

# ISTAART

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## Psychosocial Understanding and Intervention PIA Business Meeting Summary

**Date:** July 26, 2016  
**Time:** 12-1:00 p.m. CST/ 1 - 2 p.m. EST  
**PIA Chair:** Alex Bahar-Fuchs

**Members present:** Alex Bahar-Fuchs, Sylvie Belleville, Carrie Ciro, Henry Brodaty, Yi Tang

**ISTAART representative:** Keith Fargo

Meeting called to Order by Keith Fargo at 1:09PM EST.

**Keith Fargo (KF)** introduced self and discussed his role in AA and his role in overseeing PIAs through ISTAART. He provided historical context for growth of PIAs and growth of ISTAART membership (at ~3,000 members now). Specifically, he provided background on the growth of this specific PIA and the importance of non-pharmacological research. He provided background on relevant non-pharmacological trials e.g., ACTIVE, FINGER trials.

Specific roles in Psychosocial Understanding and Intervention PIA: **Alex Bahar-Fuchs (ABF)** is serving as Chair, **Carrie Ciro (CC)** as Communications Chair. There is need to fill vacant executive committee positions (Vice Chair, Program Chair—takes responsibility for organizing the group that puts the scientific session together). **KF** announces his support from the association and desire to grow this PIA.

**ABF** provided context on his introduction to this group. His initial attendance at this group promoted his interest. He developed a working group within this PIA called (**CIDER**: Cognitive Intervention, Design, Evaluation and Reporting) and they have been active. **ABF** passed out a CIDER report which included the group's broad aims, founding members and a timeline for upcoming projects. **ABF** then addressed the group with specific topics of the day as follows:

- 1) **Is the original name of group too broad?** **ABF** solicited discussion of the need to narrow focus so that members more readily understood what the group does. **ABF** raised the possibility of focusing the group name on non-pharmacological interventions vs. psychological understanding. Discussion: incidence of dementia is going down related to lifestyle factors which may support the strength of this group; Is there a PIA for prevention? We face challenges where we have much overlap with other groups; also we don't have a scientific meeting at AAIC. **KF** promoted that this is not only a prevention group but also an intervention group for those with dementia. Are we interested in interventions across prevention and diagnosis severity? **ABF**—suggested the answer is yes. **KF** agrees with **Henry Brodaty (HB)** that a name change is not enough—we need to be more broad in how we disseminate our work and our work within AAIC. **HB** provided perspective that this conference historically was largely biological, so this group's name was in contrast to this. **HB** suggested the opportunity for surveying this PIA's membership to understand people's interest. **KF** suggested that the active membership may be more important (those in attendance). **Dan** (?) suggested that focusing solely on cognition would be too narrow. **KF** suggested that non-pharmacological interventions would include cognition, function and psychological interventions. **Dan** suggested that qualitative research, which comes from the “understanding” of psychological issues. **KF** suggested that this group could split into 2 different groups if the needs of qual researchers were not met. **Another member** suggested that phenomenology provides an understanding of what is needed in an intervention. **Sylvie Belleville (SB)** suggested that the focus of the group may change slightly based on the chair's particular interest. **KF** suggests we need to move away from this group being the “everything else” PIA and that it is so broad that little gets done. **HB** suggests that perhaps that we have 2-3 projects to address over the next 2 years. Another member again has suggested the need for a scientific session which then is followed by a business meeting which captures more members.

**KF** suggested a straw poll of the decision to continue the conversation via email or who is ready to make a vote to change now. 10 people think we should change now; 2 think we should wait. Discussion: **HB** suggests a scientific review/program from this group and see what comes of the content to decide focus of group. **A neurologist in the group** suggested another PIA that focuses on risk factors/prevention. **Another member** comments that intervention deals with preventative decline and often includes family-based intervention.

**KF** suggests that the purpose/outcomes of these PIAs is to move science forward faster through interactivity. **HB** suggests that 2 important papers have come out of the neuropsychiatric PIA in the last two years because of their interactivity. **A member suggests** that we want to change practice as an end product and suggests that part of our mission should be to translate our work into clinical practice. **ABF** comments that CIDER has a focus on translating research to a broad group of stakeholders including clinicians and policy makers.

**HB** suggests that we have seem to have group support for a name change and the desire for a scientific review meeting. One topic for the meeting would be cognitive trials.

**Yi Tang** interested in running as Program Chair. **Sietske Sikkes (SS)** also expressed interest in joining the committee.

**KF** suggests the potential for polling on the name change. Examples of group names could be forwarded for vote. Could also note 5-6 areas of interest. We also need to poll for vacant positions. We should plan on developing specific by-laws for vote next year.

**Action needed:**

1. Submit 2-3 novel names for this PIA with brief descriptions so that members can vote on new name change.
2. Produce ballot for polling members for vacant Vice Chair and Program Chair positions.
3. After Program Chair is named, begin communicating with members about scientific review meeting.

AFB adjourned the meeting at 1:11 PM EST