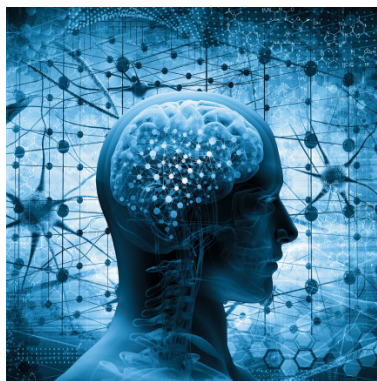
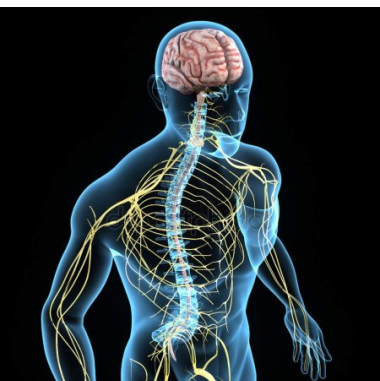


Workshop

Vascular Dementia 2019 *Stroke 2019*



12th International Conference on
Vascular Dementia and Dementia
&
8th International Conference on on
Neurological Disorders and Stroke
March 14-16, 2019 | London, UK

Joint Event
12th International Conference on
Vascular Dementia and Dementia
&
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Neurological Disorders and Stroke

March 14-16, 2019 | London, UK

Si Ching LIM¹ Limin YONG²

¹Changi General Hospital, Singapore

²NTUC Health, Singapore

Dementia and falls

Falls are common among the elderly, especially so among elderly with dementia and the rate of injurious falls is also higher among the elderly with dementia. Factors predisposing to falls among elderly with dementia include gait abnormality, autonomic dysfunction, executive dysfunction, depression, BPSD, drugs etc. Can we assess fall risk and are what can we do to reduce fall risk. Sharing the experience of dementia ward and fall in a teaching hospital in Singapore.

Speaker Biography

Si Ching LIM is a senior consultant, Geriatrician at Changi General Hospital (CGH), Singapore. She has a special interest in dementia care particularly in patients with behavioural and psychological symptoms of dementia. She is in charge of a 20 bedded dementia ward in CGH. She is responsible for developing the ward and training the staff in managing elderly with delirium and dementia with challenging behaviours. She is also teaching the nurses in the management of elderly patients in CGH to better

manage elderly with behavioural symptoms without using physical restraints. She graduated from the Bristol University and completed her postgraduate training in General Medicine in London. She is also a visiting consultant in Ang Mo Kio Community Hospital. Currently, she collaborates with the department of General Surgery on management of elderly post-operative care, created a recipe book for elderly who eat poorly using oral nutritional supplements. She is in the process of developing a dysphagia cup and a second recipe book for persons with severe dementia.

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Limin Yong is currently developing evidence-based community care models and enhancing long term care manpower capability for community settings. She has worked in many clinical settings, including acute tertiary centres, community hospitals and day rehab centres. Her clinical and research interests are in older adults' health, geriatric rehabilitation and falls prevention. She was awarded the Health Manpower Development Plan fellowship to undergo specialised training in geriatric rehabilitation and falls prevention in Australia. She is a strong advocate for inter-professional collaboration in clinical care, education and research.

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Si Ching LIM

Changi General Hospital, Singapore

Management of BPSD: From a Geriatrician's perspective

Dementia is becoming an expensive disease worldwide and its prevalence is on the rise, particularly in the developing countries. The non-cognitive symptoms of dementia, also known as neuropsychiatric symptoms or behavioral and psychological symptoms of dementia (BPSD) is particularly challenging for the caregivers resulting in significant caregiver stress, leading to burnout and institutionalization. BPSD occurs in >90% of people with Alzheimer's disease at some point during the course of their illness. There are currently no agreed pharmacological guidelines on management of BPSD. As a geriatrician, the first line of management is non-pharmacological approach since psychotropic medications are associated with adverse events like sedation and falls. An overview of BPSD including the spectrum of behavioral problems encountered, aetiology of BPSD, and approach to treatment of BPSD focusing on Person Centered Care (PCC) will be presented. For healthcare workers, particularly the ones not trained in Geriatric and Gerontology, BPSD is challenging and stressful. The majority of caregivers

will end up restraining- either physically or chemically, the patients for their safety. Restraining the elderly comes with complications like physical deconditioning, DVT, UTI, urinary retention, constipation, pneumonia, pressure sore, etc.

Speaker Biography

Si Ching LIM is a senior consultant, Geriatrician at Changi General Hospital (CGH), Singapore. She has a special interest in dementia care particularly in patients with behavioural and psychological symptoms of dementia. She is in charge of a 20 bedded dementia ward in CGH. She is responsible for developing the ward and training the staff in managing elderly with delirium and dementia with challenging behaviours. She is also teaching the nurses in the management of elderly patients in CGH to better manage elderly with behavioural symptoms without using physical restraints. She graduated from the Bristol University and completed her postgraduate training in General Medicine in London. She is also a visiting consultant in Ang Mo Kio Community Hospital. Currently, she collaborates with the department of General Surgery on management of elderly post-operative care, created a recipe book for elderly who eat poorly using oral nutritional supplements. She is in the process of developing a dysphagia cup and a second recipe book for persons with severe dementia.

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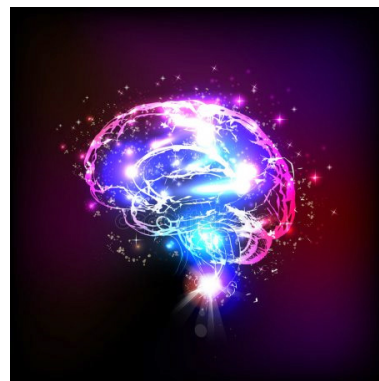
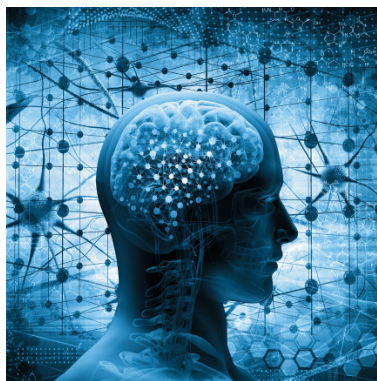
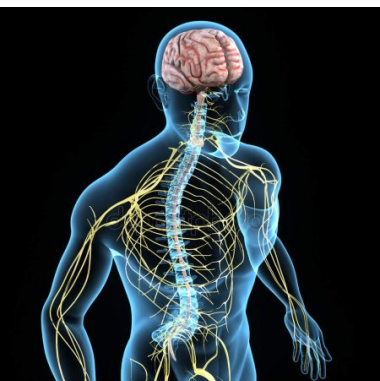
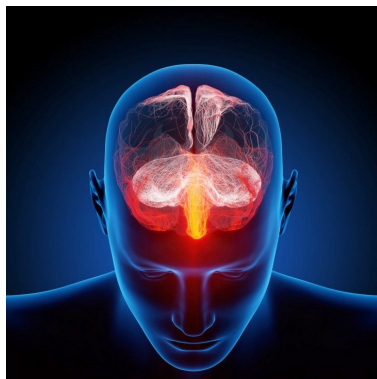
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Scientific Tracks & Sessions

March 14, 2019

Vascular Dementia 2019

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Dementia and frailty: Cause, effect or both

Reshma A Merchant

National University Health System, Singapore

Frailty is a clinical syndrome associated with greater risk for adverse outcomes such as falls, disability, institutionalisation and death. Cognition and dementia are known components of frailty, and the role of frailty as possible determinant of dementia especially vascular dementia is getting increasing recognition. Cognitive frailty is a condition recently defined as co-existence of physical frailty and mild cognitive impairment, with two proposed subtypes including potentially reversible cognitive frailty and reversible cognitive frailty. The definition continues to evolve with another group validating physical frailty and MCI using computerized neuropsychological battery of tests. As there is no agreed standard definition, the prevalence ranges from 1.0-22.0% in different settings. Cross-sectional, longitudinal population-based studies including our own local data have shown that cognitive frailty is associated with increased risk of functional disability, poor quality of life, hospitalization, falls, mortality and dementia. The mechanisms and pathophysiology underlying the cognitive-frailty link is multifactorial, and inflammatory, nutritional, vascular and metabolic factors may have a causal link. Physical frailty may also be prodromal stage of vascular dementia supported by imaging and biomarkers. Physical frailty and cognition should

be considered as a single complex phenotype for interventions on prevention of dementia. For those at risk, including prefrail and frail older adults, a recent systematic review have shown that multidomain interventions tended to be more effective than single domain interventions on frailty status, muscle mass and strength, and physical functioning. Nutrition as one of the domains is crucial as it delivers benefit at biological, clinical and social level. We need a more reliable definition and diagnostic criteria for cognitive frailty supported by imaging and biomarkers to identify those at risk and implement intervention program to delay or prevent frailty and late-life cognitive disorders.

Speaker Biography

Reshma A Merchant, Head and Senior Consultant at the Division of Geriatric Medicine at the National University Hospital, Singapore. Prior to this, she was the head of division of Advanced Internal Medicine for seven years since 2009 and under her leadership, the division has made great progress in care integration, care coordination and new models of care including acute medical unit and Innovation-42. She is a strong advocate of ageing in place. Her main area of research interest is in sarcopenia, cognitive frailty and successful ageing in the community. She also holds many leadership positions in national professional organizations and advisory boards. She graduated from the University of Edinburgh and obtained her postgraduate qualification from Royal College of Physician London in 1999 where she worked for several years before returning to Singapore in 2001.

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Trpv channels in the Brain and Pituitary: Organization and possible role

Santosh Kumar¹ and Praful Singru²

¹University of California Davis, USA

²National Institute of Science Education and Research, India

Transient receptor potential vanilloid (Trpv) subfamily of cation channels have emerged as novel regulators of neural and neuroendocrine regulation. Trpv ion channels are polymodal in nature and activated by a range of agents/stimuli. In recent years estradiol has emerged as a potential regulator of Trpv channels in the peripheral tissues and sensory neurons, however, its analogous role in the CNS is poorly understood. Trpv channels modulate Ca²⁺ signaling, neurotransmission and behavior, and expression of these ion channels and estrogen receptors show a great degree of overlap in different brain regions. The promoter of Trpv1-6 genes contain estrogen response element and we observed estrous cycle-related changes in their expression in different brain compartments. In view of the higher Ca²⁺-selectivity and estrogen responsiveness, we have demonstrated the neuroanatomical organization of Trpv5 and Trpv6-ir elements in the brain. We observed wide distribution of Trpv5- and Trpv6-equipped elements in the brain. Trpv5-ir was present in neurons as well as glial cells, whereas Trpv6-ir was observed in neuronal cell bodies and fibers. These ion channels expressing elements were observed in the hypothalamic cocaine- and amphetamine-regulated transcript (CART), neuropeptide Y (NPY), oxytocin

and vasopressin neurons. Further, CART neurons expressing Trpv5 and Trpv6-ir neurons in the hypothalamus coexpressing ER α showed estrous cycle-dependent changes. Given the discretely organized Trpv1-6-ir elements in different lobes of the pituitary gland, we speculate that Trpv ion channels as novel endocrine regulators of pituitary gland. We found the presence of Trpv1 in growth hormone (GH) cells and treatment with Trpv1 agonist stimulated GH secretion in rat pituitary primary cultures. Interestingly, the CART-induced GH release seems independent of Trpv1. The findings are important since Trpv1 is thermosensitive, temperature is an important regulator of GH secretion, and GH release has been shown to increase with an increase in the core body temperature during exercise.

Speaker Biography

Santosh Kumar has completed his PhD in April 2018 from the National Institute of Science Education and Research, Bhubaneswar, India. He worked on the neural pathways that link energy balance and reproduction, and explored the role of Trpv channels in the brain and pituitary. He has 12 publications of which 4 are first author published in Neuroscience, Journal of Neuroendocrinology, and Brain Research. At present, he is working on the mechanisms of neurodevelopmental disorders at the University of California, Davis, USA as a postdoctoral scholar.

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How to enhance self-consciousness in Dementias

Eva María Arroyo-Anlló¹ and Roger Gil²

¹University of Salamanca, Spain

²University Hospital, France


Dementia provides a valuable field of research into impairment of the Self. Self-consciousness (SC) or reflective consciousness (Lechevalier, 1998), is the subject's ability to understand his own states of consciousness such as perceptions, attitudes, opinions and intentions of their actions, and its dependence in the first instance on self-recognition. SC is the most sublime mental act of the person, the most distinctive feature of our human condition, which gives us the feeling of our uniqueness, of unrepeatable beings (Damasio, 2003). SC is multifaceted and it includes awareness of its body, of the perceptions, of our own projects or the future. It also includes a moral consciousness that allows human beings to make judgments about their thoughts and actions and to act in a complex social world with knowledge of himself and others. Finally, it is the awareness of each one's own history, of his autobiography and, consequently, is inseparable from memory, thanks to which the identity of each human is building. Thus, we can distinguish several aspects of self-consciousness, such as: Personal identity, Metacognition, Affective state, Body representation, Prospective memory, Introspection and Moral judgements. Self-consciousness alterations are manifested by changes in style of dressing, changes in social presentation

and changes in political ideology or religion. In this way, works that relate to the exaltation of the SC by music, taste, smell, the garden ... with the persistence of an emotional stimulation of an automatic type of the hippocampus (and thus, of memory), through of the amygdala, are hopeful in the devastating process of this disease, alleviating their loss of identity. These emotionally charged sensory stimulations could help to implement better intervention strategies.

Speaker Biography

Eva María Arroyo-Anlló, Professor of Clinical Neuropsychology at the University of Salamanca, Spain. She is a PhD teacher at Neuroscience Institute of Castilla y León (Spain) in aspects related to the profile of Neuropsychology and dementias. She has had a training in Clinical Neuropsychology at the University Hospital of Montreal (Canada) and at the Neurology and Neuropsychology Units of University Hospital of Poitiers (France). She created her own company "Memory Clinic", related to rehabilitation of damaged brain. Currently, she is working as a clinical neuropsychologist at "Alaejos Clinic" in Salamanca. She is Member of the Experts Panel in Neurosciences (Neuropsychology) in the XII Directorate-General for Research of the European Commission (Brussels, Belgium) from 2001. She received several awards Hilario Bravo Award, Caja Madrid, "Woman of the Year 2000" award from the American Biographical Institute and "Juan Huarte de San Juan" award.

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Paediatric Lenticulostriate Saccular Aneurysms - Challenges and outcomes: A case report

Sibhi Ganapathy¹, Rajesh Nair² and Girish Menon²

¹Manipal Hospitals, India

²Manipal University, India


Distal Lenticulostriate aneurysms are uncommon. They occur in a background of Moyamoya disease, vasculitis, collagen vascular disorders or AVMs. A prominent minority is idiopathic as well. Owing to the small caliber and high pressures seen in the lenticulostriate artery, dissections as well as fusiform dilatations are more common than saccular aneurysms. A common presentation of these aneurysms is a spontaneous basal ganglia hematoma with results in hemiplegia and dysphasia (depending upon the side of involvement) with or without obstructive hydrocephalus due to the presence of intraventricular extension of the bleed. Incidental detections of these aneurysms, especially in the pediatric age group are rare, as the diagnosis can only definitely be made on angiography. The detection is made difficult by the presence of concomitant pathologies, such as Moyamoya disease and vasculitis with obscure the imaging required for diagnosis. We present the report of a lenticulostriate saccular aneurysm, which presented with acute onset (15 mins) features of raised ICP associated

with a hemiparesis. The aneurysm was surgically clipped. The patient had a transient post op hemiplegia, which completely recovered. The report highlights the rarity of the disease, surgical challenges posed and the post op events to be expected and prevented in order for optimal recovery to occur.

Speaker Biography

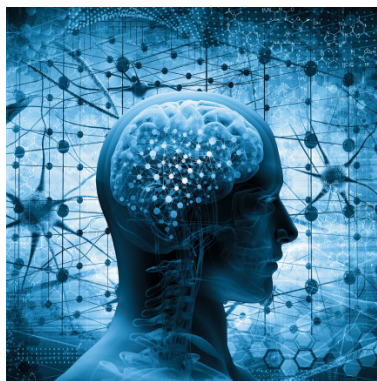
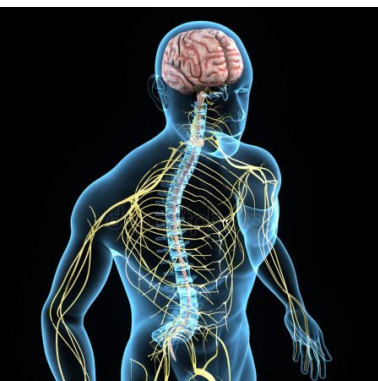
Sibhi Ganapathy finished his basic degree from the prestigious Christian Medical College and Hospital Vellore in South India with distinction. He pursued a career in Neurosurgery and Spine surgery which led him to the prestigious Manipal University where he trained under the guidance of the renowned professor Girish Menon. He has since been working in various centres of excellence in south India. He has conducted many workshops and CME programmes involving Indian and International experts in Spine, Skull Base Surgery and Paediatric Neurosurgery. He is an avid researcher and has more than 30 publications, chapters in books and articles published in international peer reviews publications. He is a member of various international organisations such as the medical council of India, Neurological Society of India and the Walter Dandy Society. His interest in neurosurgery is primarily dedicated to functional Neurosurgery for Movement Disorders, as well as Vascular Neurosurgery and Stroke Prevention.

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Scientific Tracks & Sessions
March 15, 2019

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12th International Conference on
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Isolated carotid webs – An uncommon cause of recurrent Strokes

Sibhi Ganapathy and Swaroop Gopal
Manipal Hospitals, India


Carotid webs are an evolving diagnosis made more often now, than before the advent of angiography. The webs are defined as a small intimal outgrowth that forms an obstruction to the streamlined flow of blood in the carotid artery. Angiographically they are defined as a filling defect seen in the bulb of the ICA just after the bifurcation of the ICA. These webs by virtue of their disruption of the laminar flow of blood give rise to slow eddy currents that result in thrombosis and thrombo-embolism. We present a patient who complained of recurrent strokes who was investigated extensively elsewhere without result. An angiogram of the carotid circulation showed a carotid intimal web at the posteromedial aspect of the ICA bulb, just distal to the common carotid artery bifurcation. The web was treated with an endovascular stent placement, which collapsed the web and its pocket of eddy currents completely thereby eliminating the danger posed by it. The report highlights

the difficult nature of diagnosis while looking at prevalence and incidence of webs in the carotid system. The therapeutic options as well as prognosis in the short and long term are also addressed in the accompanying literature review.

Speaker Biography

Sibhi Ganapathy finished his basic degree from the prestigious Christian Medical College and Hospital Vellore in South India with distinction. He pursued a career in Neurosurgery and Spine surgery which led him to the prestigious Manipal University where he trained under the guidance of the renowned professor Girish Menon. He has since been working in various centres of excellence in south India. He has conducted many workshops and CME programmes involving Indian and International experts in Spine, Skull Base Surgery and Paediatric Neurosurgery. He is an avid researcher and has more than 30 publications, chapters in books and articles published in international peer reviews publications. He is a member of various international organisations such as the medical council of India, Neurological Society of India and the Walter Dandy Society. His interest in neurosurgery is primarily dedicated to functional Neurosurgery for Movement Disorders, as well as Vascular Neurosurgery and Stroke Prevention.

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Neuropsychiatric symptoms in AD, VaD, MCI and VCI Thai cohort at the Memory Clinic at Siriraj Hospital, Thailand

Vorapun Senanarong
Mahidol University, Thailand

Neuropsychiatric syndromes (NPs) play an important role in recognizing and diagnosing specific neurocognitive disorders (NCD). They assist in differential diagnosis among the NCD. Specific diagnostic criteria have been developed for psychosis in AD, depression in AD, apathy in AD and other NDD, and agitation in cognitive disorders. Vascular cognitive impairment (VCI) requires onset of the clinical syndrome to be related to a cerebrovascular event and evidence of decline in frontal executive functioning, plus one of the following: gait disturbance, urinary symptoms, or personality and mood changes. There must also be evidence on neuroimaging of cerebrovascular disease (CVD).

Objectives: We explored NPs in the memory clinic cohort at Siriraj Hospital, Thailand. Five hundreds and two individuals with Alzheimer disease dementia (AD), 185 with vascular dementia (VaD), 175 with mild cognitive impairment, and 30 with vascular cognitive impairment (VCI) were screened for NPS by using neuropsychiatric inventory (NPI). Factor analyses were utilized to weigh neuropsychiatric domains of NPs.

Results: The prevalence of delusion, hallucination, agitation, apathy, irritability and aberrant motor activity were statistically differed among AD, VaD, and MCI groups. Only the prevalence of apathy and agitation were significantly differed between AD and VaD. When comparing MCI and VCI, the prevalence of night time behavior was the only NPs that significantly differed between these 2 CI groups. Factor analysis in AD Thai cohort


found that NPs were divided into psychotic factors, mood factors, frontal factors (euphoria and disinhibition) and miscellaneous factors (apathy, aberrant motor activity, night time behavior, and appetite change). While among VaD Thai cohort, NPs were divided into frontal factors (agitation, disinhibition and irritability), psychotic & mood factors, psychomotor factors (euphoria, aberrant motor activity and night time behavior), and miscellaneous factors (apathy and appetite change).

Discussion: Asian population is known to have more neurovascular burden than Caucasian population. In Thai cohort, psychotic and mood factors were shown as in Caucasian cohort. The frontal factor and psychomotor factors are prominent in our study. It was shown in previous Asian study as well. The NPs in VCI was lower than those in MCI Thai cohort. The NPs in VCI and MCI was different in a night time behavior incidence. However, the NIA-AA criteria for MCI due to AD do not include reference to behavioral changes.

Speaker Biography

Vorapun Senanarong heads and is the Director of the Memory Clinic, the Ageing and Dementia Program at Division of Neurology, Department of Medicine at Mahidol University and promoted to Associate professorship in 2001. She also sits in the subcommittee of the undergraduate training program and is a member of hospital assurance of outpatient clinics of the Department of Medicine at Mahidol University. She has published more than 40 papers in both national and international journals, and had written chapters in books on dementia. She is actively participates in both national and international societies.

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Using mental imagery in Stroke Rehabilitation in Saudi Arabia

Najla AlHashil, Kate R and Eirini K
University of Nottingham, UK

Background: Mental Imagery (MI) is the experience of generating images of movements in the mind. Recent findings from randomized clinical trials have suggested its use in rehabilitation programmes to improve stroke patients' functional recovery; however, there are no guidelines to support its use in Saudi Arabian clinical practice.

Purpose: This Delphi survey aims to develop best practice recommendations for the use of MI by investigating the necessary factors and equipment required to facilitate the use of MI within stroke rehabilitation. Additionally, attributes of stroke survivors needed to engage with MI within the context of stroke rehabilitation will be identified.

Methods: A web-based Delphi survey will be conducted in Bristol Online Survey. Local, national and international experts in the use of MI in stroke rehabilitation clinical practice or research will be identified from recent published research, and local and national networks, clinical interest groups, and snowball sampling. The study will take three to four months, with approximately two to five rounds. Data will be analysed with a consensus cut-off score value of $\geq 70\%$. Statements


that do not reach value will be re-sent to the participants for reappraisal on further rounds. The quantitative data obtained from the questionnaires will be reported after being analysed using descriptive statistics, and percentage consensus, using the Statistical Package for the Social Sciences (Version 24).

Results and discussion: Ethical approval was sought for this study. Completion of the study will occur when the target consensus level is reached. To date, round one has been completed, and results have been analysed. Response from round one, has indicated that 41% of the total items have not reached consensus. For that round two survey has been sent to the participants for completion. We anticipate the study will be completed by March 2019. Conclusion: Recommendations for best practice for MI use in stroke rehabilitation will be reported based on the findings.

Speaker Biography

Najla AlHashil is doing her PhD at the University of Nottingham, and is working as a physiotherapist at the hospital of University of Imam Abdurrahman Bin Faisal since 2007 in Saudi Arabia.

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 Notes:

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A typical presentation of frontal temporal lobe Dementia

Ruth Akiyo Mizoguchi, Will Haskins, Jonathon Wood, Maggie Ting, Clare Anderson, Chris Carswell and Inaki Bovill
Chelsea and Westminster Hospital NHS foundation trust, UK

A 66-year-old Caucasian lady presented to hospital with a first episode of seizure. She was found to be hyponatraemic (sodium 108mmol/L) secondary to Primary Polydipsia which she required intensive care unit (ICU) admission. Her routine blood tests and cerebral spinal fluid were normal. MRI brain showed cerebral atrophy with disproportionate involvement in medial temporal with asymmetric hippocampus, and frontal lobes.

Post ICU admission, she continued to display impairment of episodic memory, with anomia, mild fluent aphasia and deficits in executive function. She also showed signs of Behavioural Psychological symptoms of Dementia (BPSD) and displayed hyperphagic tendencies towards sugary foods. Both donepezil and memantine were trialled during her time on the ward but neither provided symptomatic benefit.


At the memory clinic post discharge, her family mentioned she had episodic memory decline over the last 4 years with an accelerated decline 6 months prior to her hospital admission. She also developed a compulsion in drinking up to 15L of

water per day. Her neuropsychometric test included: Frontal Assessment Battery 10/18, Frontier executive test 3/15 mainly affecting verbal fluency and lucia fluency. She failed in both stroop test and go-no-go test and showed signs of disinhibition and repetitive compulsive behaviour. A diagnosis of behavioural variant Frontal Temporal Lobe Dementia (bvFTD) was formally made. Memantine was stopped and trazodone was prescribed which shown some improvement in her agitation.

Speaker Biography

Ruth Akiyo Mizoguchi is a Care of the Elderly Consultant and Dementia Lead at Chelsea and Westminster NHS Foundation Trust (London, UK) after working at the Royal Free NHS Foundation Trust from 2012- 2018. She is an Honorary Senior Clinical lecturer at Imperial College where she provides dementia teaching to medical students and doctors. She originally obtained a medical degree at Tokai University School of Medicine, Japan and then completed further medical training at Imperial College, London. She received her specialist training in general internal medicine and geriatric medicine in London. During her specialist training she worked in Hong Kong for a year where she developed interest in dementia. She also gained research experience in Neuroimaging & Dementia at Imperial College. She visited UCSF Memory Aging Center, USA in 2018. She set up the Multidisciplinary team Memory Clinic with Neurologists at Chelsea and Westminster Hospital.

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