

There are dementia patients in Gaza too

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Abstract

This editorial highlights the devastating impact of the ongoing Israeli military assault in Gaza on dementia patients, whose fragile care systems have collapsed, leaving them vulnerable and without essential medical support. Through harrowing stories of displacement, medication shortages, and tragic deaths, the piece underscores the profound moral failure in protecting Gaza's most vulnerable, calling for urgent global action to address the humanitarian crisis and ensure dignity and healthcare for all affected individuals.

Keywords

Alzheimer's disease, displacement, Gaza, medication shortages, military-assault affected regions, vulnerable populations

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We are at the stage where words have failed us; pens, paper, texts, phones, social media, tears, pleas, all seem to be too little to shake the blindness of the world's eyes and the deafness of its ears. For what can be said now, that has not been repeated for over eleven months and reverberated in every corner of the world? Yet even among these voices drowned out, there is one even more muffled and forgotten—that of people living with Alzheimer's disease or related dementias in Gaza.

Prior to the current escalation, dementia care in Gaza was a collaborative effort, with neurologists, psychologists, and psychiatrists investing considerable effort to establish a system, albeit not without its shortcomings due to multi-fold resource scarcity, to manage the intricate needs of patients.^{1,2} The collapse of this delicate network that patients relied upon, coupled with the destruction of essential infrastructure, has turned the already challenging task of managing dementia into an impossible one. Six clinics across the Gaza Strip, along with the psychiatric hospital within the larger Al-Nasr Medical Complex, provided essential services, including pharmacological management and specialized care. Today, both the psychiatric hospital and these clinics are either destroyed or out of service, leaving patients without the crucial support they need.^{3,4} The clinics in Khan Younis, for example, are no longer operational, forcing patients to seek care at Al-Nasser

Hospital—a facility ill-equipped to handle the influx of patients with disrupted drug regimens.

The result is a surge in exacerbated dementia cases, with many patients experiencing additional associated conditions

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such as depression, Parkinson's disease, or psychosis. The lack of consistent access to medication has only worsened the situation.⁵ Drugs that were once a cornerstone of dementia management, such as donepezil, rivastigmine, and memantine, are now either unavailable or in such limited supply that patients are forced to use unfamiliar alternatives. In addition to these cognitive enhancers, many patients relied on antipsychotic medications like risperidone and quetiapine to manage behavioral symptoms associated with dementia. However, the lack of access to these drugs has led to the use of more potent alternatives, such as haloperidol which has limited availability in Gaza, but also carries a higher risk of side effects. In one particularly harrowing case, a patient with Alzheimer's disease who had a history of psychosis arrived at Al-Aqsa Hospital suffering from neuroleptic malignant syndrome, a life-threatening condition triggered by antipsychotic medications like haloperidol. This patient required intensive care monitoring due to the risk of rhabdomyolysis and the potential need for intubation, resources scarcely available in the overwhelmed hospital handling an influx of acute trauma cases.

For Palestinians in Gaza, the loss of routine and familiarity is not a singular event but a recurring trauma, with multiple displacements exacerbating their cognitive and emotional deterioration.⁶ Consider the story of a 72-year-old man with dementia and psychotic features, who was displaced multiple times from his home. Deprived of his medication for three months, this patient's condition deteriorated rapidly. The repeated loss of routine and familiar surroundings left him agitated and anxious, screaming through the night and losing control over basic bodily functions, including urination. His family, unable to access supplies such as incontinence products, were left helpless as his health and dignity unraveled.

The challenges extend beyond those related to medications in delivering competent care.⁷ Managing dementia requires a stable environment, routine, and attentive care—elements that have been obliterated by the ongoing military assault. The constant evacuations, bombings, and overhead buzzing of drones have shattered any semblance of normalcy, further destabilizing already fragile patients.⁸ The burden on caregivers, who are struggling to survive in these dire circumstances, is overwhelming. Vulnerable dementia patients are also at heightened risk of contracting infectious diseases due to the shortage of essential medications, many of which are not prioritized amongst the limited supply permitted to enter the Strip, and they face the same exposure to strikes and injuries as the rest of the population.

Another tragic case involves a patient displaced to a tent camp near Al-Aqsa Hospital, who was lost in the chaos of overcrowding. His family, frantic and heartbroken, searched for him for days, spreading photos and offering rewards. Families have been hanging posters of pictures of Alzheimer's disease patients with contact numbers across hospital walls in desperate attempts to find their loved ones. Miraculously, this family found him in Khan

Yunis, 15 kilometers from his original home. But this story is an exception—many dementia patients have been lost, their fates unknown, as they wandered into the “red zones” marked for destruction.

Efforts to find these patients have been hampered by telecommunications blackouts across the strip.⁹ One Alzheimer's disease patient was mistakenly taken to Al Najar Hospital's emergency room by an ambulance after an airstrike. With no signal to contact his family, hospital staff had to keep him there until his relatives came searching for him.

In another heartbreaking case, a patient who had been repeatedly displaced could no longer endure life in a tent. He begged his family to return home, but the violence made it impossible. The stress of displacement, the loss of routine, and the unbearable conditions took their toll. One night, he went to sleep and never woke up again. His death is a stark reminder that for dementia patients, the mental and emotional toll of such upheaval can be just as lethal as any physical injury.

These stories are not isolated incidents; they are emblematic of the broader catastrophe befalling dementia patients in Gaza as the devastation of the healthcare infrastructure and accompanying violence has permeated every aspect of life.¹⁰ On December 25, 2023, 70-year-old Abu Yasser and his wife, both suffering from Alzheimer's disease, went missing after an Israeli leaflet warning of evacuation led their son to leave them briefly to arrange transport, only to return and find them gone. After a harrowing 20-day search, their son discovered that both parents had been killed by an Israeli missile while disoriented and lost, with their bodies eventually found and identified through civil defense efforts.¹⁰

People with dementia are even at risk of arrest and incarceration without due process, with multiple reports of torture and abuse in Israeli prisons.^{11–14} The Israeli newspaper Haaretz reported on 82-year old Fahamiya Khailidi, a woman with Alzheimer's disease, who was arrested at a school where she sought refuge after fleeing her home due to shelling, subsequently deemed an “unlawful combatant”, and held in Damon Prison for over a month without contact with her family or legal representation.¹⁵ Despite her release in January 2024, details surrounding her imprisonment and the treatment of other elderly detainees and those with dementia remain unclear, raising serious concerns about the treatment of vulnerable individuals in areas impacted by military aggression.

Patients who once relied on a fragile but functional network of care are now left to deteriorate in conditions that no human being should have to endure.¹⁶ There is scant available records on dementia patients in Gaza or populations in even remotely comparable situations across the globe, making any meaningful comparisons or extrapolations insufficient and difficult.¹⁷ As medical professionals, we are compelled to bear witness to these atrocities and to raise our voices in defense of those who cannot advocate

for themselves.¹⁸ The situation in Gaza is not just a humanitarian crisis; it is a profound moral failure.¹⁹ The right to healthcare, the right to dignity, the right to life—these are not luxuries but basic human rights that are being systematically denied to the people of Gaza, particularly its most vulnerable citizens.²⁰ The genocidal violence inflicted upon Palestinians in Gaza by Israel, as described by numerous academics, experts, civil society organizations, and UN reports, with a case to the effect being currently under review by the International Court of Justice, has left complex layers of destruction affecting every fragment of the human condition, reshaping the very fabric of survival and humanity in Gaza.^{21–25} We must adopt absolute moral clarity in our field to avert such calamities from occurring again.²⁶

Let us not forget that the measure of any society is how it treats its most vulnerable members. In Gaza, that measure has been found wanting. The world must not stand idly by as dementia patients, and countless others, suffer in silence. We must stand in solidarity with the people of Gaza and demand the creation of a sustainable, health-conscious living condition—for the sake of their future and the future of our shared humanity.

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Statements and declarations

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