

**The 10<sup>th</sup> International Congress  
of Asian Society Against Dementia (ASAD)  
The Annual Conference of Alzheimer's Disease Chinese (ADC)  
Forum on Elderly Mental Health**

亚洲抗痴呆学会 (ASAD) 第十届国际学术研讨会  
中国老年保健协会老年痴呆及相关疾病专业委员会 (ADC) 2016年会  
暨中国老年医学学会老年精神医学和心理健康分会筹委会论坛

October 20-23, 2016  
Hangzhou, CHINA

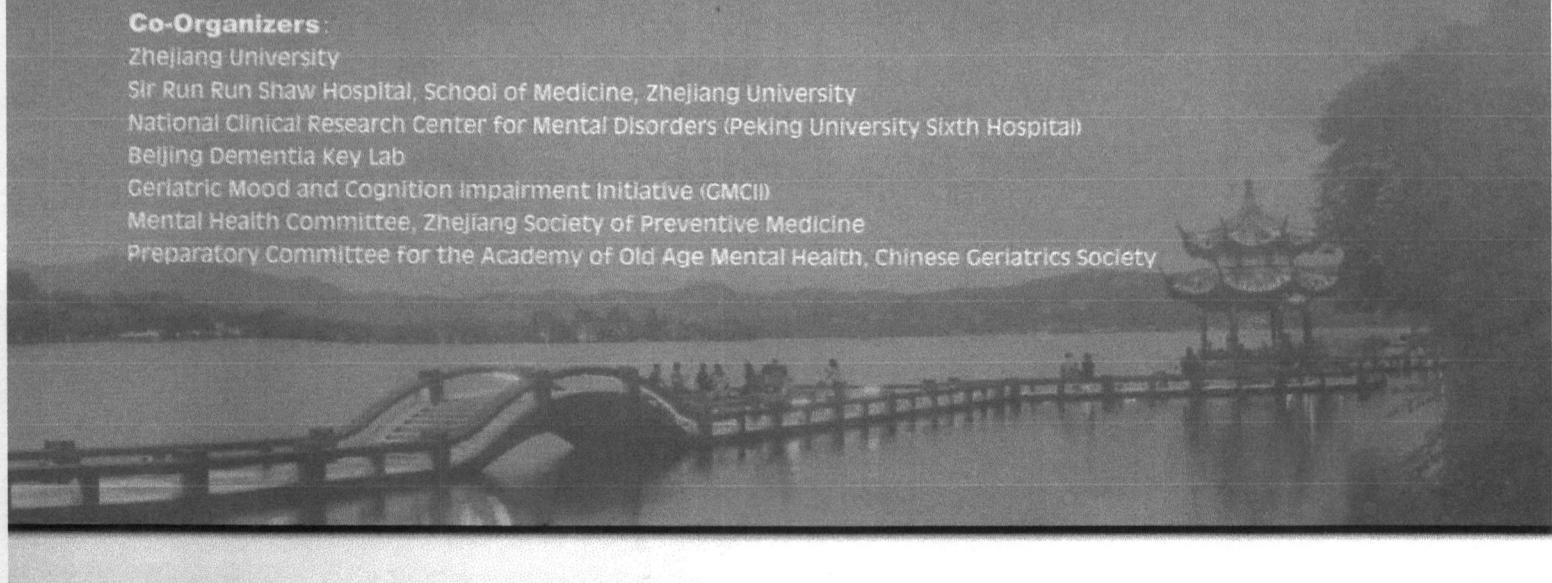
## Program Book

**Organizers:**

Asian Society Against Dementia (ASAD)  
Alzheimer's Disease Chinese (ADC)  
Chinese Mental Health Journal

**Co-Organizers:**

Zhejiang University  
Sir Run Run Shaw Hospital, School of Medicine, Zhejiang University  
National Clinical Research Center for Mental Disorders (Peking University Sixth Hospital)  
Beijing Dementia Key Lab  
Geriatric Mood and Cognition Impairment Initiative (GMCI)  
Mental Health Committee, Zhejiang Society of Preventive Medicine  
Preparatory Committee for the Academy of Old Age Mental Health, Chinese Geriatrics Society



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# Welcome Messages

## ASAD President

Dear Colleagues,



Welcome to Hangzhou, China, where we will have the 10<sup>th</sup> Asian Society Against Dementia (ASAD) International Congress. On behalf of the organizing committee, I warmly welcome all of you to attend the congress from Asian and other countries. In the next few decades, the dementia epidemic will be the most major health issue in Asian countries where the number of persons with dementia steeply increases with aging population. However, many people still consider that cognitive symptoms of dementia are a part of normal aging process. It is

no doubt to increase awareness and recognition of dementia is the priority mission of ASAD. Also, another mission will be the construction of the Asian style to detect dementia in the early stage and to deliver the appropriate services to them. Although the situation around persons with dementia is diverse in each country, it is apparent that the ideal objective of dementia care including the treatment, the management, and so on, is to support his/her life of a person with dementia in the community. The congress will be a good opportunity to confirm and to share the knowledge and the skills on the management of dementia including diagnosis, treatment and care with the participants. ASAD is an only academic organization where the program is exclusively focusing on the Asian issues on dementia. I do look forward to discuss on the topics with health professionals working on dementia in Asian and other countries. Lastly I would like to extend my sincere appreciation to local organizers for their great efforts to realize the meeting with stimulating and challenging programs.

Warmest regards,

Akira Homma, MD

President

Asian Society Against Dementia

## ADC President



Dear Colleagues :

On behalf of Alzheimer's Disease Chinese (ADC), I warmly welcome you to join the 2016 ADC Annual Conference and the International Congress of Asian Society Against Dementia.

110 years, is a long journey since the first report of Alzheimer's disease. However, only in the past three decades, has Alzheimer's disease been paid more attention by the public. With the dramatic increase of elderly population, dementia has emerged as one of the public health priorities that challenges the elderly physical and mental health, as well as the national medical services. Since its very beginning, Alzheimer's Disease International (ADI) has become the global voice on dementia. ADC was official founded in 2002, and then became one the ADI members.

In China, there are more than 13.8 million older adults aged over 65 years. Among them, approximately 10 million of people live with dementia and 6.6 million with Alzheimer's disease. The number will be doubled in the coming 20 years. In addition to the policy advocacy to improve quality of care in China, ADC is working hard and has contributed much on improving dementia care. With the collaboration with other organizations, such as CCTV, Ministry of Social Welfare, Commission on Health and Family Planning, and the China Populations' Welfare Fund, several campaigns for dementia advocacy have been conducted, like creating dementia friendly communities, and Safely Home Project. The public awareness has been improved significantly. I would like to thank the Organizing Committee for their great efforts to organize this great event.

Thank you for joining us!

I sincerely hope you have wonderful experiences in Hangzhou!

Remember me!

Life is grace, life is dignity!

Lu-Ning Wang

President, Alzheimer's Disease Chinese

## Committees 会议委员会

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Jong-Ling Fuh	Chinese Taipei
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Vorapun Senanarong	Thailand
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Guk-Hee Suh	Korea
Huali Wang	China
Yuan-Han Yang	Chinese Taipei
Suraya Yusoff	Malaysia

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Yinhua Wang 王荫华	Jianping Jia 贾建平	Xiujun Cai 蔡秀军

## Posters Presentation 壁报交流

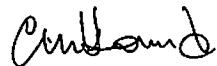
- PS 012** Prevalence of neuropsychiatric symptoms in patients with cognitive impairment: results from a memory clinic  
认知功能损害患者的神经精神症状的发生率：一项记忆门诊研究结果  
*Xia Wang, Chongqing*  
*Xia Wang, 重庆*
- PS 013** Correlation between cognitive impairment and Diabetes in the aged population  
老年人群中认知损害与糖尿病的相关性研究  
*Yanchang Shang, Beijing*  
*尚延昌, 北京*
- PS 014** Clinical features of cognitive dysfunction in the aged population with diabetes  
老年糖尿病患者认知功能损害的临床特征分析  
*Yanchang Shang, Beijing*  
*尚延昌, 北京*
- PS 015** Beta amyloid plasma as early biomarker for cognitive impairment after stroke  
 $\beta$ -淀粉样蛋白是脑卒中后认知功能损害的早期标志物  
*Yuliarni Syafrita, Indonesia*  
*Yuliarni Syafrita, 印度尼西亚*
- PS 016** Treatment with memantine and rivastigmine alone or in combination attenuate load of caregivers for patients with mild-to-moderate Alzheimer's disease  
美金刚或/和卡巴拉汀减轻轻中度阿尔茨海默病患者照顾者负担  
*Jun Xiao, Chengdu*  
*箫军, 成都*
- PS 017** The neurocognitive profiles of HIV patients in Saiful Anwar General Hospital Malang Indonesia  
印度尼西亚玛琅 Saiful Anwar 总医院艾滋病患者的神经认知功能情况  
*Sri Budhi Rianawati, Indonesia*  
*Sri Budhi Rianawati, 印度尼西亚*

# CERTIFICATE OF ATTENDANCE

*Presented to*


*For participating in the  
10<sup>th</sup> Asian Society Against Dementia (ASAD) International Congress  
The Annual Conference of Alzheimer's Disease Chinese (ADC)  
Forum on Elderly Mental Health*

*October 20-23, 2016  
Hangzhou, China*



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Akira Homma  
ASAD President



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Yu Xin  
Meeting Chair



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Wang Luning  
ADC President



# Beta Amyloid Plasma as Early Biomarker for Cognitive Impairment After Stroke



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## BACKGROUND

Disability after stroke is even burdened by cognitive function impairment. Current diagnostic methods available now is not sensitive enough to detect early cognitive impairment after stroke. The level of beta-amyloid (A $\beta$ ) in the cerebrospinal fluid (CSF) can be used as a marker to detect cognitive impairment, but the CSF retrieval technique is invasive, so it is necessary to find biomarkers that are relatively easy, cheap and reliable. Therefore, biomarker that can be measured in plasma is needed. Aims to investigate the association of the plasma levels of beta amyloid with cognitive impairment after stroke.

## METHODS

It is an observational study designed as cross-sectional study using 84 patients with ischemic stroke. Cognitive function was evaluated three months after stroke using MoCA-Ina test and measurement of plasma level of A $\beta$ 40 and A $\beta$ 42 within 72 hours of onset of stroke. Datas were analyzed using regression analysis to establish the most dominant factors related to the impaired cognitive function after stroke.

## RESULTS

Table 1. Clinical Characteristic

	Impaired cognitive function	Normal cognitive function	p
Age (year)			
- $\geq 60$	27	15	
- $< 60$	17	25	0.029
Education (year)			
- $> 9$	37	18	
- $\leq 9$	7	22	$< 0.001$
Sex			
- Male	19	22	
- Female	25	18	0.279
Blood Pressure			
- Hipertension	38	6	
- Normotension	33	7	0.625
Glycemia			
- Hyperglycemia	7	7	

Table 2. The Association of Plasma Level of A $\beta$ 40 and A $\beta$ 42 with MoCA-Ina Assesment

	Impaired cognitive function	Normal cognitive function	p
Mean level of A $\beta$ 40	395.75 (9.6-565.7) pg	539.56 (285.69-1185.22) pg	$< 0.001^*$
Mean level of A $\beta$ 42	20.51 (0.9-66.04) pg	35.57 (0.26-88.19) pg	0.001*

\*Mann Whitney Test

The association of the plasma level of A $\beta$ 40 and A $\beta$ 42 with cognitive function can be seen in Table 3 below. Since each variable has no standard normal, the classification between low or high level was determined by calculating cut off point of each variable using the Receiver Operating Characteristic procedure (ROC), so that each variable can be grouped based on the value of the cut off the point. The high level was considered if the level obtained is higher then the cut off point and vise versa.

Table 3. The Association of Plasma Level of A $\beta$ 40 and A $\beta$ 42 with Cognitive Function

Variable	Cognitive function		p	OR
	Impaired n = 44	Normal n = 40		
Low level A $\beta$ 40	24	3	$< 0.001^*$	14.80 (3.96- 55.28)
High level A $\beta$ 40	20	37		
Low level A $\beta$ 42	22	9	0.017*	3.44 (1.33 - 8.89)
High level A $\beta$ 42	22	31		

\* Pearson Chi-Square

Table 4. Mutivariate Regression

	Variabel	Coefisien	p	OR
Step 1	A $\beta$ 40	2.597	$< 0.001$	13.43
	A $\beta$ 42	1.048	0.055	2.85

## CONCLUSION

Low plasma level of A $\beta$ 40 is associated with the incidence of impaired cognitive function after stroke.

## References

- Seppala TT, Herukka SK, Hanninen T, et al. Plasma A $\beta$ 42 and A $\beta$ 40 as marker of cognitive in follow-up : a prospective, longitudinal, population-based cohort study. *J Neurol Neurosurg Psychiatry* 2010; doi: 10.1136/jnnp
- Schupf N, Tang MT, Fukuyama H, et al. Peripheral A $\beta$  subspecies as risk biomarkers of Alzheimer's disease. *PNAS* September 2008; 16, vol. 105 no. 37 14052 - 14055