



Dementia Prevention Study and Policy in Taiwan

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Identifying residents at greater risk for cognitive decline by Minimum Data Set in long-term care settings

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Table 2

Factors associated with cognitive decline by multivariate analysis.^{a,b}

Variables	Decliner		
	Odds ratio	95% confidence interval	<i>p</i>
Age (y)	1.061	1.008–1.115	0.023*
Cancer	1.613	0.304–8.547	0.574
Chronic lung disease	1.018	0.448–2.309	0.966
RUG-III ADL	1.111	1.008–1.225	0.034*
RAP trigger for cognitive loss/dementia	3.774	1.825–7.813	<0.001*
Sum of RAP triggers	1.188	1.046–1.349	0.008*

Physical function is a good predictor for cognitive decline

LATE-LIFE METABOLIC SYNDROME PREVENTS COGNITIVE DECLINE AMONG OLDER MEN AGED 75 YEARS AND OVER: ONE-YEAR PROSPECTIVE COHORT STUDY

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Table 2

Comparisons of cardiometabolic risk factors between subjects with and without cognitive decline (Cog-D)¹

	Cog-D (+) (N=43)	Cog-D (-) (N=186)	P-value
Age (yr)	83.8±4.2	82.1±4.2	0.020*
Current smoking (%)	10(23.3)	49(26.3)	0.330
Hypertension (%)	30(69.8)	107(57.5)	0.168
Diabetes mellitus (%)	12(27.9)	40(21.5)	0.419
ATP III-defined Metabolic syndrome (%)	7(16.3)	44(23.7)	0.299
IDF-defined Metabolic syndrome (%)	7(16.3)	34(18.3)	0.775
Body mass index (kg/m ²)	23.6±3.2	23.8±3.3	0.673
Waist circumference (cm)	86.9±7.9	85.6±9.3	0.430
Systolic blood pressure (mmHg)	135.8±20.8	138.4±22.1	0.479
Diastolic blood pressure (mmHg)	66.7±12.7	71.5±13.9	0.040*
Fasting plasma glucose (mg/dL)	110.1±29.4	105.8±34.5	0.446
Serum total cholesterol (mg/dL)	167.6±29.2	182.8±36.5	0.011*
Serum triglyceride (mg/dL)	114.7±59.0	128.6±67.2	0.215
Serum HDL-C (mg/dL)	55.5±13.2	60.0±15.0	0.072

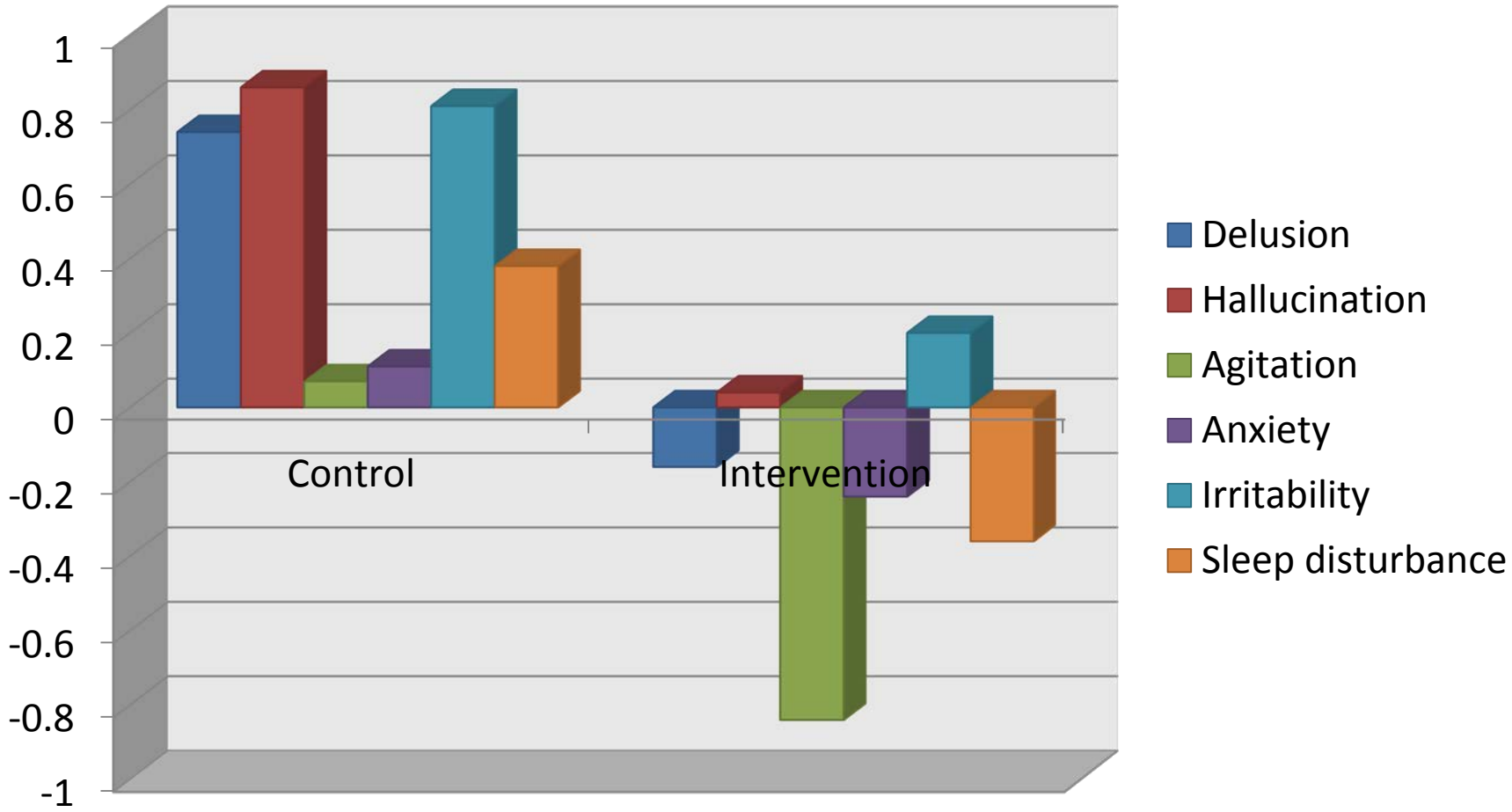


Good nutrition is protective

Non-pharmacological treatment reducing not only behavioral symptoms, but also psychotic symptoms of older adults with dementia: A prospective cohort study in Taiwan

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Integrated approach is needed

**Nutritional
status**

**Chronic
conditions**

**Cognitive
training**

**Physical
activity**



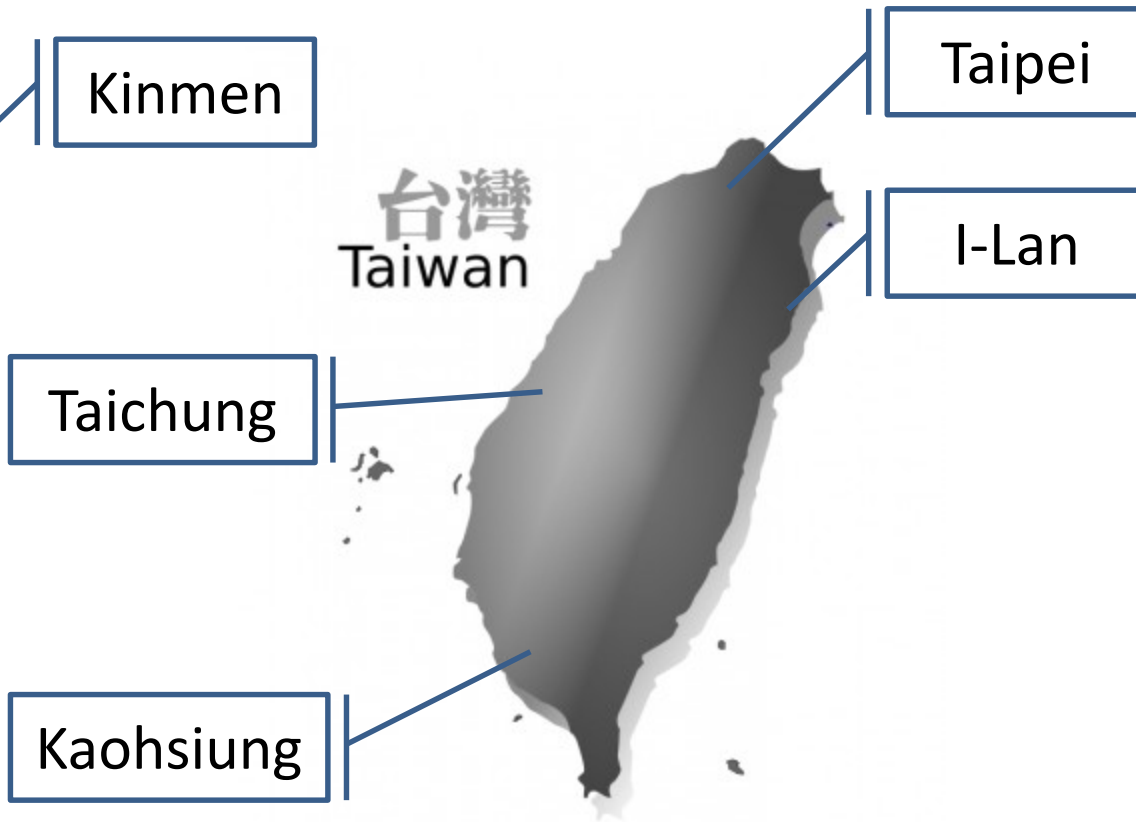
Taiwan Health Intervention Study on Community-dwelling Elders (THISCE)

1. Nationwide randomized controlled trial
2. Inclusion criteria
 - a. Slow walking speed
 - b. Subjective memory complaint
 - c. IADL impairment
3. Integrated intervention program
 - a. Physical activities
 - b. Cognitive training
 - c. Dietary counselling
 - d. Chronic disease management



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Taiwan Health Intervention Study on Community-dwelling Elders (THISCE)

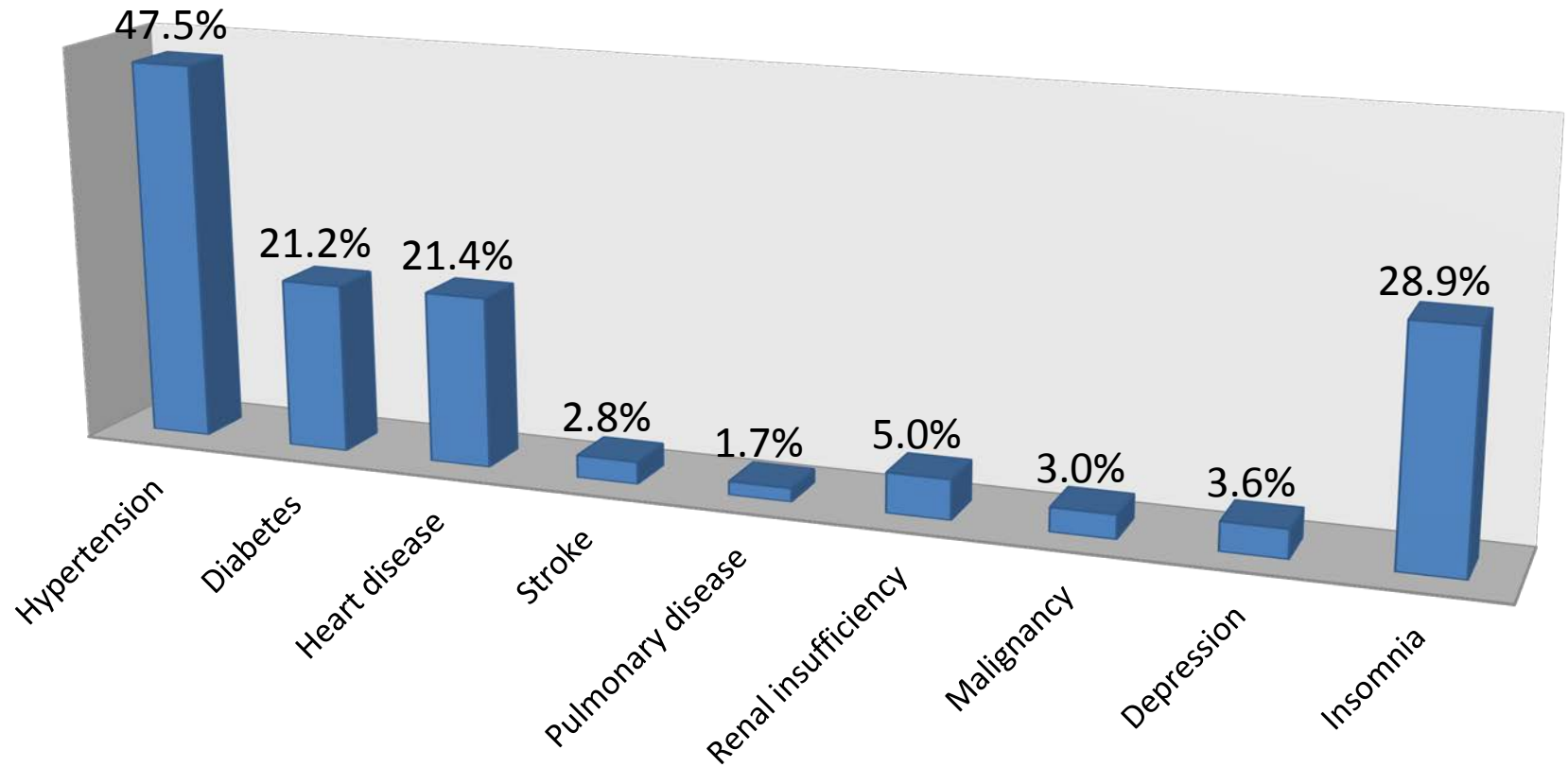


Baseline demography

- 1191 community-dwelling older people participated
 - Female dominant (63.6%)
 - Age: 75.1 ± 8.0 years
 - Formal education year: 2.1 ± 1.6 years
 - IADL score: 7.1 ± 1.4
 - MNA-SF: 13.2 ± 1.2
 - TGDS-5: 0.4 ± 0.9
 - 6m walking speed: 0.92 ± 0.34 m/s
 - Grip strength: 28.7 ± 8.4 Kg for men; 17.4 ± 4.9 Kg for women
 - MoCA: 19.9 ± 5.9 adjusted for education

Old old people with low education and some cognitive impairment and certain degree of physical frailty

Chronic conditions



Cognitive training



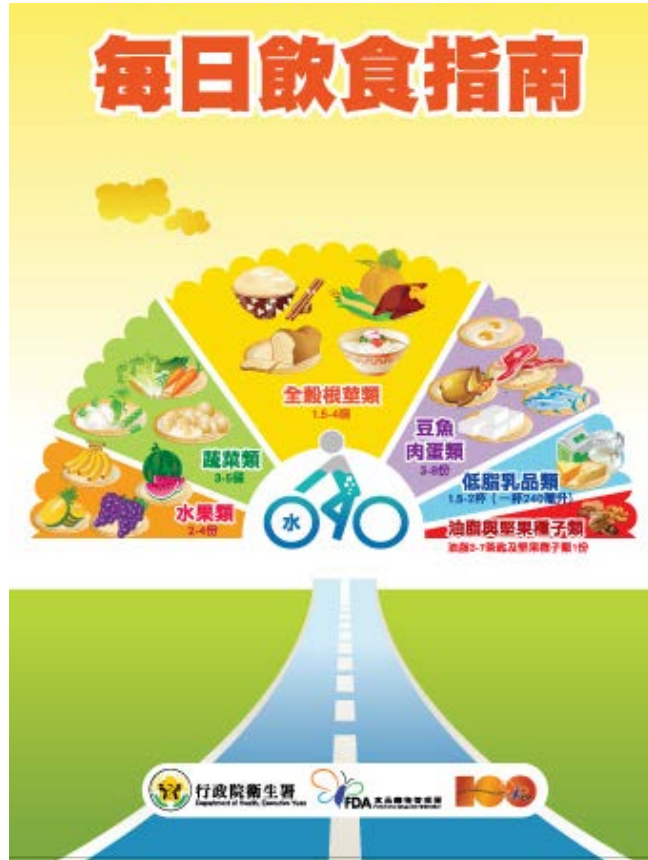
1. Memory training + Deductive function training
2. Group-based and person-based
3. Frequency
 - a. Twice a week, 8 courses in the 1st month
 - b. Once a week, 4 courses in the 2nd month
 - c. Once a month up to 6th month
 - d. Education for home maintenance training

Exercise training

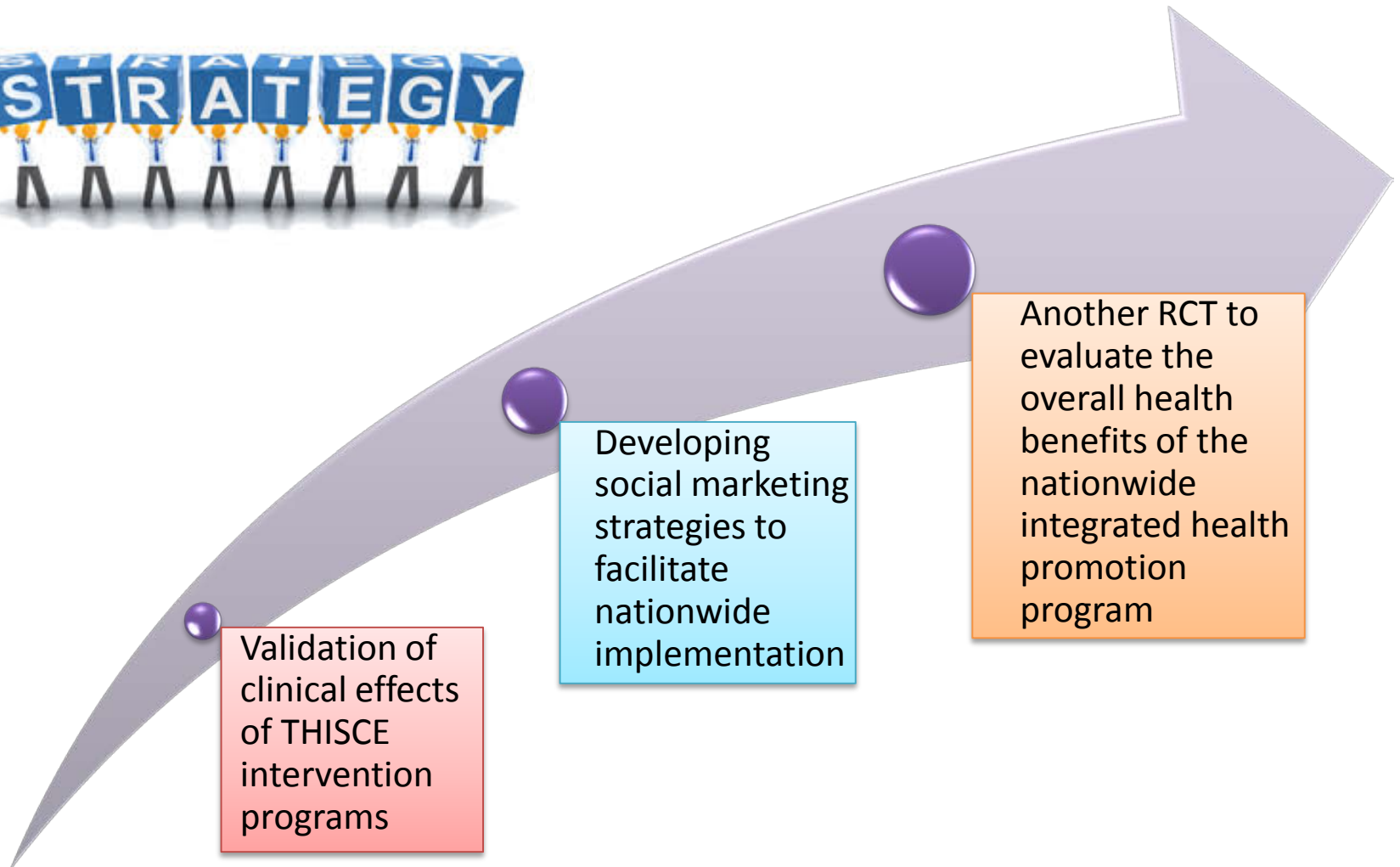


1. Resistance exercise-based program
2. Accumulated dose: 150 minutes per week
3. Frequency
 - a. Twice a week, 8 courses in the 1st month
 - b. Once a week, 4 courses in the 2nd month
 - c. Once a month up to 6th month
 - d. Education for home maintenance training

Diet and chronic conditions



National implementation strategy





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