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Plenaries

P01

From single synapses to clinical studies: Therapeutic developments from optogenetics

Antonello Bonci, *National Institute on Drug Abuse, Baltimore, United States*

The main goal of my talk will be to discuss the role of long-term plasticity at excitatory synapses in the limbic system in modulating the development and expression of cocaine-dependent behaviors, in order to produce novel therapeutic strategies that could reverse these long-term synaptic changes, and as a consequence, drug-dependent behaviors. The work that has been performed at the NIDA intramural program since my move has continued along the same lines and rationale, but has generated a strong foundation, thanks to our recently published optogenetic studies, for the development of a novel treatment against cocaine addiction. During my lecture I will present published and unpublished results on the basic mechanisms that underlie cocaine-dependent plasticity, and the promising results from our clinical studies that were created based on our results obtained with optogenetics.

P02

Cognition and aging: The good, not so good, and potential plasticity

Sherry L. Willis, *University of Washington, Seattle, United States*

This presentation will provide an overview of recent findings regarding changes in cognitive functioning in later adulthood. Our focus will be primarily on cognitively normal or healthy aging. Differences in cross-sectional versus longitudinal approaches to the study of cognitive aging will be reviewed, with a focus on longitudinal studies, outlining the cognitive changes occurring from young adulthood through very old age. We will discuss findings regarding birth cohort differences in longitudinal cognitive change and implications of cohort findings for research and social policy. Health, psychosocial and demographic factors that moderate cognitive aging will be considered. The relation of personality traits and cognition will be briefly discussed. Our presentation will focus primarily on objective measures of cognition; however, we will briefly discuss subjective measures of cognition and their relation to objective measures. We will share some findings from our recent work on longitudinal changes in brain structure and function, and will consider briefly the association between change in brain and change in cognition.

We will then present findings on recent research from cognitive intervention studies, examining the magnitude of training effects, their temporal durability, and potential transfer effects. Special attention will be given to findings from the ACTIVE trial, the largest randomized clinical trial in normal elderly. We will discuss some of the major challenges in intervention research and future directions. Finally, we draw implications for maintenance and possibly enhancement of cognitive health.

P03.01

Nomenclature describing cognitive disorders

Lis Evered, *Associate Professor, Principal Research Fellow, Melbourne Medical School, University of Melbourne Chair, Perioperative Cognition Professional Interest Area, ISTAART, Alzheimer's Association (US) Scientific Head of Research, Department of Anaesthesia, St Vincent's Hospital, Melbourne*

The International Nomenclature Consensus Working Party was established in July 2014 by Associate Professor Lis Evered (Australia) and Professor Rod Eckenhoff (USA) who Chair this 40 member group. This group was formed in order to align terminology describing perioperative cognitive disorders, principally known as Postoperative cognitive dysfunction (POCD) and Postoperative delirium (POD) with current nomenclature for cognitive disorders in the elderly. This work aims to encourage the use of language and diagnostic criteria associated with anaesthesia and surgery which are consistent with the terminology used in the wider clinical community, and other medical disciplines. The use of consistent nomenclature will enhance clinical understanding and research and allow appropriate referral pathways to be established for clinical diagnosis in patients presenting for surgery. Consistent nomenclature for cognitive disorders will also

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allow future translational research directed toward understanding the impact of anaesthesia and surgery on outcomes, care and management for the elderly. We have brought together international experts from neurology, psychiatry, gerontology, neuropsychology and anaesthesia to prepare a consultative draft document of guidelines which will be presented in order to attract feedback from a wider stakeholder audience prior to publication. We anticipate that this will be a major step in linking both clinical practice and research across these disciplines.

P03.02

Dementia care provision in geriatric psychiatry: Bridging the gap between individual needs and care structure

Wolfgang Hoffmann; Jochen René Thyrian

Rostock/ Greifswald, German Center for Neurodegenerative Diseases (DZNE), Institute for Community Medicine, University of Greifswald, Greifswald, Germany

The provision of dementia care is currently a major challenge in society and health care system. In Germany, it is already problematic, especially in remote, rural areas. Provision of treatment by general practices (GP) decreases due to demographic and structural changes, GPs have started to practice in different locations throughout their region, so that they can assure treatment and care for the whole region. Specialists, specialized institutions or even hospitals are located in bigger cities only so that innovative, flexible and regionally organized support structures are needed. The sectorized health care system needs to be overcome, tasks and competencies need to be distributed i.e. on grounds of delegation or using telemedical approaches.

In Germany, there are 1.5 million people with dementia (PWD). An adequate diagnostic and treatment, tailored to the individual needs of the PWD, asks for new approaches. Needs are not restricted to medical or nursing needs, but also include psychosocial needs and needs of the (caring) relatives. Therefore the approaches need to be multi-professional. They should be provided regionally and should be integrated and or coordinated by existing health care providers. In the process of implementing such approaches, there is a need to talk about delegation and re-distribution of tasks among the actors.

In the course of the disease, nursing needs increase. Therefore the nursing profession plays an important part in the care of PWD and the support of the (informal) caregiver. The German Center for Neurodegenerative Dieases (DZNE), site Rostock/ Greifswald has developed the concept of Dementia Care Management (DCM) and is in the course of evaluating its efficiency and efficacy. DCM is GP-based and implements a specialized, operationalized DCM. Based on a systematic, comprehensive needs analysis at the PWD´s home, the DCM develops a treatment and care plan which is set into place and monitored in cooperation with GP, pharmacists and other health care providers involved.

The vision of regional health care is, that all people involved in delivering health care are organized and coordinated, negotiating tasks due to the needs of the patients and the competencies of stakeholders. This would assure and secure an adequate treatment and care of PWD in the region.

P04

Targeted treatments for late life depression: From stepped psychotherapy to computer games

Patricia Areán, *University of Washington, United States*

Due to the complexity of our geriatric population, assessment of the effectiveness of psychotherapy and the predictors of response requires more attention. Treatment for depression is clearly heterogeneous: roughly 65% of older depressed outpatients mount a significant response to treatments – including psychotherapy, i.e. problem solving therapy and cognitive remediation. Cognitive processing variables (primarily executive function) have been suggested as key outcome predictors. This presentation will discuss findings from a large randomized clinical trial of two psychotherapies for late life depression and executive dysfunction, as well as a recent fMRI study assessing executive function at baseline, 4-weeks and 8-weeks after treatment in a randomized trial of problem solving treatment compared to cognitive remediation of ED in older adults with MDD. Implications for implementation of behavioral interventions will also be discussed.

P05

Balancing cure with care in late life mental health: The demands of authenticity

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Objective: In this paper I shall consider the notions of cure and care from a conceptual point of view and discuss philosophically the notion of late life mental health.
Methods: The methods I shall employ will be philosophical, or conceptual, but with a practical purpose.
Results: I aim to show that the dichotomy between cure and care is not as sharp as we might think. Moreover, I shall suggest that there are deeper issues to be concerned about in connection with ageing and mental health. Values are at play in these concepts. Facts and values intermingle in the work we do as psychiatrists. Cure and care are both manifestations of our particular mode of being in the world. This is what we are for, we might say; but what we are for, in my view, is summed up by the virtues. So cure and care must be understood in the context of the possible ways in which we might flourish as human beings even in later life and even in the grip of mental illness.
Conclusion: The conclusions of these conceptual excursions are both practical and philosophical. Practically, they can be used to underpin good practice in supportive or palliative care (van der Steen et al., 2014). Philosophically, I shall use these thoughts to suggest the importance of the idea of authenticity. But, then, this is also a practical matter because it is to do with the shape of our lives and the manner of our being as human beings (Hughes, 2011).

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