

New strategies and approaches needed to cope with growing burden of brain diseases

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New strategies for preventing and coping with the growing burden of brain diseases were outlined today at the 5th European Academy of Neurology (EAN) Congress in Oslo, Norway.

Professor Anne Hege Aamodt, President of the Norwegian Neurological Association, presented The Norwegian Brain Health Strategy 2018-2024 to attendees at the congress. Norway are the first country in Europe to launch a national [brain](#) health strategy, which has four overarching aims:

1. Good lifelong brain health, prevention and quality of life
2. The provision of user-centred care, as well as support for relatives
3. The organisation of holistic care from multi-disciplinary teams
4. Ensuring adequate knowledge and quality through research and innovation

Brain diseases now account for 10% of the global burden of [disease](#). Dementia, one of the most common brain diseases, now affects around 50 million people worldwide with 10 million new cases every year. By 2030, it's estimated that the number of people living with dementia will reach 82 million and this is expected to increase to 152 million by 2050.

"Brain diseases affect a wide range of people in all stages of life and, as people are living for longer, greater numbers now live with a range of

brain diseases", explained Professor Aamodt. "Prevention of brain diseases, the provision of equal treatment, follow-up and rehabilitation, as well as increased research and expertise, is absolutely vital in providing patients with optimal outcomes. This strategy will help to facilitate this for a number of brain diseases, including dementia, multiple sclerosis, Parkinson's and stroke-related conditions."

Initiatives outlined in the plan are now underway, which include the funding of a €20 million National Clinical Research Centre devoted to the clinical treatment of severe diseases such as MS, dementia and amyotrophic lateral sclerosis (ALS). In addition, the Norwegian Research Council will also receive an additional €5 million for strengthening research and innovation in neurological conditions.

The Norwegian Neurological Association and the Norwegian Directorate of Health are working to action further objectives outlined in the plan, which is being seen as a model template for other European countries to follow.

Professor Aamodt adds, "We believe that this national strategy should be replicated and implemented across Europe, tailored for each country. The continent will undergo major societal transformations, such as the ageing population, that will impact on brain diseases and health services must adapt to these changes."

Following the launch of the Norwegian Brain Health Strategy, EAN and European Federation of Neurological Associations (EFNA) are also calling for a European Brain Health Plan raise public awareness of brain diseases, lobby governments and integrate the best science to improve outcomes for both patients and society.

Also at EAN 2019: Focusing on the burden of stroke and dementia:

Professor Vladimir Hachinski, world-renowned stroke expert, stressed during the EAN Congress that stroke accounts for 42% of neurological disease, compared to 10% for dementia and that many cases of dementia could be prevented by preventing stroke.

Professor Hachinski said the quest to find a cure for Alzheimer's in the past 40 years had focused on the amyloid/tau plaque hypothesis, but although this research had improved understanding of the dementia process, this 'monorail' approach had so far failed to yield a single disease-modifying drug.

Professor Hachinski stated "The good news is that stroke is 90% potentially preventable through the control of risk factors. Stroke and dementia share the same treatable risk factors and their control is associated with a decrease in stroke and some dementias. Additionally, intensive control of risk factors and enhancement of protective factors improve cognition." "Anticoagulation treatment of atrial fibrillation patients decreases their chance of developing dementia by 48 %." Preliminary data suggests that treating blood pressure to a target of 120mmHg systolic, compared to a target of 140mmHg, decreases the chances of mild cognitive impairment by 19%."

Professor Hachinski said neurological disorders are now responsible for the largest number of disability-adjusted life years (DALYs—a combined index of early mortality and years spent in disability). He added that the introduction of a stroke strategy in Ontario, Canada, which included building stroke units, stroke prevention clinics and campaigns to control risk factors, helped decrease the number of strokes by 32% over 12 years, with a 7% reduction in the incidence of dementia.

He stressed that whilst advancing age, genetic factors and family history couldn't be changed, many other risk factors for stroke could be modified with physical activity, antihypertensive drugs, following a

Mediterranean diet, an active lifestyle and taking statins to lower cholesterol.

Professor Hachinski concluded: "Neurological disorders represent the leading cause of DALYs. More than half result from stroke and [dementia](#), which are both preventable to different degrees. We need new vistas and approaches to grasp the opportunity of preventing [stroke](#) and some dementias, beginning now."

Provided by The European Academy of Neurology

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