

Why ageing India needs a dementia plan

SWAMINOMICS

SWAMINATHAN S ANKLESARIA AIYAR



I am 84 years old and face the inevitability of death. Ideally, I would like to die peacefully in my sleep, without pain. But the chances are growing that I will instead slide into dementia, lose my memory,

fail to recognise my nearest and dearest, find strange people in my home who say and do things I cannot understand and ignore my protestations. I could find myself bewildered, frightened and helpless, unable to comprehend what is happening.

This terrifying prospect was brilliantly captured in the 2020 film 'The Father', for which Anthony Hopkins won the Oscar for Best Actor. Hopkins plays an elderly man whose world gradually disintegrates as dementia takes hold. Familiar faces become unfamiliar. His home changes around him. People appear, disappear, and contradict one another. He cannot distinguish reality from confusion.

At the end, he cries out for his mummy. He has become as helpless and powerless as a small child. A nurse comforts him and suggests — indeed, decrees — that they prepare for an afternoon walk. The man who once controlled his destiny has lost control of everything, including himself.

This is more frightening than death.

We discuss cancer, heart disease, diabetes, and pollution endlessly. We celebrate medical advances that promise to keep us alive into our nineties and beyond. But we are reluctant to discuss the possibility that longer life may mean years of dementia, helplessness and costly dependence on relatives who gradually come to regard us as an expensive lump of flesh that refuses to go away.

This is not merely a personal nightmare. It is a rapidly growing social crisis that India is scarcely prepared to confront.

Dementia — of which Alzheimer's disease is only a part — has become a leading cause of death in Britain. In England and Wales, it accounted for 12.7% of all deaths in 2025, and an astonishing 16.5% of female deaths. In the US, dementia accounted for almost 10% of deaths in 2024. Many more, of course, had dementia, but their cause of death was listed as cancer, pneumonia, or other medical problems.

India's mortality data are far less reliable. A nationally representative study, using data collected between 2017 and 2020, estimated dementia prevalence at 7.4% among people aged 60 and above. Applying that rate to population estimates, researchers calculated 8.8 million cases in 2016 and projected the number could reach 16.9 million by 2036 if prevalence remains unchanged.

This is the paradox of medical progress. We have become increasingly successful at preventing premature death, without fully acknowledging that as people live longer, de-



MIND GAMES: Anthony Hopkins shows the brutal reality of living with dementia in 'The Father'

mentia cases will rise. Medical science has added years to life without necessarily adding life to those years.

New Alzheimer's drugs can modestly slow cognitive decline in selected patients diagnosed early. They cannot cure dementia or restore a severely damaged brain.

The financial implications are enormous. But money is not the central issue. The real issue is the loss of dignity and personal autonomy.

In India, we glorify the joint family as a wonderful system of social security. Yet caring for a person with advanced dementia can be a full-time occupation lasting years. Patients may wander away, become agitated, forget to eat or need help with bathing and toileting. The burden typically falls on women — wives, daughters, and daughters-in-law — who may sacrifice careers, savings, and their own health.

Urbanisation, migration, and smaller families are undermining this traditional arrangement. Children may live in Bengaluru, Dubai, or New York while elderly parents remain in small towns.

The rich can afford professional nurses, retirement communities, and luxurious residential facilities. They can buy comfort, medical attention, and round-the-clock supervision. But can they buy dignity or independence?

A rich dementia patient may live in five-star accommodation and still be effectively imprisoned. Doors may be locked to prevent wandering. Staff may decide when the patient eats, sleeps or bathes. Visitors may be restricted. The patient may be safe, but safety can become another word for captivity.

This raises the most difficult question of all. How do we protect people who can no longer make sound decisions without depriving them of the freedom and dignity they retain?

The Centre launched a National Programme for Health Care of the Elderly in 2010, but this covers all geriatric illnesses without a dedicated dementia programme. Kerala has pioneered dementia-specific services, while Karnataka has established 32 district-level brain health clinics. Yet a 2025 review found that India still lacked a national dementia plan, dedicated funding, and measurable targets. We have national missions for everything from solar power to semiconductors. Why not for dementia too?

At 84, I would welcome a few more good years. Can medical progress and a caring govt save me from the fate of Hopkins's character in 'The Father'? ■