



Sertifikat

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Sebagai:

PEMBICARA

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**"THE CURRENT AND FUTURE ISSUES OF NEUROLOGICAL
DISEASE MANAGEMENT"**

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New Guideline in Dementia



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Outline

Introduction

Diagnostic Guidance

Biomarker

Therapy Guidance

Conclusion

Introduction

Dementia management hasn't satisfy

Most patients come in advanced stage

A study showed : Brain damage occurred 1-2 decades previously before clinical symptoms appear.

cont

The succes of medication depending on the stage of the disease

Development of dementia research is dominated by Alzheimer Disease

All dementia develops from MCI, yet not all MCI will be Dementia later on

Diagnostic Guide

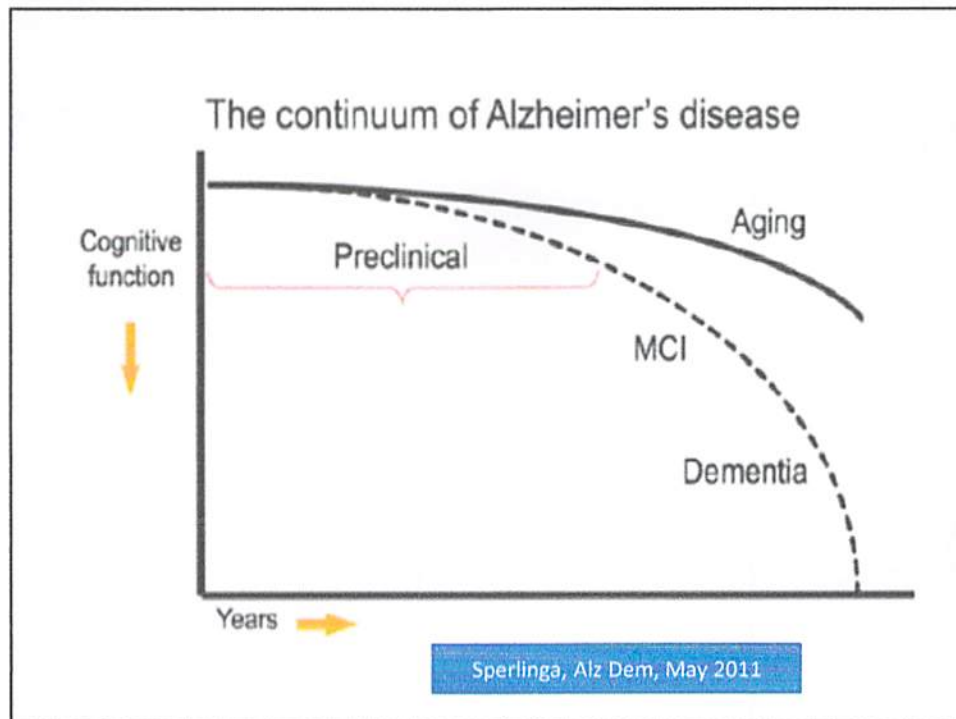
Some issues

- There are 3 stages of Alzheimer's disease
- Memory loss doesn't always become the initial symptom.
- The use of biomarkers
- Differences and links between Alzheimer's and non-Alzheimer's dementia
- Alzheimer's disease diagnosis can be established while the patient still alive.

cont

3 stages of Alzheimer's disease

- Stage 1: Preclinical
- Stage 2: MCI
- Stage 3: Alzheimer's dementia



Stage 1



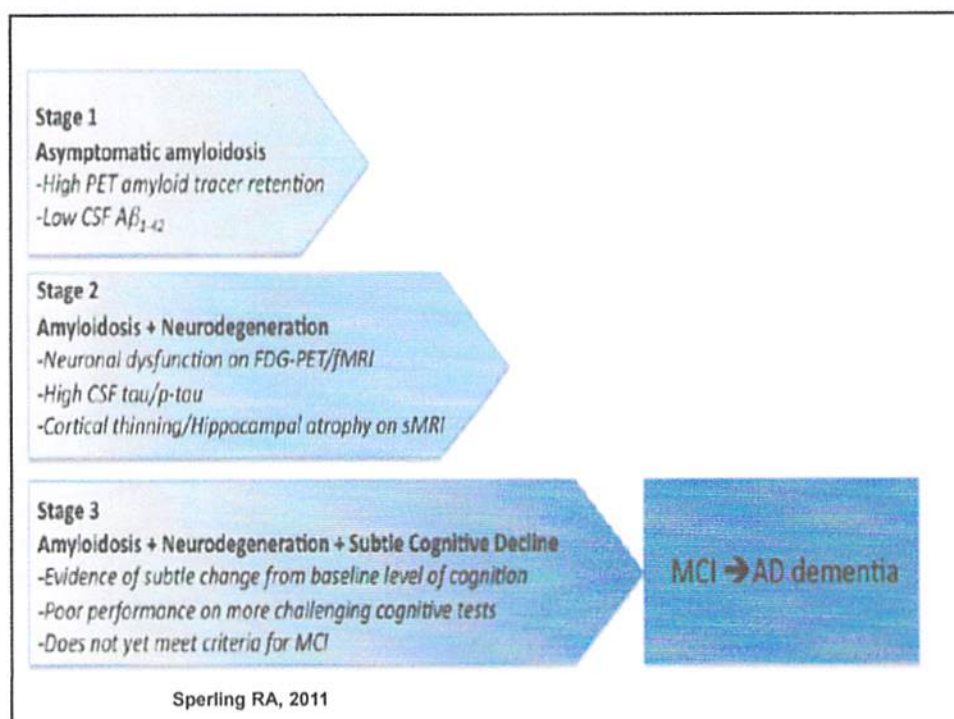
No clinical symptoms, but biologic markers have been found (AD-Pathologist / AD-P).



Biomarkers as a guidance



There are 2 groups Biomarker:
 - Amyloidosis: PET-A β and A β -CSS
 - Neurodegeneration : PET, Tau CSS and MRI



Biomarker

- Physiological, biochemical, or anatomical parameters that can be measured in vivo.
- Biomarker might be trusted either as a marker or as a sign of disease worsening.

Biomarker in AD

Physiological marker

- Specific biological processes in AD, consist of: B-Amyloid & Protein Tau

Topography marker

- Indicates the progression of the disease but less specific for AD:
- Atrophy
- Hypoperfusion
- Hypometabolism

Stage 2 : MCI

- Three groups of MCI :

- MCI Clinic
- MCI due to AD
- MCI not due to AD

- The diagnosis of MCI is established from clinical symptoms
- Biomarker used to determine the possibility of developing towards Alzheimer's disease

- Biomarker AD (+), the high risk develops into dementia
- Hertze (2010): 71% MCI due to AD, develops into Alzheimer dementia in 5 years, 29% fixed
- How long, how many, and the factors that affect: ???

| Kriteria MCI | | | |
|---------------------------------------|--------------------------------------|--|------------------------------------|
| Diagnostic Category | Biomarker Probability of AD Etiology | A β (PET or cerebrospinal fluid) | Neuronal Injury (tau, FDG, sMRI) |
| MCI core clinical criteria | Uninformative | Conflicting/indeterminate/untested | Conflicting/indeterminate/untested |
| MCI due to AD—intermediate likelihood | Intermediate | Positive Untest | Untest Positive |
| MCI due to AD—high likelihood | Highest | Positive | Positive |
| MCI unlikely due to AD | Lowest | Negative | Negative |

Stage 3


Alzheimer's Dementia divided :

- Probable Alzheimer's dementia
- Possible Alzheimer's dementia
- Probable atau Possible Alzheimer's dementia with the biomarker.


Therapy Guide



There is no way to reverse the pathological process of AD



The drugs only slow the progression of the disease.



Therapeutic goals: maintain cognitive and functional abilities, minimize behavioral disorders, and slow disease progression with care QoL of patients and caregivers.

Pharmacological Therapy

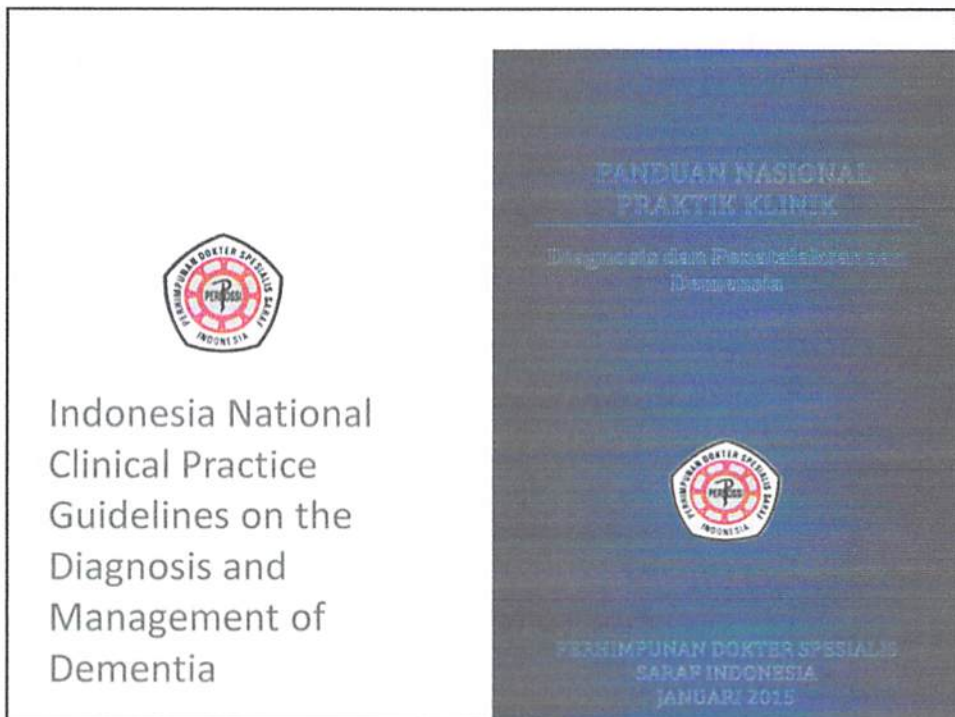
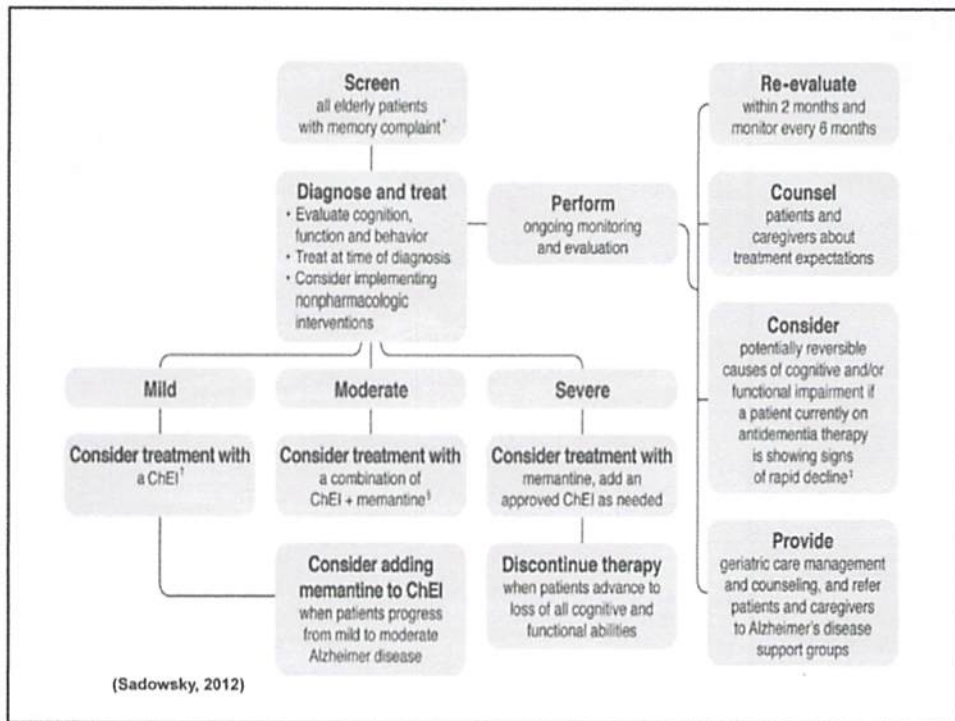
For Cognitive:

- Cholinesterase inhibitors: mild, and moderate dementia
- Memantine : Moderate and severe dementia.
- There is no evidence support the use of other medications to prevent or treat cognitive impairment symptomt

Pharmacological Therapy

Behavioral Disorder :

- Psychotic and agitation treatment do not provide obvious benefits.
- Citalopram has benefit for agitation treatment.
- Cholinesterase inhibitors and memantine significantly have no clinical impact in behaviour perspective.



Indonesia National
Clinical Practice
Guidelines on the
Diagnosis and
Management of
Dementia

Anti-Dementia Drugs for the Improvement of Cognition in Dementia



| Condition | Standard Recommendation | Treatment Option |
|-----------------------|---|--|
| MCI | NIL | NIL |
| Mild to Moderate AD | ChEI: Donepezil Rivastigmine Galantamine | Memantine can be given if ChEI cannot be tolerated EGb761® can be given if ChEI or memantine have no therapeutic effect or intolerable side effects |
| Moderate to Severe AD | ChEI: Donepezil and NMDA receptor antagonist: Memantine | Galantamine is a treatment alternative for Severe AD EGb761® can be given if ChEI or memantine have no therapeutic effect or intolerable side effects |

Alternative / Complimentary Therapy

- Ginkgo Biloba extract EGb761® at 240mg per day may be considered as a symptomatic therapeutic option for dementia when cholinesterase inhibitors or memantine have no therapeutic effect or intolerable side effects.

Conclusion

Dementia medical treatment didn't satisfy, new guides offer biomarkers for diagnosis

There are 3 stages of Alzheimer's disease

Preclinical stage consists of 3 level

MCI Stage: not all the cases develop into dementia in the future.

Predictor factor ?

Conclusion

Acetylcholinesterase inhibitors and NMDA receptor antagonists are most often used drugs

Long-term anti-psychotic drugs may aggravate the symptoms of dementia

Cholinesterase inhibitors and memantine significantly have no clinical impact in behaviour perspective.



Thank You