

10th World congress on

Dementia and Alzheimer's Disease

August 16-17, 2018 | Copenhagen, Denmark

Efficacy and safety of MMFS-01, a synapse density enhancer, for reversing age-related cognitive decline: a randomized, double-blind, placebo-controlled trial

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Neuropsychological evaluation identifies neurocognitive deficits to aid in the diagnosis of the specific type of dementia that carries a different intervention and/or treatment plan. Predominantly frontal (executive reasoning) deficits will tend to be more suggestive of frontal lobe dementia or disease; frontal and temporal deficits (memory and the impact of executive reasoning deficits) of cardiovascular disease; visual perceptual, executive reasoning deficits and psychiatric signs of Lewy body dementia; while rather clear signs of highly impaired memory (for retrieval and recognition) as well as visual spatial issues will tend to reflect the true Alzheimer's dementia. Cognitive decline associated with neurological diseases depends upon the brain areas affected; for example, Multiple Sclerosis (impacts memory and attention, processing information quickly and efficiently) Parkinson's disease (executive reasoning, as well as attention and memory) while Huntington's has a predilection for executive reasoning deficits and motoric response. Use of neuropsychological evaluation and diagnosing the specific deficit areas has allowed us to develop a very specific cognitive training regimen which has shown positive findings when comparing testing prior to and following treatment intervention. Specificity of the cognitive training has been a primary variable for improved functioning following treatment. At our facility all of the brain enhancing activities have been systematically studied and labeled for the effect they are expected to have in remediating brain function; memory (short and long term, retrieval and recognition, visual and verbal) executive reasoning processes (selective attention,

integration, perseveration, sequential analysis, cognitive flexibility) language (word retrieval) and visual perceptual. The key to the most effective and efficacious outcome in our research has been early diagnosis and treatment. We are on an outreach effort for neurocognitive evaluation of individuals with any type of illness (physical or psychiatric) in their sixties and everyone in their seventies. Outreach is currently ongoing to the primary care physician to query about memory difficulties and executive reasoning symptoms. In the USA, dementia is known as one of the most expensive medical conditions; costs are currently in the billions and projected to the trillions for the future. The answer is early diagnosis and education of the general population of the increased risk of dementia when there is avoidance of memory problems. Fear and avoidance of dementia is enormous and pervasive; affecting the caregiver, spouse, as well as the children. Waiting until a basic dementia assessment or mini-mental status is failed or for the problem to be exacerbated and outwardly obvious, results in more severe diagnosis and complications. Our research and work with the aging population over the last ten years reveals the benefit of early diagnosis and the intervention of cognitive training/rehabilitation upon brain function in helping to remediate the effects of dementia. Case studies will be provided to illustrate the significant neurocognitive changes that occurred from cognitive rehabilitation which transferred to improved emotional and daily living skills.

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