

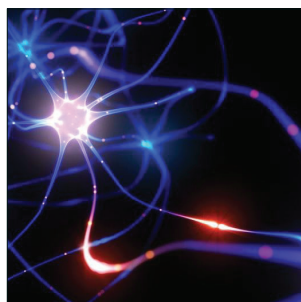
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# Scientific Tracks & Sessions

## September 16, 2019

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### ***Dementia 2019***



13<sup>th</sup> World Congress on  
**Dementia and Alzheimer's Disease**  
September 16-17, 2019 | Paris, France

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**Personalized playlists for people with Dementia: The development of best-practice guidelines for music use**

**Sandra Garrido**

Western Sydney University, Australia

Personalized music playlists are increasingly being utilized in health-care settings to reduce the severity of the behavioural and psychological symptoms of dementia. However, contrary to popular perceptions, music is not the universally positive 'cure-all' that many believe it to be. People with dementia are particularly vulnerable to negative effects from listening to music, such as increased agitation or depression, particularly if they have a history of mood regulation disorders. In a series of experiments we were able to identify how particular features of music such as the tempo and mode (key) influence affective states of people with dementia. In collaboration with aged care workers, home based carers, and other stakeholders, we have developed a set of best-practice guidelines based on our findings to help carers of people with dementia select music in more strategic ways. This presentation will discuss

the development of the guidelines and preliminary results from its trial in aged care facilities and home care settings. Our findings indicate that in addition to accounting for personal preferences, music for people with dementia needs to be carefully targeted towards the affective outcome desired while taking other mental health factors into account.

**Speaker Biography**

Sandra Garrido is an NHMRC-ARC Dementia Research Development Fellow at the MARCS Institute for Brain, Behaviour & Development at Western Sydney University. She has a background in both music and psychology. Her work focuses on translational research involving arts in health contexts, in particular with people with dementia and depression. She has authored over 70 academic publications including a book entitled *Why We Are Attracted to Sad Music?* (2017).

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## A treatable Dementia: Normal pressure Hydrocephalus

**Veronica Redaelli**

Neurological Institute Carlo Besta, Italy

In the near future the population of the over 65 is expected to increase arising the big problem of social care of the elderly. As consequence, the incidence of iNPH will grow because of the augmented life expectancy increasing the risk of severe cognitive impairment. Idiopathic normal pressure (iNPH) is a neurological disorder occurring in older adults and involving gait and balance disturbances, control of micturition, and cognitive impairment (the so-called “classic triad” of symptoms of the disease) associated with enlargement of the cerebral ventricles. Gait and balance disturbances are the most common early presenting findings and may occur alone or together, with cognitive and urinary symptoms appearing later. Diagnosis is often challenging due to its varied presentation and overlaps with other disorders common in the elderly (e.g. dementia or parkinsonism). Evidence-based consensus guidelines for diagnosis and treatment of iNPH were created to assist in clinical management, although the pathophysiological basis of the disease is still not clear. The diagnosis of iNPH presently requires at least the clinical observation of one or more of its characteristic symptoms in combination with brain imaging evidence of a non-obstructive ventricular enlargement disproportionate to cerebral atrophy; adjunctive invasive tests (e.g. tap test, determination of outflow resistance, prolonged external drainage) to confirm diagnosis are suggested.

Correct diagnosis is very important for good prognosis after surgical shunting. Patients can present more than one disease: neurodegenerative, vascular disease and iNPH often contribute to the clinical presentation of old patients. Understand if treatment of iNPH can take to a better quality of life of the patients is the first aim of the neurologist. Surgical shunting of cerebrospinal fluid (CSF) is recommended for iNPH patients with a favourable risk-to-benefit ratio. Evidence has been collected about the presence of cerebrospinal fluid (CSF) biomarkers typically found in other neurodegenerative processes (e.g. ab-amyloid).

### Speaker Biography

Veronica Redaelli is a neurologist and a researcher at Carlo Besta Neurological Institute in Milan. Her work is centered around patients affected by neurodegenerative diseases, in particular dementias as Alzheimer's disease (AD) prion diseases, tauopathies, parkinsonisms and patients affected by iNPH. She studies neurodegenerative diseases using a variety of approaches including genetic studies, classical neuropathology and immunohistochemistry, biochemistry, cellular and molecular biology and was aimed to define clinico-pathological and phenotype-genotype correlations in neurodegenerative diseases and to elucidate the pathogenetic mechanisms of neuronal degeneration in the diseases referred to as cerebral proteinosis, that are characterised by the accumulation in the nervous tissue of proteins or protein fragments (often amyloidogenic) as A $\beta$ , prion protein and tau protein.

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**Clinical characteristics and prognostic value of various Psychotic features in DLB patients**

**Elena Vasenina, Chimagomedova A, Anikina M and Levin O**

Russian Medical Academy of Continuous Professional Education, Russia

**D**ementia with Lewy bodies is the second most prevalent neurodegenerative dementia after Alzheimer's Disease. Key attributes of DLB are parkinsonism, visual hallucinations, attention fluctuations, and RBD. Parkinsonism is represented by heterogeneous feature set, however it has no particular specificity besides having left-side onset more often and presence of myoclonus which directly correlates to psychotic disorders. Defining fluctuations as well as approaches to diagnostics of them continues to be the topic of discussions, similar phenomenon is also observed in different dementias which also doesn't allow to treat it as a specific feature. Psychotic disorders in DLB patients are various, most typical are visual hallucinations, however illusions, passage and presence phenomena, impaired identification as well as other delusional disorders are observed. Based on analysis of 148 DLB patients we have shown specific relations of various psychotic symptoms with particular cognitive domains and revealed sequence of their occurrence. Using 1.5 Tesla MRI it was possible to reveal relations between psychotic symptoms and damage of specific

structures. Analysis of particularities in neuropsychological profile and particular pattern of damage shown by MRI allowed to explain the "silence" of visual hallucinations and rare occurrence of auditory hallucinations. Complex approach allowed to differentiate between 3 DLB subtypes considering period of psychotic disorders occurrence, specifics thereof, cognitive impairments particularities and neuroimaging data. The subtypes we identified show differences in response to basic anti-dementia therapy (cholinesterase inhibitors and Memantine), which allows for differentiated approach to therapy and prognosis.

**Speaker Biography**

Elena Vasenina received her MD in 2009. At the age of 27 years she has completed her PhD studies "Cholinesterase inhibitors in treatment of DLB patients" from the Russian Medical Academy of Continuous Professional Education, Russia. Now she is associate professor of neurology department of the Russian Medical Academy of Continuous Professional Education, Moscow, Russia. She has over 100 publications that have been cited over 200 times.

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# Dementia and Alzheimer's Disease

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## The effect of Presbycusis-related Tinnitus among older adults with Alzheimer's disease

**Fereshteh Bagheri**

School of Rehabilitation Sciences, Iran

**B**y definition, Age-related hearing loss (ARHL) or Presbycusis is the organic and physiological changes that happen in the auditory system with increasing age above 65 years old. One of the features of impairment of auditory system functions is tinnitus. Both of them (Presbycusis and tinnitus) are essential risk factor for Alzheimer's disease.

Because of negative effects of Presbycusis and tinnitus on the speech perception in elderly people, a significant number of individuals with Alzheimer's disease have language problems in some stage of disease. Because in auditory processing there is a direct connection between

auditory discrimination, memory, and interpretation of spoken word and tinnitus disturbed the attention and memory in elderly people. It is important that we start treatment and use of hearing aid among alder adults with Alzheimer's disease and complain of Presbycusis and tinnitus.

### Speaker Biography

Fereshteh Bagheri has completed her PhD at the age of 29 years from Iran University of Medicine Science, Iran University, Iran. Her interested is mainly about relation between Alzheimer Disease and Auditory system function.

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