Workshop ID: IW02

Current and future approaches with dementia

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Educational Objectives: To review the diagnosis and treatment of serious cognitive impairments in the elderly, focusing most particularly on dementia of the Alzheimer type.

Workshop description: This workshop will review the diagnosis and treatment of serious cognitive impairments in the elderly, focusing most particularly on dementia of the Alzheimer type. Essential clinical diagnostic criteria, potential biomarkers and important treatment strategies will be discussed with an emphasis on what is currently state of the art in today's clinical practice as well as what may become state of the art in the years to come. Furthermore, the diagnosis of dementia as we currently know it may soon expand to encompass the possibility of dementia syndromes with multiple underlying causes and resultant clinical courses.

While Alzheimer's disease (AD) is by far the most common of the dementias, the clinical diagnosis is anything but straightforward. The definitive diagnosis is dependant on the pathologic confirmation of plaques and tangles on autopsy or biopsy of the brain, but the antemortem diagnosis of the illness is based on clinical findings. Specifically, there must be impairment in two or more areas of cognitive function (i.e., memory, judgement, language, executive function, spatial orientation, delayed recall, etc.) and evidence of decline over the last six months. Biologic measures such as standard neuroimaging procedures, genetic markers and neuroendocrine tests can be helpful in pointing the clinician to other possible causes of dementia, but they rarely support a definitive diagnosis of AD on their own. Even the known genetic mutations known to cause AD can only be considered prognostic markers in the absence of cognitive decline.

Today, mild cognitive impairment (MCI) is considered by many to be the stepping stone toward the clinical diagnosis of AD, but this condition is still dependant on the documentation of clinical changes in cognitive status. We will discuss the role of the general practicioner in the evaluation of such early clinical changes. In the near future, AD may well be diagnosed long before the onset of significant cognitive pathology. Current research on the use of genetic association markers (e.g., APO E 4 alleles), cerebrospinal fluid levels of amyloid beta 1-42, and brain imaging techniques such as PET and MRI scans have each made contributions to the possible earlier diagnosis of this illness. While not clinically applicable at this time, this work with potential biomarkers is proceeding rapidly.

If the diagnosis of AD and other AD-related illnesses can be discerned before devastating brain damage has already developed, then the use of prophylactic treatments become a real therapeutic possibility. We will discuss the current and future treatments for AD and other dementias with a special emphasis on the possible preventative strategies and current approaches to behavioural problems with demented patients. This workshop will involve interactive discussions and electronic voting on key issues with an expert.

Methods:
Introduction to subject of workshop.

Group work. Questions incl. references handed out.
Expert session.

Target audience: Young doctors as well as specialists participating in congress.

Workshop level: Doctors and specialists with experience or interest in geriatric care.

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