

## Workshop 4: Cognitive Assessment For Older People in Daily Clinical Practice – A Primer

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The world faces a rapid population aging. Based on the World Health Organization (WHO) estimates, number of individuals older than 60 years is expected to double by 2030. With this demographic shift, non-communicable diseases are on the rise in the older population, especially neurocognitive disorders (NCD). Globally, 10 million new cases of dementia are detected every year according to the WHO (2019) data. Mild Cognitive Impairment (MCI) has an even greater prevalence of 15-20% with a conversion rate of 5-10% each year. NCD are not only progressive, but are associated with impairment of functioning, reduced autonomy, behavioral challenges, altered quality of life and caregiver burnout.

In light of the same, brief, tailored and culturally sensitive cognitive assessments need to be an integral component of routine mental healthcare for older people. However, training and validation related to such rating scales are often lacking, there exists ambiguity in their interpretation and their use is limited to tertiary settings. Further, various challenges in their use such as effect of education, ceiling effects, linguistics and patient comfort are often not taken into account.

**With this background, the current interactive workshop will involve**

- *Understanding the various domains of cognitive assessments in older people*
- *Clinical nuances for early detection of cognitive deficits*
- *Familiarity with the basic rating scales (screening and batteries) for assessing cognitive deficits in older adults*
- *Bedside lobar assessments*

\*This workshop intends to make the participants comfortable and interested in using structured cognitive assessments and clinical evaluation of cognitive deficits as a routine component of their clinical care for older adults.

## Workshop 5: Mitigating Ageism in Everyday Clinical Care

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**Learning objectives:** At the end of this workshop, participants will be able to:

- Integrate a human rights and dignity-based strategies into daily clinical care for older persons with mental health conditions
- Identify the effects of intersections of ageism, ableism, mentalism and elder abuse on the care provided to older persons with mental health conditions

- Describe and support the need for an international (UN) Convention on the rights of older persons to improve the care of older persons with mental health conditions

**Background:** Our world faces rapid population aging. Based on the WHO estimates, nearly 20% of older persons will have mental health conditions such as dementia, depression, anxiety and substance use, often complicated by physical and psychosocial comorbidities. Various mental health inequalities exist in this vulnerable population negatively influencing their healthcare and social status. This includes the 'triple jeopardy' of ageism, ableism and mentalism. The ongoing COVID-19 crisis has only widened the marginalization of older persons and especially those with mental health conditions.

**Methods:** Even though there has been a paradigm-shift in neurobiological understanding of psychogeriatrics, dignity-based mental healthcare is still silent in research as well as practice. This workshop brings in recommendations to include the principles of rights, dignity, equality, equity and respect in clinical care for older persons living with mental health conditions, including dementia. These suggestions are based on literature review, position statements of global organizations working in this area, the Decade enablers of the UN Decade of Healthy Aging (2021-2030) and also clinical experience of the authors. Special focus will be on end-of-life care, advance directives and those in institutionalized settings.

**Mode of conduction:** The workshop will involve a strategic and interactive discussion based on real-life case vignettes. Feedback will be sought on the perceived status of dignity and human rights in current clinical practice. Focus will be on ensuring dignity and promoting human rights in routine clinical care and patient-physician communication, age-friendly healthcare settings for older persons and the role of dignity therapy. The need for an International Convention for the rights of older persons will also be highlighted with evidence.

Elder abuse and inadequate end-of-life care as two of the many common manifestations of the implicit bias and core root cause of the phenomenon of the "ageism spectrum". Ensuring dignity and human rights in older persons can combat ageism and prevent elder abuse. Adequate sensitivity and training of professionals in this area will set the future pathway for dignified mental health interventions in the older persons with mental health conditions that are devoid of age-based discrimination and prejudice.

## Workshop 6: Young-onset Dementia (YOD), new developments, part 1

**Using the axonal protein neurofilament light to distinguish psychiatric and neurodegenerative disorders across a program of clinical research studies**

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**Introduction:** There is an urgent need for clinical blood biomarkers which can rule in/out neurological disorders early in those with psychiatric symptoms, personality or behavioural changes and/or functional decline together with cognitive symptoms. The neuronal axonal protein neurofilament light (NfL) is released from damaged neuronal axons and can be measured in in blood and cerebrospinal fluid (CSF). We have undertaken a series of studies aimed at examining the clinical utility of blood and CSF NfL in assisting with the distinction between psychiatric and neurodegenerative / neurological disorders.