

DISCLOSURE

Registration Fees Grant: ELPEN SA,
PHARMACEUTICALS

under permission by the Greek Drugs
Administration.

We have no other financial relationships to
disclose.

INTRODUCTION I

- “Active aging” has emerged in Europe as the foremost policy response to the challenges of population aging over the last two decades.
- Active aging is contrasted with “successful aging,” prevalent in aging discourses in the U.S.A., and shown to represent not only a more holistic, lifecourse-oriented approach but also one which, in policy terms, enlists organizational and societal actions as well

INTRODUCTION II

- The dementia friendly hospital concept tackles with the difficulties to structure the cooperation between Hospitals and Neurology specialists in order to enhance the people-centeredness of hospitals in line with the HPH-New Haven recommendations. This task becomes more challenging especially in a country in socioeconomy crisis for the last seven years in a row.

INTRODUCTION III

NATIONAL INSTITUTIONS IN GREECE:

- There are two major Institutions for Dementia in Greece: The Hellenic Dementia Society and the Hellenic Alzheimer Society
- Both have already set up a National Plan of public information as well as of Caregiver Training .
- Due to lack of funding this plan has not yet applied in remote areas, so the efforts depend on Local Health units and Private Health providers' awarness.

PURPOSE/METHODS I

The study aims to present the preliminary dementia registry results in designing a service model that links a Greek NHS hospital to dementia Neurology specialists, providing a friendly service to the healthcare of the elderly in zero distance.

The hospital discharge planning services are connected with private neurologists to provide the elderly services in a Greek rural area where the nearest NHS Hospital access to a public Neurologist lies at a distance of 128 km away.

PURPOSE/METHODS II

- This study included 70 consecutive patients (35 were examined when they were hospitalized, because of severe immobility problems,35 visited the Neurologists).
- Patients were recruited between June and December 2017. Inclusion criteria for this study were:Previous neurologist examination and diagnosis of dementia.Their examination included MMSE testing and C/T or MRI.

PURPOSE METHODS III

- Caregiver distress and lack of Information is one of the most frequent issues in the management of a dementia affected patient.
- Neurologists are charged with:
 - -providing Education to the family and / or caregivers about the disease and its manifestations
 - - giving Instructions for the management of neuropsychiatric symptoms and behavioural disorders.
- Behavioural methods have priority over medication
- Pharmaceutical treatment is prescribed when patient's/caregiver's safety is compromised or when neuropsychiatric symptoms afflict severe distress to the patient.

RESULTS I

Number of patients with dementia (n=70).

Alzheimer`s Disease had 50 out of 70 (71.4%).

Mean age: 82,91 years

MMSE mean value :14.78

All patients with an MMSE score inferior to 26/30 received Anti – Cholinesterase medication (Rivastigmine or Donezepil) as first line treatment and patients with an MMSE score inferior to 18/30 were given NMDA antagonists (Memantine) in monotherapy or in combination with Rivastigmine / Donezepil).

RESULTS II

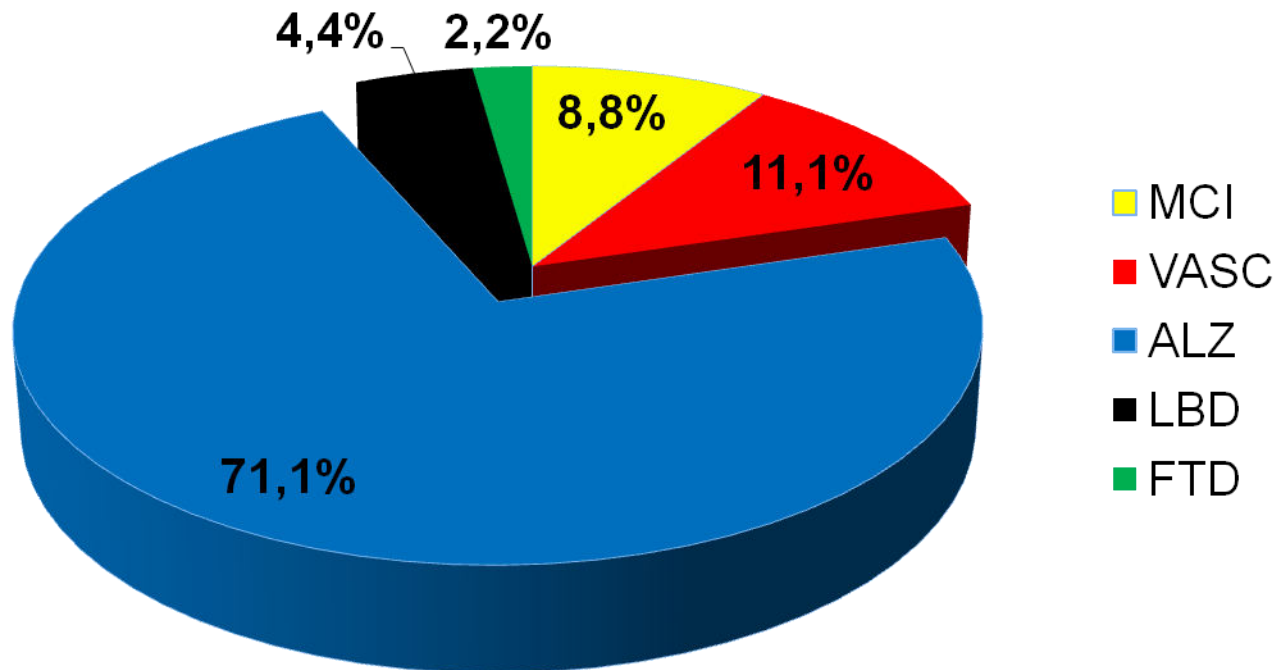
38% of all patients presented with neuropsychiatric symptoms.

29% of all patients presented with psychotic symptoms (delusions, visual hallucinations) and agitation requiring anti-psychotic treatment (Quetiapine was the most frequently prescribed, due to its broad titration spectrum).

11% of all patients presented with depression requiring treatment with anti – depressants.

RESULTS III

ALZ: Alzheimer's Disease, VASC: Vascular Dementia, LBD: Dementia with Lewy Bodies, FTD: Frontotemporal Dementia
MCI: Minimal Cognitive Impairment



CONCLUSIONS I

Greece will be a “super-ageing society” by 2025 so the application of a network service model for elderly with dementia will offer continuous and individualized holistic care services. Apart from acute medical services, hospitals will need to integrate services in long-term and offer proper local care to the elderly. People with dementia and their carers still face a lack of understanding from public services . Our pilot study shows that society as a whole cannot afford to ignore this any longer.

CONCLUSIONS II

- We have made some good progress over the last few years, but there's still a long way to go. Our research knowledge on dementia lags behind other major diseases such as cancer or heart disease.
- People with dementia and their carers still face a lack of understanding from public services, businesses and society as a whole.

CONCLUSIONS III

As many as half of all dementia sufferers are unaware that they have the condition, meaning that they cannot get the help that they and their families need.

We have to go further and faster on dementia making life better for people with dementia and their carers, and supporting the research that will ultimately help us slow, stop and even prevent the condition.

FLAGS OF HOPE IN THE FUTURE

Better and simple lab testing for premature diagnosis .

Life style improvement towards delay of dementia .

Better drug treatment for every patient.

Better support for care-givers.

Better understanding and action from public services, businesses and society as a whole.

Better coordination of actions for healthy aging from the Athens Regional WHO office which will be inaugurated by the Director-General Dr Tedros Adhanom Ghebreyesus on June the 20th.

Greetings from Larnaca, Cyprus



GREETINGS FROM
MONEMVASIA, GREECE
THANK YOU SO MUCH FOR YOUR
ATTENTION!

