

Welcome and introductions



Paola Barbarino

Chief Executive,

Alzheimer's Disease International (ADI)

ADI Emergency Appeal



During this COVID-19 emergency period please make a donation, however large or small, to ensure we can continue to make a real difference.

ADI will continue to help people living with dementia and their carers to live a better life during this emergency.

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Who is taking part in this webinar?

Agenda

1. Unavailability of post-diagnostic support & social services

- Political de-prioritisation of dementia
 - 3 minute brain gym session with DY Suharya
- 3. Impact of COVID-19 on diagnosis of dementia

4. Impact of COVID-19 on the biopharmaceutical industry

Speakers

- Dr Lee-Fay Low University of Sydney
 Nigel Hullah 3 Nations Dementia Working Group
 Glenn Rees ADI Chair
- Dr Jón Snædal Ministry of Health of Iceland
 Dr Nils Dahl Federal Ministry of Health of Germany
- Prof. Ricardo Allegri Neurological Research Institute Raúl Carrea (FLENI)
 Prof. Philip Scheltens VU University Medical Center

David Jefferys - IFPMA

Theme 1

Unavailability of post-diagnostic support and social services

Dr Lee-Fay Low

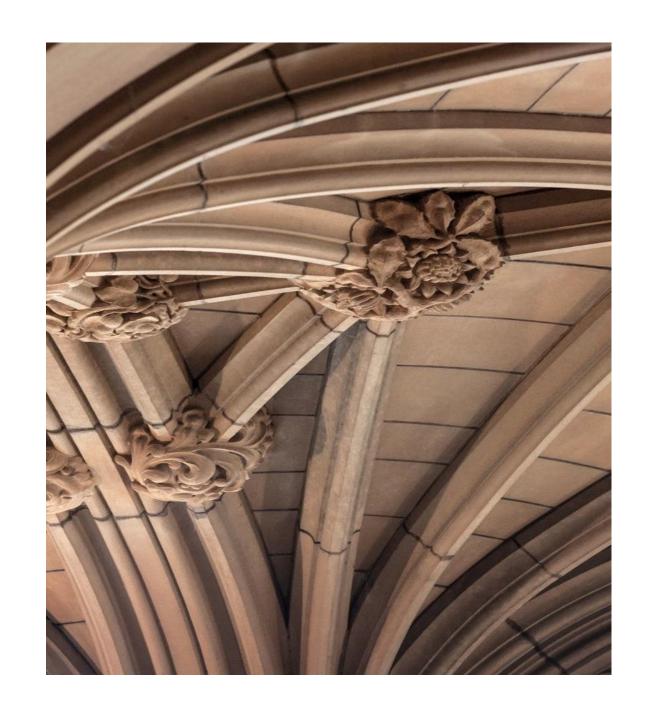
Associate Professor in Ageing and Health, NHMRC Boosting Dementia Research Leadership Development Fellow, University of Sydney, Australia



Post-diagnostic support during COVID-19

Lee-Fay Low @leefay_low





Needs of people with dementia and families?

- Social distancing layered over living with dementia
- Dealing with significant personal changes + dealing with significant world changes
- Adjustment to diagnosis?? (self identity, relationships with others)
- Planning?? (legal, financial, lifestyle)
- Reduced opportunities to maintain/minimise decline in function, independence
- Might find it more challenging to talk by phone or videochat
- Need more support from family and friends (increased stress)
- Stay at home routine may support cognition and function, or lead to frustration/boredom

- Social distancing may exacerbate social isolation, or make it less apparent

The University of Sydney

Unavailability of post-diagnostic services





- Public clinical appointments cancelled, or conducted by phone or videochat
- Cognitive retesting difficult by telehealth
- Unavailability of driving assessment
- Groups cancelled social support, exercise, cognitive stimulation
- Day programs cancelled
- Less opportunity to be prompted to help-seek
- Withdrawal from home care services because of fear of infection
- LESS therapeutic, practical, emotional and informational support
- ?? Negative consequences on long-term trajectory

Nigel Hullah

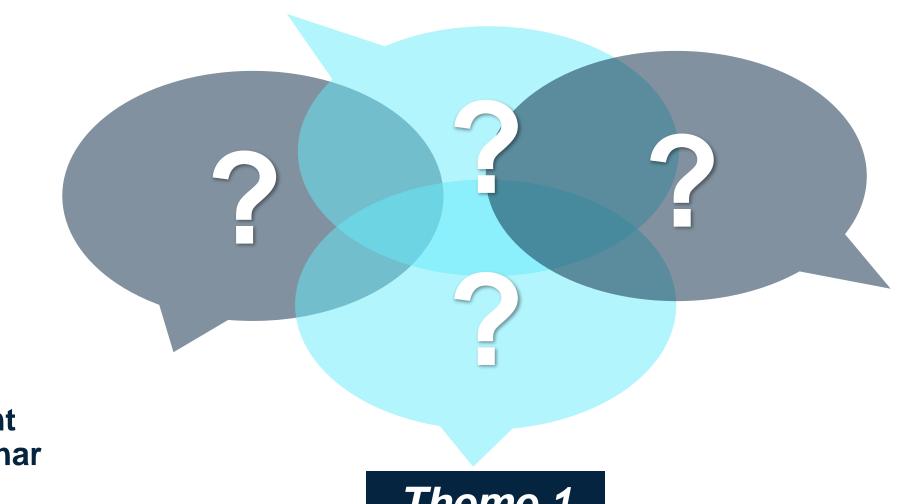
Dementia advocate

Chair, 3 Nations Dementia Working Group



3 Nations Dementia Working Group

Question and answer



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Theme 1

Glenn Rees

Chair, Alzheimer's Disease International

Former CEO of Alzheimer's Australia



PROBLEM OR OPPORTUNITY?



- Advocacy is about empathy AND relevance
- The crisis is an opportunity to be relevant stories, guidelines, advice
- New language and context crisis, planning, social isolation, evidence
- Well positioned GDP, WHO policy brief on older persons
- Be ready for the door to open on dementia plans and be strategic e.g.
 - Strengthen primary care and long-term care (community-based services) and social and legal frameworks and increase dementia training and carer support

Theme 2

Political de-prioritisation of dementia

Dr Jón Snædal

Professor in Geriatric Medicine, Landspitali University Hospital, Reykjavik, Iceland

Main editor of the Dementia strategy for Iceland 2020

President of the International College on Person Centered Medicine



National dementia strategy in Iceland in the shadow of Covid-19

Jon Snaedal Professor in Geriatric Medicine



National strategy for dementia in Iceland

- The parliament (Althingi) asked the Minister of Health to produce national strategy in 2017
- The work started late 2018 and a draft was ready in mid 2019 following consultations with major stakeholders.
- The Ministry worked on an Action plan 2019-2020.
- The Dementia strategy and Action plan was released in mid-covid pandemic on 8 April 2020 a few major points:
 - To establish Dementia friendly societies.
 - Experience of individuals with dementia and their relatives should guide actions.
 - The role of the Icelandic Alzheimer Association was stipulated
 - The right of timely diagnosis was confirmed.
 - Quality indicators should be used in all parts of the service chain.



Covid-19 pandemic and dementia

- » As Test, Track and Trace was established from the beginning in Iceland, the social bans were not as rigorous as in many other countries.
- > >10% of the population had been tested by end of April.
- » Death rate of Covid-19 is low: 3/100,000 inhabitants
- » No excess overall death rate in the country jan-april 2020.
- » However, ban on visits to nursing homes was issued early, a heavy burden for individuals with dementia.
- Some restrictions were on day care centers but generally, they were not closed.
- » However, many stayed home with their families for fear of the virus.

Financial implications of the pandemic for the Dementia strategy not clear at this point in time.



Dr Nils Dahl

Technical Officer, Division for Long-Term Care, Federal Ministry of Health, Germany







Germany's National Strategy on Dementia

Nils Dahl, Division for Long-term care insurance, Federal Ministry of Health, Germany

Presentation at Alzheimer's Disease International Webinar "Future gazing: COVID-19 and dementia", 06 May 2020





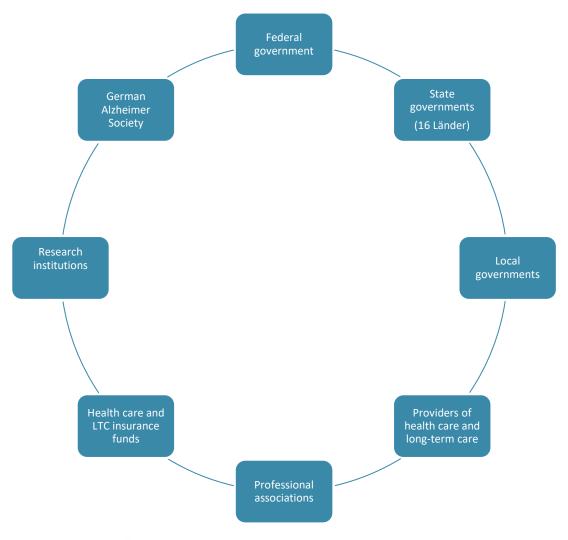
Germany's National Strategy on Dementia: Background

- Developed 2019 and 2020
- The final draft is scheduled to be adopted by the federal cabinet in June
- Based upon Germany's "Alliance for people with dementia" (2014-2018)
- Existing measures of state governments and non-governmental organisations, dementia strategies of other countries, and international action plans were considered





Involved actors







Four priority fields of action

1) Building Dementiainclusive Communities 2) Improving Support for People with Dementia and their Family Caregivers

3) Improving Medical Care, Nursing Care and Long-term Care for PwD

4) Promoting Research and Innovation





Implementation and Monitoring

- **27 goals** and **162 measures** to substantially improve the living conditions of people with dementia and their families.
- Ongoing monitoring until 2026 (first comprehensive monitoring report)

- As the strategy was developed before the outbreak of the COVID-19pandemic, some measures may need to be adapted to the new situation
- All involved actors will take into account that persons with dementia can be particularly affected by COVID-19-related restrictions





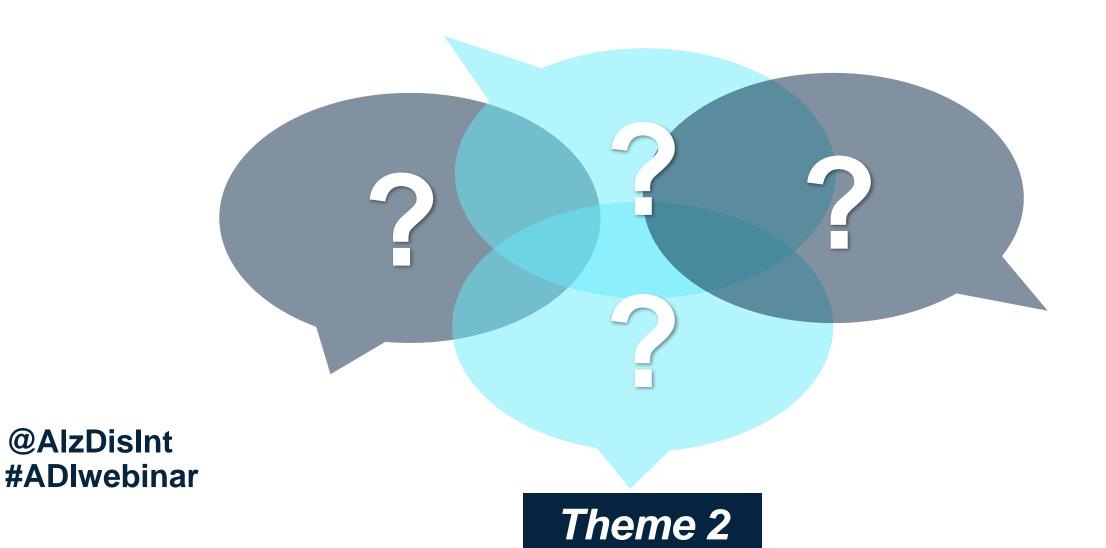
COVID-19 and Dementia

- Multiple COVID-19-related measures aim at protecting and supporting people in need of care, family and professional caregivers, and can help to stabilize care arrangements of persons with dementia, for example:
 - Increased testing capacities in LTC homes and other care settings
 - Providing possibilities for flexible solutions if care arrangements cannot be organized as usual
 - Easier access to financial support for short-term carers' leave etc.
- Information, Guidance and Recommendations through Robert-Koch-Institute, MOH, German Alzheimer Society and others
- Implementation of national strategy on dementia will remain a priority for the federal government





Question and answer



Brain Gym session



DY Suharya

Regional Director - Asia

Pacific, ADI

Theme 3

Impact of COVID-19 on diagnosis of dementia

Prof. Ricardo Allegri

Head of Cognitive Neurology, Neuropsychology and Neuropsychiatry, Fundación para la Lucha contra las Enfermedades Neurológicas (FLENI)



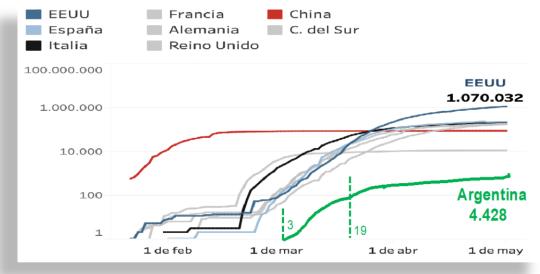
COVID-19 Pandemic in Argentina









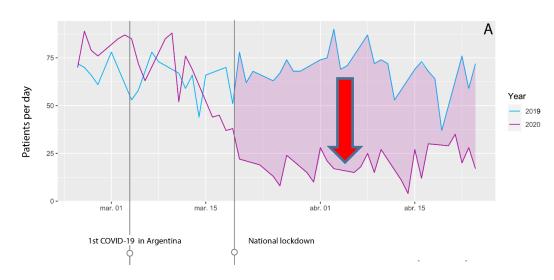


COVID-19 LOCKDOWN in Argentina March 19th

COVID-19 Pandemic LOCKDOWN



EMERGENCY CONSULTATIONS:



HOSPITAL ADMISIONS:

Stroke Unit	20	19-2020
Ischemic stroke		- 53%
Transient ischemic attack		- 80%
Intracerebral hemorrhage	4	- 30%

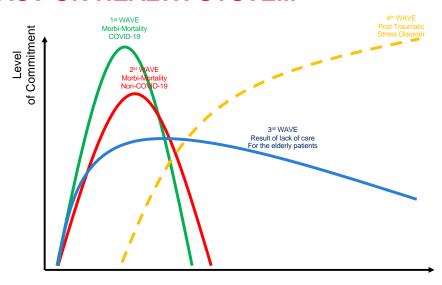
DEMENTIA:

The strictest social isolation was recommended Discontinuation of family visit, assistance and rehabilitation.

Results:

- 1. Negative **psychological impact**: anxiety, irritability,etc
- 2. Deterioration of existing **cognitive symtoms**
- 3. Irrational managment of the patients and caregivers

IMPACT ON HEALTH SYSTEM



COVID-19 Pandemic ACTIONS



Our Patients









General Population



Recomendaciones para personas con Deterioro Cognitivo en el contexto de la Epidemia COVID-19

Las características de la epidemia COVID-19 ha llevado a que los adultos mayores y entre ellos fos pacientes con deteriero cognitivo tengan un importante cambio de habitos en el contesto del conditionamiento social impuesto. Esto ultimo provoca malestar psicológico y frecuentes trantornos conductuales los cuales deben ser detectados y manejados adecuadamento.

¿Como impacta la Epidemia?

- Cambia la rutina hogareña: faltan los cuidadores, no pueden ir a sus actividades habituales (ejercicio fisico, taller de memoria, act. lúdicas etc.).
- 2.- El entorno esta estresado: los familiares o
- cuidadores están inseguros, ansiosos, y reactivos.

 3.- Hay sobre información: están sobre, sub o mal
- informados por los medios periodísticos.

 4.- El deterioro cognitivo : tiene pobre comprensión de lo que sucede, se olvida rápidamente las nuevas rutinas
- lo que sucede, se olvida rápidamente las nuevas rutinas preventivas, etc.

Ayuda Psicológica

- 1.- Primeros Auxilios:
- Ubique a la persona apropiadamente
- Detecte las necesidades básicas y las quejas inmediatas Ayude a la persona a retomar su seguridad
- 2.- Apoyo Psicológico al paciente-cuidador:
- Reducir la sobre estimulación de noticias negativas
 Actualizarse una vez al día
- Organizar rutinas con ayuda memorias Enriquecer la vida en la casa
- Realizar actividades físicas
- Coordinar tareas de relajación y meditación Promover el contacto con la familia por teléfono.
- Promover el contacto con la familia por teléfo internet etc.
- Reforzar la autoprotección y las precauciones

Dificultades en el sueño Mayor deterioro cognitivo

¿Qué produce en los pacientes?

Aparecen o aumentan los síntomas esicológico

Ansiedad, irritabilidad, agresividad

Conflicto con el familiar y/o cuidador

· Frustración, apatía, depresión

Vagabundeo
 Ideaciones delirantes

Confusión

Manejo de los trast. conductuales

Son preferibles las intervenciones no farmacalógicas personalizadas. Solo si estas no funcionan pensar en ayuda

 Adocuar ol entorno: generar áreas especiales, respetar los recuerdos emocionales, ayudar con mensajes claros y sencillos, colocar suave la luz y la música.

sencillos, colocar suave la laz y la música.

2. - Rutinas hogareñas: diseñar rutinas diarias que incluyan actividade fisikas, ognitivas con participación del paciente.

3. - Actitud de los cuidadores: mantener una actitud positiva, estar tranquilos, atender el sentimiento del paciente, validar su exegeriencia emocionario.

 Medidas de autocuidado; discutir las razones y dar syudas prácticas, dividir las tareas paso a paso, utilizar recordatorio con textos escritos o dibujos, fomentar el sentido del logro.
 Molestias físicas: tratar las condiciones físicas.

 Molestias fisicas: tratar las condiciones fisicas habituales y usar si es necesario las medicaciones sintomática son asesoramiento del médico

Public Health



19 and dementia

Signal Brown





COVID-19 (coronavirus) R & F Innovations

Without Borders

COVID-19 (coronavirus) Without Borders

Invited Commentary: The elusive paradox: The woods behind the trees

April 17, 2020 | By Ricardo Allegri | COVID-19 (coronavirus), Without Borders

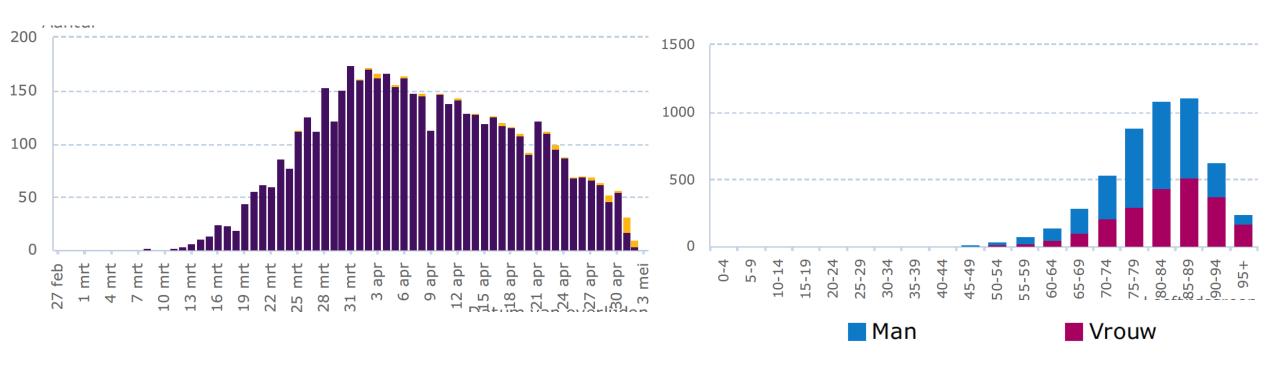
Prof. Philip Scheltens

Director of the Alzheimer Center, Amsterdam, Netherlands

Chair of the National Dementia Plan



Covid hit the NL as well

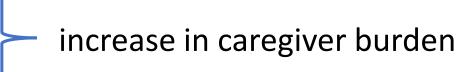


Amount of deaths per day

Deaths ranked on age and gender

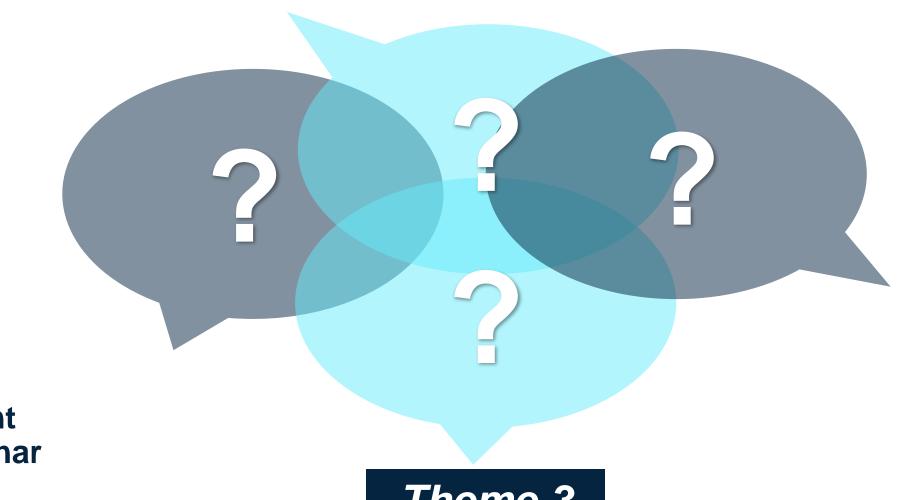
Consequences for dementia patients

Closure of all daycare facilities



- Lockdown forces patients to stay in
- Nursing homes closed for visitors
- Increased death rates in nursing homes; staff under pressure
- Almost complete shut down of outpatient fysical visits; decrease in diagnostic activities; longer waiting lists; increase anxiety in families
- Almost complete switch to telemedicine; positive feedback in >90%; patients afraid to come even if possible
- From May 4 gradual upscaling back to 25-50% of historical production

Question and answer



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Theme 3

Theme 4

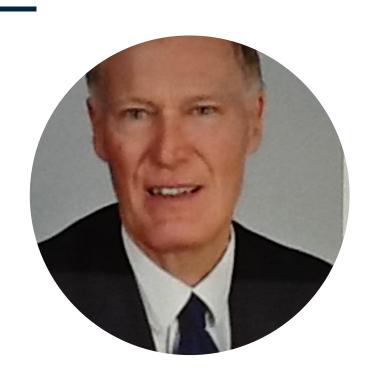
Impact of COVID-19 on the biopharmaceutical industry

- 1. Halting of clinical trials
- 2. Development of vaccinations for COVID-19

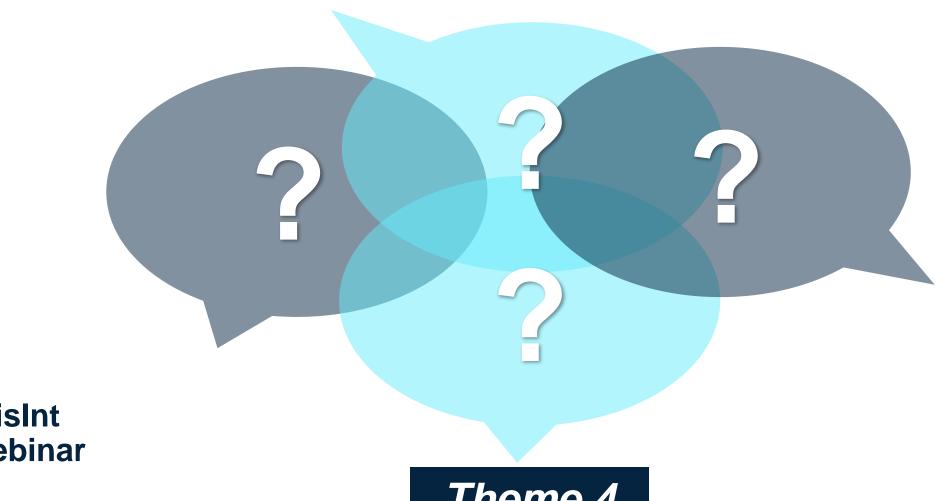
David Jefferys

IFPMA Regulatory and Scientific Committee Chair

Senior Vice President for Global Regulatory, Healthcare Policy and Corporate Affairs, Eisai Europe



Question and answer



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Theme 4

Closing discussion



Paola Barbarino
Chief Executive, ADI



Dr Serge Gauthier

Director, Alzheimer's Disease Research Unit at McGill Center for Studies in Aging

Closing discussion

Examples of the impact of COVID-19

Clinical care

- Telehealth follow-up rather than hospital visits after the initial diagnostic assessment
- Blood tests such as ptau181 to screen for AD pathology
- Increase in caregiver education on line
- Increase use of advance directives about management in later stages
- More home care, less nursing homes

Clinical research

- Cognitive assessments done on line
- Follow-up using phone and on line
- Experimental medications sent home
- Cognitive and physical stimulation modules done online

Epidemiology

- Increased deaths in later stages of dementia may change prevalence figures
- Role of dementia as a specific factor in deaths from infections need clarification
- Shifts from long term institutional care to home care will change costs estimates



Where do we go from here?

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