

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

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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.