


2 May 2012

	<b><u>Submission No. 040</u></b> <u>(Dementia)</u> <u>Date: 02/05/2012</u>
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House Standing Committee on Health and Ageing  
House of Representatives  
PO Box 6021  
Parliament House  
Canberra ACT 2600

Dear Committee Members

**Submission to Inquiry into Dementia: Early diagnosis and intervention**

I have pleasure in providing you with the CRC for Mental Health's submission to the inquiry into dementia diagnosis and intervention.

The Cooperative Research Centre for Mental Health is a translational research consortium comprised of twenty different organisations including research institutes, universities, philanthropic organisations, industry and clinical endusers. We receive \$23 million in federal funding over 7 years through the Cooperative Research Centre (CRC) program to undertake research into the prevention, early diagnosis and effective treatment of mental illnesses such as Alzheimer's disease, Parkinson's disease, schizophrenia and mood disorders. This funding is matched by cash and in-kind contributions from each of our twenty Participant organisations.

If I can be of any further assistance during the course of your review, please do not hesitate to contact me on 03 8344 1645.

Yours sincerely

Professor Ian Cooke  
Chief Executive Officer, CRC for Mental Health



**CRC for Mental Health**

## **CRC for Mental Health Submission to Inquiry into dementia early diagnosis and intervention**

### **What is dementia?**

Dementia is defined as the loss of cognitive abilities, including the impairment of memory. The most prevalent forms of dementia are those associated with aging, and are caused by Alzheimer's disease or frontal temporal dementia. These have quite different biological bases.

Dementia also may occur in association with other neurological disorders including Parkinson's Disease and schizophrenia.

### **Facing the challenge of developing effective interventions**

At present, we have no effective therapies to prevent or slow any form of dementia that address the biological processes that underlie the development of dementia in patients. At best, we have only a few drugs available that provide temporary relief for some of the early symptoms of some forms of dementia.

While biomedical research over the past two decades has identified a number of biological processes that might be the targets for new therapeutics to prevent the progression of diseases that cause dementias, to date, no effective drugs have been developed and approved for use in the community.

The big problem delaying the development of new therapeutics is that the best time to treat patients who will develop dementia is likely to be as early as possible after the process has commenced, rather than waiting until substantial decline in cognitive function has occurred, by which time the abnormal biological processes that cause dementia may well be irreversible.

The challenge confronting biomedical research is that it is not yet possible to confidently identify individuals who are in the early stages of progressing to particular forms of dementia such as Alzheimer's disease.

What is needed are inexpensive, sensitive and accurate methods that can identify individuals who are in the very early stages of developing dementia. This will allow clinicians to monitor the effects of therapeutic interventions to prevent or delay progression of the disease in these individuals to the stage of debilitating dementia.

### **Recommendations**

#### Collaboration for new therapeutics

Developing new therapeutics will be highly costly and a long term undertaking which is likely to be beyond the means of a single organisation. We need to collaborate constructively with major pharmaceutical companies, public health organisations and aged care providers in order to study all aspects of the disease. This should be a multi-national, multidisciplinary approach.

The CRC for Mental Health is one example of collaboration can combine a range of expertise, approaches and views into the study of dementia. The CRC for Mental Health is a consortium of 20 organisations which includes research organisations, Universities, pharmaceutical companies, patient focused end-users (hospitals and aged care providers) and philanthropic organisations. Combining the expertise within these organisations has led to a research program that is rigorous and focused on patient and clinician needs.



## **CRC for Mental Health**

### Research to understand possible preventive measures

Long-term collaborative research has the potential to identify lifestyle factors which may affect the likelihood that an individual will develop dementia. If such factors can be identified and validated, it would be possible to develop preventive health campaigns for dementia.

This type of lifestyle factor research is being undertaken in Australia through the Australian Imaging, Biomarker and Lifestyle Flagship of Ageing, and the CRC for Mental Health's soon to be established Parkinson's Disease cohort.

There is a need to deliver information on dementia to the community. We believe the emphasis at this stage should be on developing the evidence-base in order to communicate accurate, scientifically proven information which will have benefits for those suffering with dementia.