<table>
<thead>
<tr>
<th>Time</th>
<th>Program Title</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:00–16:00</td>
<td><strong>REGISTRATION</strong></td>
<td></td>
</tr>
</tbody>
</table>
| 16:00-16:30  | **Opening Remarks**                                                          | **Zahinoor Ismail MD FRCPC**  
Professor of Psychiatry, Neurology, Epidemiology, and Pathology; Hotchkiss Brain Institute and O'Brien Institute for Public Health, University of Calgary; Chair, Canadian Conference on Dementia |
| 16:30-17:30  | **The Brave New World of Alzheimer’s: Disease Modifying Therapies and Biomarkers** | **Jeffrey L. Cummings MD, ScD**  
Joy Chambers-Grundy Professor of Brain Science; Director, Chambers-Grundy Center for Transformative Neuroscience; Co-Director, Pam Quirk Brain Health and Biomarker Laboratory, Department of Brain Health, School of Integrated Health Sciences, University of Nevada Las Vegas (UNLV) |
|              |                                                                               | This lecture will include a discussion of the anti-amyloid monoclonal antibodies recently approved by the US FDA. Other emerging therapies in the Alzheimer’s disease drug development pipeline will be described. The context of the use of biomarkers in clinical trials of disease-modifying agents will be reviewed. |
|              |                                                                               | **Learning Objectives:**  
1. Understand the data supporting the approval and use of anti-amyloid monoclonal antibodies;  
2. Understand the monitoring of anti-amyloid monoclonal antibodies required to optimize patient safety;  
3. Understand the major categories of targets for drug development of agents currently active in the Alzheimer’s disease drug development pipeline;  
4. Understand the role of biomarkers in drug development for disease-modifying therapies. |
| 17:30-18:15  | **The Diversity Problem in ADRD Research Landscape: A Shift to Multidimensional Approaches for Assessing Risk in Dementia** | **Ganesh Babulal, PhD, OTD, MSCI, MOT, OTR/L**  
Assistant Professor: Department of Neurology, Washington University School of Medicine; Research Associate, Department of Psychology, University of Johannesburg, SA; Adjunct Associate Professor, George Washington University, DC; Investigator, Joanne Knight Alzheimer Disease Research Center (Knight ADRC); Faculty Scholar, Institute for Public Health, Washington University in St. Louis Missouri |
|              |                                                                               | This presentation will provide an overview of the current boundaries of dementia research and its resulting impact on diagnosis and management. We will also critically examine disease-centric models and provide recommendations on how to incorporate social determinants of health to expand dementia assessment. |
|              |                                                                               | **Learning Objectives:**  
1. Attendees will examine how socioeconomic and environmental factors differentially influence health outcomes among ethno-racial groups and serve as important mediators;  
2. Attendees will identify how social determinants of health increase the risk of chronic and neurological diseases like dementia in their practice and/or research. |
| 18:15-19:00  | **Using an Indigenous Consensus-Based Approach to Develop Dementia Guidelines** | **Jennifer Walker, PhD (Epidemiology)**  
Assistant Professor, Department of Health Research Methods, Evidence, and Impact, McMaster University  
**Lindsay Crowshoe, PhD, MD**  
Associate Professor & Assistant Dean, Department of Family Medicine & Indigenous, Local and Global Health Office, University of Calgary |
|              |                                                                               | This presentation will provide an overview of a consensus-based approach to conducting research with Indigenous communities to better understand best practices in providing Indigenous dementia diagnosis and |
It will also describe a framework for critically examining how historical determinants of health and health inequities have impacted Indigenous people’s experiences of dementia.

Learning Objectives:
1. Identify health determinants that impact Indigenous people’s experience of dementia;
2. Describe how an Indigenous consensus-based approach to conducting dementia research is necessary to incorporate Indigenous perspectives into the development of dementia care guidelines;
3. Discuss the implications for clinical practice on how to provide culturally competent dementia diagnosis and care to Indigenous populations.

FRIDAY, NOVEMBER 3, 2023

<table>
<thead>
<tr>
<th>Time</th>
<th>Program Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:00 – 08:00</td>
<td>BREAKFAST &amp; REGISTRATION</td>
</tr>
<tr>
<td>08:00 – 08:15</td>
<td>Opening Remarks</td>
</tr>
<tr>
<td></td>
<td>Zahinoor Ismail MD FRCPJC</td>
</tr>
<tr>
<td></td>
<td>Professor of Psychiatry, Neurology, Epidemiology, and Pathology; Hotchkiss Brain Institute and O’Brien Institute for Public Health, University of Calgary; Chair, Canadian Conference on Dementia</td>
</tr>
<tr>
<td>08:15 – 09:15</td>
<td>Dementia Epidemiology as Population Neuroscience: Illustrations from the Monongahela Valley</td>
</tr>
<tr>
<td></td>
<td>Mary Ganguli MD, MPH, FRCP(C)</td>
</tr>
<tr>
<td></td>
<td>Professor of Psychiatry, Neurology, and Epidemiology, School of Medicine and School of Public Health, University of Pittsburgh</td>
</tr>
<tr>
<td></td>
<td>This presentation will introduce the concept of population neuroscience in relation to dementia and cognitive impairment. It will provide an overview of the epidemiology of cognitive impairment and dementia in a “Rust Belt” community and highlight its clinical and public health relevance.</td>
</tr>
<tr>
<td></td>
<td>Learning Objectives:</td>
</tr>
<tr>
<td></td>
<td>1. Describe the concept and application of population neuroscience;</td>
</tr>
<tr>
<td></td>
<td>2. Describe key risk factors for cognitive impairment and dementia;</td>
</tr>
<tr>
<td></td>
<td>3. Discuss implications for public health and clinical practice.</td>
</tr>
<tr>
<td>09:15 – 10:00</td>
<td>Beta-Amyloid is an Immunopeptide, and Alzheimer’s is an Autoimmune Disease</td>
</tr>
<tr>
<td></td>
<td>Donald F. Weaver MD, PhD, FRCP(C)</td>
</tr>
<tr>
<td></td>
<td>Krembil Chair in Drug Discovery for Alzheimer’s Disease, University Health Network; Professor of Medicine and Chemistry, University of Toronto</td>
</tr>
<tr>
<td></td>
<td>This presentation new insights into the role of immune dysfunction in the pathogenesis of Alzheimer’s Disease (AD). First, the role of beta-amyloid as an immunopeptide, as either an antimicrobial peptide or cytokine, will be explored. Second, the possibility that AD is an autoimmune disease of innate immunity arising from a mistaken attack by beta-amyloid on neurons will be discussed.</td>
</tr>
<tr>
<td></td>
<td>Learning Objectives:</td>
</tr>
<tr>
<td></td>
<td>1. List the various hypotheses other than the amyloid hypothesis for AD;</td>
</tr>
<tr>
<td></td>
<td>2. Describe the possibility that AD is an immunopathy arising from excessive pro-inflammatory cytokines and microglia;</td>
</tr>
<tr>
<td></td>
<td>3. Discuss the possibility that beta-amyloid is an immunopeptide and AD is an autoimmune disease of innate immunity.</td>
</tr>
</tbody>
</table>
### Parallel Sessions

**Parallel Sessions for Friday, November 3, 2023**

*Parallel Sessions one and two will each have three thirty-minute presentations (20-minute presentation followed by 10 minutes Q & A) and will run concurrently from 10:20 am – 12:00 pm.*

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30 – 11:00</td>
<td><strong>Presentation 1 Parallel Session 1 - Services, Aging, and Caregiving</strong>&lt;br&gt;<strong>How Do We Approach Agitation in the Emergency Setting with EMS or in the Emergency Department?</strong>&lt;br&gt;Zahra Goodarzi BHSc (Hon), MD, MSc&lt;br&gt;Assistant Professor, Division of Geriatrics, Department of Medicine; Deputy Division Head Geriatric Medicine, Program Director for Leaders in Medicine, Cumming School of Medicine, Hotchkiss Brain Institute, O’Brien Institute of Public Health, University of Calgary&lt;br&gt;This presentation will review the current evidence for agitation with EMS and in the ED and the potential issues, these areas are facing.&lt;br&gt;<strong>Learning Objectives:</strong>&lt;br&gt;1. Understand the gaps in the evidence for the management of agitation in the emergency setting;&lt;br&gt;2. Learn the barriers to the management of agitation in the emergency setting.</td>
</tr>
<tr>
<td>11:00 – 11:30</td>
<td><strong>Presentation 2 Parallel Session 1 Services, Aging, and Caregiving</strong>&lt;br&gt;<strong>New Developments in Dementia Prognostication</strong>&lt;br&gt;Maiya R. Geddes, MD&lt;br&gt;Clinician Scientist and Assistant Professor, Department of Neurology and Neurosurgery, McGill University</td>
</tr>
</tbody>
</table>
This presentation will provide an overview of the current framework and future directions of remote diagnostic assessment of individuals with cognitive impairment.

**Learning Objectives:**
1. Have an approach to remote cognitive, affective, and functional assessment of individuals with cognitive impairment;
2. Understand ethical and informant-related factors in remote assessment;

**11:30 – 12:00**

**Presentation 3 Parallel Session 1 - Services, Aging, and Caregiving**

**ADHD in Older Adults and Relationships with Neurodegenerative Syndromes**

Brandy L. Callahan PhD, RPsych (Clinical Psychology)

Associate Professor, Department of Psychology, University of Calgary

This presentation will provide an overview of the clinical presentation of attention-deficit/hyperactivity disorder (ADHD) in older adults. Connections to neurodegenerative syndromes will be emphasized, including ADHD as a potential pseudodementia syndrome and as a potential risk factor for dementia.

**Learning Objectives:**
1. Identify non-neurodegenerative causes of memory impairment in mid- and later life;
2. Recognize signs of degenerative vs. non-degenerative causes of cognitive impairment;
3. Describe links between ADHD and neurologic disorders in aging.

**10:30 – 12:00**

**Parallel Session 2 - Biomarkers and Diagnostics**

**10:30 – 11:00**

**Presentation 1 Parallel Session 2 - Biomarkers and Diagnostics**

**The Story Behind the Plasma pTau Isoforms**

Serge Gauthier, CM, CQ, MD, FRCPC

This presentation will highlight the important contribution of volunteers in an observational cohort based in Montreal that led to a collaborative effort with researchers in Sweden toward establishing the links between plasma pTau isoforms and brain amyloid as well as tau content. Validation is underway worldwide in various populations to establish the clinical utility of plasma pTau levels in the diagnosis and management of AD.

**Learning Objectives:**
1. Have a clear understanding of the AT(N) framework for AD;
2. Understand the research methodology required to validate a new blood test;
3. Will be prepared to use this diagnostic test when available in their clinical practice.

**11:00 – 11:30**

**Presentation 2 Parallel Session 2 - Biomarkers and Diagnostics**

**How AD Biomarkers Have Changed my Practice and How They Are Going to Change Yours**

Howard Chertkow MD, FRCP, FCAHS

Chair in Cognitive Neurology and Innovation and Senior Scientist, Baycrest Academy for Research & Education; Director, Kimel Centre for Brain Health and Wellness and Anne & Allan Bank Centre for Clinical Research Trials; Scientific Director, Canadian Consortium on Neurodegeneration in Aging; Professor of Neurology (Medicine), University of Toronto; Adjunct Professor, Dept. of Neurology and Neurosurgery, McGill University

This session will provide an overview of new and upcoming biomarkers, mainly for Alzheimer Disease. Within his academic practice of Cognitive Neurology overseeing the Bank Family Clinical Trials Research Unit at Baycrest, and the COMPASS-ND cohort research study of CCNA, as well as attending at an academic Baycrest Memory Clinic, Dr. Chertkow is in a privileged position to see the results of brain, csf, and blood biomarkers less available to many physicians. His observations on the future impact of regular access to these biomarkers will be of interest to all clinicians working in the field of dementia.
Learning Objectives:
1. Appreciate the nuances of different definitions of Alzheimer Disease;
2. Discuss the implications for clinical practice of access to blood biomarkers for amyloid and tau;
3. Better appreciate alternate diagnoses that produce the “Alzheimer Syndrome” phenotype.

11:30 – 12:00 Presentation 3 Parallel Session 2 - Biomarkers and Diagnostics
Sandra Black, OC, O.Ont., MD, FRCP(C), FRSC, FAAN, FAHA, FANA
Senior scientist, Sunnybrook Health Sciences Centre
How in Vivo Imaging and Fluid Biomarkers are Upping the Ante in the Emerging Era of Disease Modifying Therapies for Early Stage AD

Learning Objectives:
1. Cerebral Vasculopathy and Protein Misfolding are comorbid and interact. Genetics, sex, and environmental factors make the relationships even more complex, challenging, and urgent;
2. Prevention will be key and rightly focuses on vascular risk management, healthy lifestyle choices (Mediterranean diet, restorative sleep, physical activity, social engagement), education, and public health measures;
3. The arrival of precision therapies brings new hope, but the Canadian Healthcare system is woefully unprepared for current DMT’s if approved by Health Canada. Appropriate use of the antiamyloid antibodies will be crucial including screening and monitoring. They are expensive and monitoring of potential benefits and adverse effects, which can be disabling or fatal in some will be crucial as is cost-effectiveness analysis. Unfortunately, Canada is woefully unprepared, especially in the wake of the pandemic and our current workforce crisis in healthcare.

Parallel Sessions three and four will each have three thirty minute presentations (20 minute presentation followed by 10 minutes Q & A) and will run concurrently from 13:30 – 15:00.

13:30 – 15:00 Parallel Session 3 – Brain Science

13:30 – 14:00 Presentation 1 Parallel Session 3 - Brain Science
Brain Injury and Dementia
Carmela Tartaglia MD, FRCPC
Marion and Gerald Soloway Chair in Brain Injury and Concussion Research; Associate Professor, Tanz Centre for Research in Neurodegenerative Diseases, University of Toronto; Co-director Memory Clinic, Toronto Western Hospital, University Health Network; PI-Canadian Concussion Centre, Krembil Brain Institute; Director Memory Clinical Trials Unit

This presentation will provide an overview of the evidence for a relationship between concussion and delayed neurodegeneration across various neurodegenerative diseases.

Learning Objectives:
1. Review the relationship between brain injury and delayed neurodegeneration;
2. Describe the relationship between concussion and Chronic traumatic encephalopathy;
3. Review evidence for concussion in Alzheimer’s Disease;
4. Review evidence for concussion in Parkinson’s Disease;
5. Review evidence for concussion in ALS.
<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation 2 Parallel Session 3 - Brain Science</th>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00 – 14:30</td>
<td>Neurmodulation for Older Adults with Neurocognitive Disorders</td>
<td>Tarek K. Rajji, MD, FRCPC</td>
<td>Professor of Psychiatry &amp; Director, Geriatric Psychiatry Division; Executive Director, Toronto Dementia Research Alliance, Temerty Faculty of Medicine, University of Toronto; Canada Research Chair in Neurostimulation for Cognitive Disorders</td>
</tr>
</tbody>
</table>

This presentation will provide an overview of the latest advances in non-invasive brain stimulation research for cognitive disorders. Studies of repetitive Transcranial Magnetic Stimulation (rTMS) and transcranial Electrical Stimulation (tES), alone or in combination with other interventions for people with dementia or at risk for dementia such as those with mild cognitive impairment and late-life depression will be reviewed, and discussed.

Learning Objectives:
1. To learn about the most recent Transcranial Magnetic Stimulation (TMS) and transcranial Electrical Stimulation (tES) trials to enhance cognition in Alzheimer’s Dementia and Mild Cognitive Impairment;
2. To discuss the potential use of TMS and tES to enhance cognition in older adults with Late-Life Depression (LLD), a risk factor for dementia;
3. To describe recent advances in combining TMS and tES with cognitive training to prevent cognitive decline in older adults with dementia and high-risk conditions.

<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation 3 Parallel Session 3 - Brain Science</th>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:30 – 15:00</td>
<td>From Lewy Bodies to Tauopathies: The Spectrum of Dementia-Parkinsonism</td>
<td>Mario Masellis, MSc, MD, PhD, FRCPC</td>
<td>Scientist, Sunnybrook Health Sciences Centre</td>
</tr>
</tbody>
</table>

At the end of the talk, attendees should be able to list the most common causes of parkinsonism in dementia and generate a differential diagnosis. Clinical features of dementia-parkinsonism syndromes will also be described. Attendees will also be able to have an approach to the management of Parkinsonism in dementia.

Learning Objectives:
1. Review the most common causes of parkinsonism in dementia and the differential diagnosis;
2. Highlight clinical features of dementia-parkinsonism syndromes;
3. Review the approach to management.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session 4 - Dementia in Primary Care and the Changing Treatment Landscape</th>
<th>13:30 – 15:00</th>
<th>Presentation 1</th>
<th>Alzheimer’s Disease-modifying Therapies – Canadian Healthcare System Readiness</th>
<th>Andrew Frank, MD BScH FRCP(C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>13:30 – 14:00</td>
<td>Session 4 - Dementia in Primary Care and the Changing Treatment Landscape</td>
<td>Alzheimer’s Disease-modifying Therapies – Canadian Healthcare System Readiness</td>
<td>Andrew Frank, MD BScH FRCP(C)</td>
<td>Cognitive and Behavioural Neurologist, Bruyère Memory Program, Élisabeth Bruyère Hospital</td>
<td></td>
</tr>
</tbody>
</table>

This presentation will provide an overview of the main system changes in the Canadian healthcare system required for the implementation of Alzheimer’s disease-modifying therapies.

Learning Objectives:
1. Explore the new patient journey in the era of Alzheimer’s disease-modifying therapies;
2. Review the changes required in the Canadian healthcare system to accommodate Alzheimer’s disease-modifying therapies.

<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation 2</th>
<th>Session 4 - Dementia in Primary Care and the Changing Treatment Landscape</th>
<th>14:00 – 14:30</th>
<th>Developing a National Dementia Guidelines Program: the importance of disclosing a dementia diagnosis</th>
<th>Saskia Sivananthan, PhD</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00 – 14:30</td>
<td>Developing a National Dementia Guidelines Program: the importance of disclosing a dementia diagnosis</td>
<td>Saskia Sivananthan, PhD</td>
<td>Chief Research &amp; KTE Officer, Alzheimer Society of Canada; Affiliate Professor, Department of Family Medicine, McGill University</td>
<td>Developing a National Dementia Guidelines Program: the importance of disclosing a dementia diagnosis</td>
<td>Saskia Sivananthan, PhD</td>
</tr>
</tbody>
</table>
Sid Feldman, MD, CCFP, FCFP
Associate Professor, Division Head, Care of the Elderly, University of Toronto, Department of Family and Community Medicine; Family Physician, North York Family Health Team; Chief of Family and Community Medicine, Baycrest Health Sciences

This presentation will provide an overview of the results of a national survey of family physicians conducted to understand gaps and successes in diagnosing and managing dementia. In partnership with PHAC and CFPC, the presentation will also describe how a National Dementia Guidelines program by and for family physicians is being developed. The results of the survey informed the first topic, disclosing a diagnosis of dementia – an area that both family doctors and people living with dementia felt were crucial with the intentional focus of also addressing the needs of diverse communities.

Learning Objectives:
1. Identify why disclosing a diagnosis of dementia is crucial;
2. Describe the framework for family physicians and lived experience engagement to develop National Dementia Guidelines;
3. Describe key guideline recommendations for disclosing a diagnosis of dementia.

14:30 – 15:00 Presentation 3 Session 4 - Dementia in Primary Care and the Changing Treatment Landscape
Dementia Assessments in Primary Care: How to Obtain and Utilize Family and Caregiver Perspectives
Linda Lee, MD, CCFP (Care of the Elderly)
Associate Clinical Professor, Department of Family Medicine, McMaster University; Schlegel Research Chair in Primary Care for Elders, Schlegel-UW Research Institute for Aging

This session will provide an overview of the importance of obtaining family/caregiver perspectives when assessing persons with dementia, and tips for obtaining this information efficiently in primary care practice. We’ll cover screening for caregiver stress, behavioural change, functional impairment, and more.

Learning Objectives:
1. Discuss how family/caregiver perspectives can impact dementia diagnoses and management;
2. List ways that family/caregiver perspectives can be efficiently obtained in primary care practice.

WORKSHOPS FOR FRIDAY, NOVEMBER 3, 2023
The following ten workshops will run concurrently from 15:15 – 16:15 and will repeat from 16:30 – 17:30.

<table>
<thead>
<tr>
<th>Workshop</th>
<th>Workshop Title (Sessions 1 and 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dementia in Primary Care</td>
</tr>
<tr>
<td></td>
<td>Chris Frank MD, CCFP, FCFP</td>
</tr>
<tr>
<td></td>
<td>Professor, Department of Medicine, Queen’s University</td>
</tr>
<tr>
<td></td>
<td>This presentation will provide a framework for approaching and managing dementia, and some thoughts on the unique challenges in primary care</td>
</tr>
<tr>
<td></td>
<td>Learning Objectives:</td>
</tr>
<tr>
<td></td>
<td>1. Describe strategies to identify and initially assess for cognitive changes;</td>
</tr>
<tr>
<td></td>
<td>2. List resources for clinicians and patients/families;</td>
</tr>
<tr>
<td></td>
<td>3. Discuss Canadian guideline recommendations relevant to primary care.</td>
</tr>
<tr>
<td>2</td>
<td>VAST Vascular Cognitive Impairment</td>
</tr>
<tr>
<td></td>
<td>Eric Smith, MD, FRCPC, MPH</td>
</tr>
<tr>
<td></td>
<td>Professor of Neurology, Cognitive Neurosciences, Stroke Program, University of Calgary</td>
</tr>
</tbody>
</table>
Co-presenter:

**Richard H. Swartz, MD, PhD**

Associate Professor, Department of Medicine (Neurology), University of Toronto and Sunnybrook Health Sciences

At this workshop, attendees will learn how to apply Heart and Stroke Foundation and CCDTDT5 recommendations for diagnosis and management of vascular cognitive impairment and how to use neuroimaging to detect clinically covert cerebrovascular disease.

Learning Objectives:

1. List the key elements of VCI diagnostic criteria;
2. Describe guidelines from the Heart and Stroke Foundation for managing VCI;
3. Apply the correct radiological terms and definitions for vascular lesions on brain imaging, including MRI white matter hyperintensities.

---

**An Approach to Driving and Dementia**

**Gary Naglie, MD, FRCP, FGSA**

Professor, Department of Medicine and Institute of Health Policy, Management & Evaluation (IHPME), University of Toronto; Vice President of Medical Services, Chief of Staff, and Chief of Medicine, Baycrest Health Sciences

Mark Rapoport, MD, FRCP

Professor, Department of Psychiatry; Program Director, Geriatric Psychiatry, Faculty of Medicine, University of Toronto; Acting Head, Geriatric Psychiatry, Sunnybrook Health Sciences Centre; Co-Director, Ambulatory Care and Human Resources, Sunnybrook Psychiatry Partnership

This workshop will discuss topics that are highlighted in the Driving and Dementia Roadmap (DDR- www.drivinganddementia.ca), including dementia-related driving risks, guidelines on driving and dementia, strategies for assessing fitness to drive, and issues related to delivering the news about driving cessation. Cases to apply these principles will be presented.

Learning Objectives:

1. Appreciate existing guidelines and limitations of evidence on the topic of driving and dementia;
2. Develop a practical approach to driving assessment and to supporting people after driving cessation;
3. Utilize the online educational resource, the Driving and Dementia Roadmap (DDR) to support people with dementia and their family/friend caregivers through the decision-making and transition to non-driving.

---

**The Neurological Examination in Dementia**

**David F. Tang-Wai MD, MDCM FRCP**

Professor (Neurology & Geriatric Medicine), Department Division Director (Neurology), University of Toronto; Co-Director, University Health Network Memory Clinic; Clinician Investigator, Krembil Brain Institute, Toronto Western Hospital, University Health Network

This workshop will review the salient aspects of the neurological examination that will help distinguish and diagnose the various causes of dementia.

Learning Objectives:

1. To elicit the neurological examination features of the dementias associated with Parkinsonism;
2. To elicit the neurological examination features of the dementias associated with an upper motor pattern of weakness (e.g. FTD-ALS);
3. To learn the neurological examination features of most neurodegenerative dementias.
5 How Can We Use Evidence to Prevent and Deal with Delirium Day to Day?
Zahra Goodarzi BHSc (Hon) MD, MSc
Assistant Professor, Division of Geriatrics, Department of Medicine; Deputy Division Head, Geriatric Medicine;
Program Director, Leaders in Medicine, Cumming School of Medicine, Hotchkiss Brain Institute, O'Brien Institute of Public Health, University of Calgary

This presentation will review the current evidence for the prevention and management of delirium, including how we can effect change locally to improve delirium practices around us.

Learning Objectives:
1. Understand efficacious interventions to prevent delirium;
2. Use efficacious interventions to manage delirium;
3. Learn approaches to aid the wider groups we work with to change their understanding of delirium.

6 Update on Cannabis as a Novel Therapeutic for Agitation in Alzheimer’s Disease: Rationale, Research and Results
Krista L. Lanctôt, PhD
Bernick Chair of Geriatric Psychopharmacology; Director, Neuropsychopharmacology Research Group,
Sunnybrook Research Institute; Senior Scientist, Hurvitz Brain Sciences Program, Sunnybrook Research Institute;
Professor of Psychiatry and Pharmacology, University of Toronto; Vice Chair, Basic and Clinical Sciences,
Department of Psychiatry, University of Toronto

Giovanni Marotta, MD, FRCP(c)
Geriatrician, Division of Geriatrics, Sunnybrook Health Science Centre

The use of cannabinoids is increasing rapidly in elderly Canadians. This interactive workshop, led by Drs. Lanctôt and Marotta will provide an update on cannabis as a novel therapeutic approach for agitation in Alzheimer’s disease. The first evidence to date addressing the rationale and research results will be summarized. This will be followed by a discussion of the current place of cannabinoids in the clinical management of agitation.

Learning Objectives:
1. Describe the rationale for use of cannabinoids for agitation in Alzheimer’s disease;
2. Discuss the evidence to date in this area;
3. Determine the current place of cannabinoids in clinical management of agitation.

7 Vitamin D, Cognition, and Dementia
Jacqueline Pettersen, MD, MSc, FRCPC (Neurology)
Associate Professor and Cognitive Neurologist, Division of Neurology, Department of Medicine, University of British Columbia; Affiliate Associate Professor, Division of Medical Sciences, University of Northern British Columbia

This presentation will provide an overview of vitamin D and its role in the brain. We will review the literature on the evidence linking vitamin D to cognition and dementia and discuss practical implications.

Learning Objectives:
1. Describe how vitamin D acts in the brain and how this might relate to cognition and dementia;
2. Discuss evidence from the literature on vitamin D and its association with cognition and dementia;
3. Discuss practical implications.
<table>
<thead>
<tr>
<th></th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
</table>
| 8 | Brain Medicine in Action: An Interdisciplinary Training Ground for Complex Brain Disorders | Sara Mitchell MD FRCPC MPH  
Director, Azrieli Brain Medicine Fellowship Program; Staff Neurologist, Division of Neurology, Department of Medicine; Assistant Professor, University of Toronto  
Sarah Levitt, MSc, MD FRCPC  
Associate Director, Azrieli Brain Medicine Fellowship, University of Toronto  
Staff Psychiatrist, Centre for Mental Health, University Health Network  
Assistant Professor, Department of Psychiatry, Temerty Faculty of Medicine, University of Toronto |
|   | Learning Objectives:                                                 |                                                                                             |
|   | 1. Introduce the concept of brain medicine;                         |                                                                                             |
|   | 2. Outline the development of a new fellowship and clinical program for complex brain disorders; |                                                                                             |
|   | 3. Practice brain medicine in action through clinical case discussions. |                                                                                             |
| 9 | Frontotemporal Demential                                            | Ging-Yuek Robin Hsiung, MD MHSc FRCPC, FACP, FAAN                                           |
|   | Associate Professor, Division of Neurology, Faculty of Medicine, University of British Columbia; Neurologist, UBC Hospital Clinic for Alzheimer Disease and Related Disorders |                                                                                             |
|   | Recent discoveries in molecular genetics and pathology in frontotemporal dementias have improved our understanding of the disease considerably. However, because of the myriad overlapping clinical presentations of FTD, early diagnosis remains challenging. We will review the common types of FTD presentations and discuss the implications of upcoming research and clinical trials in this area. |                                                                                             |
|   | Learning objectives                                                  |                                                                                             |
|   | 1. To appreciate the recent advances in genetics and pathology of FTD (FTLD); |                                                                                             |
|   | 2. To be able to recognize the different types of FTD;               |                                                                                             |
|   | 3. Updates on upcoming clinical trials on FTD.                      |                                                                                             |
| 10 | L’encéphalopathie TDP-43 à Prédominance Limbique liée à l’âge (LATE), une Cause Sous-estimée de Troubles Cognitifs chez la Personne âgée | Sophie Del Degan, MD, MEd, FRCPC  
Internist-geriatrician, Department of Medicine, CHUM (Centre hospitalier de l’Université de Montréal), Montréal; Adjunct Clinical Professor, Université de Montréal |
|    | Cette présentation fournira une vue d’ensemble de l’encéphalopathie TDP-43 à prédominance limbique liée à l’âge (LATE en anglais), qui a principalement été identifiée chez les personnes plus âgées. Les outils cliniques et diagnostiques pouvant être utilisés pour la détection de cette maladie seront discutés. Il reste encore toutefois beaucoup à comprendre sur cette entité récemment reconnue. |                                                                                             |
|    | Objectifs d'apprentissage:                                           |                                                                                             |
|    | 1. D’expliquer en quoi la maladie d’Alzheimer et l’encéphalopathie TDP-43 à prédominance limbique liée à l’âge (LATE) diffèrent; |                                                                                             |
|    | 2. D’identifier chez ses patients ceux pour lesquels une LATE est possible; |                                                                                             |
|    | 3. De choisir les investigations permettant d’augmenter la certitude diagnostique pour une LATE. |                                                                                             |
Best Practices for Treatment of BPSD
Dallas Seitz, MD, PhD
Professor, Cumming School of Medicine, Department of Psychiatry; Professor, Cumming School of Medicine, Department of Community Health Sciences; Hotchkiss Brain Institute; Mathison Centre for Mental Health Research and Education

Behavioural and psychological symptoms of dementia (BPSD), also referred to as responsive behaviours and neuropsychiatric symptoms of dementia, are commonly among people living with dementia and have a significant impact on the quality of life for people living with dementia. Assessment and management of BPSD can be challenging and complex although there is an extensive and growing evidence base to support best practices through the development of clinical practice guidelines. In this session, we will present the background and preliminary recommendations of the Canadian Coalition for Seniors’ Mental Health Guidelines on the Assessment and Management of BPSD.

Learning Objectives:
1. Appraise current evidence from guidelines on behavioural symptoms of dementia;
2. Evaluate preliminary guideline recommendations for the CCSMH Behavioural Symptoms of Dementia Guideline;
3. Identify effective strategies and resources for the implementation of the guideline recommendations in various settings.

New and Notable - Oral Research Presentations taken from the Call for Abstracts
The following five presentations, taken from the Call for Abstracts, will have 10 minutes each to present followed by a 10 minute group Q & A.

**Presentation 1:** A systematic review and meta-analysis of reperfusion therapies in stroke patients with dementia and cognitive impairment (Poster # 73)
William Betzner, BSc
University of Calgary

**Presentation 2:** Menopausal symptom burden as a predictor of mid- to late-life cognitive function and mild behavioral impairment: A cross-sectional CAN-PROTECT study (Poster # 132)
Jasper Crockford, BSc
University of Calgary

**Presentation 3:** Interprofessional rural primary healthcare memory clinics: Patient and family experiences (Poster # 31)
Debra Morgan, PhD
University of Saskatchewan

**Presentation 4:** Awareness of dementia risk factors among adults in Canada (Poster # 60)
Georgia Gopinath, BSc
Sunnybrook Research Institute
### Presentation 5: COMPASS-ND: Progress on the Longitudinal Clinical Observational Study of the Canadian Consortium on Neurodegeneration in Aging (Poster # 127)
Michael Borrie, MB, ChB, FRCPC
Western University

#### 10:00 – 10:30   MORNING BREAK, SPONSOR EXHIBIT & POSTER VIEWING

| 10:30 – 11:15 | Pathways of Immune Activation (“Neuroinflammation”) in Alzheimer’s Disease: Complex, but Essential to Prevention or Treatment.  
John Breitner, M.D., MPH  
Director, Centre for Studies on Prevention of Alzheimer’s Disease (StoP-AD), Douglas Research Centre  
Full Professor, Department of Psychiatry, McGill University  
|---|---|

Dozens of related genetic loci implicate immune-related microglial activation in the pathogenesis of Alzheimer Disease. Certain immune pathways may retard Alzheimer amyloidopathy, while others may exacerbate tauopathy and neurodegeneration. Some immune-related processes may mitigate the symptomatic expression of AD neuropathology, whereas others may exaggerate it.

**Learning Objectives:**
1. Understand that the concept of “neuroinflammation” comprises many distinct immune-related pathways that appear to have divergent influences, both on Alzheimer disease neuropathology and on its symptomatic expression;
2. Appreciate that suppression of microglial activation may precipitate – not prevent – the early stages of AD pathogenesis;
3. Consider that certain immune markers in CSF may have equal or greater power than the “classical” AD biomarkers Aβ1-42 and P-tau to predict cognitive decline.

| 11:15 – 12:00 | Caregivers and Care Partners – Reducing Burden  
Zahinoor Ismail MD FRCPC  
Professor of Psychiatry, Neurology, Epidemiology, and Pathology; Hotchkiss Brain Institute and O’Brien Institute for Public Health, University of Calgary; Chair, Canadian Conference on Dementia  
|---|---|

| 12:00 – 13:00 | LUNCH BREAK, SPONSOR EXHIBIT & POSTER VIEWING

| 13:00 – 13:45 | MAID in Dementia - Canadian Medical Assistance in Dying Laws as They Relate to Dementia  
Jocelyn Downie SJD, FRSC, FCAHS  
University Research Professor, Faculties of Law and Medicine, Dalhousie University; Dalhousie Health Law Institute  
|---|---|

This presentation will provide an overview of Canadian medical assistance in dying (MAiD) laws as they relate to dementia. Topics covered will include ways in which persons with dementia can be eligible under the current Canadian law, what changes to the Quebec MAiD law on advance requests will come into effect in two years, and what changes to the federal MAiD law on advance requests have been proposed.

**Learning Objectives:**
1. Explain the current state of the law in Canada re: MAiD for persons with dementia;
2. Explain the future state of the law in Quebec re: MAiD for persons with dementia;
3. Describe the recommendations made by various panels and committees with respect to whether/how the Canadian Criminal Code on MAiD for persons with dementia should be amended.
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>13:45</td>
<td>Debate: Be it Resolved that the FDA Approval of Aducanumab and Lecanemab Represents a Paradigm Shift in the Treatment of Alzheimer Disease</td>
</tr>
<tr>
<td></td>
<td>Debaters:</td>
</tr>
<tr>
<td></td>
<td><strong>Howard Chertkow MD, FRCP, FCAHS</strong></td>
</tr>
<tr>
<td></td>
<td>Chair in Cognitive Neurology and Innovation and Senior Scientist, Baycrest Academy for Research &amp; Education; Director, Kimel Centre for Brain Health and Wellness and Anne &amp; Allan Bank Centre for Clinical Research Trials; Scientific Director, Canadian Consortium on Neurodegeneration in Aging; Professor of Neurology (Medicine), University of Toronto; Adjunct Professor, Dept. of Neurology and Neurosurgery, McGill University</td>
</tr>
<tr>
<td></td>
<td><strong>Kenneth Rockwood, MD, MPA, FRCPC</strong></td>
</tr>
<tr>
<td></td>
<td>Professor, Division of Geriatric Medicine, Department of Medicine, Department of Community Health and Epidemiology, School of Health Administration, Dalhousie University</td>
</tr>
<tr>
<td>15:00</td>
<td>Closing Remarks</td>
</tr>
<tr>
<td></td>
<td><strong>Zahinoor Ismail</strong></td>
</tr>
</tbody>
</table>