



Abstract

Middle Eastern nations have certain cultural, social and monetary attributes in common with similar aspirations. The proportion of elderly in the Region is projected to rise with enhancement of the health care services in the area. The forecast is that in 35–40 years, the young

mental Status Examination (MMSE), clock drawing tests, and caregiver interviews were regulated both before and at 3 months after full cobalamin substitution treatment.

The theory that intellectual change was reliant on the span of cognitive symptoms. Following at least 12 months of cobalamin treatment, 40 of 56 patients uncovered cognitive amelioration.

There was a conspicuous connection between length of intellectual manifestations and reaction to treatment. Patients symptomatic for <12 months picked an average of six points on the MMSE (combined t test P=0.0065), while patients symptomatic >12 months picked up four points (matched t test P=0.25). Six patients symptomatic for just 3 to six months standardized their MMSE scores, increasing 1, 2, 3, 6 and 9 points, individually. The author reasoned that there might be a period-constrained window of chance for successful intercession in patients with cognitive decline and low serum cobalamin [13].

In another study on community care for elderly in the Eastern Mediterranean region by WHO 600 patients were studied during 10 weeks period. In the Lebanese samples using the different dementia scales 3.7% of the sample were demented. The percentage was higher as the age of the patient increases it reached a plateau at age 95 years.

In another community study that involved centenarians in Lebanon as part of larger World wide study. A total of 100 patients were studied for various genetic parameters, in addition to demographic and health conditions. The age 100 Age range 98 years to 105 years with a mean of 100.5 years. The prevalence was 3.4% with an average age of diagnosis being 90 years and absence of dementia after 100 year. The patients were relatively healthy, functional and independent.

There are urgent future needs at the level of health services, education, training and research. The changing monetary and increasing relocation trends lead to the projection that the procurement of long term care will be an imperative piece of health care preparation [1,9-13]. Without precedent for the Middle East the Social Service Association a NGO in the north of Lebanon with a 300 bed geriatric and psychiatric facility, began the first inpatient Alzheimer unit completely furnished with 13 beds and inside greenery enclosure. The author initiated this unit in 2009.

Health Care workers and experts at all levels have gotten practically zero preparing in the care of the elderly. While trying to cover the crevice, the Middle East Academy for Medicine of Aging was established to invigorate the advancement of health care services for the seniors in the area. Various educators and professors from the Middle East and Europe built it up. The Model of MEAMA was taken from the European Academy for Medicine of Aging. The first course took place between 2003 and 2005. The course has been developed with 4 sessions, on each of 4 days that cover essential subjects of wellbeing related issues in seniors [14]. So far five cycles of courses has occurred.

Additionally, Middle East Association for Age and Ageing and Alzheimer's (MEAAA) was set up with a specific end goal to bolster different events in the field of ageing and Alzheimer's disease. At present the affiliation has representation from a few nations in the Middle East. A number of online journals were as well lunched to help promoting the ageing academic field and to encourage research in the area including,

the Middle East Journal of Age and Ageing (ME-JAA) in 2004 and the Middle East Journal of Psychiatry and Alzheimer's. Furthermore the Middle East Network on Aging Research (MENAR) was established in 2006 and is linked to a number of international organizations dealing with elderly issues including InterRAI international. The objective of the MENAR is to empower further research in the field of ageing.

There is a clear need for better support for aging research in general and for dementia related issues in particular. There is a requirement to design adequate services for the senior population in the region. These