

## Symposium

📅 2025年9月28日(日) 13:10 ~ 14:40 🏢 Session Room 1 (Main Hall A)

**[Symposium 92] Community Care for Dementia Patients**

Moderator: Huali Wang (Peking University Institute of Mental Health), Narei Hong (Daon Clinic)

[SY-92]

**Community Care for Dementia Patients**

Narei Hong<sup>1</sup>, Huali Wang<sup>4</sup>, Jin Narumoto<sup>2</sup>, Kae Ito<sup>3</sup> (1.Daon Clinic(Korea), 2.Kyoto Prefectural University of Medicine(Japan), 3.Tokyo Metropolitan Institute for Geriatrics and Gerontology(Japan), 4.Peking University Institute of Mental Health(China))

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[SY-92-01]

**17 years of Long-Term Care Insurance System of Korea for Dementia Patients**

\*Narei Hong (Daon Clinic(Korea))

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[SY-92-02]

**Community-Based Dementia Care in Japan: The Kyoto-Style Orange Plan and the Long-Term Care Insurance System**

\*Jin Narumoto (Department of Psychiatry, Graduate School of Medical Science, Kyoto Prefectural University of Medicine(Japan))

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[SY-92-03]

**Between Autonomy and Interdependence: Ethical and Sociological Dimensions of End-of-Life Care in Japan**

\*Kae Ito (Tokyo Metropolitan Institute for Geriatrics and Gerontology(Japan))

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### [SY-92] Community Care for Dementia Patients

Narei Hong<sup>1</sup>, Huali Wang<sup>4</sup>, Jin Narumoto<sup>2</sup>, Kae Ito<sup>3</sup> (1.Daon Clinic(Korea), 2.Kyoto Prefectural University of Medicine(Japan), 3.Tokyo Metropolitan Institute for Geriatrics and Gerontology(Japan), 4.Peking University Institute of Mental Health(China))

キーワード : Geriatric Psychiatry、dementia、community psychiatry

As geriatric population grows steadily, the population of dementia patients follows the change of population. In modern era, the family members of dementia patients cannot provide sufficient care for the patients. And also, there are more elderly patients with dementia without family members or care giving support in family.

Dementia is the specific area not only for treatment but also care giving and community help. And Dementia patients need more community service nowadays. There are many systems to take care of dementia patients in many countries.

In this symposium, four presenters will introduce various community care system for dementia patients in Japan, China and Korea.

Specifically, the presenters will introduce the experiences of building a dementia friendly community in Kyoto through the long-term care insurance system, implementing social prescribing in the nationwide dementia care and prevention initiative in China and changing view of care for dementia patients with long term care service system in Korea. Also, the ethical and sociological aspects related to end-of-life care issues in Japan will be dealt with. And through presentation and discussion, we can collaborate and improve each system from three countries.

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**[SY-92-01] 17 years of Long-Term Care Insurance System of Korea for Dementia Patients**

\*Narei Hong (Daon Clinic(Korea))

キーワード : Long-term care、Dementia、Aged

Korea has been well known for rapidly aging country. Korean society changed to super-aged society. At 23<sup>rd</sup> December, 2024, the population of elderly in Korea, who are older than 65 years, reached 20% and Statics Korea estimated that it will be 37.3% of total population in 2045. By this rapid change, the elderly who need care and recuperation, and the period for the care have been duly increasing rapidly. Also, the change of family structures reduces traditional role of family in caring the elderly. The financial state of National Health Insurance also becomes burdensome because of the increase of medical expenses of the elderly. Through this trend, in 2008, Korea introduced universal and public Long-Term Care Insurance System managed by the National Health Insurance Service for the whole nation. It can comprehend various services for the elderly including home- and institution-based care. At first, the system had focused for the elderly with impairment in activities of daily living. However, the needs of long-term care service for many elderly with cognitive impairment and decent health status was directed attention. In 2014, Long-Term Care Insurance System in Korea expanded the coverage for elderly with dementia by addition of a 'Dementia Special Grade'. In this grade, the elderly and their family can use special long-term care services such as brief cognitive rehabilitation service at home or shorter terms using of day time care facilities. Still the grading systems or specific services for elderly with cognitive impairment in Korean Long-Term Care Insurance System need expanding in quantity and improving in quality.

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### [SY-92-02] Community-Based Dementia Care in Japan: The Kyoto-Style Orange Plan and the Long-Term Care Insurance System

\*Jin Narumoto (Department of Psychiatry, Graduate School of Medical Science, Kyoto Prefectural University of Medicine(Japan))

キーワード：Dementia-Friendly Community、Long-Term Care Insurance (LTCI)、Public-Private Partnership

Japan is facing a super-aged society, with over 29% of its population aged 65 or older. As the prevalence of dementia continues to rise, building a dementia-friendly community has become a national priority. In response, Japan has developed a range of policy measures, including the Long-Term Care Insurance (LTCI) system and locally driven initiatives such as the Orange Plan. This presentation introduces Japan's approach to community-based dementia care, with a particular focus on the "Kyoto-Style Orange Plan," a collaborative model developed in Kyoto Prefecture. The LTCI system, launched in 2000, provides care services based on need rather than income, supporting aging in place through home- and community-based services. It enables early access to care for individuals with dementia and supports caregivers through a structured care management system. Building on this foundation, Kyoto has implemented its own regional dementia policy: the Kyoto-Style Orange Plan. This initiative emphasizes intersectoral collaboration among healthcare professionals, care providers, government agencies, businesses, and community volunteers. Key components include dementia awareness campaigns, the training of dementia supporters, the development of dementia care pathways, and support for early diagnosis and decision-making. A distinctive feature of the Kyoto model is the engagement of diverse stakeholders, including private companies, in dementia-friendly initiatives. Companies declare specific actions to support people with dementia, such as adapting services, providing staff training, and participating in community education. These actions are coordinated through the Kyoto Dementia-Friendly Cross-Industry Partnership, which fosters innovation and social responsibility. By integrating national policy with local creativity, the Kyoto-Style Orange Plan offers a replicable model of community-based care. This presentation will highlight its structure, outcomes, and potential relevance to other aging societies facing similar challenges in dementia care.

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**[SY-92-03] Between Autonomy and Interdependence: Ethical and Sociological Dimensions of End-of-Life Care in Japan**

\*Kae Ito (Tokyo Metropolitan Institute for Geriatrics and Gerontology(Japan))

キーワード : End of life care、autonomy、interdependence、decision making、older persons

In Japan, end-of-life care has long been shaped by cultural values of familial obligation and emotional interdependence. Historically, it was customary for older persons to die at home, cared for by family members—a tradition rooted in centuries-old laws and social norms. However, since the mid-20th century, Japan has seen a marked shift toward hospital deaths, now accounting for approximately 75% of all deaths, despite many expressing a preference to die at home. Recent national surveys reveal a complex picture: while many older adults consider end-of-life care important, few discuss it with their families, and even fewer document their wishes. The predominant concern is not pain relief or dignity, but the fear of being a burden. Complicating this is the Japanese tendency to believe that mutual understanding can be achieved without explicit communication—a belief that leads to significant mismatches between older persons' expectations and their families' knowledge. As Japan grapples with global principles such as patient autonomy and advance care planning (ACP), tension arises between legal norms, clinical practices, and cultural realities. Although ACP is gaining attention, actual implementation remains low. Moreover, legal frameworks emphasizing individual autonomy often clash with the collectivist ethos that values family harmony over personal assertion. This presentation explores the ethical and sociological challenges Japan faces in aligning culturally embedded interdependence with evolving norms of autonomous decision-making. It also examines how these dynamics affect policy, clinical practice, and the well-being of older adults. Ultimately, it invites reflection on how culturally sensitive approaches to end-of-life care can be developed.