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
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Sarah Lenz Lock
Senior Vice President, Policy and Brain Health, AARP

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1960 World Median Ages

Visualization by Aron Strandberg
Twitter: @aronstrandberg
Source: UN World Population Prospects
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
Behavioral Change

Science Of Behavior Change

image courtesy of commonfund.nih.gov
Defeating dementia: progress and challenges on the road to 2025

Professor Sheung-Tak Cheng
Chair, Professor of Psychology and Gerontology, The Education University of Hong Kong

#DefeatingDementia
Rising poverty and dementia: challenges for researchers and policymakers

Sheung-Tak Cheng

Chair Professor of Psychology and Geronology, 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.
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

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

Dr. Tarun Dua
World Health Organization (WHO)

Email: duat@who.int
Twitter: @WHO
Cross-cutting principles

- Human Rights
- Empowerment
- Equity
- Multi-sectoral collaboration
- Universal health and social care
- Attention to prevention, cure and care

Global Action Plan on the Public Health Response to Dementia 2017-2025
Dementia as public health priority
- Policy guide

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)

Building blocks for country-level implementation of the global dementia action plan

1) Policy dialogue, situational analysis & needs assessment
2) Adaptation & translations of normative tools
3) Country capacity building through workshops
4) Monitoring & evaluation of progress
Seven action areas and targets

1. **Dementia as a public health priority**
   - By 2025, 75% of countries have national policies, strategies, plans or frameworks for dementia.

2. **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.

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

4. **Dementia diagnosis, treatment & care**
   - By 2025, 50% of people with dementia are diagnosed, in at least 50% of countries.

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5. **Support for dementia carers**
   - By 2025, 75% of countries provide support and training for carers and families.

6. **Information systems for dementia**
   - By 2025, 50% of countries routinely collect data on core dementia indicators.

7. **Dementia research and innovation**
   - Global research output on dementia doubles between 2017 and 2025.
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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

<table>
<thead>
<tr>
<th>Category</th>
<th>2018 Value</th>
<th>Percent Change from 2017</th>
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<tbody>
<tr>
<td>Number of Drugs</td>
<td>31</td>
<td>-3%</td>
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<tr>
<td>Commercial Launch</td>
<td>25 drugs</td>
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<tr>
<td>Number of Symptomatic Drugs</td>
<td>12</td>
<td>20%</td>
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<tr>
<td>Number of Disease Modifying Drugs</td>
<td>19</td>
<td>-14%</td>
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<tr>
<td>Prevention Trials</td>
<td>7 drugs</td>
<td>0%</td>
</tr>
<tr>
<td>Mechanism of Action</td>
<td>14 drugs</td>
<td>27%</td>
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</table>

#### Phase 2 Facts 2018

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<thead>
<tr>
<th>Category</th>
<th>2018 Value</th>
<th>Percent Change from 2017</th>
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<tbody>
<tr>
<td>Number of Drugs</td>
<td>68</td>
<td>17%</td>
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<tr>
<td>Commercial Launch</td>
<td>8 drugs</td>
<td>0%</td>
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<tr>
<td>Number of Symptomatic Drugs</td>
<td>13</td>
<td>-24%</td>
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<tr>
<td>Number of Disease Modifying Drugs</td>
<td>55</td>
<td>34%</td>
</tr>
<tr>
<td>Prevention Trials</td>
<td>2 drugs</td>
<td>0%</td>
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<tr>
<td>Mechanism of Action</td>
<td>11 drugs</td>
<td>57%</td>
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<tr>
<td></td>
<td>12 drugs</td>
<td>20%</td>
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Increasing Evidence Around Prevention and Risk Reduction

263 Studies on Dementia Causation & Prevention

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

## What We Can Do

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<tr>
<th>Increase supply of neurology and geriatric specialists</th>
<th>Improve systematic or longitudinal screening process in primary care</th>
<th>Drive improved physician education</th>
<th>Drive through national plans</th>
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<tr>
<td>Drive public awareness</td>
<td>Spur innovation to improve tools for detection and diagnosis</td>
<td>Address insufficient health care infrastructure</td>
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Introducing the newest white paper from The Global CEO Initiative on Alzheimer’s Disease ...
Defeating dementia: progress and challenges on the road to 2025

Jeremy Hughes
CEO, Alzheimer’s Society

#DefeatingDementia
• 62% would think ‘life is over’
• 2.8 million / 15.8 million
• 25% increase in diagnosis
• Government
• Civil Society
• Business
• Researchers
Defeating dementia: progress and challenges on the road to 2025

Questions?

#DefeatingDementia