UNIVERSITY OF WESTERN ONTARIO LONDON, ONTARIO

PREVENTING DEMENTIA: CAN WE DO BETTER?

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ACKNOWLEDGING REALITY

- II FOCUSING ON THE TREATABLE, VASCULAR COMPONENT
- III TRYING NEW, MULTIMODAL INTEGRATED APPROACHES

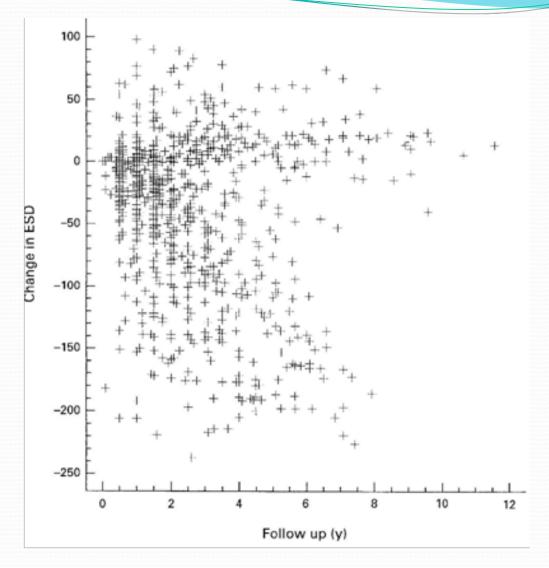
The greatest obstacle to discovery is not ignorance – it is the illusion of knowledge

Daniel J. Boorstin

THE EFFECT OF DIFFERENT DIAGNOSTIC CRITERIA ON THE PREVALENCE OF DEMENTIA

Canadian Study of Heal	th and Ageing (n=1879)
DSM-111	29.1%
DSM-III-R	17.3%
DSM-IV	13.7%
ICD-9	5.0%
ICD-10	3.1%

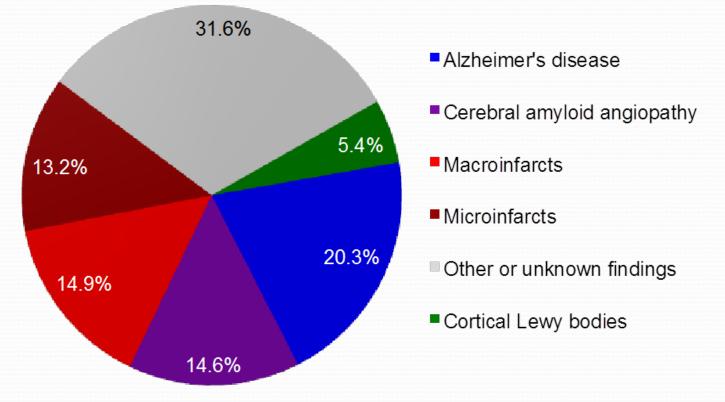
Erkinjuntti T et al. N Engl J Med 1997;337:1667-74



Follow-up of patients initially diagnosed as having Alzheimer disease clinically, but neuropsycho

testing and brain imaging

Percent Population Attributable Risk of Dementia of Vascular and Non-Vascular Pathological Findings



Hachinski & Sposato (unpublished)

Original Contributions

National Institute of Neurological Disorders and Stroke-Canadian Stroke Network Vascular Cognitive Impairment Harmonization Standards

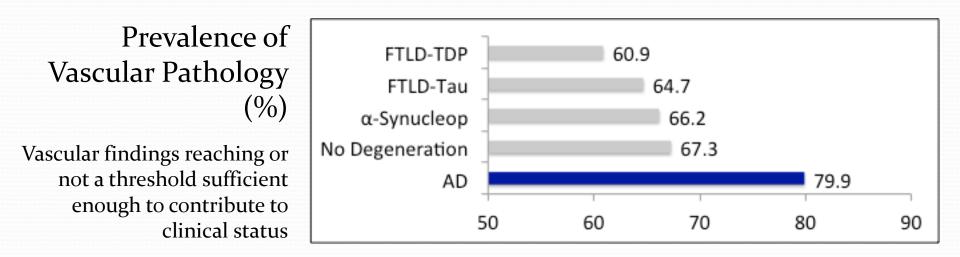
Vladimir Hachinski, MD, DSc; Costantino Iadecola, MD; Ron C. Petersen, MD, PhD; Monique M. Breteler, MD, PhD; David L Nyenhuis, PhD; Sandra E. Black, MD; William J. Powers, MD; Charles DeCarli, MD; Jose G. Merino, MD; Raj N. Kalaria, PhD, FRCP; Harry V. Vinters, MD; David M. Holtzman, MD; Gary A. Rosenberg, MD; Martin Dichgans, MD; John R. Marler, MD; Gabrielle G. Leblanc, PhD

Background and Purpose—One in 3 individuals will experience a stroke, dementia or both. Moreover, twice as many individuals will have cognitive impairment short of dementia as either stroke or dementia. The commonly used stroke scales do not measure cognition, while dementia criteria focus on the late stages of cognitive impairment, and are heavily biased toward the diagnosis of Alzheimer disease. No commonly agreed standards exist for identifying and describing individuals with cognitive impairment, particularly in the early stages, and especially with cognitive impairment related to vascular factors, or vascular cognitive impairment.

Stroke. 2006;37:2220-2241

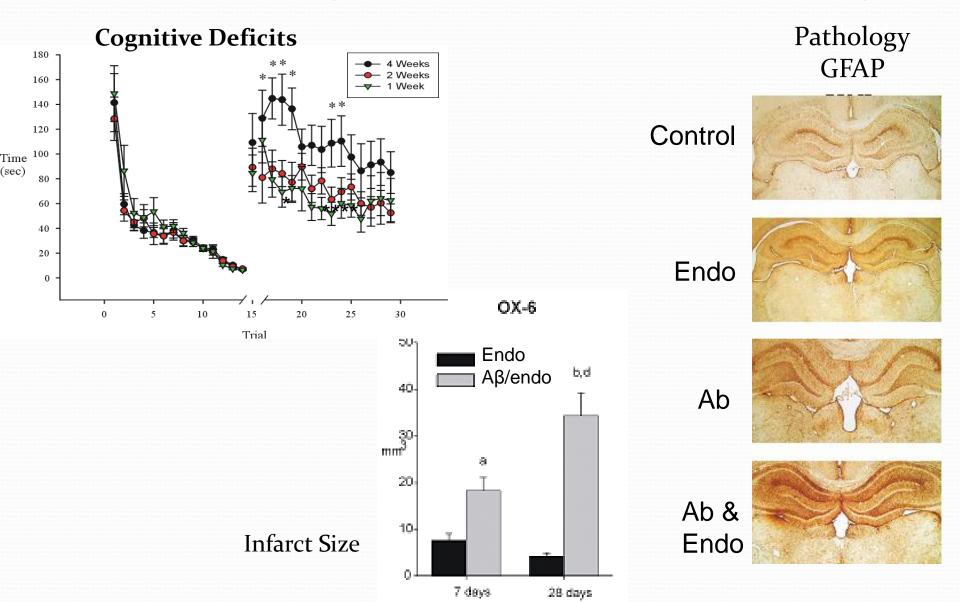
Contribution of Cerebrovascular Disease in Autopsy Confirmed Neurodegenerative Disease Cases

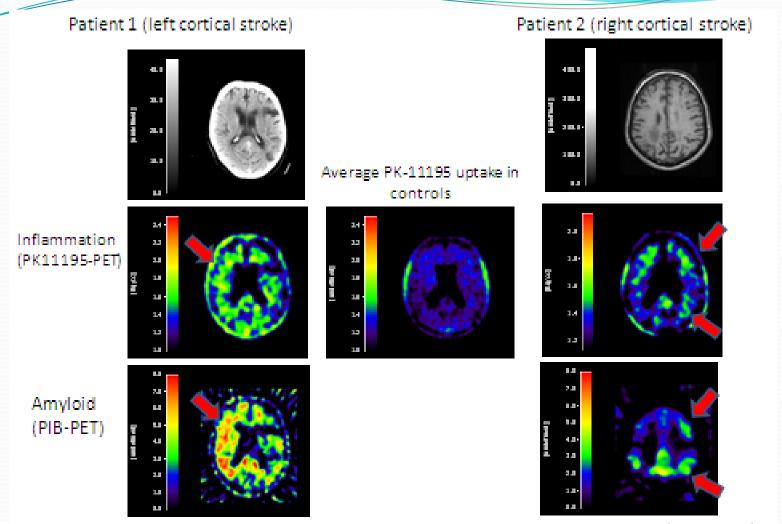
National Alzheimer's Coordinating Centre Database 6 205 autopsy cases



Toledo JB, Arnold SE, et al. Brain 2013;135:2697-2706

Preliminary Data and Survivability





Two patients with cortical strokes, demonstrating widespread increased neuroinflammtion (middle row) and corresponding amyloid deposits (lower row) 3 months after the stroke. Both patients exhibited lasting post-stroke cognitive impairment.

Thiel A. et al. 2013 (unpublished)

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Main Proposed Risk & Protective Factors Common for Stroke & Dementia

Non-modifiable	Modifiable	
Risk Factors	Risk Factors	Protective Factors
Advanced age	Cerebrovascular disease/stroke	High education
Genetic factors (Apo E4)	Cardiovascular diseases	Physical activity
Family history	Hypertension	Active lifestyle
	Hypercholesterolemia	Alcohol consumption
	Obesity	Antioxidants
	Diabetes	Fish oils
	Smoking	Antihypertensives
	Homocysteine	Statins
Pyschosocial stress/depression		
	Atrial fibrillation (added)	Anticoagulation (added)
	Kivinalta ar	ad Salaman Eur Naural 200

Kivipelto and Solomon. Eur Neurol 2008

....no RCT's that investigated overall blood pressure control, weight reduction, smoking cessation or other interventions related to reduction of vascular risk factors that may.....reduce cognitive decline

Naqvi R. et al. CMAJ 2013;185:881-885

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3 STEPS IN PREVENTION





Personality Decision stage



ENABLEMENT

School/Work

Communities Harnessing technologies and social media Environment



PARTNERS

A Canadian Multi-Center, Randomized, Controlled, Open-Labeled, Blinded Adjudication Clinical Trial

