
Keynote Forum

August 16, 2018

Dementia 2018



10th World congress on

Dementia and Alzheimer's Disease

August 16-17, 2018 | Copenhagen | Denmark

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Marina Zueva

Moscow Helmholtz Research Institute of Eye Diseases, Russia

Stimulation therapy with complex-structured stimuli in the neurorehabilitation after TBI

The recent achievements in the studies of neuroplasticity led an enhanced attention to internal restorative strategies. Neurorehabilitation, based on the principles of neuroplasticity, is considered to be the promising way to mitigate the adverse consequences of traumatic brain injury (TBI) to cognitive functions. The ability of the brain to restore and to create the neural connections makes it essential to search for methods that could stimulate the restoration of disturbed networks and also can help building the new ways to compensate the deficit of the cognitive functions. Technologies of cognitive rehabilitation relying on the structural and functional plasticity of the brain include programs of mental and physical training and various techniques of stimulation therapy, including transcranial magnetic and electrical stimulation, and noninvasive sensory stimulation exploiting the BWE phenomenon. Currently, the stimulation therapy applies a periodic rhythm of audio, visual and other signals which can provide the local improvement of the cortical activity in the particular range of oscillations. But it is unable to restore the complex dynamics of the activity of the brain characteristic of a healthy person and therefore, cognitive performance of the person. We suppose that in patients after

brain injuries, the fractal flicker stimulation, and the stimulation by complex-structured sound tones and signals of other modalities will promote activating the structural-functional plasticity and improving the memory and other cognitive functions. Changes in the cortical activity evoked by fractal stimuli can mediate the impact of stimulation on cognitive performance. The use of new approaches to neurorehabilitation aimed to increase the potential of neuroplasticity can also improve the therapeutic effects of other known methods of the training the brain. That is, the period of enhanced plasticity can present some therapeutic temporal window, during which an increase in the efficiency of different others neurorehabilitation measures should be expected.

Speaker Biography

Marina Zueva is a professor of Pathophysiology and graduated from the Lomonosov Moscow State University (Physiology of Higher Nervous Activity), received her Ph.D. and Biol. Sci. D. from Moscow Helmholtz Research Institute of Eye Diseases. Currently, she is the Head of the Division of Clinical Physiology of Vision at the Moscow Helmholtz Research Institute of Eye Diseases. She has published over fifteen peer-reviewed full-length papers in English (over 100 in Russian) and presented near 70 topics at international conferences.

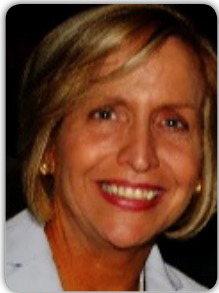
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Claire Henry

Lourdes Memory Center, USA

Managing behavioral disturbance with the dementia client through person-centered care model


Person-centered care models regarding dementia care, has demonstrated positive outcome for behavioral disturbance. The leadership, guidance and training on championing this model into practice is lacking in our healthcare delivery system. The intent here will be to increase awareness and understanding about person-centered care for people with dementia. Discussion will include complex needs of people with dementia, leading to compromised behavioral symptoms; including sleep-wake-cycle disturbance, verbal outbursts and aggression. Further discussion encompasses evidence-based outcomes with the use of person-centered care that focuses on preserving the “personhood” of the individual. The learner will understand the role of person centered care for the dementia client. The learner will identify the difference between person centered care and task centered care and the significance of moving towards a person-centered care model related to the Dementia client. The learner will develop necessary tools to

manage challenging behaviors and how person centered care model can directly impact escalation of behavior symptoms. The learner will recognize that all behavior is a form of communication. The learner Will develop necessary skills on communication techniques with the dementia client.

Speaker Biography

Claire Henry, Lourdes Memory Center Director whose aim is to enhance the quality of life for those individuals with Alzheimer's and other related behavioral diseases. Responsibilities include managing and coordination of all staff within the memory care unit; evaluating clinical service functions to provide optimum care for each individual resident within the Lourdes Memory Center. Emphasis has been on developing partnerships with families and creating tailored resident profiles which promotes the highest quality of care for each resident. Functions as an accomplished healthcare educator with demonstrated ability to teach, motivate clinicians, physicians and educators, while maintaining high interest and achievement. Articulate communicator who effectively interacts with diverse populations of healthcare professionals at a variety of academic levels.

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Stephen Skaper

University of Padua, Italy

Synaptic plasticity, Dementia and Alzheimer's Disease

Neuroplasticity is both a substrate of learning and memory and a mediator of responses to neuronal cell attrition and injury. It is a continuous process in reaction to neuronal activity and injury, death, and genesis, involving modulation of structural/functional processes of axons, dendrites, and synapses. Structural elements that embody plasticity include long-term potentiation (a cellular correlate of learning and memory), synaptic efficacy, synaptic remodeling, synaptogenesis, neurite extension including axonal sprouting and dendritic remodeling, and neurogenesis and recruitment. As research on human neurodegeneration has moved from descriptive phenomenology to mechanistic analysis, it has become increasingly apparent that the morphological lesions long used by neuropathologists to confirm a clinical diagnosis after death might provide an experimentally tractable handle to understand causative pathways. For example, Alzheimer disease (AD) is an aging-dependent neurodegenerative disorder characterized neuropathologically by deposition of insoluble amyloid β -peptide ($A\beta$) in extracellular plaques and aggregated tau protein, which is found largely in the intracellular neurofibrillary tangles. We now appreciate that mild cognitive impairment in early AD may be due to synaptic dysfunction caused by accumulation of non-fibrillar, oligomeric $A\beta$, well before widespread synaptic loss and neurodegeneration become evident. Soluble $A\beta$ oligomers can

adversely affect synaptic structure and plasticity at extremely low concentrations, although the molecular substrates by which synaptic memory mechanisms are disrupted remain to be fully elucidated. A primary locus of excitatory synaptic transmission in the mammalian central nervous system is the dendritic spine. Loss of spine density has been linked to cognitive and memory impairment in AD. We will review current knowledge on the bases of synaptic dysfunction in neurodegenerative diseases, with a focus on AD, and will cover both amyloid- and non-amyloid-driven mechanisms. Consideration will also be given to emerging data which point to potential therapeutic approaches for ameliorating the cognitive and memory deficits associated with these disorders.

Speaker Biography

Stephen Skaper received a PhD in biochemistry from the University of South Dakota and Laurea in chemistry from the University of Padua, Italy. He is currently Adjunct Professor in the Department of Pharmaceutical and Pharmacological Sciences (section on Pharmacology and Anesthesiology) at the University of Padua. Previously he was a Senior Group Leader for Neurodegeneration Research, Neurology Centre of Excellence for Drug Discovery, GlaxoSmithKline Research and Development Limited, United Kingdom, and also held academic research positions in the Departments of Medicine and Biology at the University of California, San Diego. Skaper has authored/co-authored over 300 research papers, as well as having guest-edited journal thematic issues and two volumes of *Methods in Molecular Biology* on neurotrophic factors. He is Editor-in-Chief of *CNS & Neurological Disorders Drug Targets*, a Councilor of the International Association of Neurorestoratology, and a member of Sigma XI, Phi Lambda Upsilon, and the Society for Neuroscience.

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Hadi Eltonsi

Cairo University Medical Collage

Immediate Healing for Personality Development

Clients receiving psychotherapy require several sessions even if with drugs and use of will power.

Purpose of the treatment: Achieving immediate non medicinal effortless painless healing without complications For personality development, relief of neurotic disease, psychosomatic symptoms and diseases, treating emotional obesity and smoking.

Method: After joint analysis with Client and definition of psychological and physical goals of treatment, Hadi Eltonsi as a trained behavioral, cognitive and logotherapy arrives with client to a new corrected understanding of the case and roots of conflicts in childhood, taking around 2 hours, then in less than an hour performs non verbal interpersonal hypnosis with transfer of energy and telepathy to client till deep sleep when he implants the required personality, ideas, emotions, motives and attitudes into the subconscious embodying the required state. The subconscious and conscious mind will have same agreed upon analysis and targets for immediate results in that session of 3 hours.

Results: Hadi El Tonsi got patent in Egypt 2016 for his discovery of The Immediate Healing for Personality Development and for mentioned purposes. Up till now treating more than 700 cases aging between 12 and 80 years with relief of more than 80% of cases either totally or mostly.

Conclusion: Immediate non medicinal revolutionary life transforming healing for a wide spectrum of cases achieving higher grades of maturity, insight, harmony and efficiency saving client time, effort, interests and complications. Also used to mature community leaders to be a trouble shooter model efficient leaders with team spirit.

Speaker Biography

Hadi Eltonsi a medical graduate trained in group psychotherapy, hypnosis, silva mind control, NLP, Reiki Master, Pranic Healing, Life Couch, Mantra Yuga meditation among others courses for psychic powers, family constellation thru his medical study and practice then as a diplomat and Ambassador. He performed many TV, Radio interviews and seminars apart of two short Smerican films about his work or inspired by his skills which were shown in international film festivals, the second got an award in Venice 2017.

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Ramel Carlos

Neurology Clinic, USA

Obstructive sleep apnea in Dementia

Emerging evidence suggested a link between Obstructive Sleep Apnea (OSA) and cognitive decline, including dementia. The severity of cognitive impairment has been reported to be directly correlated with the degree of OSA. Neurodegenerative changes and vascular diseases are significant comorbidities on these patients. We report the occurrence of OSA in patients with dementia in the Island of Guam and to correlate the severity of OSA with the results of the neuropsychological testing and neuroimaging studies. We also report the prevalence of comorbid vascular diseases in these patients. A retrospective analysis of medical records of patients evaluated at Neurology Clinic with the diagnosis of OSA and dementia from August 2006 to June 2016 was conducted. There were 359 patients with dementia and 17% have been diagnosed with OSA. Among patients with OSA, 45% have moderate to severe OSA with moderate degree of cerebral atrophy on the neuroimaging studies and 17% have mild OSA with mild degree of cerebral atrophy. 17% of patients with moderate to severe OSA have moderate impairment on global cognitive scores and 17% with

mild OSA have mild impairment on global cognitive scores. 25% of patients with moderate to severe OSA have stroke and 17% have leukoaraiosis in the neuroimaging studies. The prevalence of vascular diseases on patients with moderate to severe dementia showed that 75%, 58%, 66% and 33% of patients have hypertension, diabetes mellitus, hyperlipidemia and heart diseases, respectively. Wherein patients with mild dementia, hypertension, diabetes mellitus, hyperlipidemia and heart diseases were identified on 70%, 54%, 60% and 30% of patients, respectively. Conclusion: OSA is a common sleep disturbance in patients with dementia. The severity of OSA correlates closely with the degree of cerebral atrophy and global cognitive scores. Various comorbid vascular diseases are frequently encountered in patients with OSA and dementia.

Speaker Biography

Ramel Carlos is a Board Certified Neurologist. He is currently working at Neurology Clinic in Tamuning, Guam. He completed his Residency and fellowship training at Wake Forest University, Winston-Salem, North Carolina.

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