

Vascular Dementia 2019



11th International Conference on
Vascular Dementia
February 15-16, 2019 Amsterdam | Netherlands

**SPECIAL SESSION
DAY 01**

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Alzheimer's wife: lessons learned (special session)

My husband had Alzheimer's and I was his caregiver for 10 years. During that time I have learned many lessons - both while I cared for him and after his death. These are my survival lessons to share. Alzheimer's caregiving is a lonely place. How do you come to terms with the disease yourself, and then try to make the right decisions for your ill spouse -- medical, social, financial decisions. How do you honor the patient's wishes? Take care of yourself? Help others to help you? The answers aren't the same for everyone, but options can help. You must figure out when it's time to tell others and when you must be the family decision maker. Key factors for me were, understanding his perceptual changes, visions, hallucinations, and loss of direction. I wrote a blog, saw an elder care lawyer, adopted a dog, tried (but failed) to put my spouse in resident placement. Most important was my network of supportive friends. Completely exhausted by the 8th year, my unusual solution was finding a caregiver who moved in with his young family. It was an alternate style of life, but one that worked well for all of us. We created a new support structure. In this way, I survived.

Biography

Nancy D Broz has obtained her BA degree in English from Ursinus College, MA degree from Rowan University in Supervision and Curriculum and an EdD degree from Temple University in English Education. She worked as a Teacher and Administrator in the Moorestown, NJ Public schools until 2005, has taught for Rutgers University, Temple University and is now an adjunct Professor for Fairleigh Dickinson University. She has also been a language arts Consultant for 30 years.

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Nancy D Broz
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Jacqueline A Hinds

Society of Emotional Intelligence, UK

Promoting excellence within dementia care: maintaining emotional intelligence and wellbeing of staff working within dementia care management

Promoting excellence in service and care for patients with dementia had a significant impact on the staff working within the dementia care management arena. Stress levels and burnout of caregivers without adequate support, has resulted in the essential need of respite by way of development and coaching to support and promote their health and wellbeing whilst they administer and provide essential and effective care to their patients. In the current healthcare climate, the effect of severe cuts in service provisions and staff shortages, whilst maintaining optimum levels of output, has left care givers somewhat jaded over a period of time. Some have gone to the extent of seeking other opportunities due to lack of job satisfaction and challenges around demanding work commitments; consistently taking them beyond their core working hours. The use of the emotional intelligence skills assessment profile (EISAP) model as a mode for developing dementia care management staff at all levels, although not referred to or identified as an integral part of their core clinical and non-clinical training or personal development plans, is none-the-less a skill that is interwoven throughout their practices and procedures delivering effective dementia care management. Caring for someone living with dementia, is unlike any other form of caring because of the emotional challenges and levels of complexity; EISAP allows the dissemination of complex situations in a relatively accessible way. With the rapid changes with health provisions and more cases of dementia patients being identified, the need for emotionally intelligent care givers is crucial in this day and age. By enabling caregivers to understand their emotions, emotional meanings and to, enable them to reflectively regulate these emotions whilst undertaking their roles effectively.

Biography

Jacqueline A Hinds is a Chair Person of the Society of Emotional Intelligence UK. She is also Board Chair and International Liaison for International Society of Emotional Intelligence, USA. She is Certified Emotional Intelligence Coach (CEIC) and Leadership Consultant. She has worked within the National Healthcare Service for over 10 years, in two of the largest merged healthcare organizations in UK and Europe (Imperial College Healthcare NHS Trust and Barts Health NHS Trust). She is a published Author, having written a paper on transformation in healthcare and role of emotional intelligence. She has a wealth of knowledge and expertise within the human resource development arena (HRD), working with people at all levels, establishing and enabling them to be emotionally intelligent during mergers and organizational changes. She is now an independent Consultant working on various training initiatives and coaching assignments, around emotional and cultural intelligence. She is also in collaboration with Culture Dementia, UK on training projects within healthcare and the community.

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David Truswell

Dementia Alliance for Culture and Ethnicity, UK

The impact of dementia on UK Black, Asian and minority ethnic communities

While there is recognition of the challenges that dementia brings to the UK national health economy, less well understood is the impact of dementia as a health issue for UK Black, Asian and minority ethnic communities. In a recently published book on the subject with contributions from academic researchers and the experience of carers and people living with dementia in these communities the presenting author considers not only the shared characteristics that are typical of the experience of all minority ethnic communities in the UK but also throws a spotlight on the details for different communities. These include the African-Caribbean, Irish, South Asian, Chinese and Jewish. The presentation will review some of the key findings and conclusions from the book and their relevance for awareness raising, carer support and access to services and deconstructing some of the stereotypes and assumptions about minority communities' response to dementia

Biography

David Truswell has worked in community based mental health services in the UK for over thirty years developing services for people with complex care needs and enduring mental health problems in a career spanning the voluntary sector, local authority services, and the NHS at a senior level. He has two Master's level degrees, including a distinction level MBA. From 2009 – 2011, he was the Dementia Implementation Lead for Commissioning Support for London, working with commissioners across London to improve dementia services. He is currently Executive Director of the Dementia Alliance for Culture and Ethnicity (www.demace.com) a UK social enterprise developed by local and national voluntary organisations working with dementia and is an independent Writer and Researcher on dementia support and services for Black, Asian and minority ethnic communities. His book on the subject is due for publication in February 2019. He is also the Director of somefreshthinking Ltd., a healthcare consultancy working on service redesign and change management in health and social care services.

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Debanjan Pan
Saltlake Mindset, India

Is it vascular cognitive impairment or simply an existing adult ADHD getting worse?

Case: This is the case report of Mr. Ashoke 61/M, his chief concerns are forgetfulness and having problems in taking judgments.

Psychiatric History: Nothing significant other than chronic mild anxiety according to his wife. History revealed mild forgetfulness and difficulty in making plans since adolescence.

Present Medical History: Type-2 diabetes for last 14 years and hypertensive; had 2 brief episodes of probable TIA.

Past History: No significant medical illness.

Neuropsychological Testing: MMSE and MoCA (Montreal Cognitive Assessment) scores were 21 and 22 respectively consistent with a diagnosis of VCIND. However, as he has a longitudinal h/o some executive dysfunctions including working memory, he was walked through DIVA scoring and Conner's Adult ADHD rating scale and the scores were significantly in favor of an Adult ADHD diagnosis (DIVA score >4 and Conner's Adult ADHD rating scale t score >65).

Discussion: VCIND (Vascular Cognitive Impairment Not Dementia) is a likely diagnosis with history of diabetes, hypertension and TIAs (even if his TIAs are image negative), but given a chronic persistent h/o mild cognitive impairment since adolescence, a differential diagnosis of Adult ADHD should be considered. Hence, those cases of VCIND (Vascular Cognitive Impairment Not Dementia) and MCI (Minimal Cognitive Impairment) with chronic h/o memory impairment, ADHD should be excluded.

Biography

Debanjan Pan is a Fellow of the Indian Psychiatric Society, Member of the Indian Association of Child & Adolescent Mental Health, Member of The Alzheimer & Related Disease Society Of India, International Associate of The Royal College Of Psychiatrist (RCPsych) and Fellow of The American Psychiatric Association (APA). He completed his Post-graduate Overseas Specialty Training Fellowship (POST Fellow) in CAMH, St. Vincent's Hospital, Melbourne, University of Melbourne; Medical Graduate from RG Kar Medical College 1990; DCH from Calcutta University (1995); DPM from Calcutta University (2001) and; MD from Calcutta University (2005). Presently, he is serving as Director of Saltlake Mindset Organization (www.saltlakemindset.org) a noted mental health treatment unit in Kolkata, West Bengal, India. He is also attached as a Senior Consultant Psychiatrist at The South Heart Clinic and Diagnostic Center, Near Jadavpur and Theism Polyclinic, Dum Dum. His interests include Child & Adolescent Mental Health and Cognitive Behavioral Therapy. He has presented several papers at AAGP 2012 & 2013; World ADHD Congress 2013; ISAD Congress, Berlin 2014; APA Congress, 2015 and; Toronto and European Congress of Psychopharmacology Vienna, Sept, 2016. He is a regular Columnist on topics of mental health related issues for common people in popular dailies (Aajkal, Bartaman, Pratidin) & other magazines like Saptahik Bartaman and Arogyo Katha.

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Alberto de Bellis

Maria Rosaria Maglione Foundation O.n.l.u.s, Italy

Nose-to-brain nerve growth factor delivery to protect the human brain in frontotemporal dementia/CBS: a pilot study

Nerve growth factor (NGF) is the Founding Member of the neurotrophins family of proteins, known for playing a critical protective role in the development and survival of sympathetic, sensory and basal forebrain cholinergic neurons in mammals, including humans. NGF has a neuroprotective action in Alzheimer's and Parkinson's disease, as showed by several studies in animal models and humans. NGF can be delivered to the CNS via nasal route and has a neuroprotective action in case of neurodegenerative diseases and brain injury. Furthermore, recent studies have shown an active link between the nasal pathway and the spinal cord in the delivery of NGF to the CNS, thus demonstrating the neuroprotective ability of NGF to support injured neurons in a mouse model of spinal cord injury. Intranasal delivery of NGF has so far been sufficiently investigated in animal models and only recently in humans, as demonstrated in a recent study on long-term intranasal administration of NGF in two patients affected by frontotemporal dementia associated with corticobasal syndrome (FTD/CBS) and in another study on intranasal administration of NGF in a brain injury. These studies demonstrated the neuroprotective role of NGF administered nasally. Intranasal administration is the most effective and non-invasive way to deliver NGF to the CNS. These neuroprotective properties of NGF make it a strong candidate for the future treatment of neurodegenerative diseases and other pathologies of CNS (brain injury, spinal cord injury, ischemic damage) when administered via nasal route. NGF would not be able to cure the FTD/CBS but these observations support the hypothesis that NGF slows down the usual decline of the disease. However, these studies reinforce the concept that neurotrophins are able to reach and protect the CNS and open the way for new lines of research. Hence, these findings suggest the ability of NGF to protect CNS neurons when administered via nasal spray.

Biography

Alberto de Bellis, Neurosurgeon, is the Founder and Chairman of Maria Rosaria Maglione Foundation onlus, non-profit organization for Neuroscience based in Naples-Italy. The MRM Foundation runs in honor of the founder's mother, Maria Rosaria Maglione, who suffers from Frontotemporal Dementia. The activity of the MRM foundation is mainly aimed at research and health care for neurodegenerative diseases and in support of partner foundations operating in Kenya-Africa, such as the Gallmann Memorial Foundation and the African Neurological Diseases Research Foundation. The main research activities of the MRM foundation are focused on the study of the Nerve Growth Factor and its possible neurotherapeutic applications.

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Kyaien O Conner
University of South Florida, USA

Impact of an African drumming for dementia program on African Americans with mild cognitive impairment and early Alzheimer's disease and their caregivers

Persons of African decent living in the United States have a disproportionately high rate of Alzheimer's disease (AD), experience a high-rate of AD-related health disparities, are underrepresented in AD research and are less likely to be evaluated and treated during early stages of the disease. There is an urgent need to develop, implement and assess culturally relevant non-pharmacological interventions which may help to improve daily functioning and quality of life of African American patients living with AD. African drumming may be particularly beneficial for African Americans living with AD. This culturally relevant approach to a music intervention has the potential to impact behavioral expressions AD, social and cognitive functioning, while simultaneously enhancing pride and self-esteem. In this presentation, I will present the results of a pilot open trial which examined the African drums for dementia program among individuals living with mild cognitive impairment (MCI) and early stage dementia (N=30) and their caregivers (N=30). Overall satisfaction, with the program was high among individuals living with AD and their caregivers. Further, the African drumming for dementia had a positive effect on memory recall, mood, quality of life, and self-esteem among patients and among caregivers. This intervention improved mood, self-perceived community and support, quality of life, self-esteem and reduced caregiver burden. Results from this pilot trial provide preliminary evidence that African drumming is an in-expensive, innovative, and culturally meaningful therapeutic mechanism that can result in measurable improvements for people, African Americans in particular, with dementia and their caregivers. Implications for practice and future research in this area will be discussed.

Conclusions: Very high percentage of multi drug resistance to the commonly used antibiotics including emerging multi drug resistant *Burkholderia cepacia* and *Stenotrophomonas maltophilia* in NICUs in Bangladesh is alarming and challenge to the management of neonatal sepsis. Continuous surveillance for antibiotic susceptibility is needed to ensure proper empirical therapy.

Biography

Kyaien O Conner is an Assistant Professor at the University of South Florida in the College of Behavioral and Community Sciences. She has completed her Post-doctoral fellowship in Clinical Training in Geriatric Psychiatry and has been a Researcher with the NIH funded Late Life Depression Center in Pittsburgh, PA. Her research examines health disparities facing older adults from racial/ethnic minority backgrounds and develops and tests novel strategies to eliminate disparities and ensure culturally relevant treatments for older adults living with dementia. Her approaches are community-based, and build upon the strengths and resources available in communities.

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Amarnath Mallik
Kothari Medical Centre, India

Management of behavioral and psychological symptoms of dementia

Cognitive impairment is the hallmark of dementia. Behavioral disturbances are universally experienced by persons with dementia throughout the course of the illness. Behavioral and Psychological symptoms of dementia (BPSD) cause a significant negative impact on quality of life, health care outcomes, caregiver stress and burden. BPSD (Behavioral and psychological symptoms of dementia) is the collective term used to describe the group of non cognitive symptoms experienced in dementia. These can include psychosis, agitation and mood disorder and affects 50% - 80% of patients to varying degrees (Ashlen.P. et al) (Lyketsos CG). Behavioral disturbances can often trigger hospitalization resulting in increased hospital length of stay (WancataJ.2003). The various types of dementia are classified according to the different disease process affecting the brain. The most common cause of dementia is Alzheimer's Disease, accounting for around 60% of all cases. Vascular dementia and dementia with Lewy bodies are responsible for most other cases. Alzheimer's Disease and vascular dementia may co-exist and are difficult to separate clinically. Dementia is also encountered in about 30% - 70% of patients with Parkinson's Disease. Vascular dementia is a consequence of ischemic or hemorrhagic damage of area of the brain involved in memory and cognition. Alzheimer's disease and related dementias are among the most costly and distressing medical conditions for patients and their caregivers. (Hebert LE etal 2013). Although dementia is often thought as a disease of memory, 97% of individuals with dementia experience one or more behavioral disturbance (Steinberg M. et al 2014). BPSD, the known neuropsychiatric symptoms occurs in clusters or syndromes identified as psychosis, depression, agitation, aggression, sleep disturbances and apathy. Socially and sexually inappropriate behaviors are seen. Agitation can be manifested as restlessness, arguing, disruptive vocalization and rejection of care. Aggression can include verbal insults such as shouting, physical aggression such as biting and hitting others and throwing objects (Rose KC et al 2017). BPSD is seen throughout the course of dementia; symptoms may occur intermittently or fluctuate greatly in severity. These behaviors are seen in all types of dementia but psychosis and visual hallucinations are more common in Lewy body dementia.

Biography

Amarnath Mallik MBBS DGO DPM FCCP graduated from RGKar Medical College Calcutta is a practicing Psychiatrist. Trained in Stepping Hill Hospital Stokport UK is consultant to Kothari Super Speciality Hospital, Woodlands Hospital and Belle Vue Clinic Calcutta. Conduct and Participate TV, Radio programme on Mental health for community awareness. Author of books in regional language and participated in many National and International conferences.

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Reem Almotairi
King Saud University,
Saudi Arabia

Association of IL-6 and TNF- α gene polymorphisms with the risk of Alzheimer's disease in Saudi subjects

Alzheimer's disease (AD) is a progressive neurodegenerative disorder and the most prevalent type of dementia. In Saudi Arabia although the exact percent about the spread of AD has not been estimated, but the experts believe that there are approximately 50,000 patients in Saudi Arabia, most of them being females. Many of the studies illustrate the role of the inflammation in development of AD, however no such study has been done on Saudi AD patients. Thus, the aim of this study was to investigate the association of inflammatory mediator's, interleukin-6 (IL-6), Tumor necrosis factor- α (TNF- α) and C-reactive protein (CRP) with increased the risk of Alzheimer's disease (AD). Further, the association between the level of IL-6, TNF- α and CRP with the genetic variation in IL-6 (-174 rs1800795 G/C and -572 rs1800796 C/G), and in TNF- α (-308 rs1800629 A/G and -1031 rs1799724 C/T) and their role in occurrence of AD in among Saudi ethnic population was investigated. A total of 47 Saudi subjects with age (65-90 years) were enrolled for the study, 24 (14 male, 10 female) diagnosed as AD patients and 23 (11 male, 12 female) served as normal controls. The level of biomarkers (IL-6, TNF- α and CRP) were assessed by ELISA (Quntikine®ELISA). Single nucleotide polymorphism (SNP) in selected genes was analyzed by RT-PCR using TaqMan Assay. This study showed that TNF- α was higher in AD patients with CC and GC genotypes for IL-6 gene SNPs rs1800796 (P=0.062) and rs1800795 (P=0.066) respectively. The level of IL-6 was also found to be significantly low among AD patients with AG genotype comparing to AD patients with GG genotype for -308 A/G (rs1800629) of TNF- α gene (P=0.040). In conclusion; the level of inflammatory cytokines IL-6 and TNF- α may play role in the progression of AD depending on specific genotypes among Saudi AD patients.

Biography

Reem Almotairi currently master student in biochemistry department, collage of science, King Saud University, riyadh, Saudi Arabia. I have got the license of health professional classification under the name (laboratory technician). from saudi commission for healthspecialties. I am working as volunteer researcher assistant in biochemistry department

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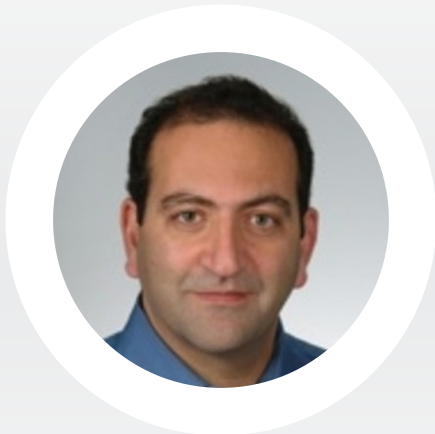
Blood-brain barrier in vascular cognitive impairment and dementia

Blood-brain barrier (BBB) is an interface between peripheral blood circulation and CNS that plays multiple roles in brain function and homeostasis. The breakdown of BBB integrity has long been considered as a pathological hallmark of several cerebral inflammatory diseases that confirmed by in vivo imaging. The leakage of BBB facilitates the invasion of blood-borne pathogens and substances into and interstitial substances out of the brain, which causes the impairment of brain fluid homeostasis. Over the past few years, increasing evidence emerged that the BBB disruption in chronic cerebral inflammatory diseases is not permanent, rather is phasic. The phasic nature of BBB integrity in inflammatory diseases causes a tonic in brain fluid homeostasis. This may alleviate further brain damage by providing fast access to circulatory elements that may contribute to the recovery after BBB breakdown insult. Increased albumin in the cerebrospinal fluid (CSF) and contrast enhancement on MRI suggest disruption of BBB occurs in vascular cognitive impairment and dementia (VCID). More importantly, increased BBB transfer rate was present in those with elevated CSF albumin index. Patients classified as small vessel disease or subcortical ischemic vascular disease (SIVD) based on preliminary diagnoses were significantly more likely to have increased BBB transfer rate than other forms of VCID. Understanding factors that contributing to the phasic behavior of BBB is important for classifying VCID patients and designing BBB-targeted drugs.

Biography

Saeid Taheri joined University of South Florida in 2015 as a faculty in Neurodegenerative diseases. His areas of interest include neuroinflammation, oxidative stress, and blood-brain barrier (BBB). Prior to joining USF, he worked as an Assistant Professor at the Department of Radiology and Radiological Sciences at MUSC where he was Principal Investigator to elucidate the role of BBB in vascular dementia. He has developed MR techniques in vivo to quantify the BBB transfer rates. He received his PhD from University of New Mexico (UNM) USA and completed his Post-doctoral fellowship in the BRAIN Center at UNM HSC with special focus on BBB in stroke and dementia.

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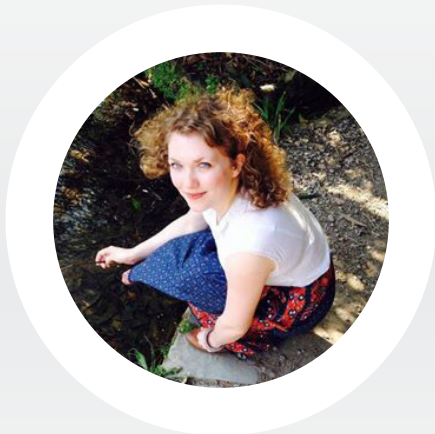
Creativity, community & connections: empowering people living with dementia through artistic practice

The arts provide an incredibly valuable resource through which people living with dementia can be empowered to live well: with more evidence being released about the benefits of art practice for people living with dementia - both on neurological and social levels - there is more reason than ever to delve further into its potential. Ellie Robinson-Carter has created and delivered numerous international projects which are uniquely designed to best suit people living with dementia. The projects encourage and enable individuals through person-led collaboration and co-authorship. They are of a highly professional standard, some being published and with professional exhibitions, meaning individuals are taking part in projects which empower them as artists, writers and creators. Her projects have been funded by various bodies, including the Big Lottery, Arts Council and FEAST. As is the case for all of us, people living with dementia wants to feel connected, useful and necessary to their communities and society more widely. Along with a diagnosis of dementia, established roles in their social networks are challenged and can become difficult to maintain. Art creates a safe yet exciting and rewarding space for individuals to express themselves creatively, in ways that works for them, providing participants with cognitive stimulation, experimentation, as well as reconnection to previous skills and the acquisition of new ones.

Biography

Ellie Robinson-Carter is an Illustrator, Researcher, Creative Dementia Practitioner and Lecturer based in Falmouth, UK. She devises creative frameworks and invites individuals to take ownership of them, fostering their authorial voices and personal narratives. Working locally, nationally and internationally she interacts with people living with dementia and their carers, using creative practice to nurture individual's self-confidence, independence and self-expression. She also collaborates with other creative practitioners such as illustrator Violeta Noy (www.sophiesproject.com) and poet Sally Crabtree (<https://synapticknitter.com/Passing-theParcel>).

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Ellie Robinson-Carter

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Shyamal Chakraborty
Kothari Medical Centre, India

Classification of demented and non-demented patients using longitudinal statistics

In this work, we propose a framework to do classification between demented and non-demented patients using longitudinal statistical analysis. Though in practice, we often use the detailed clinical findings to establish a possible hypothesis about, whether the patient has dementia or not, nonetheless an automatic algorithm to identify a patient to be demented (D)/ non-demented (ND) is required. Some of the recent works in this regime includes [1,2,3]. We propose an algorithm for this automatic identification based on a sequence of MR scans collected over a time period. The proposed algorithm is based on the research of the second author have done during his PhD at University of Florida, USA. Before going into the detail of our experimental setup, we will briefly describe the proposed algorithm. Given a temporal sequence of MR scans for a patient (identified with a path on a high dimensional hypersphere), we identified the temporal sequence as the “average” of the data points on the path and the variation, captured by the principal subspace. This identification is robust to any affine transformation of the path including rotation, translation of the MR scans. Notice that in the collection time of MR scans, the scans can be a transformation of each other due to several aspects including alignment of a patient, MRI machine etc. In order to test our proposed framework, we used the benchmark OASIS dataset, which consists of at least two MR brain scans of each of the 150 subjects, aged between 60 to 90 years. In order to avoid gender effects, we have used MR scans of male patients from three visits separated by at least one year. In our dataset, we have 12 ND and 11 D subjects. We have computed an atlas from the MR scans and non-rigidly register each scan to the atlas to identify each MR scan as a point on the unit hypersphere of dimension 892. For each subject, this essentially gives us a path on the hypersphere. After using our representation mentioned in the previous paragraph, for each subject we have identification with a point on the hypersphere and a subspace (capturing the variation in the path). We used a standard nearest average classifier. We first computed the average path for each class (D and ND) over the training data. Then for a test subject we assign it to the class with the nearest average path. Due to the small amount of data, we have chosen a leave-one-out framework, i.e., we randomly put aside one subject from each class and then use the rest of the subjects for training and repeat this process. Using this classification framework, we can correctly identify 11 out of 12 ND subjects and 10 out of 11 D subjects, achieving 91.3% classification accuracy. The above experimentation is a clear indication of the usefulness of an automatic differentiation technique between demented and non-demented subjects. As a future direction, we want to investigate our proposed framework on large scale data t sets..

Biography

Dr. Shyamal Chakraborty did his graduation and post-graduation from Calcutta University. He is attached to many NGO-s like Sevac,Asha Bhavan,Paripurnata and also appointed as part-time Psychiatrist in Correctional Home in Calcutta. He is a life fellow of Indian Psychiatric Society,Founder fellow of Indian Association of Private Psychiatry, Member of Indian Medical Association, Member of American Association of Geriatric Psychiatry. He is doing practice in Neuropsychiatry since 1990 and attached to Apollo Clinic,Kolkata.He attended many conferences under APA,WPA,EPA. He presented poster in ADHD conference in Italy. He chaired many conferences under Indian Psychiatric Society.He is a National Scholar and his abstracts are published in many journals in India as well as abroad.

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Marija Litvinenko

Riga Stradiņš University, Latvia

Cognition and microbiota: perspectives on possible interaction

Cognitive function is a process that makes every human a different person. It is also a privilege which dementia may take from us. With the development of neuroscience, we have learned that cognition not only depends on isolated functioning of brain but consists of many different interactions in human body. Onset of cognitive impairment, a condition associated with further development of dementia, has many risk factors such as depression, cardiovascular risk factors, malnutrition and many others. One of the latest highlights is a connection between gut microbiota, a term used to describe all microorganisms living in human intestines, and brain functioning. It has been proven that, alterations in gut microbiota structure are connected with presence of other disorders, for example psychoneurological or gastrointestinal. Data from recent studies suggests that, it can be involved in pathophysiology of cognitive impairment through variable pathways including production of neuroactive substances, modulation of vagal activity and other. However there is lack of human studies temporarily limiting any clinical usage of this information. Nevertheless existence of gut-brain axis and role of intestinal microbiota has great potential for future investigations and development of novel therapeutic strategies for people with neurodegenerative disorders.

Biography

Marija Litvinenko has obtained her graduation form Faculty of Medicine, Riga Stradiņš University in 2018. Currently, she is a first year Resident student in Neurology at Pauls Stradiņš Clinical University Hospital. She has participated in international conferences in Warsaw, Kaunas, Riga, presenting case reports and research works. She is also one of the former Project Managers in IFMSA-Latvia.

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Edward Chan
WellLab, Malaysia

Very low density and low density lipoprotein contribution to vascular dementia (VD)

Traditional lipid profiles do not identify the risk of VD that are caused by the presence of small dense LDL and IDL particles. Dangerous LDL particles may hide behind normal cholesterol levels and, conversely, elevated cholesterol levels do not inevitably have to be associated with a VD risk. Studies (eg Reitz et.al. 2004) have shown that the classical lipid profiles of patients with coronary artery diseases do not significantly differ from those of healthy persons. LDL cholesterol, the lipid that is most frequently associated with vascular dementia, is heterogeneous and consists of up to seven sub-fractions. Large circulating LDL particles are less atherogenic. This paper analyses subjects' lipoprotein into five major classes: chylomicrons, very low density lipoprotein (VLDL), intermediate density lipoprotein (IDL), low density lipoprotein (LDL) and high density lipoprotein (HDL). Half of subjects without vascular dementia have higher cholesterol levels. A considerable portion of vascular dementia patients have low cholesterol levels. Individual differences exist in particular with respect to the LDL levels and here, even more importantly, in the size distribution of the LDL particles. The small LDL particles in particular have a very high atherogenic potential. It is less important how much cholesterol a patient has, but which type of cholesterol is elevated and which size distribution the cholesterol particles have. These are the parameters the risk assessment and the treatment should focus on.

Biography

Edward Chan has completed his Masters in Nutritional Medicine with the Society for Advancement of Hormones & Healthy Aging Medicine Malaysia, Masters in Learning from Lancaster University, UK and Doctorate in Psychology from the Intercultural Open University School of Medicine. He is the principal consultant of WellLab, a premier laboratory diagnostic testing organisation. He has published numerous papers in reputed journals and has been serving as an editorial board member of repute.

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Despoina Drivakou
AUTH, School of Medicine, Greece

Living with dementia: an intervention in a nursing

This oral presentation is based on a 4 year practice in KREOUZIOS nursing house, cited in Thessaloniki-Greece. The dynamic of this nursing house is 52 patients, 9 nurses, 2 clearing staff and 1 doctor. The criteria for someone to have a bed in this place, was to have a type of dementia or other neurological deficiency, like Parkinson or stoke patients, a not self-service person, because of mobility problems or when a rehabilitation center couldn't provide any more help to the patient. A part of the cost for the hospitalization comes from the NHS, and the other half is coming from the personal income. Most of the patients are coming to the nursing house and they live there till the end of their life. Living with dementia in a nursing house, is quite difficult when there are no daily activities and impacts. Life turns boring and miserable, especially when the only interest every day is the feeding procedure, medication and hygienic procedure or doctor's daily visits. My first day in Kreouzios nursing house was one of the most horrible days of my career. I Will neve forge the feeling in my stomachi when I metà the condizioni in this pace. There was no plan, no schedule for activities and the stuff was completely brune out. I ha to decide chat I soul do. First the stuff? Or the patients? Afte 2 year of practice I ha some rally intestina resulta to bot direstino- stuff and patients. Afte 4 year of practice I col noti ce more possibiliste and opportuniste. This experience in KREOUZIOS nursing house was full of challenger. Some Times full of disappointments, Others Times fruitfull and memorabile moment.

Biography

Despoina Drivakou has completed her BSc of Psychology and then continued with a MSc in Medicine school. Now she is a PhD candidate in medicine school. She has completed a four year training in systemic approach psychotherapy too. Despoina Drivakou has a long experience working with people with dementia in a nursing house in Thessaloniki- KREOUZIOS- and teaching experience as well. This year she is teaching psychology in NYC college- Thessaloniki. Last year one of the subjects she was teaching was Cognitive impairment in elderly populations, in Metropolitan College-Thessaloniki. She is a private practice psychologist / psychotherapist in Thessaloniki.

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Notes:

Vascular Dementia 2019



11th International Conference on
Vascular Dementia
February 15-16, 2019 Amsterdam | Netherlands

WORKSHOP

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Multiple intelligence and vascular dementia (VD), proposed testing and therapy

Vascular dementia often displays multiple cognitive risks and problems, including memory impairment, aphasia, apraxia, agnosia, or problems with executive functioning. More recently we linked the association between childhood physical and mental health ability and dementia occurrence. The study by Huang and colleagues has found that having a lower MI and IQ particularly as a child increases the risk of developing vascular dementia, which is caused by various problems, and blood supply to the brain is one of the most common. The pattern of association differs between the sexes and the risk increases in the lowest intelligence groups in both sexes similarly. The hypothesis behind all these studies of cognitive and emotional reserves or brain-body reserves is that some people's brains and bodies may be more resilient to aging, stress, pollution and neuro-degeneration than others. The study by Huang and colleagues furthers our understanding in this area and there are now multiple high-quality epidemiological studies linking poorer intelligence in early life with dementia risk. However, as with all observational research, there remains the need to clarify whether these associations are causal. Further complicating interpretation of these studies is the fact that multiple-intelligence is a very complex trait, is subject to a degree of the development of the various intelligences, genetic influences, and potentially has a bidirectional relationship with socio-geo-economic status, and education. This paper analyses subjects a plausible mechanism—emotion-cognitive reserve—we now need to consider interventional research - the life courses to improve on—or ideally multiple—of these factors is there. If, as a result, the emotion-cognitive reserve could be modified before the clinical onset of dementia (even if Alzheimer disease were present in the brain), this may delay the onset of these clinical symptoms which would, in turn, reduce the number of people affected by dementia worldwide. These are the parameters for the risk assessment and the treatment should focus on. Given the growing global public health burden of dementia, this is a vital question.

Biography

Olessia Gorkovenko is currently a PhD (Psych) student at UNISA in South Africa. She runs a center "Pilatelicious" in Johannesburg. She is the Distributor at the WellLab, a premier laboratory diagnostic testing organization. She has published numerous papers in reputed journals, wrote a book and has been serving as an Editorial Board Member of a Journal (ispcp-trop.org/about.html). She has a passion for teaching and coaching and is extremely meticulous in achieving the best results. She works with her students and clients, and then ensures that no mistakes are made and clients are staying motivated. She carefully checks with assessments and strategies, training routines, nutrition plans and therapeutic advice. If she has a suggestion to make, she won't hesitate to do so if it's in her clients benefit and helps them to achieve a better result, that's her main goal and purpose, to help clients become better and achieve better results. She operates on the fundamentals of positive psychology and approaches that focus on the performance improvements as a result of holistic development. She is a firm believer of best practices. She always shares knowledge and collaboration between stakeholders in order to reach a common goal.

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Notes:



Olessia Gorkovenko

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²UNISA, South Africa

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**VIDEO
PRESENTATION**

11th International Conference on

Vascular Dementia

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Brian Norris

Living Memories CIC, UK

Archival materials are increasingly being incorporated into products and interventions as part of practice with older people

Archival materials are increasingly being incorporated into products and interventions as part of practice with older people. One area of this work involves the use of archival films, videos, photographs, and television and radio broadcasts in tools for reminiscence activities with older people, in particular individuals living with dementia. Interest in the well-being benefits of this work is based on the demonstrated ability of these multi-sensory materials to stimulate memories of the past in the person with dementia, and to afford opportunities for increasing communication and social interaction with caregivers and others. One current application of archival film for reminiscence activities is the project being developed by Liv, drawing on a major proprietary archive covering social and industrial life in Britain from the 1940s onwards. It was a Finalist in the national UK Nursing Times Awards 2017. This presentation, including screening of examples of archive film, will describe the development of digital tools being produced from this material including a series of DVDs and an accompanying reminiscence guide of topics and questions for use by family members and practitioners. It will also discuss the interactive online platform being developed for the delivery of Living Memories reminiscence resources on mobile devices. Issues such as the tailoring of content to particular audiences, for example, men who may struggle to engage with more generically-targeted social activities for persons with dementia, will also be addressed. Experiences to date of employing these tools in settings such as memory cafés, and with a variety of professional and other user groups will be reported. A related Twitter feed (@memorytriggers) to help younger people communicate with those who grew up in the 1940s-60s will also be described.

Biography

Brian Norris developing "Living Memories C.I.C. into a viable business that will:→ Create services and resources that help to reduce the isolation of older people' particularly those living with dementia.

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Van Duy Dao

Hanoi University of Pharmacy,
Vietnam

The hidden relation, clues of autism, ADHD and depression which reveals the effective cause and cure

Observing the facts: they lack social skills, they cannot talk: language is the product of living environment - native language; we speak it naturally without thinking at all. We are not born with our native language, so, I doubt their connection with their living environment and the state of mind that they cannot learn. Testing them with Aesop fables, metaphors, pretending game - they do not understand these as normal kids; and they are poor in interacting, communicating or persuading. They are in the low level of this. For official test: you can test them with EQ test. All these low-level vital skills make them never feel safe, connection to the environment: it makes them stress. Over time, it makes the downward spirals that make them more and more lack of social skills and suffer more stress. Poor in EQ: autistic kids do not understand fable and metaphors. Genes cannot make them poor in EQ, and cognitive thinking. Trainers know any skill can be learned with just basic supports.

ALL IN ONE, ONE IN ALL:

As therapists: Neurologist, psychiatrist, sociologist, gastroenterologist, urologist, educators, sleep therapists, cardiologist, language therapists, educators, trainers and teachers, we should remember there is no separation in the health of heart, stomach, muscle, cognitive thinking, sleeping, hormone system: all are interdependent and under the state of mind.

Characters of the Mind: Irrational mind, the giant brain evolved for millions of years, illogical mind and Placebo effects, neuro-plasticity, Mirror neurons, self-affirmation, self-talk, nocebo effects, T1/2 of all substances, taboos, rituals, religious belief, compound effects, conditioned responses, flexible adaptability, illusive mind, self-healing or self-destroying, irrational thinking, Subliminal message, marketing of luxury brand, and hysteria. What do people feed the mind of the kids every day? And what if all of these lead to negativity or positivity? Maybe Outliers or Failures!

Picture: The effect of stress hormones: the best explanation for many syndromes, rainbows of problems and gut feelings.

Biography

Van Duy Dao has completed Pharmacist Bachelor degree in Hanoi University of Pharmacy. He is a pharmacist, personal development lover, and meditation practitioner. Proud to be a pharmacist, but he is ashamed of the failure of knowledge and the medication in healing many unknown Causes. Most of the medications only make temporal relief and many medications chronic patients have to take in their lifetime. Worst of all: mental illness, depression, ADHD, Autism, suicide, and gunfire, social problems seem to go against all the advancement in economic, standard living and Giant leap in technology. He keeps on searching. Advantage of the general knowledge of medicine, physiology, psychology, pharmacology, management, marketing, selling, persuading, motivating; and the mixing of Eastern Philosophies: Buddhism, Taoism, Confucianism which full of paradoxical subtle profound knowledge in the art of living, virtues, purposeless, pace of nature to gain success, health, happiness, and inner-peace in daily life.

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