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### **FC13: Risk Assessment and Increasing Safety in Dementia – RAISe- Dementia study**

**Authors:** Juanita Hoe, Sergi Costafreda, Monica Manela, Lucy Webster, Elena Profyri, Frank Arrojo, Helen Souris, Nomi Weberloff, Gianluca Biao, Emily van de Pol, Lori Bourke, Gill Livingston

**Objectives:** UK policy priority is to support people with dementia (PLwD) to live at home for longer. Initial clinical assessment involves evaluating and managing risk to enable PLwD to live safely and well at home. Risk assessment scales are needed to identify, manage and reduce risk within contemporary dementia practice. The “Islington Dementia Navigator Risk Assessment Tool” (IDNRAT) is used by specialist and non-specialist staff to stratify the level of risk for PLwD and inform a risk management plan and the frequency of follow-up. We assessed whether IDNRAT enables risk detection and whether the risk intervention derived from it is implemented and improves the safety of people living at home with dementia.

**Methods:** A mixed Methods study to evaluate IDNRAT’s validity, and the feasibility and acceptability of the resulting risk management plan. We investigated the use of the IDNRAT to: (i) detect risk (concurrent validity) and measure the reliability of the tool; (ii) contribute to risk reduction (primary outcome was numbers of decisions implemented); (iii) explore patients’ and carers’ experience of risk stratification.

**Results:** We found risk stratification scores (n = 119) derived from IDNRAT and compared with gold standard clinical risk assessments showed concordance between clinicians’ ratings. Joint Dementia navigator and researcher interviews (n = 19) showed consistency between the different assessor scores demonstrating IDNRAT has good reliability. Care-plan data showed most participants (n = 275) scored in the low-risk band of IDNRAT (78.9%) at baseline assessment and risk severity ratings (red/amber/green) reduced over the 6–12-month time period. PLwD (n = 19) and family carers (n = 17) had differing perceptions about risk and the PLwD’s susceptibility to risk. Overall, participants found the risk assessment acceptable, were able to identify risks and felt included in decision-making processes.

**Conclusions:** We found that the IDNRAT used by non-specialist practitioners (dementia navigators) does enable people with dementia to live safely at home in terms of risk- identification, implemented risk enablement decisions and acceptability. IDNRAT is a valid risk assessment tool, which offers a tailored approach to the management of risk, and over 80% of care-plan decisions were implemented. This is consistent with best practice and the tool has potential for wider use.

### **FC14: Management of Dementia: Comparison of 11 Asian Countries (Wave 1 ~ Wave 3)**

**Author:** Guk-Hee Suh, MD, PhD

**Background:** Dementia is rapidly increasing in Asia.

**Aim:** There has been an Asian forum to ascertain country-specific patterns of management of dementia and to investigate country-specific characteristics.

**Methods:** In 2009, 11 dementia experts on Alzheimer’s from Korea, Japan, mainland China, Hong Kong China, Taiwan, Singapore, Philippines, Malaysia, Indonesia, Thailand, and India were invited to participate in the survey. The 33-item questionnaire were answered; awareness of dementia, characteristics of patients with memory

problems, referral, diagnosis of MCI and dementia, diagnostic tools including the high-technology device, pharmacological treatment of MCI and dementia, current issues on AD, barriers and challenges in the management of dementia. Since then, 3 surveys have been completed in 2009, 2012, and 2024.

**Results:** New revised research diagnostic criteria for AD needing spinal tapping and brain imaging might not be adopted for clinical practice in memory clinics in Asia. Brain imaging studies like CT, MRI, SPECT, or PET are applied for more than 75% of patients as a usual part of the diagnostic workup in Korea, Japan, mainland China, Taiwan, Singapore, Indonesia, and Thailand, while 51 ~ 75% in Philippines and 25 ~ 50% in Hong Kong, Malaysia, and India. Proportion of patients who continue pharmacological treatment after the initial diagnosis of dementia varies country by country varies. Most countries endorsed all approved anti- dementia drugs, but some others approved a few of them (i.e., only donepezil present in Japan, galantamine absent in China, memantine absent in Indonesia, rivastigmine absent in Thailand. Cholinesterase inhibitors are prescribed in more than 90% of patients in 6 countries (i.e. Korea, Japan, Taiwan, Singapore, Philippines, Malaysia). In other 5 countries, medications like memantine, huperzine, ginkgo biloba, vitamin E, herb medicine or others are being more frequently prescribed than in above 6 countries.

**Conclusions:** Well-organized and planned governmental policies about dementia, in collaboration with dementia experts and their organizations, will effectively reduce burden of dementia in Asia, where an epidemic tide of dementia is approaching.

## **FC15: Dementia Prevention; Effect of Comorbid Diseases on Cognitive Decline**

**Author:** Istvan J.E. Boksay, M.D., Ph.D.

**Introduction:** Patients with mild to moderate dementia, progress to end stage dementia faster if they have more medical conditions (MCs) at their baseline evaluation, than those who have less MCs. Other recent studies have noted that the cognitive function of elderly people with subjective cognitive impairment (SCI) is five times more likely to further decline than those without SCI.

**Objectives:** Our aim was to determine; 1) whether the prevalence of medical comorbidities contribute to more rapid decline in cognitive functioning, and 2) whether the prevalence of medical conditions and the use of medications are different in patients with and without SCI.

**Methods:** Using rigorous inclusion and exclusion criteria, we enrolled 86 elderly people with normal cognition in a retrospective cross-sectional study.

**Results:** Our preliminary evaluation shows that medical conditions markedly influence the decline of cognitive functioning, even in the elderly with normal baseline cognitive function, and in the elderly with SCI have significantly more MCs and take more medications than those without SCI.

**Conclusions:** Further studies are needed to evaluate the change in the number of medications, frequency of cardiovascular diseases, history of surgeries and episodes or occurrences of depression between the evaluations.