Neuropsychiatric Syndromes PIA
Business Meeting Summary

Date: July 23, 2016
Time: 2:30 p.m. – 3:30 p.m. CST/ 1:30 p.m. – 2:30 p.m. EST
PIA Chairs: Joanne Bell and Krista Lanctot

- Joanne recapped morning Scientific meeting session
- Call for more members – greater industry involvement
- Krista – roster – one of the longest standing groups, one of the largest
- PIA executive committee meeting – growing membership, especially new investigators

Larry Ereshefsky
- ISCTM working group – Sept 2, 2017
- BPSD program – hoping to involve more academia
- Regulatory, industry, government, academic
- Panels more important than meeting
- Focus on apathy and agitation
- Ultimate goal is to move to a consensus conference with FDA & EMA
- Krista to circulate email address for next conference call email

Work group updates
- Zahinoor Ismail – MBI
  o Goal 1: define syndrome – done
  o Goal 2: Creating rating scale – done; paper completed
  o Website is in the works
  o In the meantime, MBI email (MBI.checklist@gmail.com) for distribution of scale
  o Solicit investigators to use NPI checklist
  o Suggestions with what to do next?
    ▪ Use MBI – email out to PIA membership
    ▪ Common methodology over multiple sites to validate the checklist
      ● Cultural effects
      ● Coordinate through conference calls? PIA sort of did the NPI-C for free
      ● Process for analysing data, $ to fund it, joint papers, etc.
- Maybe ZI to generate standardized methodology
  - MBI & NPI-Q were used in his study – half did MBI then NPI-Q, other half did the reverse
  - Validation is comparing to NPI; crosslink with databases?
  - Methodology should include longitudinal aspects

  - Krista Lanctôt – Apathy
    - Paper was written summarizing apathy, neurobiological underpinnings, future of treatment
    - **ACTION ITEM:** circulate paper to PIA
    - Going forward, Moyra Mortby will be heading up the apathy group

Collaboration
- Perioperative cognition group – Lis Evered & Esther Oh
  - Engaged with the NPS-PIA teleconference to look for collaboration
  - Joint research session for next year?
  - Cognitive changes post-anaesthesia & surgery
  - Looking at vulnerabilities pre-surgery
  - Post-operative delirium
  - Question: Interest in progression to dementia in elderly post-hip fracture
    - Currently no prospective studies; mostly retrospective
    - 1 prospective study looked at prevalence (not incidence) – 30%
    - Combining with population studies
    - CSF AD profile of those coming into hip surgery?

Future (input from multiple sources)
- **FRS**
- Active engagement is needed – boost numbers
- MBI checklist will be helpful
- Subgroups will be helpful
- Presentations – people may be missing relevant talks?
  - PIA curated agendas
  - Next year – reach out to PIA members if they’re doing things that may be missed
  - Website can be used to preview abstracts
- Input from regulatory bodies?
  - Critical that there be some door open to industry
  - Did reach out to FDA (had trouble getting approval to cross border) & Health Canada (attending another conference today)
  - Option for videoconferencing?
- Introduction of the new subgroups
- Idea for expanding membership – look at NPS field & direct contact those researchers that are doing work in this field; people publishing frequently in this area
- How do you incorporate psychosocial interventions into clinical trials?
  - How do we rule out things like UTI? Responses to nonpharmacological interventions
- As an entity, we’re viewed as preoccupied with symptoms – symptoms that are just consequences of AD; and treating the AD will treat the symptoms
  - Need to make clear that NPS has alternative pathology
  - NPS beyond pure pathology – HOW are they part of the disease?
- It is important to have placebo run-in – 2 weeks with psychosocial intervention
- Biomarkers in cognitive normal people – lay out multiple models?
- Include amyloid imaging? Tau imaging? Beyond those two?
- Attributable fractions
- Gender and ethnic differences, previous personality (some studies have looked at premorbid personality)
- Pseudo-specificity
- Neuro-circuitry
- Interaction between carer & NPS – collaboration with the carer PIA?