



Portugal

**Population**

10,296,000

Area90,996 km²**Capital**

Lisbon

3 largest cities

Lisbon (553,000)

Porto (238,000)

Vila Nova de Gaia
(187,000)**Neighboring countries**

Spain

1. Migration history
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1. Migration history

Three major emigration periods occurred in Portugal. The first lasted the whole 19th century and continued into the 1960s. More than two million people left the country, mainly to Brazil, and the US [1-3]. During the second cycle between the 1950s and 1974, the same number of people emigrated, mainly to France and Germany. The third cycle started in 1985 and continues to the current day. With the EU accession in 1986, emigration was even more concentrated towards other European countries (especially Germany, Luxembourg, and Switzerland) [1, 2]. Since the 1970s, immigration to Portugal has also become more important. This was caused by the decolonisation processes in the PALOP states. PALOP stands for países africanos de língua oficial portuguesa and is an informal acronym that designates African countries in which Portuguese is the official language. In the mid-1970s more than half a million people came to Portugal from Cape Verde, Angola, Guinea-Bissau, and Mozambique. Between the mid-1980s and late 1990s, rising labour demand and EU accession led to the emergence of a new migration cycle. The main regions of origin of foreigners with legal residence in Portugal during and after this period (1981, 1991, 2001) were Africa, America (especially Brazil), and Western Europe. Since the end of the 1990s, immigration from Eastern Europe, especially Ukraine, the Russian Federation, Moldova, and Romania, has also increased. Portugal has

been a country of emigration for centuries, but in recent decades it has also developed into a country with increasing immigration. In this context, the close links to the Portuguese diaspora and the former colonies play an important role. Central characteristics of recent migration history are temporary emigration to other EU member states [3], seasonal immigration for agriculture or tourism, temporary immigration in the form of rising student migration, and long-term immigration due to labour migration and family reunification [1]. In 2013, Angola (161,400), Brazil (138,700), France (93,800), Mozambique (72,500), and Cape Verde (61,500) were the countries of origin of the largest migrant groups [4]. At present, Brazil, Cape Verde, Romania, and Ukraine are the most common countries of origin [5]. A specific ethnicity within the migrant population, which represents a relevant community in Portugal and is particularly affected by problems of disintegration, social exclusion, and discrimination, is the gypsy community [6]. Compared to 2017, the number of foreign residents increased by 13.9% in 2018. The largest increases occurred in the populations of people from European countries, Brazil, Angola, China, and Guinea Bissau [5]. Between 1990 and 2019, the population of the migrant population and its proportion in the total population roughly doubled (435,800 to 888,200; 4.4 to 8.7%) [7]. As of 2020, the net migration rate is -0.6 [8].



2. Estimated number of people with a migration background with dementia

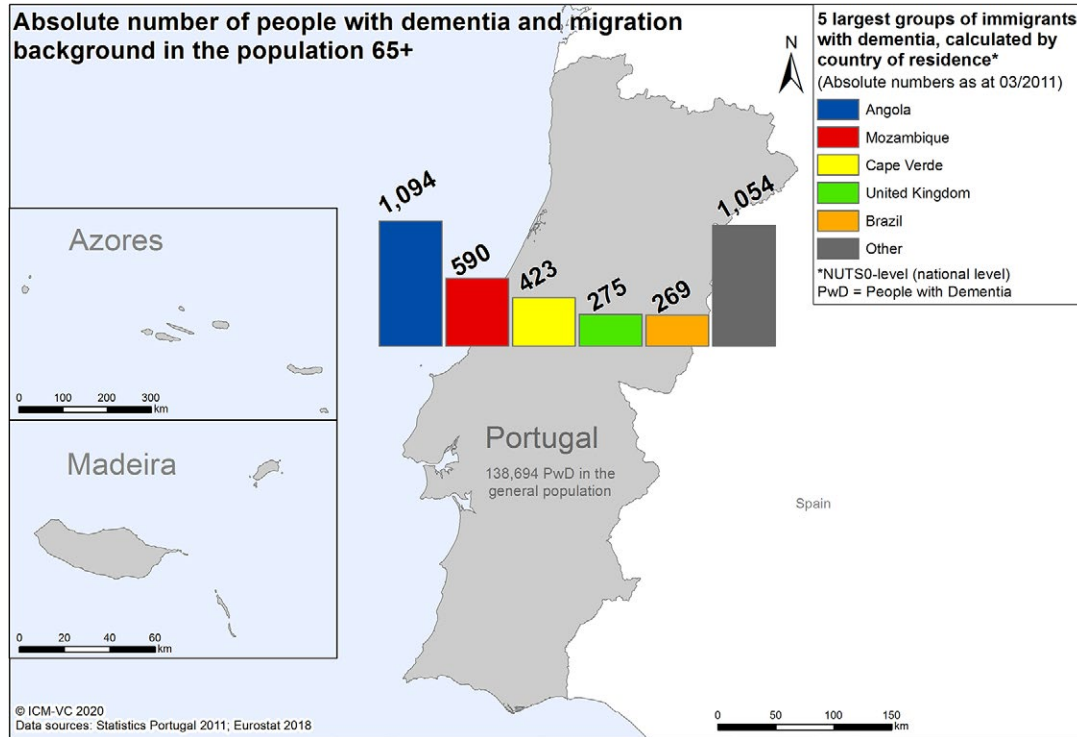


Fig. 3.7.25.1: Absolute number of PwM with dementia aged 65+ (Portugal – Nation)

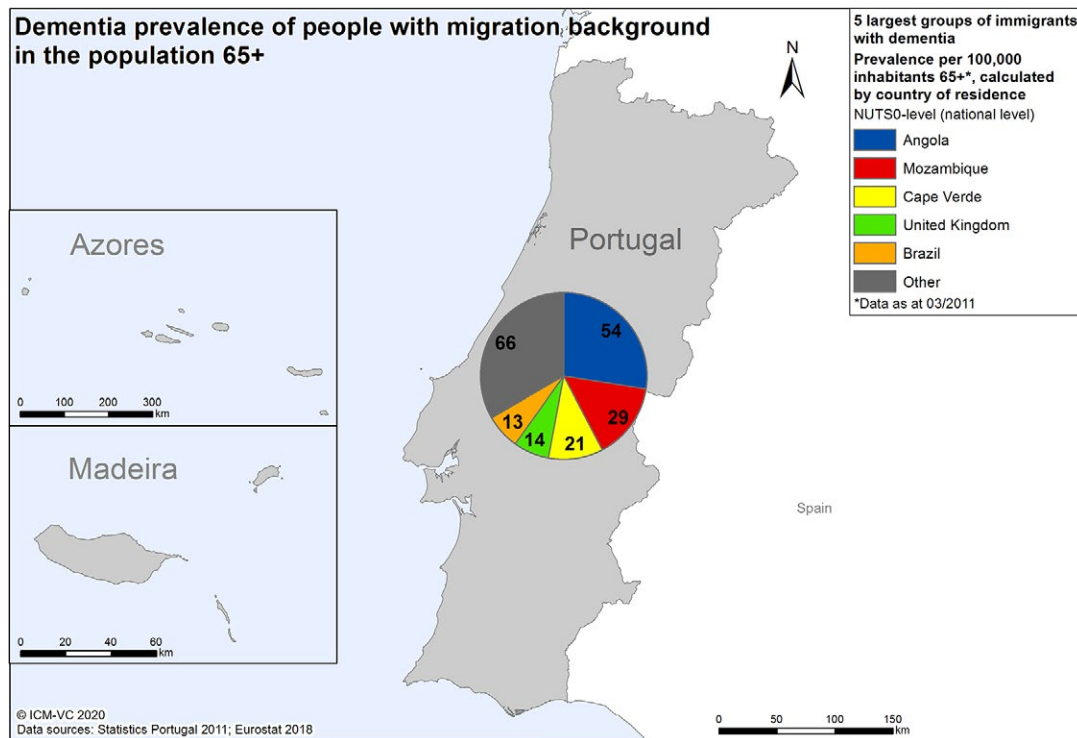


Fig. 3.7.25.2: Prevalence of PwM with dementia among the population aged 65+ (Portugal – Nation)



Portugal

Tab. 42: PwM with dementia: Absolute numbers, prevalence among PwM aged 65+, and prevalence among overall population aged 65+ (Portugal – Nation)

NUTS	Total	PT	1. largest group	2. largest group	3. largest group	4. largest group	5. largest group	Other
Absolute Numbers								
Portugal	138,694	134,720	AO 1,094	MZ 590	CV 423	UK 275	BR 269	1,054
Prevalence/10,000 inhabitants with migration background 65+								
Portugal	24,076	-	AO 190	MZ 102	CV 73	UK 48	BR 47	230
Prevalence/100,000 inhabitants 65+								
Portugal	6,900	6,702	AO 54	MZ 29	CV 21	UK 14	BR 13	66

Data source: Statistics Portugal (2011)

There are 57,600 PwM aged 65 or older. Of those, approx. 4,000 are estimated to exhibit some form of dementia. Figure 3.7.25.1 shows the most affected migrant groups presumably originate from Angola (approx. 1,100), Mozambique (approx. 600), Cape Verde (approx. 400), United Kingdom (approx. 300), and Brazil (approx. 300). The second highlights shows the number of PwM with dementia in Portu-

gal per 100,000 inhabitants aged 65 or older (figure 3.7.25.2). Table 42 displays the values depicted in the maps on the national level. The following maps show the distribution of non-migrants with dementia and PwM with dementia from Angola, Mozambique, Cape Verde, United Kingdom, and Brazil throughout the country in the NUTS2 regions (figures 3.7.25.3 – 3.7.25.8).

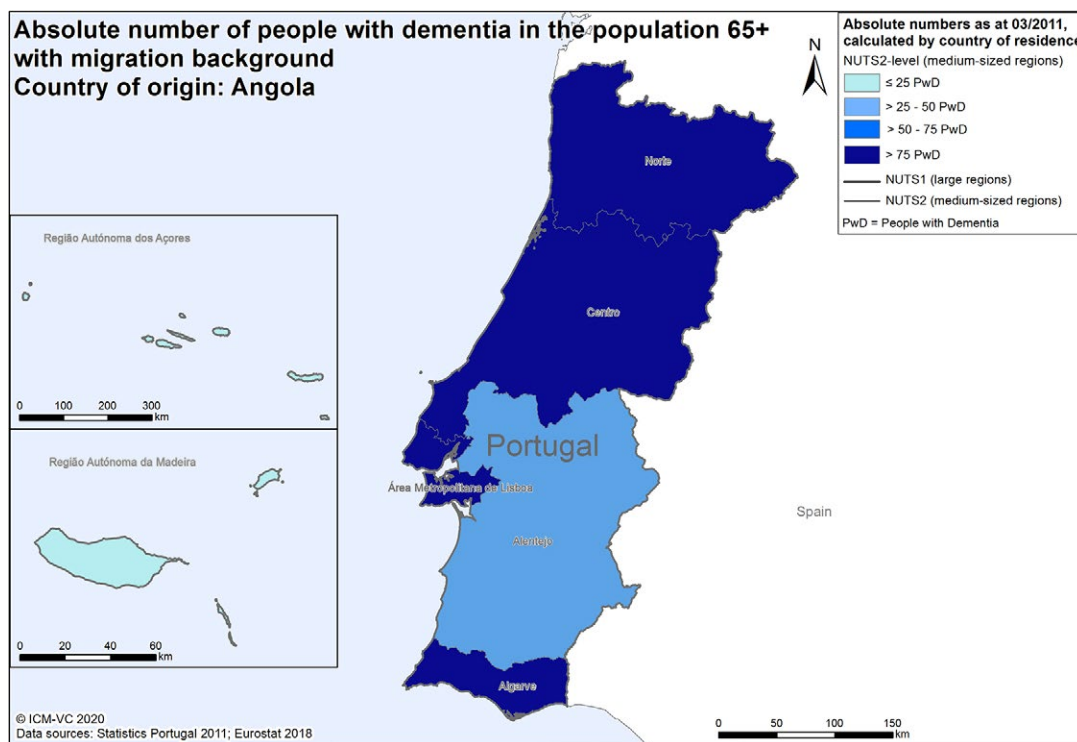


Fig. 3.7.25.3: Absolute number of PwM with dementia aged 65+. Country of origin: Angola (Portugal – NUTS2)

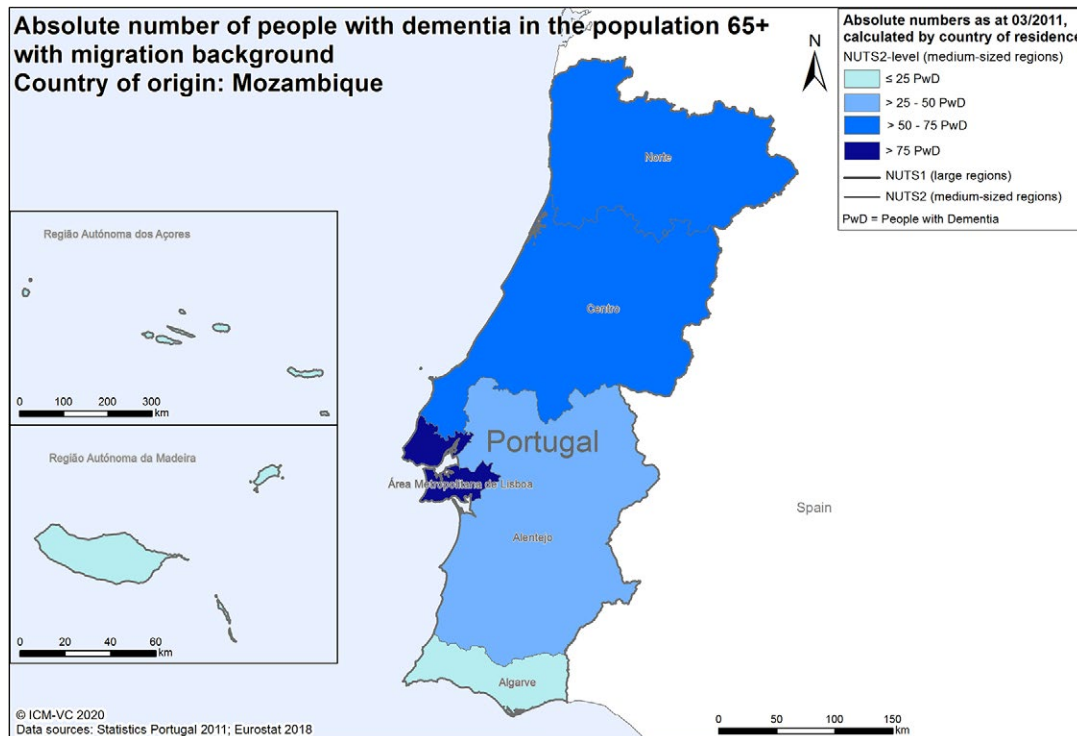


Fig. 3.7.25.4: Absolute number of PwM with dementia aged 65+. Country of origin: Mozambique (Portugal – NUTS2)



Portugal

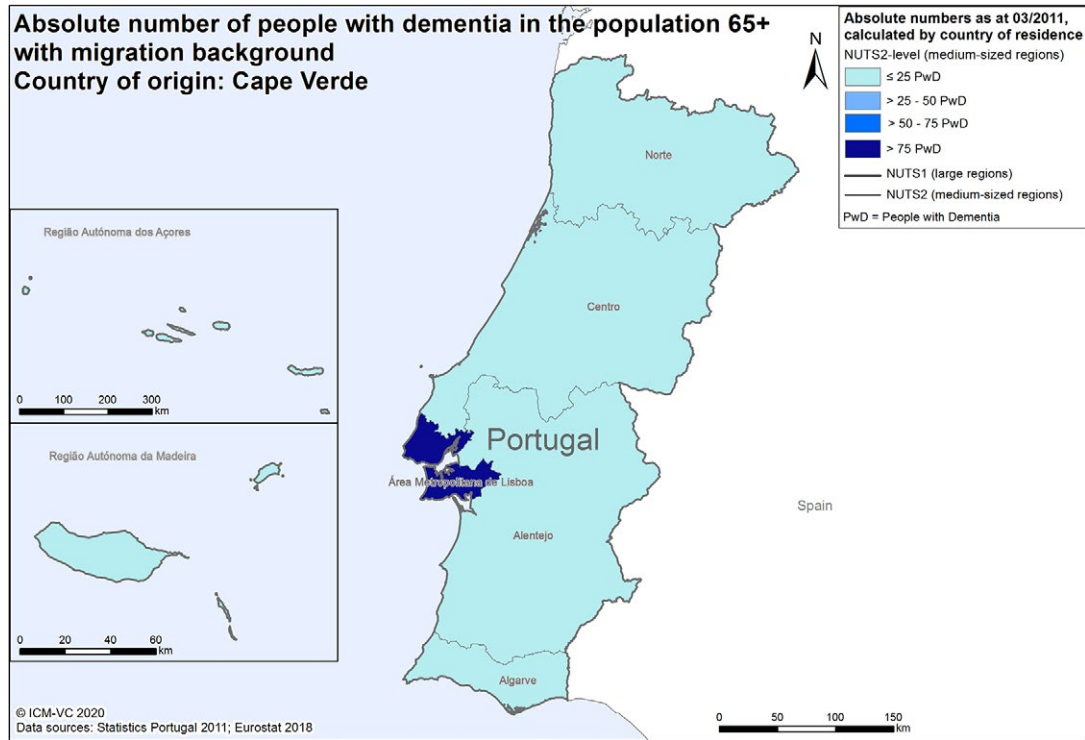


Fig. 3.7.25.5: Absolute number of PwM with dementia aged 65+. Country of origin: Cape Verde (Portugal – NUTS2)

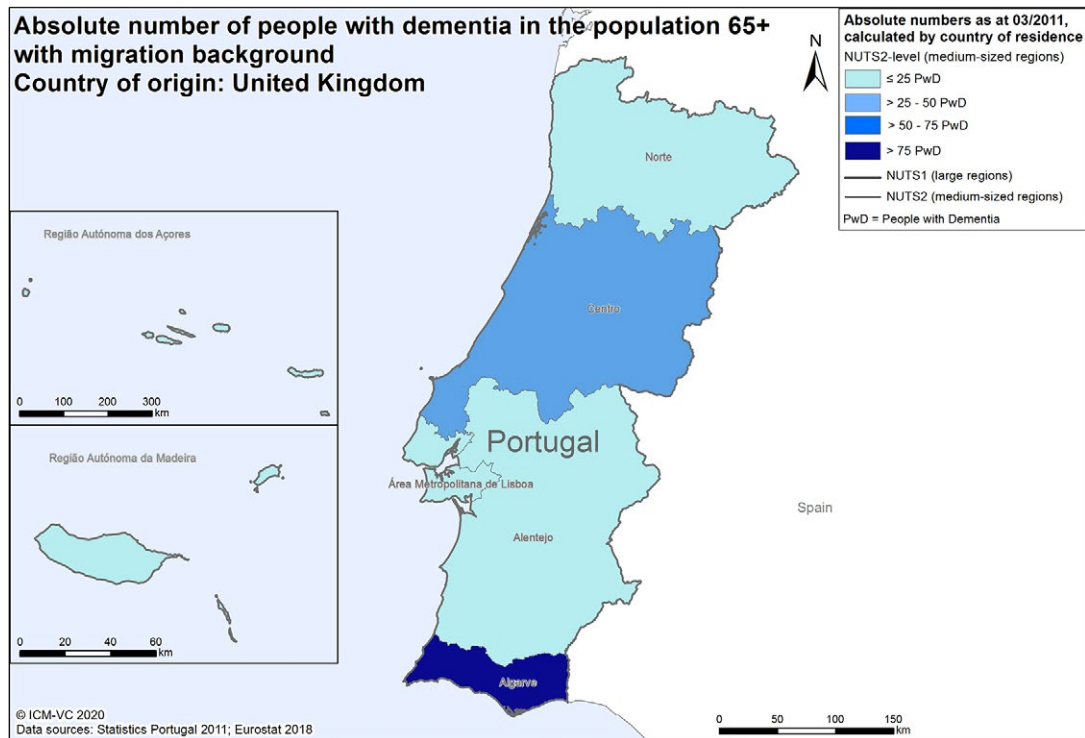


Fig. 3.7.25.6: Absolute number of PwM with dementia aged 65+. Country of origin: United Kingdom (Portugal – NUTS2)

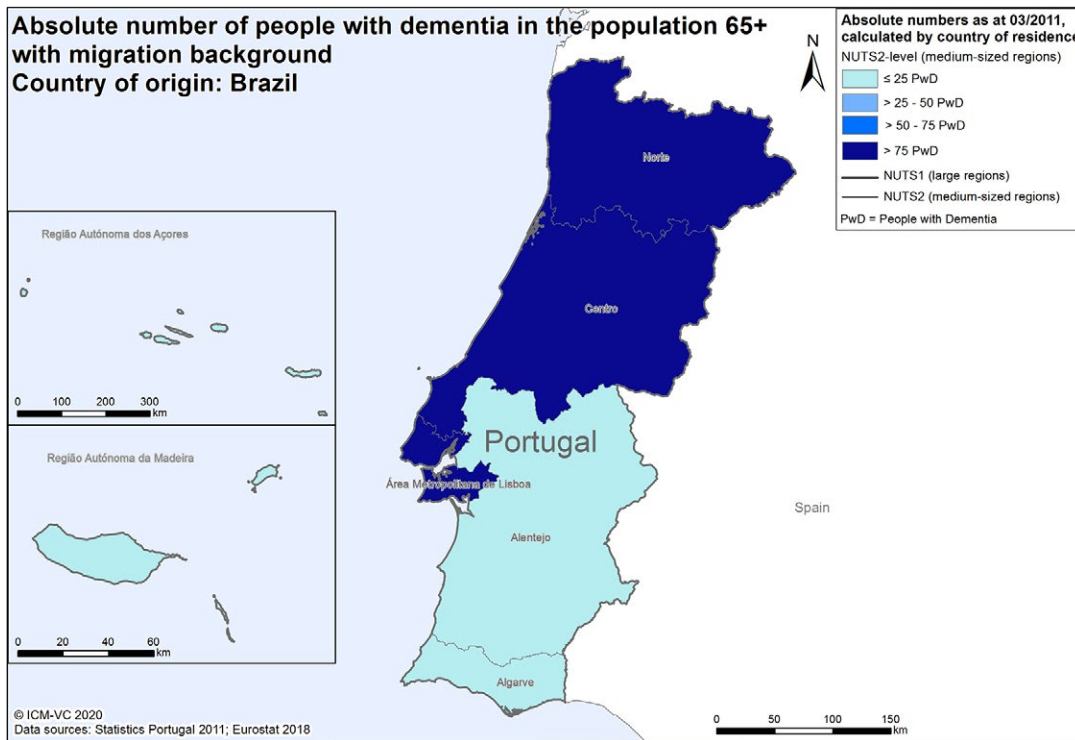


Fig. 3.7.25.7: Absolute number of PwM with dementia aged 65+. Country of origin: Brazil (Portugal – NUTS2)

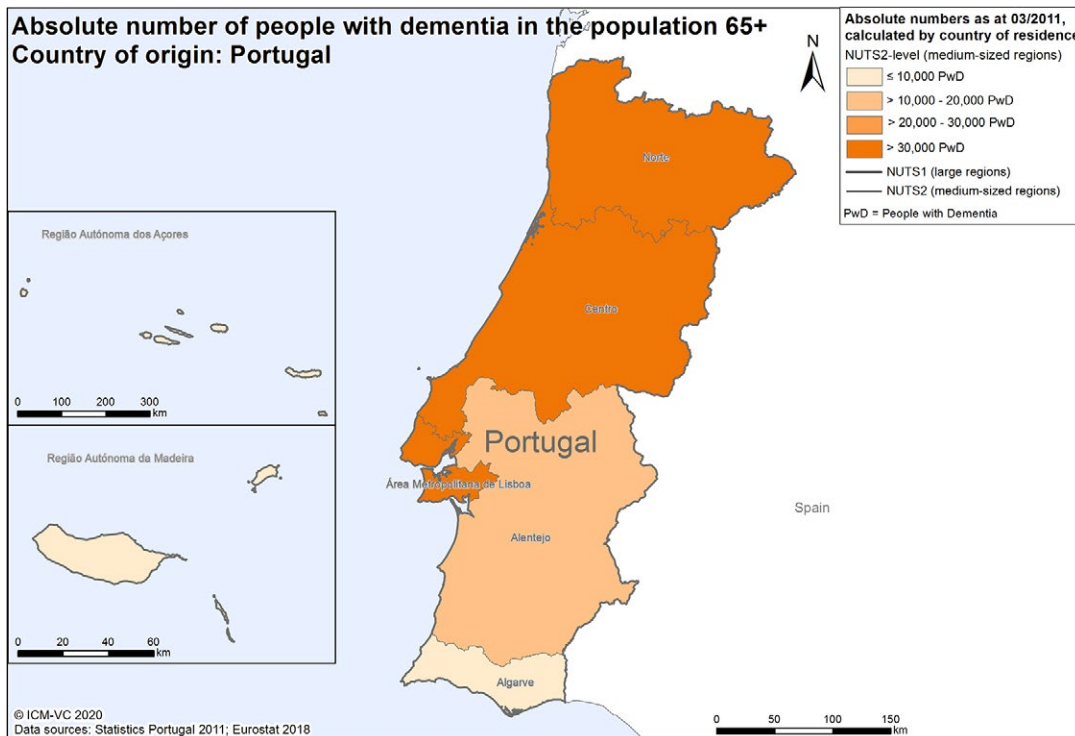


Fig. 3.7.25.8: Absolute number of people with dementia aged 65+. Country of origin: Portugal (Portugal – NUTS2)



Portugal

The graphics below highlight which immigrant groups are estimated to be the most affected at the NUTS2 level. The first map illustrates the absolute numbers of PwM with dementia in the NUTS2 regions (figure 3.7.25.9). The

second graph shows the number of PwM with dementia per 100,000 inhabitants aged 65 or older in the NUTS2 regions (figures 3.7.25.10). The values from the NUTS2 level can be found in table 43 [9-11].

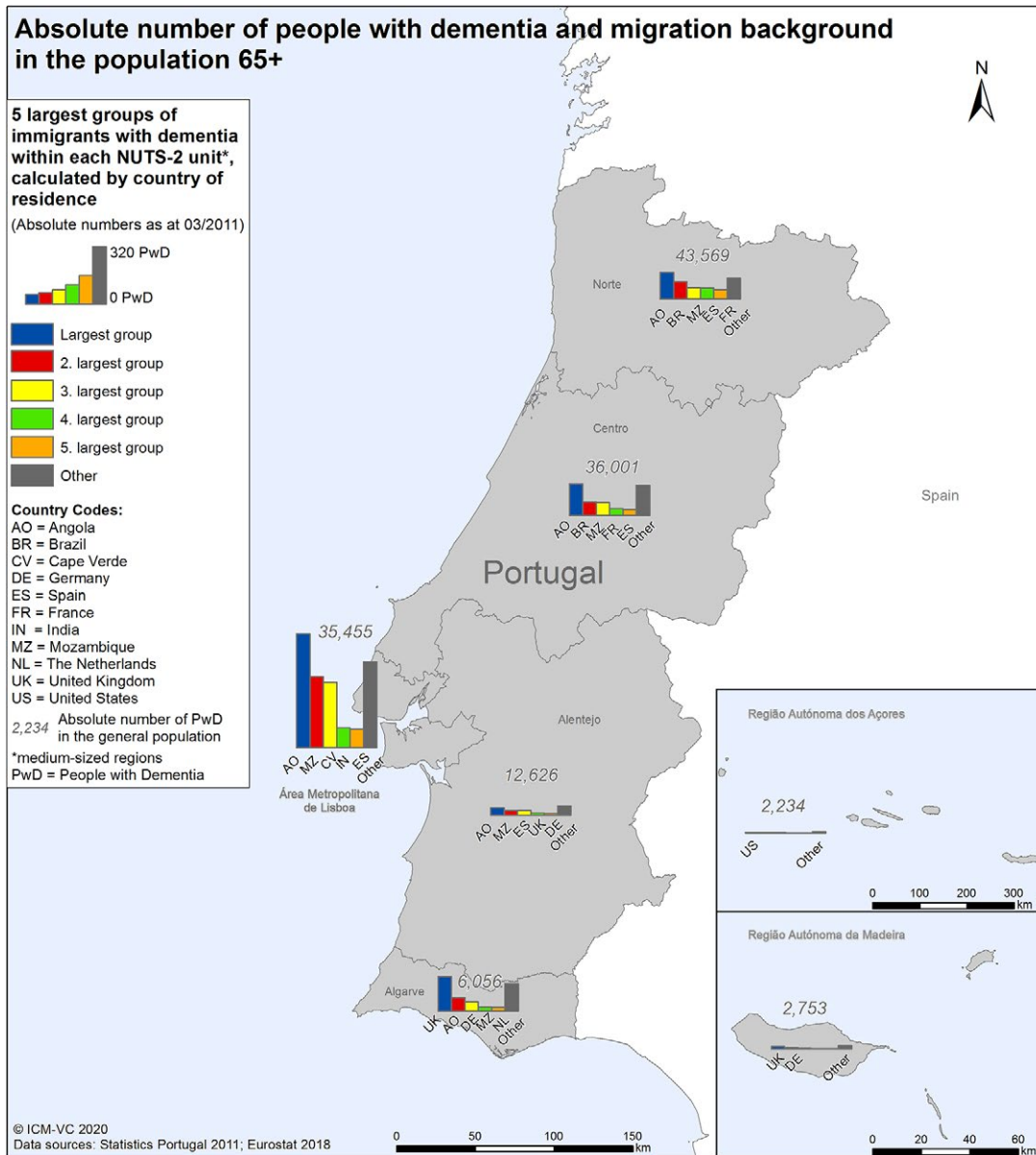


Fig. 3.7.25.9: Absolute number of PwM with dementia aged 65+ (Portugal – NUTS2)

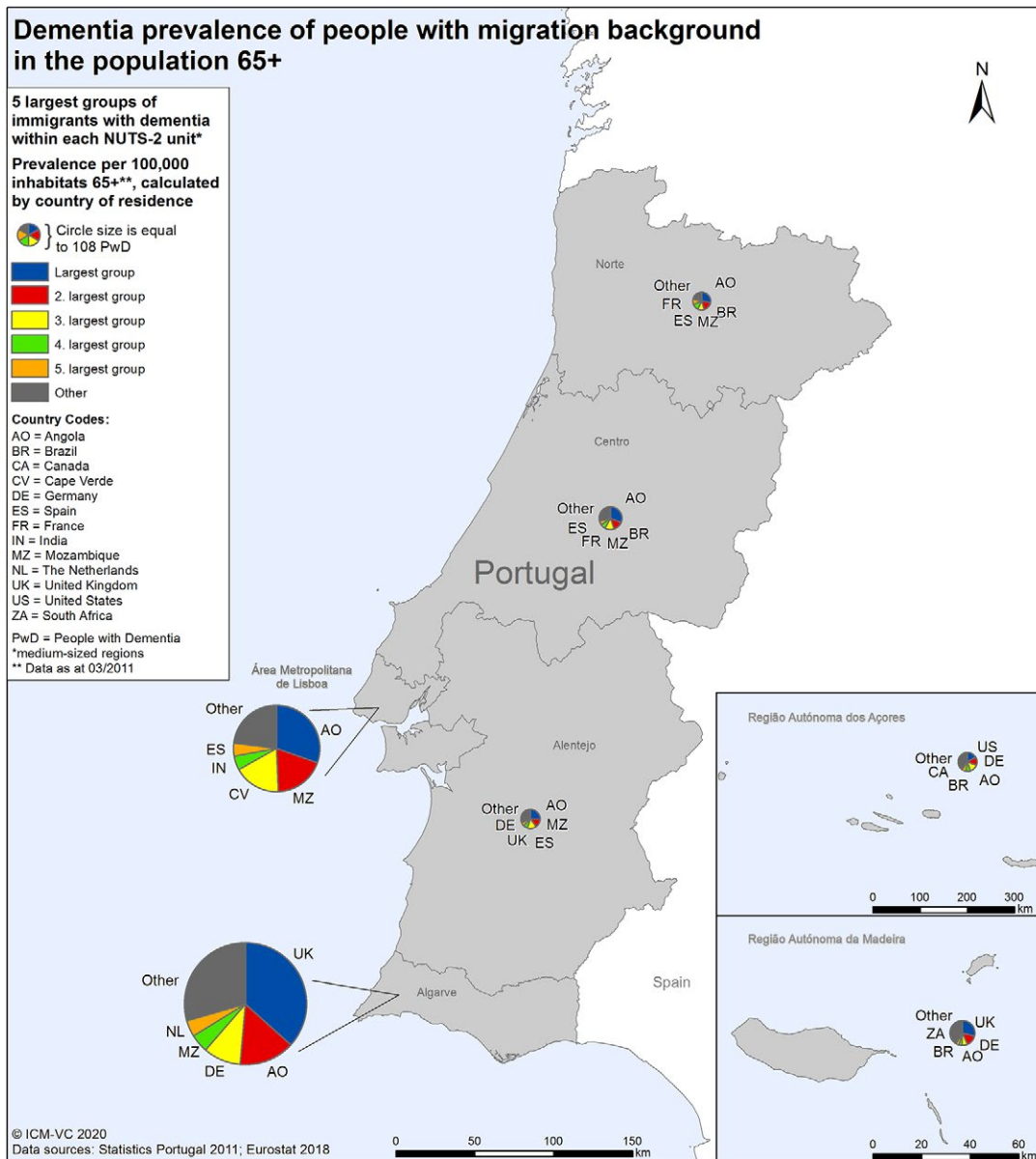


Fig. 3.7.25.10: Prevalence of PwM with dementia among the population aged 65+ (Portugal – NUTS2)



Portugal

Tab. 43: PwM with dementia: Absolute numbers, prevalence among PwM aged 65+, and prevalence among overall population aged 65+ (Portugal – NUTS 2)

NUTS	Total	PT	1. largest group	2. largest group	3. largest group	4. largest group	5. largest group	Other
Absolute Numbers								
Norte	43,570	43,030	AO 149	BR 97	MZ 63	ES 62	FR 52	117
Algarve	6,060	5,550	UK 187	AO 75	DE 51	MZ 24	NL 22	150
Centro	36,000	35,440	AO 176	BR 76	MZ 73	FR 37	ES 33	168
Área Metropolitana de Lisboa	35,460	33,340	AO 644	MZ 403	CV 371	IN 112	ES 104	486
Alentejo	12,630	12,460	AO 42	MZ 25	ES 25	UK 12	DE 10	52
Região Autónoma dos Açores	2,230	2,210	US 5	<5	<5	<5	<5	11
Região Autónoma da Madeira	2,750	2,710	UK 14	DE 7	<5	<5	<5	20
Prevalence/10,000 inhabitants with migration background 65+								
Norte	55,644	-	AO 191	BR 123	MZ 81	ES 79	FR 67	149
Algarve	8,199	-	UK 254	AO 102	DE 68	MZ 33	NL 30	203
Centro	44,075	-	AO 216	BR 93	MZ 89	FR 45	ES 41	206
Área Metropolitana de Lisboa	11,545	-	AO 210	MZ 131	CV 121	IN 36	ES 34	158
Alentejo	52,391	-	AO 175	MZ 105	ES 103	UK 50	DE 40	217
Região Autónoma dos Açores	53,575	-	US 114	DE 101	AO 96	BR 56	CA 46	276
Região Autónoma da Madeira	40,189	-	UK 198	DE 103	AO 45	BR 29	ZA 28	286
Prevalence/100,000 inhabitants 65+								
Norte	6,900	6,814	AO 24	BR 15	MZ 10	ES 10	FR 8	19
Algarve	6,900	6,319	UK 213	AO 86	DE 58	MZ 28	NL 25	171



NUTS	Total	PT	1. largest group	2. largest group	3. largest group	4. largest group	5. largest group	Other
Centro	6,900	6,792	AO 34	BR 15	MZ 14	FR 7	ES 6	32
Área Metropolitana de Lisboa	6,900	6,488	AO 125	MZ 78	CV 72	IN 22	ES 20	95
Alentejo	6,900	6,809	AO 23	MZ 14	ES 14	UK 7	DE 5	29
Região Autónoma dos Açores	6,900	6,811	US 15	DE 13	AO 12	BR 7	CA 6	36
Região Autónoma da Madeira	6,900	6,782	UK 34	DE 18	AO 8	BR 5	ZA 5	49

Note: Absolute numbers < 5 are not given for data protection reasons.

Data source: Statistics Portugal 2011

3. National dementia plan

For Portugal, a formal national dementia program and a policy-driven NDP could not be identified. In 2009, however, Alzheimer Portugal issued a 'National Alzheimer's Plan of Intervention' having 28 pages. It first provides general information on dementia, the prevalence of dementia, further relevant figures in Portugal, and the impact of Alzheimer's disease. Afterward, the importance of an NDP is discussed, the content of dementia plans from other European countries (i.e. France, England, and Norway) is described, and the European framework is highlighted. The middle part of the document focuses on principles and values as well as the vision and goal of the Alzheimer's plan before discussing the role of Alzheimer Portugal, various stakeholders, and policymakers in dementia care is addressed. Finally, the content of the Alzheimer's plan is presented. There, the focus is on the improvement of the quality of life of people with dementia and their caregivers through pharmacological and non-pharmacological interven-

tions; research on the causes of dementia; prevention and diagnosis of Alzheimer's disease; and the creation of a legal framework for, care, intervention, and research on people with Alzheimer's disease. In none of these topics, reference is made to PwM or the phenomenon of migration in general [12]. In addition, a general dementia strategy ('Despacho n.º 5988/2018', length: 8 pages) was published in 2018 as a result of a working group commissioned by the Ministry of Health. The strategy assigns primary care providers the tasks of: 1. early screening for cognitive impairment, 2. working with secondary care providers to enable integrated diagnosis and management of people with dementia, and 3. coordinating person-centred care for patients and families with health and social care community services. The topic of migration is not considered at any point [13]. In Portugal, civil society and political efforts are underway to develop dementia care strategies, but their implementation in national policy or an official NDP



is still pending. In contrast, no such efforts with regard to the topic of dementia and mi-

gration could be identified.

4. National dementia care and treatment guidelines

The Portuguese guideline document 'Therapeutic Approach to Cognitive Impairment' from 2011 is 21 pages long. First, it provides 18 recommendations with different degrees of evidence (A-C). Recommendations are given related to: the medical history as well as the physical and neurological examination of persons with suspected dementia, cognitive assessment, changes in behaviour and activities of daily living, identification of comorbidities, drug control, blood tests, clinical follow-up, the effectiveness and the advantages/disadvantages of different drugs, the treatment of underlying diseases (in vascular dementia) such as high blood pressure, diabetes and heart disease, and the control of psychological and behavioural changes. After the basic recommendations, detailed criteria are given for the diagnosis of dementia, the implementation of cognitive assessment, the evaluation of activities of daily living, the assessment of psychological and behavioural changes, the information and counselling of people with dementia and their families, cognitive rehabilitation, non-pharmacological/pharmaco-

logical approaches regarding psychological and behavioural changes in dementia and the support of caregivers. At the end of the document, two sections list measures to monitor and evaluate the implementation of the guidelines and provide information on scientific support for the development of the guidelines (i.e. which scientists and institutes were involved in the development). Accordingly, the Portuguese guideline from 2011 provides recommendations on the diagnosis of dementia, the assessment of the health and life situation of people with dementia, as well as the treatment of dementia and comorbidities. In none of these areas, recommendations are given for PwM with dementia or caregivers with a migration background [14].

The following parts on services and information for PwM with dementia, professional care and support for family caregivers are based on a conducted interview and reflect the experience and opinion of the experts. A selection bias in information and a discrepancy to results from the previous sections might ensue.

5. Services and information for people with a migration background with dementia

According to the experts, PwM are recognised as a vulnerable group by the healthcare system. Main vulnerable groups would be the Roma and the Gypsy communities. Still, the topic of dementia and migration is only partially seen as relevant at a regional and national level. However, if looking at dementia and migration separately, they are both considered as important. Normally, the topics are not men-

tioned in combination and there is no mention of PwM with dementia in official documents. In addition, the experts stated that research pays little attention to PwM with dementia. A possible reason for this could be that the idea of a relationship between mental health, aging and migration is quite new; usually the focus is on migration and infectious diseases. Whether PwM with dementia are treated as a group



with specific needs depends on the individual organisation or care professional. Healthcare providers and professionals do not make the distinction between PwM and non-migrants and PwM have access to mainstream healthcare services making the healthcare strategy in Portugal an integrative one. According to the experts' estimate, there are no specialised services for inpatient or outpatient care for PwM with dementia available. The experts noted

that some dementia-related services in Portugal provide adequately beneficial and effective care, regardless of the migration background of people, but these are only few and accessing them is problematic. Barriers to access are for example financial issues or transport as these services may only exist in the main centres. For migrants, language might be an additional barrier.

6. Professional qualification and people with a migration background in healthcare

Currently, in the field of medical education and in the social work field, culturally sensitive care is not part of the professional qualification as noted by the experts. However, there are some pilot projects aiming to incorporate intercultural care training into social work and healthcare education.

The experts stated that they do not have data on PwM working in inpatient and outpatient

care but based on perceptions their proportion would be low to moderate. They would mostly be originating from Africa and Eastern European countries. In the expert's estimation, such caregiver could be a great source for getting and staying in touch with migrant populations. Overall, the need for culturally sensitive care is only met partially, if at all.

7. Support for family caregivers

According to the experts, the family is a very important source of support. Religious institutions and small migrant associations play a very important role in support as well in terms of encouraging physical well-being, providing information, and facilitating access to social and healthcare services. Service providers have a moderate to high importance in supporting family caregivers.

The experts stated that there are differences regarding services and information for family caregivers of PwM and non-migrants with dementia. While there are some services that are helpful for non-migrants, PwM do not have any services that meet their needs. Therefore, there is a very high need for specialized services and tailored information for family caregivers of PwM with dementia.



8. References

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