ‘Spirituality in Geriatric Care’, on request.

Encouraging goodwill and support messages came from the Hon. Chief Minister of Maharashtra, Mr. Devendra Fadnavis, His Excellency the Governor of Maharashtra, Ch Vidyasagar Rao, Hon. Health Minister, Mr. Deepak Sawant, Hon. Finance Minister, Mr. Sudhir Mungantiwar and Deputy Mayor of Mumbai, Mrs. Alka Kerkar. Indeed a great privilege and honour!

The guidance, continuous support and words of encouragement of Dr. Jacob RoyKuriakose, Mrs. Meera Pattabiraman along with the entire Governing Body of ARDSI, Mr. Narendhar of the National Office, Administrative Office, Managing Committee and our staff, NandiniDevendra of ARDSI, Mumbai Chapter, speakers, delegates and all the professional and amiable staff of the venue, Mayfair Banquets, made the National Conference a big success. The ARDSICON 2015 effervesced some new thoughts for action that are seriously being mulled upon. It is only time that will tell how it can be implemented.

With hearty Greetings of a fantastic 2016 filled with good health, renewed hope and enthusiasm to each of you from all of us at the Mumbai Chapter!

Sincerely
Secretary General, ARDSI
Hon. Secretary, ARDSI, Mumbai Chapter
M- 9757095327. Email- vishvidya9@gmail.com

World Dementia Council

The reconstituted World Dementia Council had its first meeting on the 25th of February 2016 at London. The expanded council has 23 full members and associate members from AGE UK, European Commission, OECD, WHO and Young Leaders Network. Dr. Yves Joanette took over as Chair from Dr. Dennis Gillings and Raj Long became Vice Chair.

The Council will provide strategic leadership across priority areas and work with other stake holders to achieve the following objectives:

- Identify priorities in the global action against dementia aimed at development and delivery of an effective means of disease modification by 2025
- Help to identify and drive the actions required to minimize the burden of dementia for those with, or at risk of, the disease and their carers; and
- Ensure a positive impact is made on tackling dementia with regard to risk reduction, the development of and access to effective pharmacological and non-pharmacological treatments and interventions, and the provision of safe, high quality and affordable care, support for those with a diagnosis and their carers across the world.

The council along with the Executive team will develop business plans in the areas of finance, integrated development, research, care and risk factors. Objectives and deliverables in each area will be set and a detailed work plan formulated which will take cognizance of timelines, milestones and risks together with working groups and group leaders to drive delivery. The working groups will work closely with governments, countries and others active in priority areas and assist them in delivering the required actions through sharing its leadership, and insights.

Chairperson’s (ARDSI) update on Asia Pacific Conference 18 -21 November, 2015.

The 18th Asia Pacific conference of ADI was held at Manila in the Philippines from 18 to 21 November 2015. The theme of the conference was “From Lab to Home: Alzheimer’s disease in the 21st century”. Ma Socorro Martinez, the President of the Alzheimer's Association of Philippines
played the perfect host and organised an excellent conference. The scientific sessions were of high standard with eminent speakers from various parts of the world. The topics were well chosen and reflected a judicious blend of medical and care giving issues that covered all aspects of dementia care and management.

Three members from ARDSI participated in the conference and came back with good memories and enriched experiences. I had the privilege of presenting a paper on Dementia Friendly Communities in India at the workshop moderated by Mr. Glenn Rees, and chairing a session ‘Psychosocial and Legal Issues in Dementia’. Mrs. Vidya Shenoy, did a poster presentation on ‘Alternate Therapies with special emphasis on Yoga’. Mr. Premkumar Raja from the Bangalore chapter actively participated in the conference and used this opportunity to visit and study how dementia centres are run in the Philippines and Singapore. The conference came to a close with the Fellowship dinner which was a visual delight. It was a spectacular show where many of the consultants in neurology and psychiatry as well as other professionals put on their dancing shoes and dressed in exquisite costumes, exhibited their talents. Representing their respective institutions and college, they danced their hearts out to a variety of themes and competed for the best team.

Newspaper Coverage of Dementia in India: Highlights from a Desk-Based Study
By Swapna Kishore

Everyone agrees that public awareness of dementia needs to be better, but is it improving? Unable to locate studies on awareness levels, I conducted a desk-based study of newspapers to get some insight to understand how Indian newspapers spread awareness on dementia and related care.

High lights of the Study

To select the newspapers to study, I used published readership and circulation figures and identified the top three Hindi newspapers and the top three English newspapers. Next, I located articles where newspaper readers may encounter the word dementia. I used multiple searches to find online articles containing the words “Dementia” or “Alzheimer” (English and Hindi spellings).

The searches yielded 234 articles from the 3 Hindi newspapers, covering everything available online across all years (count for 2015: 78). Search results were much higher for English newspapers; I therefore focused on the year 2015. I obtained 419 articles from the top three English newspapers for 2015.

In total I studied around 650 articles.

Types of Articles:
The most common article type was the wellness/research report article; typically these articles mentioned dementia but contained no explanation for laypersons (e.g., mention of beta-amyloid plaques doesn’t tell readers what symptoms to watch out for). Event reports were an important category in terms of quantity. These mostly bunched around WAD, but while many event reports contained prevalence data, advocacy, and celebrity names, only a few explained dementia and care. News items that contained the word dementia (celebrity news, information on books, movies, etc.) also usually just mentioned the word without any explanation. The category where most articles contained at least some useful information was the general articles.

Mention of dementia (or AD) increases familiarity with the terms and implies a serious medical condition. However, mere mention of dementia in an article cannot increase awareness unless supplemented with a good base of usable, non-stigmatizing information on dementia and care giving. Most articles stayed at the one-word mention level or merely added a shorthand phrase (typically “memory loss” or “एची बोधन शक्ति”). Some other phrases used were “age-related”, “cognitive decline”, “neuro - degenerative disorder”, and “mental illness”. Unfortunately, only some articles included information and illustrations that could improve a reader’s understanding of how dementia impacts a person and their family.

Articles ignored or barely mentioned things like the range of changed and difficult behaviors, progression and duration of dementia, the critical role of care, and what caregivers need to learn and plan for. Misleading statements should be low.

As per my subjective assessment, around 9% of the articles were reasonably useful. This is approximately 2-3 such articles per year per newspaper in Hindi, and 12-14 such articles per year per newspaper in English. Even put together, these “useful” articles missed many important aspects of dementia and care. I consider this distressingly low.
Misinformation, myths, exaggerated claims, misquotes and misleading headlines were common. Some articles could even lead to harmful beliefs, decisions and stigmatizing. Suggestions for useful and better advocacy:

1. Counter misleading information, myths, and use of dementia or AD to mock others. Build public opinion against stigmatizing before the stigma is too entrenched to reverse.

2. Improve the overall quality and quantity of coverage in all newspapers. Use every occasion to spread usable information about dementia and care in understandable language. Use e-interviews if possible to make the reporters’ job easier and less error-prone.

3. Improve visibility for family experiences of dementia. Talk about the critical role of care, the planning and work it requires, and where to get support. Help reporters reach caregiver interviewees.

4. Actively aim for visibility in Non-English newspapers. Develop terminology in Indian languages that is easy to understand, non-stigmatizing, and yet does not dilute serious dementia problems.

More detailed findings, observations and suggestions are presented as two-part blog entry online. The first part is at https://swapnawrites.wordpress.com/2016/02/03/newspaper-coverage-dementia-india-part-1/and includes link to the second part.

For other information refer websites http://dementiacaarenotes.in and http://dementiahindi.com for caregivers. Contact Swapna Kishore: cyber.swapnakishore@gmail.com

Human Brain and Brain health
Dr Sen Varghese Kallumpuram
Dr Sen trained as a psychiatrist at NIMHANS Bangalore and is currently a Consultant in Old Age Psychiatry working within the National Health Service, United Kingdom.

Background: Whether you are young or old, big or small, Indian or American it is our brain that defines you as a person. It is this blueprint in you that gives you your identity, keeps you alive and kicking, that helps you to understand this cosmic world and even define God. It even tries to explore its own consciousness whilst carrying on working as ‘normal’. Human brain is distinct from other mammals and with its highly developed forebrain helps you to think logically thus enabling us to explore, understand and rationalise and make appropriate decisions based on a situation. It is an extremely complex organ capable of managing all our physiological functions, biological needs, behaviour and even our emotional and spiritual needs.

The 4-D Brian: The four dimensions of brain, the anatomical and functional dimension, behavioural dimension, cognitive dimension and the spiritual dimension- all of which are in unison and inseparable.

The anatomical and functional dimension: Human Brain is a white cheesy structure, protected by a bony structure called skull, bathed and buffered by the cerebrospinal fluid, weighs around 1.3 kilograms and is nourished by a rich supply of blood vessels. It extends itself via the spinal cord and a complex network of neurons throughout the human body thus making us able to see, hear, smell, touch and enjoy taste. This power house uses roughly a quarter of all the calories we consume. It has several parts, the largest of it being the cerebrum. The other main structures are the cerebellum, mid brain, pons and medulla oblongata. The anatomical and functional dimensions are interconnected and could be explained further using the analogy of the modern computers.

The hardware and software: Our brains are super computers and probably through the evolutionary process it evolved and became highly sophisticated. It is made up of billions of neurons and trillions of neuronal networks called synapses. We may consider this as the hardware (Brain structures). We also have several neurotransmitters which are chemicals that send and receive information across these neuronal networks. We can consider this as the software (Mind). Until recently scientists were unable to understand the importance of these networks and the functions of neurotransmitters. The focus was mainly on conditions that results from any damage to the hardware (e.g. stroke, bleeds or tumors). With the recent technological advances especially functional Neuroimaging we are in real time, able to explore the functions of this super computer and unravel the mysteries of brain biology and learn how the damage of a component part or errors in neuronal networks could result in changes in human behaviour and cognitive functioning.

The behavioural dimension: Human behaviour is very complex and sometimes very difficult to understand- why is someone behaving the way he is behaving and how does it change minute by minute or situation to situation. Over the years we have understood that any change in the neurotransmitter equilibrium could result in a change in the behaviour of an individual. Fortunately now we are at least able to alleviate these distressing symptoms of psychotic and neurotic illnesses through psychotropic medication.

The cognitive dimension: The higher order functions of intelligence, attention orientation, memory, language, visuospatial awareness and executive functioning constitute the cognitive dimension of human brain functioning. With the advances in healthcare, humankind has been able to extend their longevity of life, changing the demography to have older people in the society. This has lead to another challenge where, we are living longer but unable to maintain our cognitive functions to cope with the complexities of the day to day life. Memory impairment due to ageing, mild cognitive impairment and dementias of various types are due to a decline in the cognitive functioning of our brain.

Spiritual dimension: This is a dimension which is not given much attention in the contemporary world. Since the start of
the human civilizations, we understood that there are certain aspects of our everyday life we do not have any control over. Life and death, climatic changes were examples. Humankind thought of supernatural powers and believed in a deity or God who is capable of controlling the nature and thus our lives.

Brain Health: By 2030, there will be over a million centenarians (those over 100 years of age) in the world. The studies done among centenarians have helped us to understand to some extend how we can continue to keep our brain healthy. The Okinawa Centenarian Study is a study of 600 centenarians of Okinawa, Japan over a period of several years. This study is funded by Japan’s ministry of health, is the largest of its kind ever carried out. They enjoy the longest life expectancy in the world and enjoy relatively good health. The three leading killers the coronary heart disease, stroke and cancer occur with the lowest frequency among these elderly population. They are less likely than westerners to get dementia. On an average they spend 97% of their lives free of any disabilities. There are multitudes of genetic, biochemical, environmental and dietary factors which may have led to their better quality of life.

The WHO’s healthy ageing policy encourages everyone to keep their mind and body active, eat a healthy balanced diet, try to reduce stress, enjoy good sleep keep other parameters in control. Probably we can hope that in the years to come it will help us to run our brains smoother like a well maintained engine of an old car and enjoy a better quality of life.

The projected increase of dementia in the region of West Bengal shows 150 to 200% change in the dementia population. Started in 1999 and adjudged Best Chapter twice nationally. The founder Member Smt. Shefali Chaudhuri at the age of 84 decided to look beyond her personal loss, when her daughter at 52 had dementia, and started on this mission. The chapter is endowed with a rich multi-directional expertise devoted to its mission and strives to deliver a wide range of activities & services to meet all the unique needs of the person with dementia and their family members.

The centre has reached out to over 3000+ families in the region with variety of care & support services.

ARDSI Kolkata also enjoys a long-standing strategic collaboration with a leading geriatric service provider of Australia, Southern Cross Care (WA) Inc., which provides valuable state-of-the-art knowhow and financial support to the Society.

Here are 2 beneficiary stories on what they have to say:

About our day-care centre service;

“For me the center is a very bright place. Prasun, with his diminishing prowess, is very happy here. Mentally, I am also an improved person now. I know he is getting trained and specialized care there. Seeing the innovative ways the center care givers deal with my husband, I get a confidence of adjusting my dealings with my husband.”

-Mrs Sipra Sen Gupta, wife and primary care giver of a person with Alzheimer’s disease attending the ARDSI Kolkata Dementia Daycare Centre.

About our Homecare Center Service:

“I am failing to express my feelings of how I was counselled and comforted, how I was relieved of my stress at a time of my great distress. And the benefits for my husband are beyond my expectations and comprehension.”

– Mrs Anjulika Roy, wife and primary care giver of a person with fronto-temporal dementia receiving our homecare service

ARDSI Kolakata’s Expansion Plan includes (i) setting up dementia treatment & care facilities in different localities in Kolkata city and suburbs, (ii) setting up 24x7 dementia respite centre, (iii) setting up a single-window central service hub where all dementia services can be accessed and which will be the source of all dementia information and administration, (iv) Conducting research work and studies in dementia with particular emphasis on West Bengal and Eastern India.

Javagal Srinath shares his personal story

When well known, well liked celebrities speak about social issues it strikes a chord with the public. It is common knowledge how public revelation of the diagnosis of Alzheimer’s disease of world leaders like Ronald Reagan and
Margaret Thatcher helped to bring the condition more to the attention of public and governments. When celebrities whom we identify with talk about serious issues it receives an additional weightage. We express our sincere gratitude to Javagal Srinath one of India’s most successful bowlers and an international cricketing figure, who spoke about his father who has been diagnosed with dementia. He shared his thoughts during the event organized by ARDSI-Bangalore Chapter in association with Nightingales Centre for Ageing and Alzheimer’s. As the Chapter reports ‘the audience was very moved when he shared his personal journey with the disease. He spoke of his own father who is now in the advanced stage of Alzheimer’s disease and how because of lack of awareness in the early stage they were unable to recognize and get the necessary help and support. He was all praise for the nursing staff whose patience and dedication towards patients affected by this disease provides families with immense comfort during a very tough time’.

The first and the most important step in making our communities dementia friendly is to improve the awareness among all sections of the society. We are sure that, by Srinath choosing to speak about the condition in public has done a huge service to further bring the condition into the public eye.

Testimony

Francis J. Kalarickal
Director, Online Advertising, Global Media Insight

My name is Francis J. Kalarickal. I live in Dubai for the convenience of my business. My mother has been attending the ARDSI club for 5 months. I see a great amount of improvement in her now. Her joy level has increased considerably. She also started having a peaceful, sound sleep, which was not the case before. I should say she is able to carry out normal day to day activities and this has brought much relief to our family.

Caring of Elders gives me High Job Satisfaction

Latha Joseph
Administrator, Care Centre projects ARDSI, National Registered office, Cochin

My experience as a carer in dementia dates back to the demise of my mother in law after 2 years of struggle with dementia in 1999. I inspired her 2 years in my life for caring her without much knowledge about Alzheimer’s disease and it was a stepping stone for me to work in dementia care. Ever since I started my association with ARDSI, I have faced a lot of challenges which I believe have managed successfully.

The most shocking experience was my own English professor’s admission to the ARDSI day care centre as a patient. I never recognized who this person was, when his notes appeared on my desk. When I wrote the personal details in the case file, I was shocked to realize this was my professor whom I admired a lot in my life. I was in tears! It was a very personal and sad moment, I was emotional! But within an hour, my experience and professional judgement took charge.

Each day comes with new challenges. The carers should think divergently to find ways to calm down patients in distress. The needs and demands of each person are different. We have people in different stages of dementia in our care centres and for us, the person is more important than the symptoms or age. We believe the admission should be to help the families struggling to care. Age shouldn’t be a bar.

I take this time to thank all formal and informal care givers and the managers for their committed and unconditional work. I may say to all the caregivers, to feel blessed for the work you have done at the end of the day –because you will often think it as a thankless job. Make sure, you look after yourself as well.

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Caring of Elders gives me High Job Satisfaction

The Voice of a Carer from Chennai

My name is Maheshwari alias Jaya, aged 29 years. I’m a school dropout not because I did not like school but my parents could not afford to educate all children in the family. Since then, as a young adolescent I’ve been trying my hands in various kinds of jobs to support myself and my family. Every job has its own positives and negatives. But being a woman I was in seek of a secure job. Fortunately, I attended a 4 Month Geriatric Certificate Course on one month of internship in a hospital setting with Geriatric Care. Subsequently, as I liked my experience, I am working as a bedside assistant/caretaker in Chennai for the past 4 years and catered to the needs of 8 elderly patients until their life time. The money I earn is definitely helping me and my family members to meet the ever growing expenses in the family. This job of caretaking the elders give me abundant satisfaction, self-confidence and give a purpose to my life.

In this job, I have learnt to serve others with love, care and sincerity; how to make an upset mind to become cheerful; how to reduce the anger, how to provide hygienic, clean and healthy environment. Etc.

I get lots of happiness and mental satisfaction in this job whereas I didn’t get the same in other jobs. I love saving elders and I will continue to involve myself in this job wholeheartedly. I urge other youth seeking a job to choose this area of elder care as it gives feeling of security and lots of job satisfaction.
Information about the speakers can be found on the conference website at:
The programme overview can be found at:
Discounted early bird registration fees closes on 12 April.
Reduced registration fees available for attendees from Low and Middle income countries.

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