

## **13<sup>th</sup> Biennial International Congress – 14-18 October 2007 – Osaka, Japan**

### ***Osaka Silver Congress***

#### **International Psychogeriatric Association**

From all accounts, the IPA Congress in Osaka was an outstanding success. It brought together colleagues from all parts of the world to exchange ideas, knowledge and research. Best of all, the 25<sup>th</sup> anniversary of IPA was celebrated. With approximately 2,400 delegates, it more than exceeded our anticipated 1,500 participants. Evaluations of the meeting were also very positive. A highlight of the meeting content is provided below. Also provided is a pictorial overview of the meeting.

Thank you to all attended .... and to those who missed this Congress, please plan to join us for the 14<sup>th</sup> IPA International Congress in Montréal, Canada on 1-5 September 2009. – *Path to Prevention*.

By Leon Flicker,

Professor of Geriatric Medicine, Director Western Australian Centre for Health and Ageing, School of Medicine & Pharmacology, University of Western Australia, Royal Perth Hospital, Perth, Australia

The 13<sup>th</sup> Congress of the International Psychogeriatric Association Meeting or the Osaka Silver Congress (so named to commemorate IPA's 25<sup>th</sup> anniversary) was a meeting that was mainly concerned with consolidation of knowledge as opposed to new breakthroughs. There was a sense at the meeting that, after considerable progress over the last decade, this was a time to take stock and see where new developments may arise. The meeting was held in the dynamic Asia/Oceania region, and the meeting attracted a record number of registrants. The Congress opened with a series from the geriatric professors (or professors of geriatric psychiatry), and further highlighted the progress made over two and a half decades with IPA. The meeting was set up with multiple concurrent symposia, both in the morning and the afternoon, with plenary sessions scheduled immediately before and after lunch.

Just a few highlights from the plenaries. The amount of progress in the pathophysiology of sleep disorders has been immense. Many of the genes associated with circadian rhythms have been characterised and environmental factors that may modulate these effects have been identified. The pathophysiology of bright light therapy has been more thoroughly described with the sensitivity to blue-green light being most apparent for resetting of the circadian rhythms. Exercise also can shift the circadian rhythms and has simple practical significance in that exercise should be performed earlier in the day so as to increase sleep time at night. Another highlight from the plenaries included some of the pathogenic mechanisms, possibly under genetic control, involved in the formation of mutant Alpha-synuclein proteins.

A personal highlight from the plenary sessions was Alan Rose's presentation of genetic linkage studies with dementia in patients, suggesting that regions near the apolipoprotein E locus are also involved in the pathogenesis of dementia. In particular, a polymorphism of the TOM M40 gene, which may be linked to mitochondrial function, could link the Apolipoprotein E4 association with another potential pathogenic mechanism. These have resulted from genome-wide SNP linkage studies. This very exciting hypothesis does not need to be aligned to the amyloid hypothesis and may represent an entirely different mechanism for this well known association with dementia (possibly not even involving Alzheimer's disease).

Then for a complete change in direction, from the basic biology of the mental health diseases associated with ageing we switched to a discourse concerning the rapid socio-cultural changes associated with ageing in East Asia. Although much of the developed world feels that it has undergone dramatic ageing of their communities, something that will be soon be experienced by the relatively young developed communities of the United States, Canada, Australia and New Zealand, it is actually the Eastern Asian countries which are experiencing the most dramatic ageing demographic changes. China, who has adopted a 1 (or 1.5) child family policy, has activated a rapidly developing awareness within this region. Ageing, and the policy responses required, are taken seriously with a considerable amount of thoughtful planning.

Other plenary highlights included Serge Gauthier's update on numerous studies which have focused on modulating the cascade leading to amyloid deposition. The first completed Phase III study was encouraging. This was the study of a gamma secretase modulator MPC-7869 or flurizan. This study randomised 207 subjects to three treatment groups, 400mgs bid, 800mgs bid or placebo and subjects were followed for twelve months. The best dose as determined by trends in the efficacy outcomes was 800mg BID, which is currently being tested in two Phase III studies. A surprise finding was a delay in emerging BPSD for patients on active treatment vs. placebo (poster presented in a separate session). There are numerous other studies, either planned or in progress, of the amyloid protein modifying approach and these will be looked for with considerable interest.

Besides the plenaries, there were many fascinating symposia. One of the highlights of the programme was the symposium on frailty and psychogeriatric disorders. This was a union of the mind and body. Frailty can be defined as a state of non-specific vulnerability with multiple interacting medical and social problems. One of the interesting things about this state is that it undergoes continuing variation with possibly 12-20% of these people improving over time, and are no longer defined as frail. This model of frailty has been tested in relation to psychiatric illness, where it seems to predict the onset of late onset psychiatric disease, chiefly depression. Similarly, this frailty may be a very important factor in the onset of delirium and may underlie the common aetiology of risk factors for vascular diseases generally, and dementia. These findings were extended into another symposium, which concerned the psycho-social predictors of mental health outcomes in later life. Adiposity, physical activity and vascular risk factors seem to relate to the common mental health disorders of old age, including dementia and depression.

The session on prevalence and outcomes of MCI highlighted our current lack of understanding of this condition and it is clear that in community studies some subjects improve, whereas others progress to Alzheimer's disease. The concept of reduced awareness clearly needs to be tested and currently this is being done in many parts of the world. There seemed to be considerable discussion about the exact prevalence of depression in the very old with surprisingly high rates presented in some studies.

Whether there are real differences between countries or whether in fact it is a result of different diagnostic methods is unclear.

Many of the highlights of the programme were actually found in the posters, where interest was only inhibited by the ability to stay on one's feet for extended periods and resist the temptation of the excellent food to be found nearby. One such poster, from a UK group, revealed that inflammatory markers can predict a worse prognosis for cognitive decline in people with dementia, even without the onset of delirium. Other posters of interest demonstrated the changing prevalence of dementia in Japan, with an increase in Alzheimer's disease as opposed to vascular dementia, particularly in older age groups.

Overall, the Osaka Silver Congress was a useful and productive meeting in a dynamic and rapidly developing region of the world. As for the last 25 years, it was a fantastic opportunity to renew old friendships and establish new collaborations in our endeavours to improve knowledge and services directed at care of older people with mental health disorders.

Correspondence:

Professor Leon Flicker,

Department of Geriatric Medicine,

Royal Perth Hospital, Box X2213 GPO, Perth. WA 6001 AUSTRALIA

Telephone No. 08 9224 2750 Facsimile No.618 9224 2063

Email: [leonflic@cyllene.uwa.edu.au](mailto:leonflic@cyllene.uwa.edu.au)