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## Dementia situation and clinical trials in China

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China has the largest population with dementia in the world, imposing a heavy burden on the public. The number of dementia patients in China accounts for approximately 25% of the entire dementia population worldwide,1 creating a huge challenge for policy makers, healthcare professionals and family members.

Over the last decade, many studies have focused on the prevalence of dementia in the Chinese population Two large-sample multi-region studies across China were conducted in 20142 and 20193 and revealed that the prevalence rates of dementia were 5•14% (4•71-5•57%) and 5•60% (3•50-7•60%), respectively, for individuals  $\geq$ 65 years of age. The latest Global Burden of Disease study in 2019 showed that the age-standardised dementia prevalence increased by 5•6% in China from 1990 to 2016, while the global prevalence increased by 1•7%.1 The increasing trend may be partly due to extended lifespan and progress in the diagnostic criteria, which have resulted in an increased number of elderly people and a higher diagnostic rate for dementia patients, respectively.

Currently, the number of dementia patients in China is estimated to be 10-11 million or 9-10 million among individuals aged ≥60 or ≥65 years, respectively;4,5 more than 60% of these patients have AD, and approximately 70%-80% of these AD patients have not received treatment.6 Although VaD patients constitute the second largest dementia population in China (2.49 million people ≥65 years), no treatment data for this population are available. China has approximately 11.8 million stroke patients, 9.5 million of whom have experienced post-stroke cognitive impairments.7,8 Overall, China is estimated to have approximately 31 million MCI patients, with MCI-A accounting for more than 9 million.9 Taken together, China currently has approximately 50 million individuals suffering from dementia and MCI. This enormous patient population has a large negative impact on society, which should be reiterated.

In the past 10 years, the number of clinical trials has increased in China. Twenty-eight clinical trials (≥150 subjects) have been conducted in China, including four phase IV, phase III, four phase II/III, and six phase II studies. Since 2003, no FDA approved drugs that halt or even slow the progression of AD have been introduced.10,11 Most likely, the reason is the single-target mechanisms of these drugs and the fact that AD is a complex disease that involves a variety of pathophysiological changes.12,13 Chinese medicines may have the potential to overcome this issue due to the incorporation of multiple anti-AD components that have multiple physiological targets.14 In addition to AD, several studies have investigated the abilities of Chinese medicine to treat vascular-related cognitive impairments. In a clinical trial in 2016, a modern Chinese medicine compound called DL-3-nbutylphthalide (NBP) was shown to be safe and effective in improving cognitive and global functioning in patients with subcortical vascular cognitive impairment with no dementia.15 Another Chinese medicine compound known as SLT was shown to improve memory, orientation, language and executive functions and daily activities for patients with VaD in clinical trials.16 Taken together, these studies provide evidence that Chinese medicines may be effective in treating vascular cognitive impairments and may inspire further clinical trials of Chinese medicines for the treatment of AD.

## Biography

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