

TUESDAY, JULY 15, 2014
FOCUSED TOPIC SESSIONS
FTS-01

THE GLOBAL ACTION AGAINST DEMENTIA LEGACY EVENTS:
TOWARD AN INTEGRATED FOLLOW-UP PLAN TO THE UK G8
SUMMIT ON DEMENTIA

FTS-01-01 INTRODUCTION TO THE GLOBAL ACTION
AGAINST DEMENTIA LEGACY EVENTS: TOWARD
AN INTEGRATED FOLLOW-UP PLAN TO THE UK
G8 SUMMIT ON DEMENTIA

Yves Joannette, *Canadian Institutes of Health Research, Ottawa, Ontario, Canada.*

Abstract not available.

FTS-01-02 FOLLOW UP TO THE G8 SUMMIT ON DEMENTIA:
THE CREATION OF THE WORLD DEMENTIA
COUNCIL AND GLOBAL ACTION AGAINST
DEMENTIA

Dennis Gillings, *World Dementia Council.*

Abstract not available.

FTS-01-03 GLOBAL ACTION AGAINST DEMENTIA LEGACY
EVENT: SOCIAL IMPACT INVESTMENT

Gillian Ayling, *Department of Health, Global Action on Dementia Social Care, Local Government & Care Partnerships Directorate, Leeds, United Kingdom. Contact e-mail: gillian.ayling@dh.gsi.gov.uk*

Background: The UK event, hosted by The Rt Hon Jeremy Hunt MP, Secretary of State for Health, brings together researchers, policy makers and financiers to introduce the work of the global Dementia Innovation Envoy who will draw together international experts to stimulate innovation and explore the possibility of a private and philanthropic fund for dementia; discuss which new financial models and social impact investment opportunities can be harnessed to invest in dementia prevention, research, care, and technology; share current models, knowledge and experience; and encourage data sharing.

FTS-01-04 GLOBAL ACTION AGAINST DEMENTIA LEGACY
EVENT: HARNESSING THE POWER OF
DISCOVERIES—CAPITALIZING ON THE
SYNERGIES BETWEEN ACADEMIA AND
INDUSTRY

Etienne Hirsch¹, **Yves Joannette**², ¹*AVIESAN - Alliance Nationale Pour les Sciences de la vie et de la Santé - Institut Thématique Multi-Organismes Neurosciences, Sciences Cognitives, Neurologie, Psychiatrie, Paris, France;* ²*Canadian Institutes of Health Research, Ottawa, Ontario, Canada. Contact e-mail: etienne.hirsch@upmc.fr*

Background: This joint Canada- and France-led Event will provide a forum to explore the new paradigms governing synergies between industry and academia in order to develop new approaches to dementias. The goals of the Third Legacy Event include: 1) Exploring opportunities for research into novel diagnostic, pre-emptive, and therapeutic approaches to dementia (including new models of care, providing a better understanding of the paradigm shift in pharmaceutical research on drug development, and finding innovative ways to engage the medical device and IT industries); 2) Fostering a collective approach to problem-solving through the pooling of resources and the sharing of cohorts, data, and best practices.

FTS-01-05 GLOBAL ACTION AGAINST DEMENTIA LEGACY
EVENT: NEW CARE AND PREVENTION MODELS

Kenji Toba, *National Center for Geriatrics and Gerontology, Obu-city, Japan.*

Background: This Japan-led Legacy Event will provide a forum about the following themes: 1) New care: Establishing an organised and evidence-based care system to reduce financial and social burden, considering the lack of enough evidence for dementia care; developing new and effective care methods while accumulating and utilising existing best-practices in local or global measures, collaborating with the private sector and utilising information technology; 2) Prevention: Elucidating promising targets for prevention of dementia since increasing knowledge reveals risk and protective factors for developing dementia; positioning the prevention of dementia as a national measure and integrating it into a social care system.

FTS-01-06 GLOBAL ACTION AGAINST DEMENTIA
CONCLUDING LEGACY EVENT: ALZHEIMER'S
DISEASE RESEARCH SUMMIT 2015

Richard Hodes¹, *U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Aging, Bethesda, Maryland, United States. Contact e-mail: bronsonc@mail.nih.gov*

Background: The U.S. National Plan to Address Alzheimer's Disease (AD) sets a goal of preventing and effectively treating AD by 2025. The NIH held the Alzheimer's Disease Research Summit 2012: Path to Treatment and Prevention to evaluate the state of research and recommend research needed to reach that goal. The upcoming event, Alzheimer's Disease Research Summit 2015, will assess progress in addressing prior recommendations, discuss exciting new areas of AD research, and determine new research directions needed to get to the goal. Positioning this summit in the context of the Legacy Events will provide global input into this discussion.

FTS-01-07 FOLLOW UP TO THE SCOTLAND EVENT "ISSUES
RELATED TO DIAGNOSIS AND QUALITY OF
CARE"

Geoff Huggins, *Health and Social Care Integration, Protection of Rights and Mental Health Division, the Scottish Government, Edinburgh, Scotland.*

Abstract not available.

TUESDAY, JULY 15, 2014
PLENARY SESSIONS
PL-03

PL-03-01 IS THE RISK OF ALZHEIMER'S DISEASE
DECLINING? A REVIEW OF EVIDENCE FROM
AROUND THE WORLD

Kenneth M. Langa, *University of Michigan and Ann Arbor VA, Ann Arbor, Michigan, United States. Contact e-mail: klanga@umich.edu*

Background: The number of older adults with dementia will increase around the world in the decades ahead as populations age. Current estimates suggest that about 4.2 million adults in the United States have dementia and the attributable economic cost of their care is about US\$200 billion per year. Worldwide dementia prevalence is estimated at 35.6 million people with a total cost of US\$604 billion per year, and it is expected that worldwide prevalence will nearly triple to 115 million by 2050. However, a number of recent population-based studies from countries around the world suggest that the age-specific risk of dementia may be declining, which could help moderate the expected increase in dementia cases that will accompany the growing number of older adults. **Methods:** This presentation will review the current published evidence on the prevalence and economic costs of dementia in countries around the world, and whether the age-specific risk of Alzheimer's disease and dementia has declined over the past twenty years. **Results:** At least 5 recent

population-based studies of dementia incidence or prevalence have shown a declining age-specific risk in the United States, Rotterdam, Stockholm, and England. A number of factors, especially rising levels of education and more aggressive treatment of key cardiovascular risk factors such as hypertension and hypercholesterolemia, may be leading to improving "brain health" and declining age-specific risk of AD and dementia in countries around the world.

Conclusions: Whether this optimistic trend of declining dementia risk will continue in the face of rising levels of obesity and diabetes, and whether this trend is also occurring in low- and middle-income countries are key unanswered questions which will have enormous implications for the extent of the future world-wide impact of AD and dementia on patients, families, and societies in the decades ahead.

PL-03-02 **INGE GRUNDKE-IQBAL LECTURE FOR ALZHEIMER'S RESEARCH: A MUTATION IN APP PROTECTS AGAINST ALZHEIMER'S DISEASE AND AGE-RELATED COGNITIVE DECLINE**

Kári Stefánsson, *deCODE Genetics, Inc., Reykjavik, Iceland.*
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Abstract not available.

TUESDAY, JULY 15, 2014

ORAL SESSIONS

O3-01

DEMENZA CARE PRACTICE: EARLY PHASE INTERVENTIONS

O3-01-01 **DEMENZA EVALUATION, MANAGEMENT, AND OUTREACH**

Jacob B. Blumenthal¹, Shubing Cai², Conrad May³, Nicole Brandt⁴, Eric Gernat⁵, Kristen Mordecai⁶, David Loreck⁷, Anjeli Inscore⁶, Orna Intratore⁸, ¹GRECC – Baltimore VA Medical Center/University of Maryland, Baltimore, Maryland, United States; ²University of Rochester, Rochester, New York, United States; ³GRECC, Baltimore VAMC/University of Maryland, Baltimore, Maryland, United States; ⁴University of Maryland, School of Pharmacy, Baltimore, Maryland, United States; ⁵VA Maryland Health Care System, Baltimore, Maryland, United States; ⁶VA Maryland Health Care System/University of Maryland, Baltimore, Maryland, United States; ⁷VA Maryland Health Care System, Baltimore, Baltimore, Maryland, United States; ⁸Brown University, Providence, Rhode Island, United States.
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Project Description: Dementia is an increasingly common problem, which affects multiple domains and has far-reaching consequences. These patients both are under-diagnosed and have poor access to care, the effects of which ripple beyond the individual to also include direct care-providers, family and the healthcare system. The isolation that is all-too-often experienced by patients and their care-providers is heightened among those living in more remote areas, where access to specialists may be limited. Practitioners from an interdisciplinary geriatrics team based at the Baltimore Veterans Affairs Medical Center developed a novel program, Dementia Evaluation, Management and Outreach (DEMO). This innovative program extends expert, multidisciplinary, tertiary-referral services and assistance with case-management to community-based outpatient clinics distant from an urban academic center. Pilot and feasibility demonstration project. Setting: Academic medical center and community-based outpatient clinics throughout the Veterans Administration Capitol Health Care Network (VISN 5 - encompassing economically and demographically diverse areas within Maryland, the District of Columbia, and portions of Virginia, West Virginia, and Pennsylvania). Participants: Veterans referred for dementia evaluation. Intervention: A team led consisting of a Geriatric Nurse Practitioner and a Psychology Technician travelled to outlying Community-Based Outpatient Clinics (CBOCs) to perform comprehensive evaluations closer to the Veteran's homes. The data was then brought back to the full multidisciplinary team for discussion resulting in the development of a comprehensive plan of care. This was then shared with the existing primary care

team and patient/caregiver. Measurements: Utilization, Demographic and Diagnostic Variables, and Satisfaction. Almost 300 patients from throughout the region were evaluated, approximately half of whom agreed to additional case-management services offered in concert with ongoing primary care. Services were well-received by patients, caregivers and providers. DEMO is an innovative program that expands a model of care into more remote settings to meet the needs of patients where they live. This care delivery model has the potential to dramatically improve the quality of life of patients with dementia, as well as the care team within rural communities.

O3-01-02 **COUNSELLING PATIENTS WITH EARLY PHASE AD AND THEIR PRIMARY CAREGIVERS**

Ane Knauer Eckermann¹, Susanne Rishøj², Dorthe Vennemose Buss³, Lisbeth Villemoes-Soerensen⁴, Frans Boch Waldorff⁵, Gunhild Waldemar⁶, ¹The Danish Dementia Research Centre, Copenhagen, Denmark; ²Demenskonsulentent, Frederiksberg, Denmark; ³Dorthe Buss, Copenhagen, Denmark; ⁴Frederiksberg C, Denmark; ⁵Research Unit and Department of General Practice, Institute of Public Health, University of Copenhagen, Copenhagen, Denmark; ⁶Rigshospitalet-Copenhagen University Hospital, Copenhagen, Denmark. Contact e-mail: ane.eckermann@regionh.dk

Project Description: More knowledge is needed about the design and implementation of counselling targeted home-living patients with mild AD and their caregivers. The Danish Alzheimer Intervention Study (DAISY) was completed in 2004 by The Danish Dementia Research Center (DDRC). The semi-tailored intervention programme was designed to comprise counselling, information and support. In the counselling sessions the patient and the caregiver received individual, shared and family counselling. The study was designed as a longitudinal multi-centre single blind randomised controlled trial, with randomisation to the intensive support programme (165 dyads) or to usual care (165 dyads). The 5 counselling sessions were based on a philosophical approach: Each patient or caregiver was given the possibility of expressing his/her own life story and what was of personal importance and of great value to the individual, as clarified through constructivist principles (SocioDynamic Counselling) and self-validation. Principles and methodology were anchored on the dynamics that characterizes the patient and the caregiver's resources and everyday life values. The approach was to focus on positive resources, intact functions and retained skills and activities that the patients could still take part in. 86% of patients responded very well or well in the overall yield of the consultative counseling. 94% of the caregivers responded very well or well in the overall yield of the consultative counseling. Semi-structured interviews with 11 couples showed that tailored counseling provides opportunities for the caregiver during and after the intervention to be better able to cope with the challenges their partners' disease involved, and were able to face everyday life and social relations with more serenity and competence. The study shows that counselling targeted patients with early phase AD and their primary caregivers is an important topic. The DAISY study has provided useful knowledge about patients with mild AD and their caregivers' life and thoughts, and about their need for counselling and education. The tested counselling programme is available as an Internet based model and gives Danish municipalities and hospitals the possibility to use the programme for free.

O3-01-03 **IMPLEMENTATION OF AN INTEGRATED CARE PATHWAY FOR DEMENZA IN THE CLINICAL PRACTICE: RATIONALE, DESIGN, AND METHODOLOGY—THE REMIND STUDY**

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Project Description: An Integrated Care Pathway (ICP) for dementia was approved by Milan Health Authority (HA) in Italy. The REMIND study aims (i) to implement the ICP shared with GPs, memory clinics (HMCs), and community-based specialist services (CSSs); (ii) to evaluate the ICP effectiveness in promoting primary care prevention, improving diagnostic skills of