

Defeating dementia: progress and challenges on the road to 2025

Brain health and the public policy challenge panel

Moderator: Vivienne Parry
Science Journalist & Broadcaster

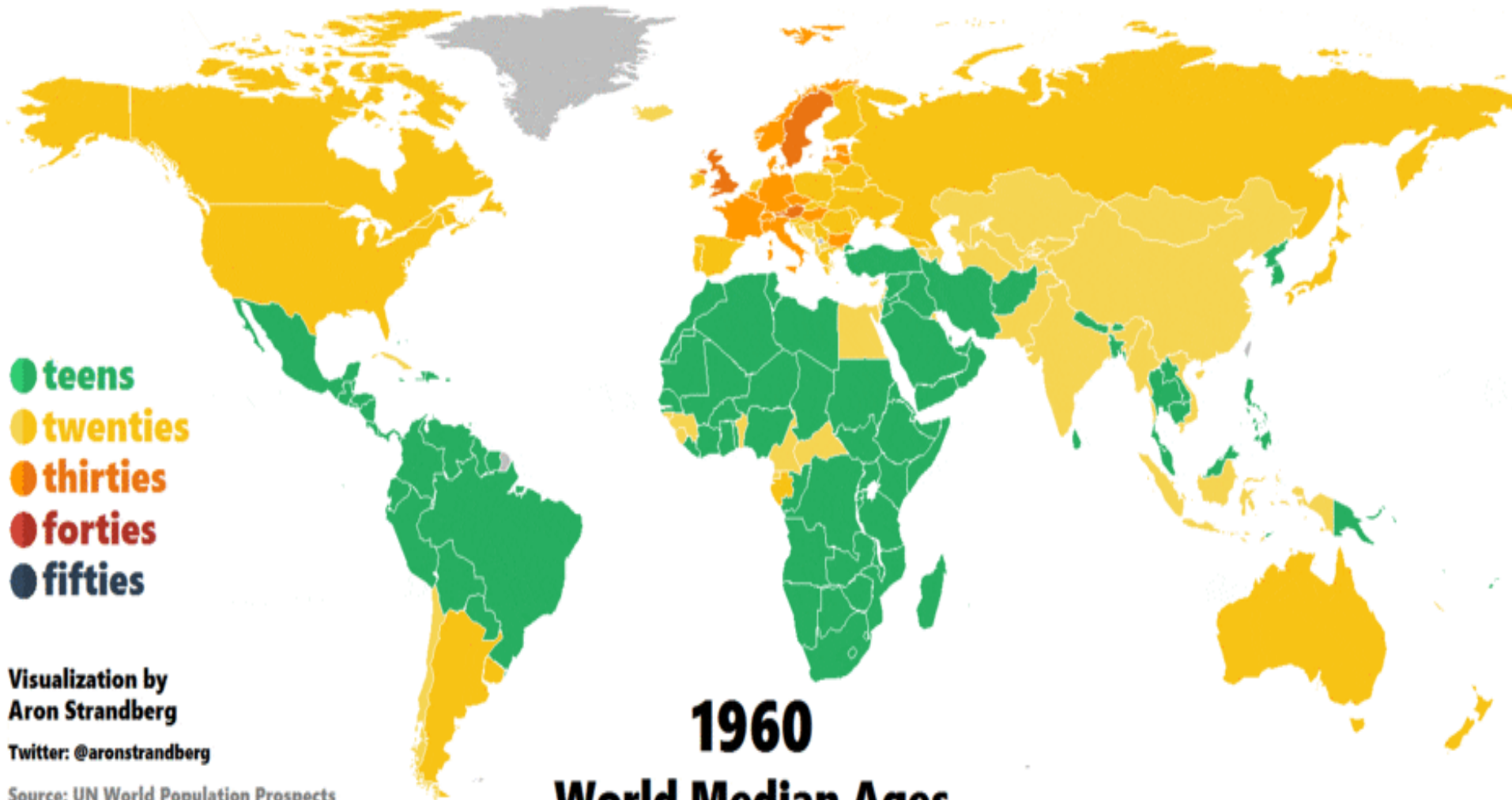
#DefeatingDementia

Defeating dementia: progress and challenges on the road to 2025

Sarah Lenz Lock

Senior Vice President, Policy and Brain Health, AARP

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- teens
- twenties
- thirties
- forties
- fifties

Visualization by
Aron Strandberg

Twitter: @aronstrandberg

Source: UN World Population Prospects

1960

World Median Ages



GCBH Members

Established Collaborative Network of 128

brain health experts (through November 2018)

- 81 members (13 Governance; 68 Issue Specialists)
- 48 Liaisons
- 21 countries represented
- 80 universities/organizations



CHIBA UNIVERSITY



THE HEBREW UNIVERSITY OF JERUSALEM



EMORY UNIVERSITY



Behavioral Change



image courtesy of commonfund.nih.gov

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Professor Sheung-Tak Cheng

Chair, Professor of Psychology and Gerontology, The Education University of Hong Kong

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Rising poverty and dementia: challenges for researchers and policymakers

Sheung-Tak Cheng

Chair Professor of Psychology and Gerontology, The Education University of H.K.

Honorary Professor, Department of Psychiatry, Chinese University of Hong Kong

Honorary Chair, Department of Clinical Psychology, Norwich Medical School,
University of East Anglia

Brain Health and the Public Policy Policy Challenge

World Dementia Council Summit

Dec 5, 2018

Poverty and dementia may be linked

16% of UK pensioners living in poverty (UK Poverty 2017 report)

>30% of the US homeless population made up of people aged ≥ 50

Poverty is unevenly distributed in the world, and is concentrated in least developed or rural areas and societies with high GINI index

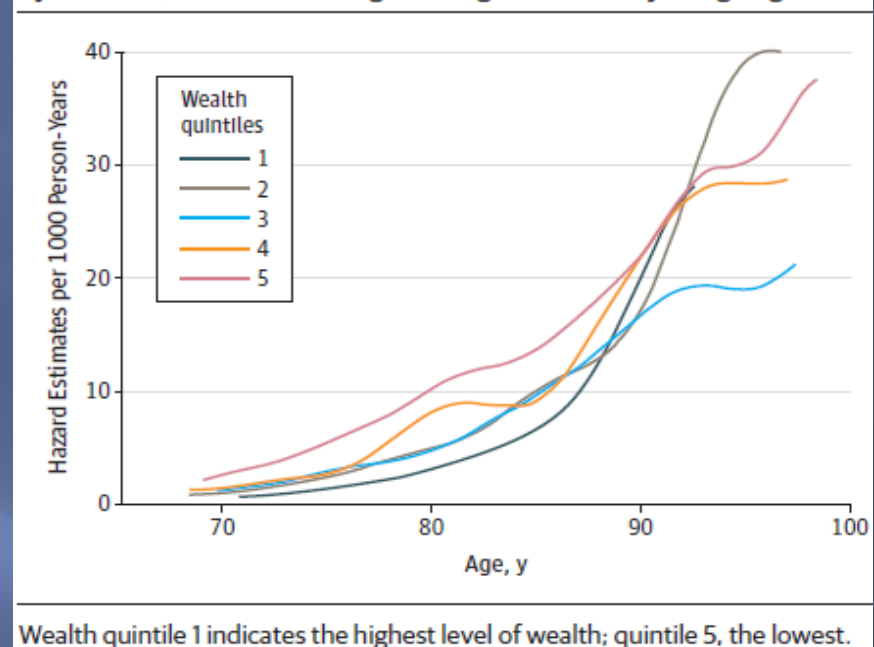
Poverty can be prevalent in metropolitan cities, where it is often invisible

In a 12-year longitudinal UK study (N>6,000), older people least wealthy (bottom 20%) were 68% more likely to have dementia than those most wealthy, after controlling for education, housing, health etc. (Cadar et al., 2018, JAMA Psychiatry)

Social drift: People with dementia may have difficulty managing financial resources well and drift to lower income groups

While education is a lifelong protective factor, financial resources may offer additional protection in later life by facilitating access to nutrition, cultural activities, leisure etc.

Figure 3. Smoothed Hazard Estimates by Age per 1000 Person-Years by Wealth Quintiles in the English Longitudinal Study of Ageing



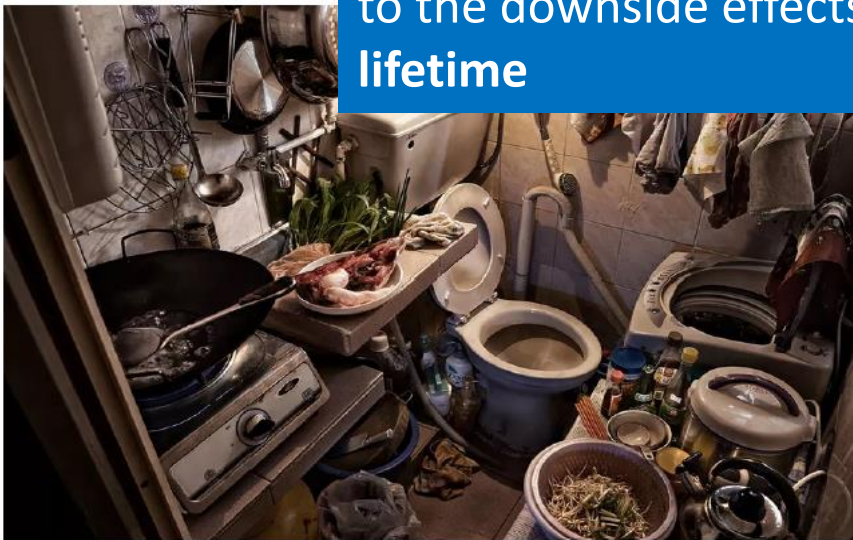
Wealth quintile 1 indicates the highest level of wealth; quintile 5, the lowest.

The 'Coffin Homes' of Hong Kong

>1/3 of Hong Kong older people living in poverty



The most rapidly growing population of coffin home residents are young people who may well be subject to the downside effects of poverty **cumulatively** for a **lifetime**



Why is it important to bring poverty and related issues to the table for discussion?

It is a growing population worldwide!

Poor (and likewise, rural, minority) people are less likely to be enrolled in epidemiological or intervention studies

Poor people etc. are less likely to have access to services, interventions, and primary or preventive healthcare

Poverty is associated with lower literacy and awareness of dementia; hence not seeing the need to do anything about the risks

Poor people etc. may find it difficult, for various reasons, to undertake lifestyle changes

They are often marginalized and socially isolated, even invisible

Women at higher risk for poverty than men

Poverty transmits across generations

Studies of this population that draw policymakers' attention are needed

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Dr Tarun Dua

Programme Manager, World Health Organization

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Global Action Plan on Public Health Response to Dementia 2017-2-25

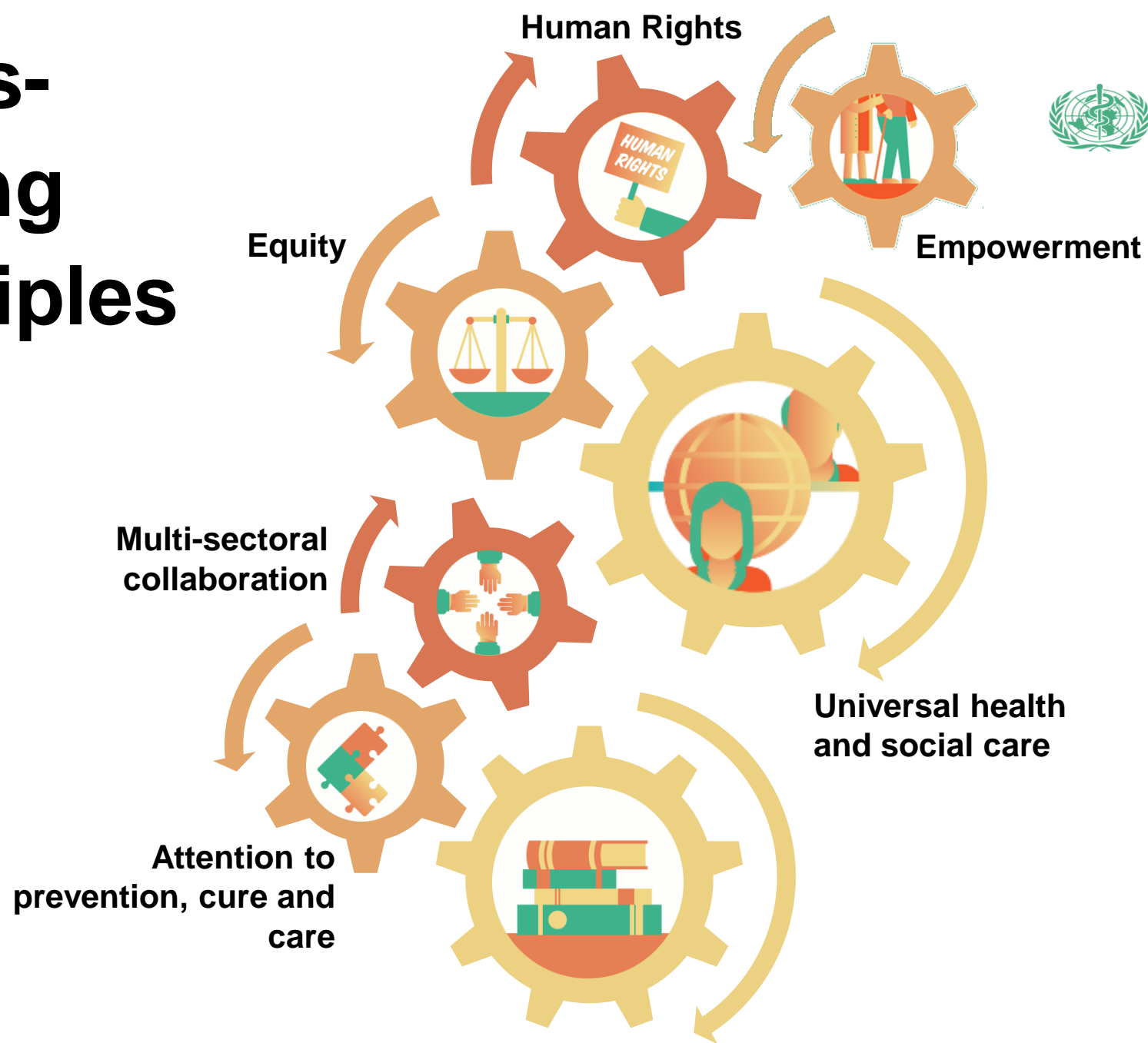
Dr. Tarun Dua

World Health Organization (WHO)

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Cross-cutting principles



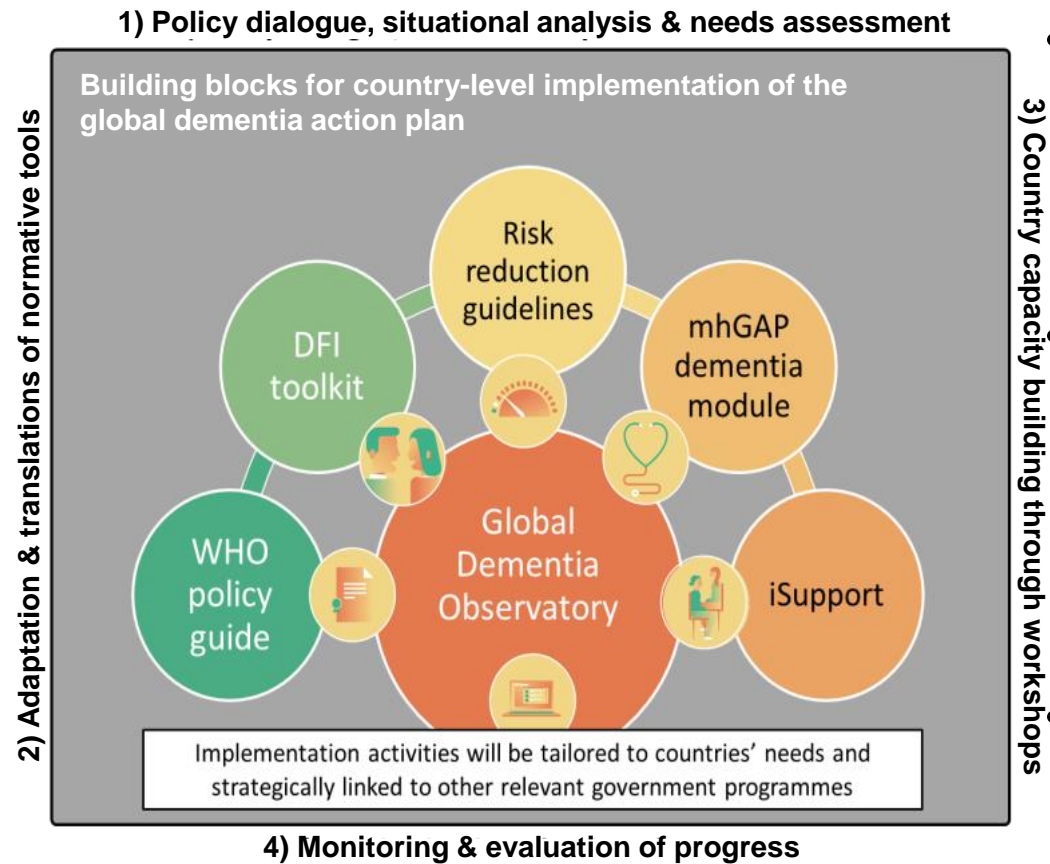
WHO activities to support Member States



| | | Tools/resources | |
|--|--|------------------------------------|-----------------------------------|
|  Dementia as public health priority | | Policy guide | Global Dementia Observatory (GDO) |
|  Dementia awareness & friendliness | | Dementia-friendly toolkit | |
|  Dementia risk reduction | | Dementia risk reduction guidelines | |
|  Dementia treatment, care & support | | mhGAP toolkit and care pathways | |
|  Support for dementia carers | | iSupport | |
|  Information systems for dementia | | GDO e-tool and platform | |
|  Dementia research & innovation | | R&D Blueprint | |

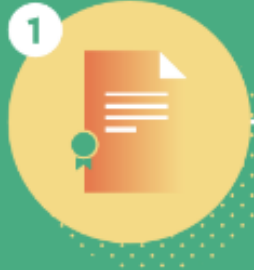
WHO acknowledges the financial support from Canada, the European Commission, Germany, Japan, the Netherlands, Switzerland, the UK (incl PHE) and CDC.

Country-level implementation



- = comprehensive, multi-faceted approach
- address policy, service delivery and health systems monitoring
- aligned with strategic action areas (e.g. risk reduction, awareness, care & support)

Dementia as a public health priority



By 2025, 75% of countries have national policies, strategies, plans or frameworks for dementia

Support for dementia carers



By 2025, 75% of countries provide support and training for carers and families

Dementia awareness and friendliness



By 2025, 100% of countries have a functioning public-awareness campaign on dementia
By 2025, 50% of countries have at least one dementia-friendly initiative

Information systems for dementia



By 2025, 50% of countries routinely collect data on core dementia indicators

Dementia risk reduction



Risk reduction targets identified in the Global action plan for prevention and control of noncommunicable diseases 2013-2020 are achieved

Dementia research and innovation



Global research output on dementia doubles between 2017 and 2025

Dementia diagnosis, treatment & care



By 2025, 50% of people with dementia are diagnosed, in at least 50% of countries

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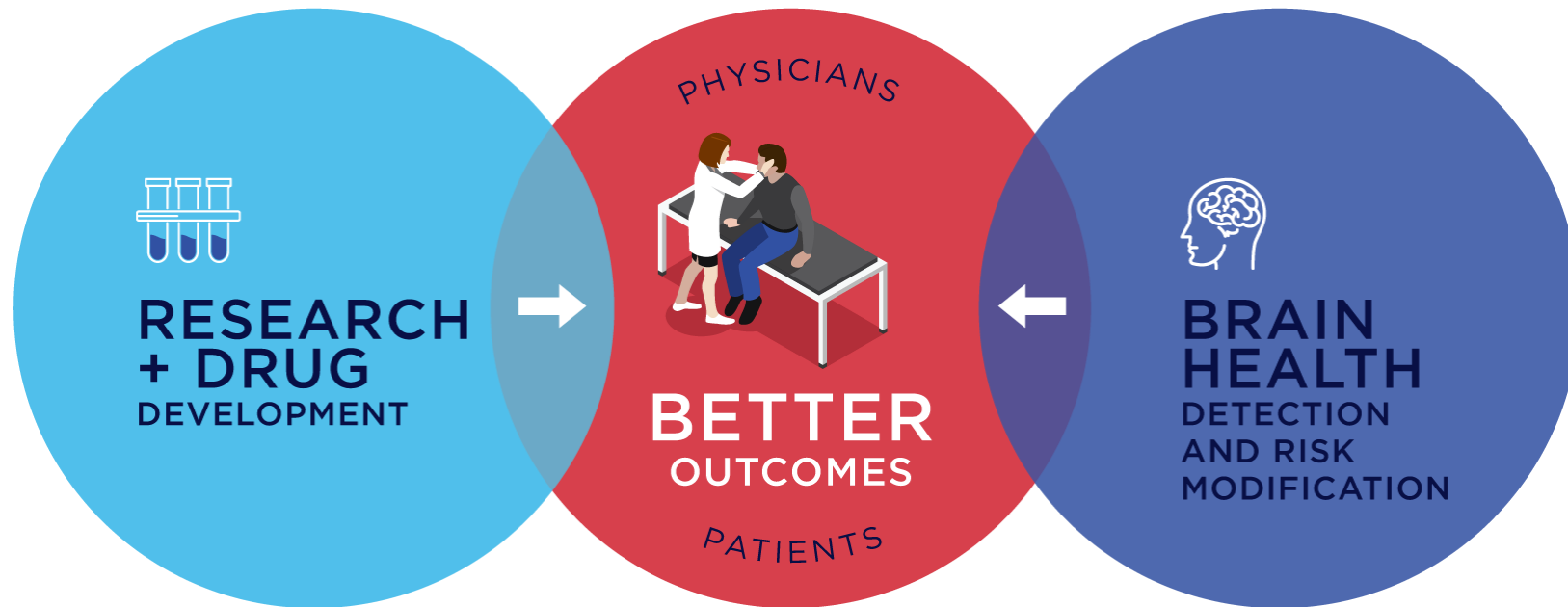
George Vradenburg

Chairman, UsAgainstAlzheimer's

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Are research and drug development, and brain health related?

YES!



A Promising Pipeline

PHASE 3 FACTS 2018

Percent Change from 2017

Number of Drugs: 31 ↓ -3%

Commercial Launch:
25 drugs could reach the market in the next five years ↓ -7%

Number of Symptomatic Drugs: 12 ↑ 20%

Number of Disease Modifying Drugs: 19 ↓ -14%

Prevention Trials: 7 drugs are in prevention trials 0%

Mechanism of Action:
14 drugs are classified as Neurotransmission ↑ 27%

PHASE 2 FACTS 2018

Percent Change from 2017

Number of Drugs: 68 ↑ 17%

Commercial Launch:
8 drugs could reach the market in the next five years 0%

Number of Symptomatic Drugs: 13 ↓ -24%

Number of Disease Modifying Drugs: 55 ↑ 34%

Prevention Trials: 2 drugs are in prevention trials 0%

Mechanism of Action:
11 drugs are classified as Tau ↑ 57%
12 drugs are classified as Amyloid ↑ 20%

Increasing Evidence Around Prevention and Risk Reduction

263 Studies on Dementia Causation & Prevention¹



LOW EDUCATION



MIDLIFE HEARING LOSS



OBESITY



LATE-LIFE DEPRESSION



SMOKING



PHYSICAL INACTIVITY



HYPERTENSION



DIABETES



SOCIAL ISOLATION

"While public health interventions will not prevent, or cure all potentially modifiable dementia, intervention for cardiovascular risk factors, mental health, and hearing may push back the onset of many people for years, **Even if some of this promise is realized, it could make a huge difference and we have already seen in some populations that dementia is being delayed for years.** Dementia prevalence could be halved if its onset were delayed by five years."

- Professor Gill Livingston, MD, from University College London and lead author of *The Lancet* Commission.

Dementia is being diagnosed late

Perceived MCI – No Dementia



55%

ACTUAL MILD DEMENTIA



67%

ACTUAL MILD DEMENTIA



57%

ACTUAL MILD DEMENTIA



47%

ACTUAL MILD DEMENTIA

20%

MODERATE

Why is the diagnosis of the causes of cognitive impairment important?



Treat or reverse causes of cognitive decline unrelated to Alzheimer's disease



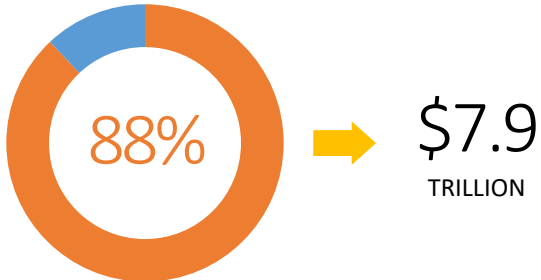
Improve health outcomes and decrease costs of care related to acute health needs



Unlock the opportunity for patients to participate in clinical trials



Enable people living with dementia to receive future disease modifying therapies earlier



A diagnosis rate of 88% during the Mild Cognitive Impairment stage of Alzheimer's disease would result in **cumulative savings of \$7.9 trillion.**¹

Sources: 1. Alzheimer's Association, "2018 Alzheimer's Disease Facts and Figures."

What We Can Do

Increase supply of
neurology and
geriatric specialists

Improve systematic
or longitudinal
screening process in
primary care

Drive improved
physician education

Drive through
national plans

Drive public
awareness

Spur innovation to
improve tools for
detection and
diagnosis

Address insufficient
health care
infrastructure





Perspectives

The Shared Fight to Stop Dementias by 2025

Improving Detection and Diagnosis of Alzheimer's Disease and Related Dementias

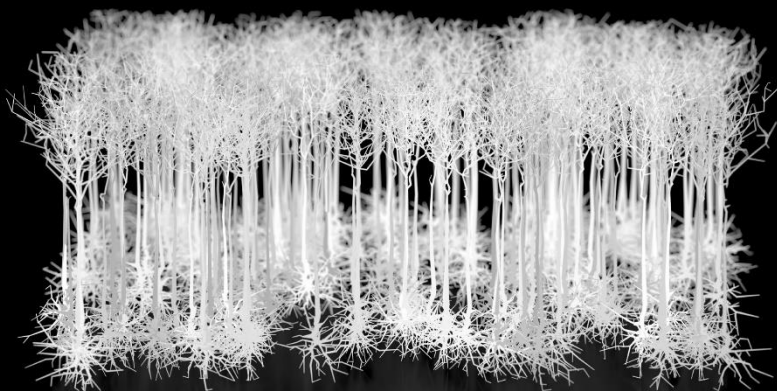
An Urgent Call to Action for Health Care Systems Worldwide

The first in a series of white papers from the Global CEO Initiative on Alzheimer's Disease: a patient-led, private-sector coalition, and respectfully submitted to the World Health Organization as part of the cooperation agreement entered in 2018.

Authored by George Vradenburg, Cassie Dormond, and Drew Holzapfel

With special thanks to the contributions of the World Health Organization Working Group of the Global CEO Initiative on Alzheimer's Disease:

David Digby, Abbvie; Marybeth Howlett, Avid Radiopharmaceuticals; Samantha Budd & Karin Hellsvik, Biogen; Beyhan Zaim, Eisai; Richard Johnson, Global Helix; Pyllis Barkman Ferrell, Lilly; Vreni Schoenenberger, Novartis; Mary Michael, Otsuka; Maurits-Jan Prinz, Roche; Hussein Manji, Janssen Research & Development



Introducing the newest white paper from The Global CEO Initiative on Alzheimer's Disease ...

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Jeremy Hughes

CEO, Alzheimer's Society

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- **62% would think 'life is over'**
- **2.8 million / 15.8 million**
- **25% increase in diagnosis**



- **Government**
- **Civil Society**
- **Business**
- **Researchers**



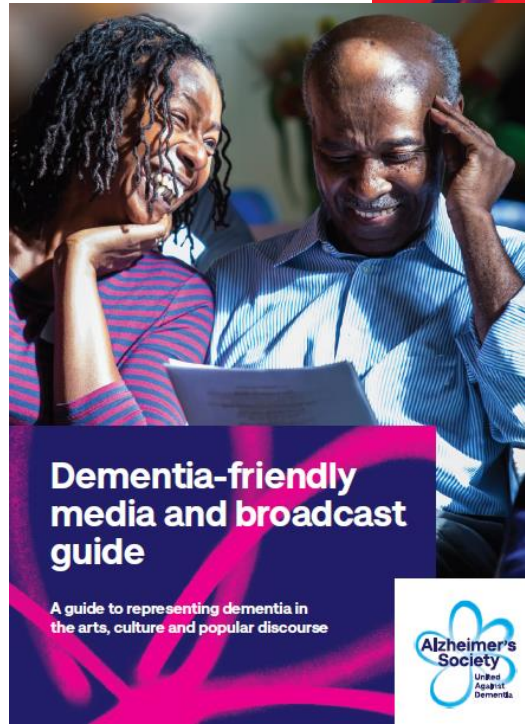
A practical guide to supporting your customers and employees affected by dementia



Prime Minister's challenge on dementia 2020



February 2015



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Questions?

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