

超高齡長者失智預防.

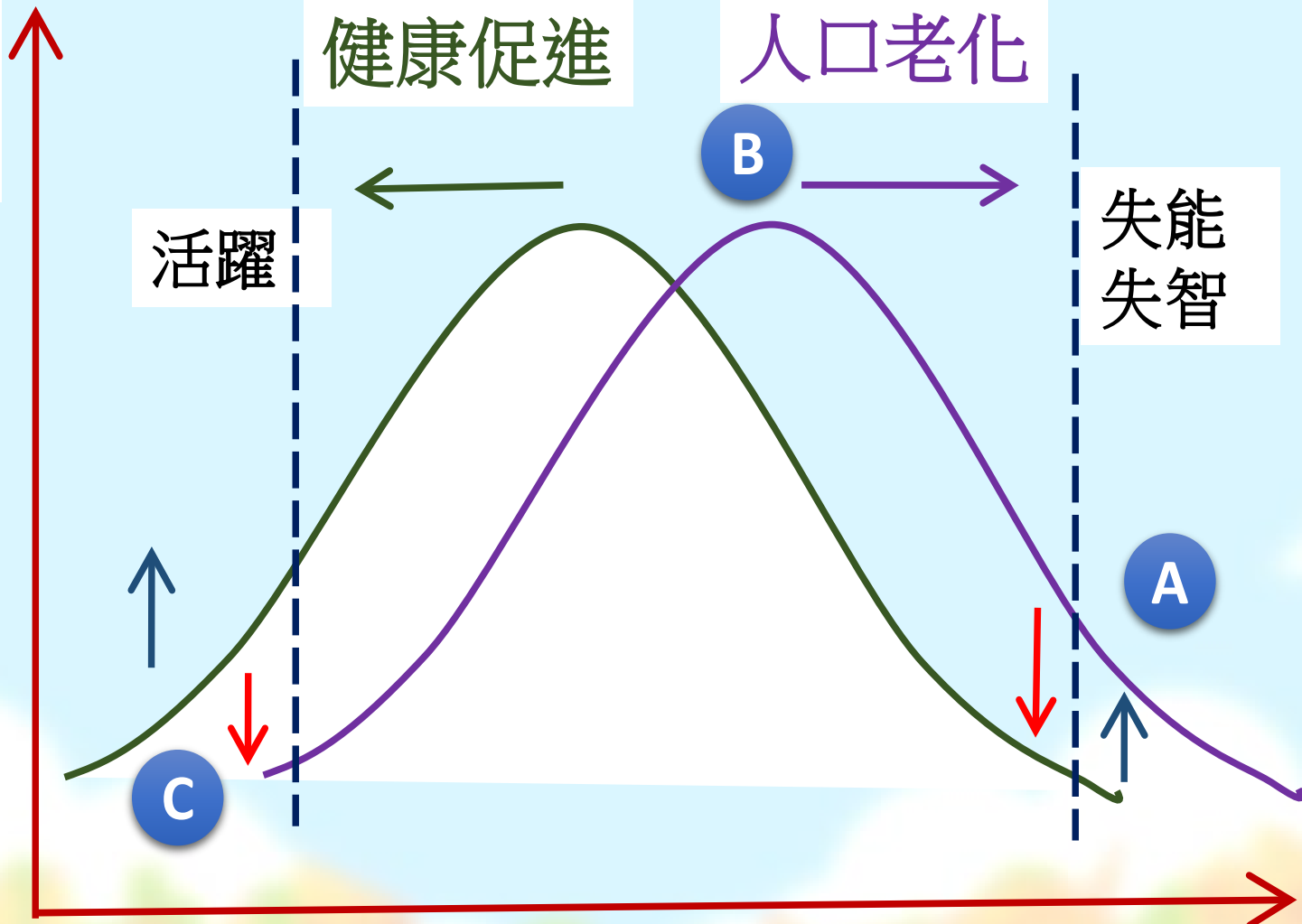
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陳俊忠教授

演講大綱

- 老化與認知功能衰退及失智衝擊
- 輕度認知功能障礙與失智篩檢
- 運動介入預防失智之效益
- 結語

老化與認知功能衰退 及失智衝擊

人數



健康促進

人口老化

活躍

失能失智

C

B

A

健康

Aging Issues

Aging

**Cognitive
Decline**

MCI

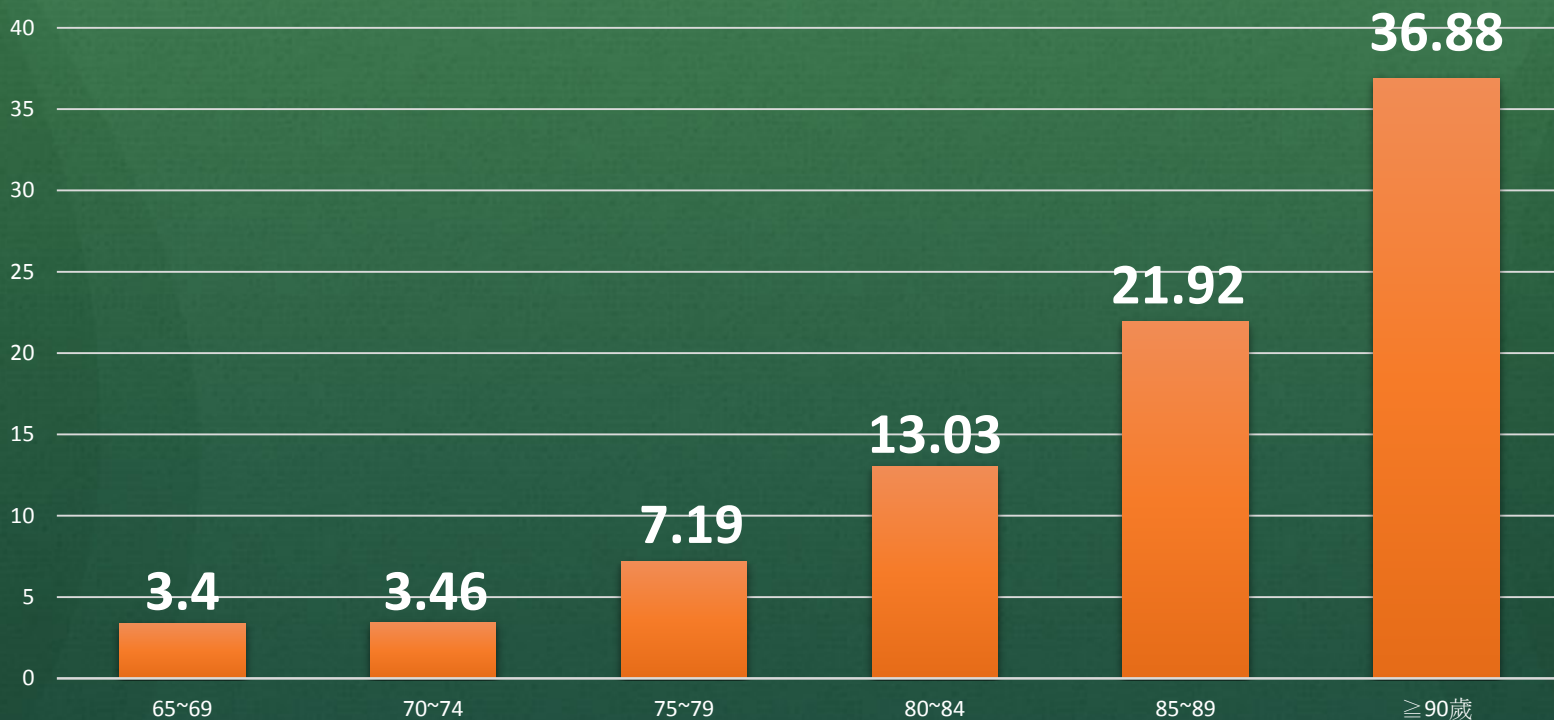
Dementia

失智症人口分析

- 國際失智症協會(Alzheimer's Disease International, ADI)
《2015全球失智症報告》
 - 2015年全球有4680萬失智者，約占全球老年人口的5%
 - 全球每年有990萬人罹患失智症，平均每三秒鐘新增一個病例
 - 估計2030年將增至7500萬人，在2050年將達到1億3150萬人
 - 於2017年9月ADI也指出2017年估計新增1000萬個新病例
- 台灣每五歲之失智症盛行率分別為：
 - 65~69歲3.40%、70~74歲3.46%、75~79歲7.19%、80~84歲13.03%、85~89歲21.92%、90歲以上36.88%
 - 未來的46年，台灣失智人口數將以平均每天增加36人的速度成長

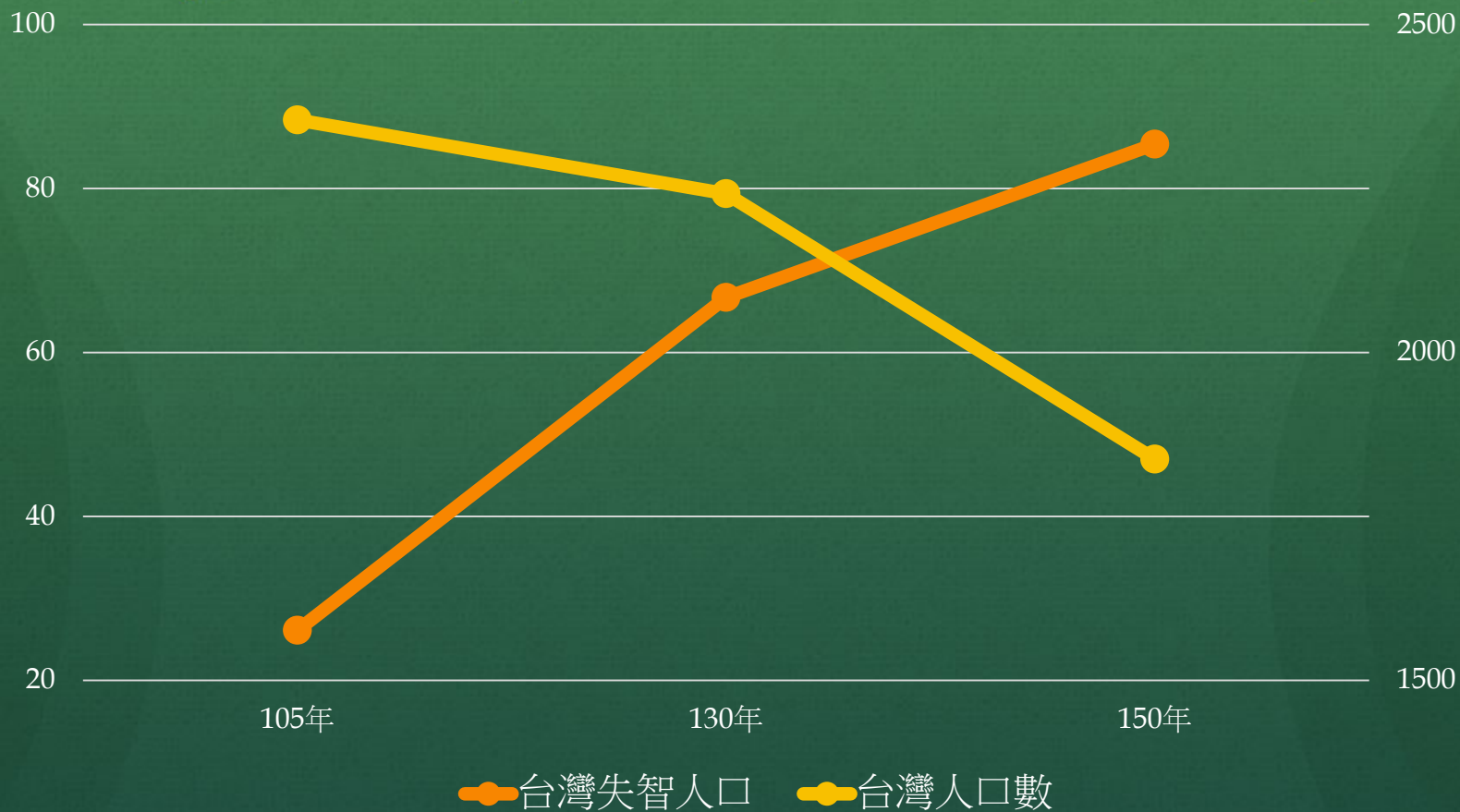
失智風險隨年齡而上升

失智症盛行率(%)



內政部105年9月公布，104年國人的平均壽命達80.2歲，其中男性77.01歲、女性83.62歲，均創歷年新高。

台灣失智人數



資料來源:台灣失智症

失智症所造成的衝擊

一. 經濟面衝擊

《2015全球失智症報告》估計 全球失智症的社會經濟成本將在2018年到達**1兆美元**，失智症照護成本預計到2030年時，將增加到**2兆美元**。

《失智症亞太地區 盛行報告》估計，2015年台灣地區失智症醫療成本約4億1,200萬美元，**非**醫療成本約33億2,600萬美元，**非**正式照護成本約32億5,200萬美元，總計約69億9,000萬美元。

二. 人權面衝擊

性別議題、工作權議題、自主選擇權議題

三. 家庭面衝擊

失智症**家屬照顧負荷沈重**，影響身心健康，比一般人平均服用更多安眠鎮靜藥物，為**憂鬱症高危險群**。

全球失智症行動計畫七大行動領域

一.將失智症列為公衛政策之優先議題

二.提升失智症認知與友善

三.降低罹病風險

四.失智症診斷、治療、照護與支持

五.支持失智症照顧者

六.建置失智症資訊系統

七.失智症研究與創新

執行策略

策略一、列失智症為公共衛生之優先任務

策略二、提升大眾對失智症之認識及友善態度

策略三、降低失智的風險

- 降低可改變的罹患失智症之風險，包含肥胖、糖尿病、高血壓、體能活動不足、吸菸、飲酒過量等

策略四、健全失智症診斷、治療、照護網絡

策略五、普及對失智家庭照顧者的支持協助

策略六、建置失智症資訊蒐集與分析平台

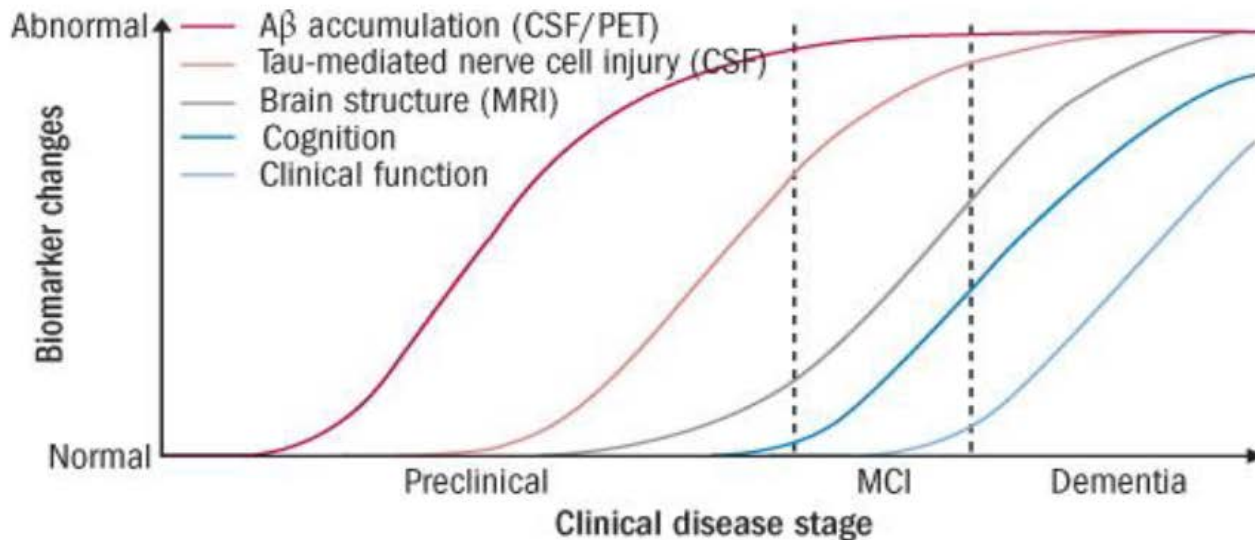
策略七、推動失智症之研究與創新發展

輕度認知功能障礙 與輕度失智篩檢

阿茲海默症之病程

MCI: Mild cognitive impairment

輕度知能障礙



10-20 yrs



3-5 yrs



正常

生物標記開始顯現

記憶異常
開始出現

失智

誰適合做檢測?

Aggregate Risk Scoring for Alzheimer's Disease

<u>Risk</u>	<u>Odds Ratio</u>	<u>Risk score</u>
• 一等親為阿茲海默症患者	• 3.0	<5 = low
• 腦部損傷	• 2.0	5-12 = moderate
• 年齡 >65	• 1.0	>12 = high
• 年齡 >75	• 4.0	
• 年齡 >85	• 16.0	
• 受教育年齡 <7 年	• 3.6	
• 女性	• 1.5	
• 收縮壓 > 140mm Hg	• 2.2	
• BMI >30 kg/m ²	• 2.3	
• Cholesterol >6.5mmol/L	• 1.9	
• Apo E 4 陽性	• 4.0	
• 有中風病史	• 2.4	
• 有心肌梗塞病史	• 2.5	
• 無治療的第二型糖尿病	• 2.0	
• Low physical activity (sedentary)	• 1.7	
• 持續吸菸者	• 2.3	

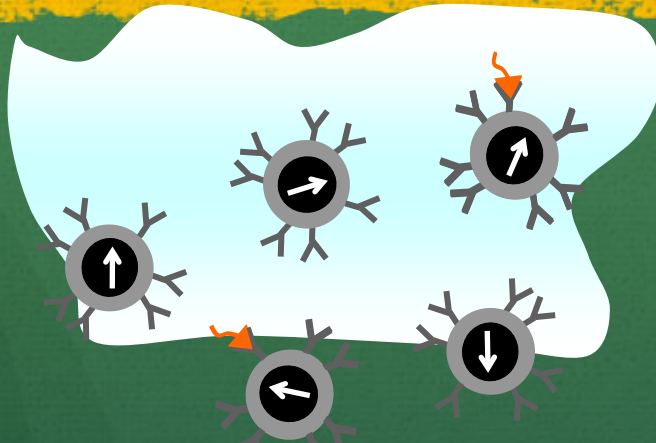
風險值 = 3+4+2.2+2.3+2.3 = **13.8!!**

Adapted from
Kivipelto et al 2006, Norton et al (Brayne) 2014

ImmunoMagnetic Reduction

免疫磁減量(IMR)檢測原理

Mechanism

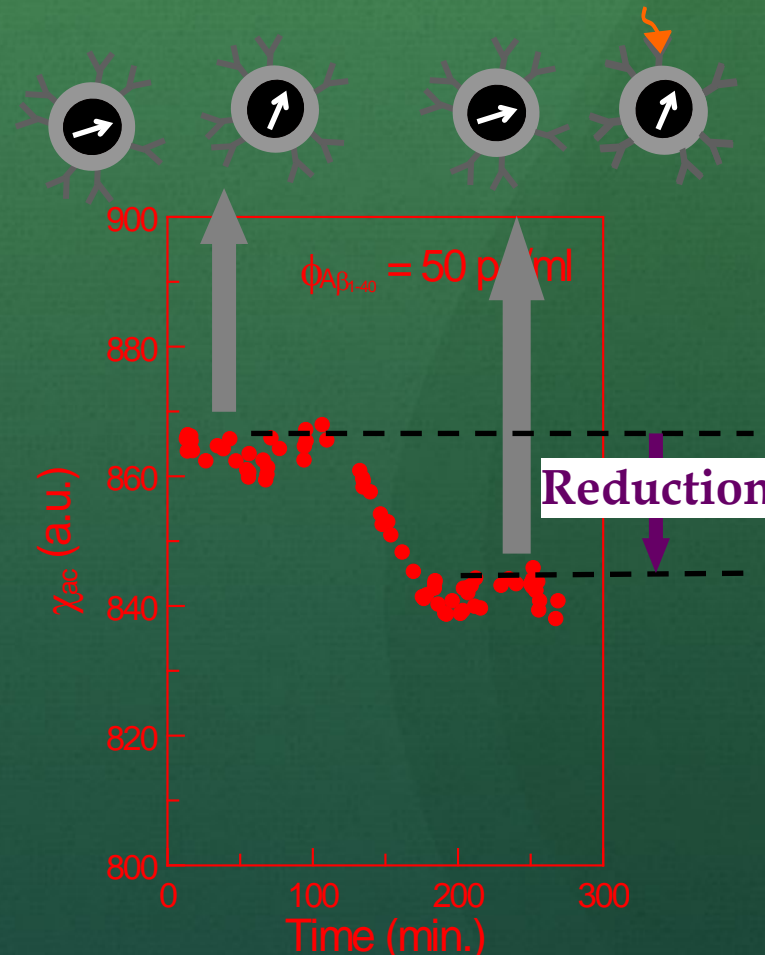


Reagent: antibody-dextran- Fe_3O_4 nanoparticles
in PBS (D~55nm)

Applying rotating magnetic fields
→ reagent generates rotating magnetic signal

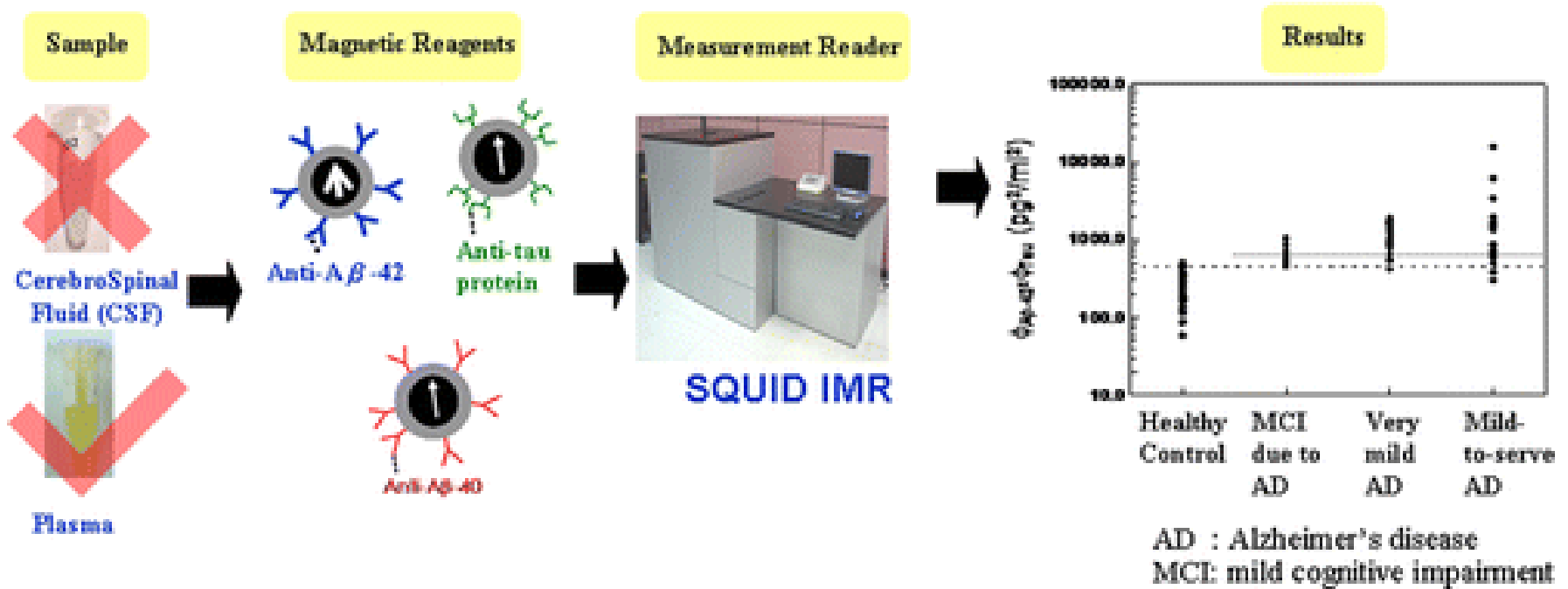
Mixing reagent with plasma
→ nanoparticles bind with target protein
→ rotating magnetic signal is reduced

Real Example



臨床檢驗結果應用 –

可區分健康、認知功能障礙(MCI)、早期阿茲海默症(Early-AD)



High correlation to clinical diagnosis

Curr. Alzheimer Res. **9**, 1142 (2012)
ACS Chem. Neurosci. **4**, 1530 (2013)

TUG功能性檢測表現與認知功能的相關性

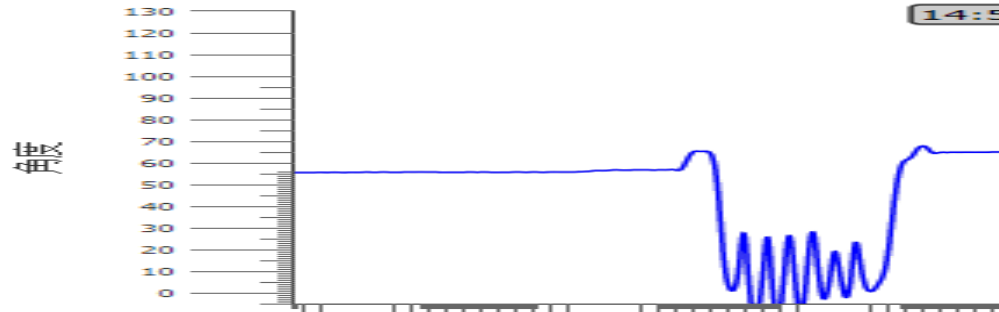
	Walking speed-u	Walking speed-f	Stand and sit	TUG	2 min stepping
MoCA-TS	.353 .034*	.330 .049*	X	-.428 .009**	X
MoCA-MIS	X	X	X	X	X
MMSE	X	X	X	-.390 .019*	X
CCVLT	X	X	X	-.381 .022*	X
GDS	X	X	X	X	X

Association Between Performance on Timed Up and Go Subtasks and Mild Cognitive Impairment

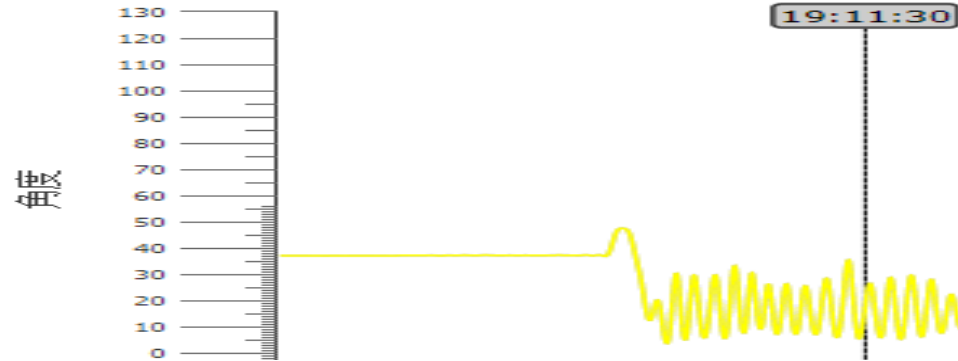
- Subjects wore a small, light-weight sensor that measured acceleration and angular velocity while they performed the instrumented TUG (iTUG).
- Measures of iTUG were derived from 4 subtasks:
 - walking,
 - turning,
 - sit-to-stand
 - stand-to-sit
- MCI had less walking consistency ($p=0.0091$), smaller pitch range during transitions ($p=0.005$), lower angular velocity during turning, and required more time to complete the turn-to-walk ($p=0.042$).
- Gait consistency was correlated with perceptual speed ($p=0.012$) and turning was correlated with perceptual speed ($p=0.024$) and visual-spatial abilities ($p=0.049$).

iKnee 應用於TUG功能性檢測

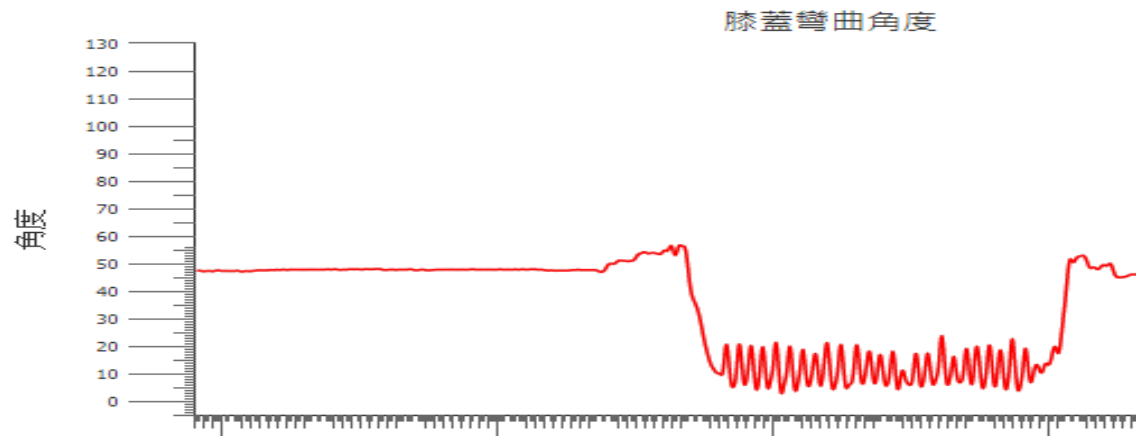
健康年輕人



超高齡MCI



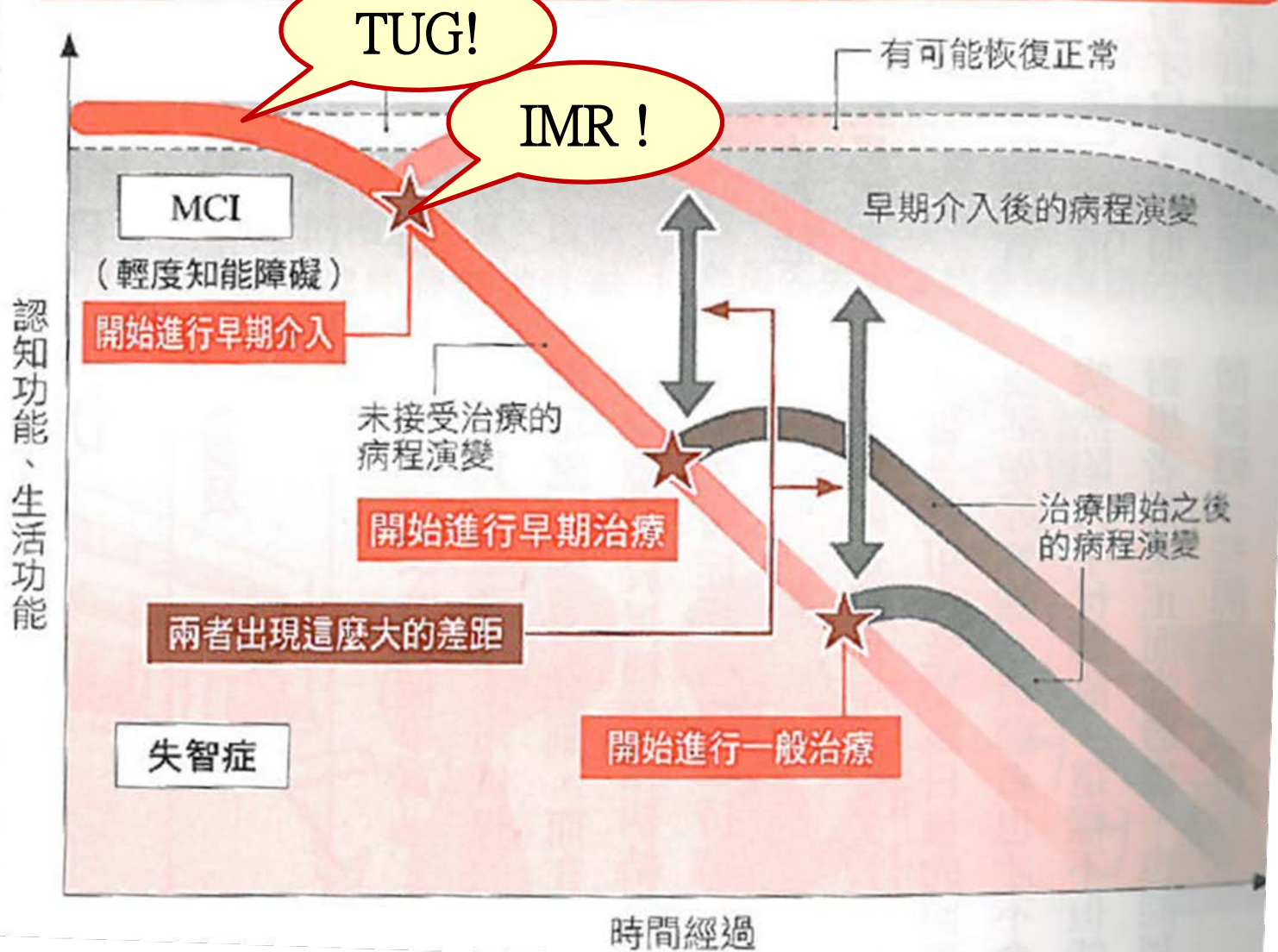
超高齡AD



iKnee 應用於TUG功能性檢測

個案	起站時間	步行時間	坐下時間	彎曲角度
健康 年輕人	快，且平順	短	快，且平順	大，約0-30度
超高齡 MCI	普通，曲折	普通	普通，曲折	普通，約10-30度
超高齡 AD	慢，曲折	長	慢，曲折	小，約10-20度

越早開始治療，就越能延緩病情惡化



運動介入預防失智之效益

What can we do?

Exercise is the most effective and directive way to improve brain health and cognitive function.



Mechanisms of Benefits Effects

EXERCISE

Mediated physiologic mechanisms

**Cerebral blood
circulation
hypothesis
(Metabolism)**

**Nerve stimulation
and efficiency
hypothesis
(Neurotrophic)**

**Secondary aging
disease hypothesis
(Mediation)**

(Kirk-Sanchez NJ et al., 2014; Radak Z, et al., 2010)

Exercise Design in study

- Structural, personal, moderate-vigorous intensity, long duration or high frequency and multi-components

(Kirk-Sanchez NJ et al., 2014)

- Tai chi: multi-components exercise

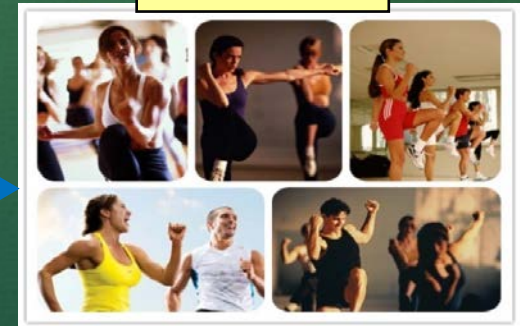
Tai chi



Low intensity

Strength training focus on L/E

Aerobics

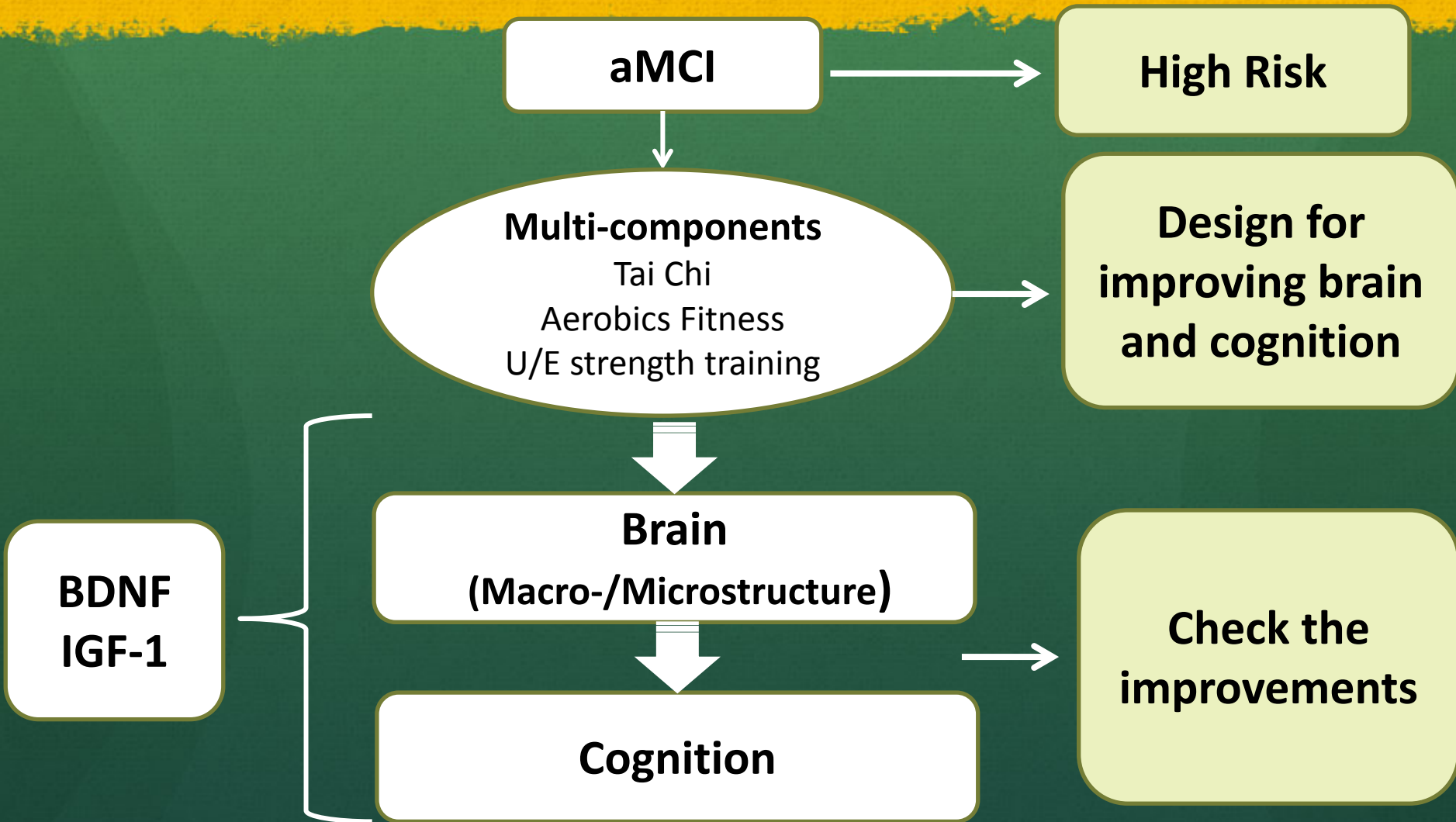


4. RESISTANCE BAND SPRINTS



U/E strength training

Exercise intervention



Intervention

Control group

- Maintain lifestyle, health education, BP/ weight/ PC record
- 1 time/ 2 week, 12weeks

Multi-components exercise group

- Tai chi + Aerobics fitness + Thera-band training
- 3 time/ week, 60 min, 12 weeks (RPE: 10-13)

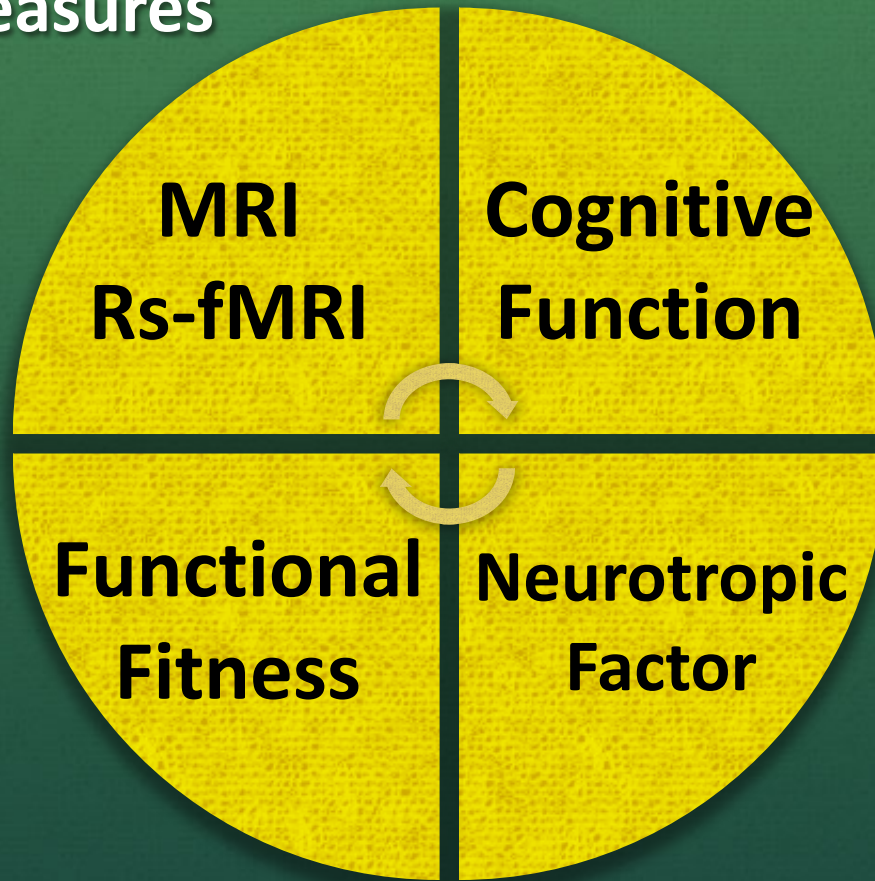
24 weeks follow-up: phone call care 1 times/ month

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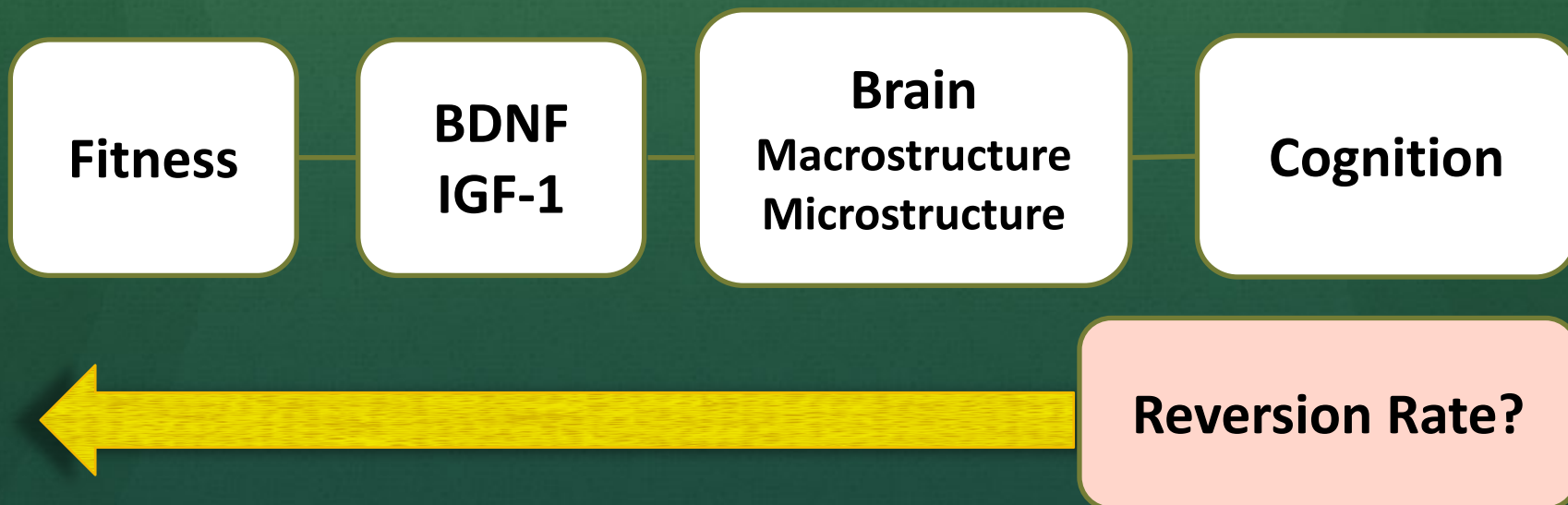


How do we know the affects ?

Outcome Measures

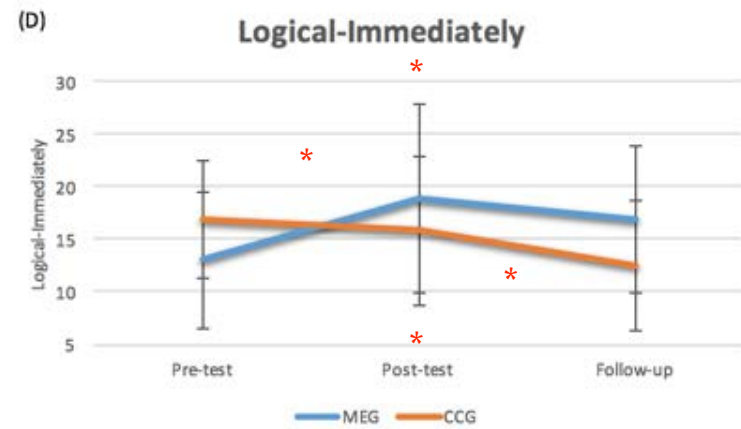
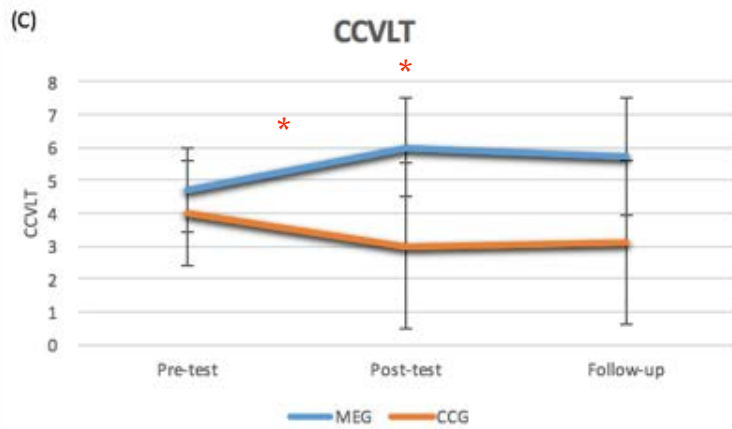
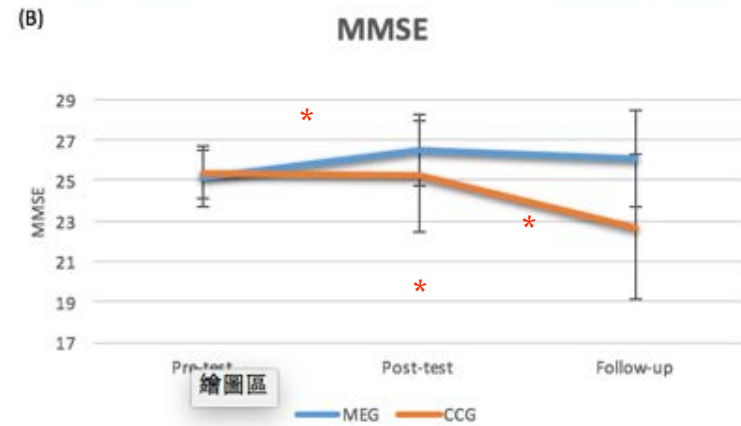
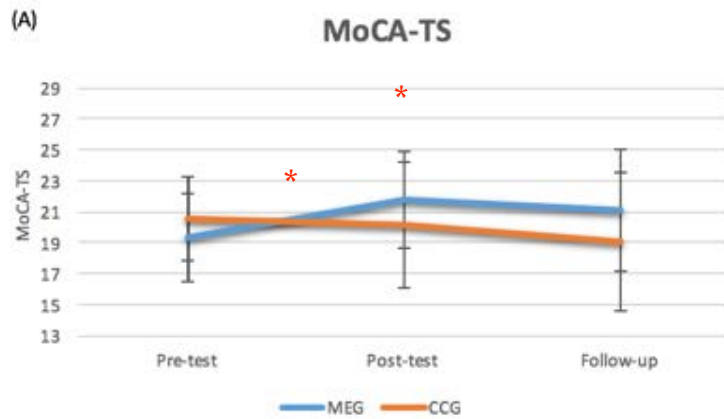


Aims of study

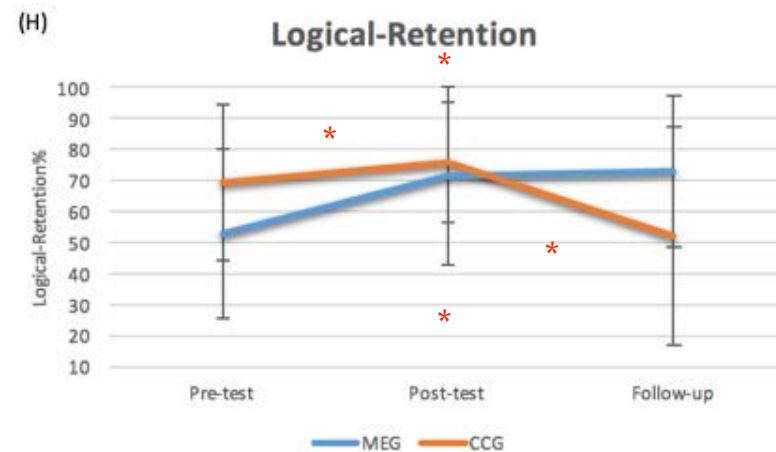
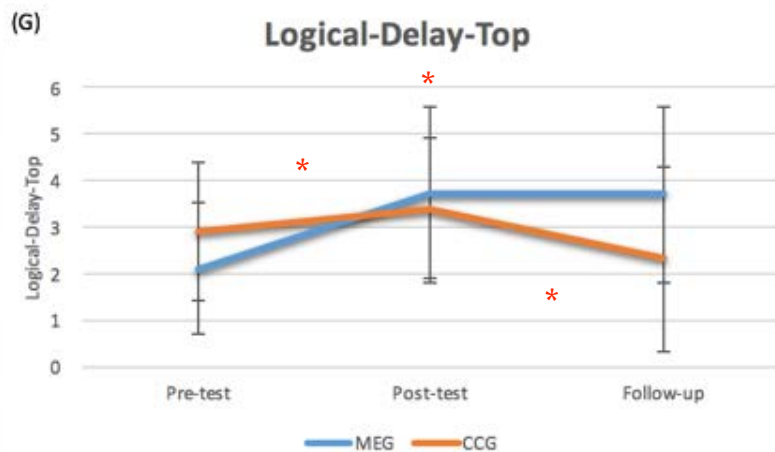
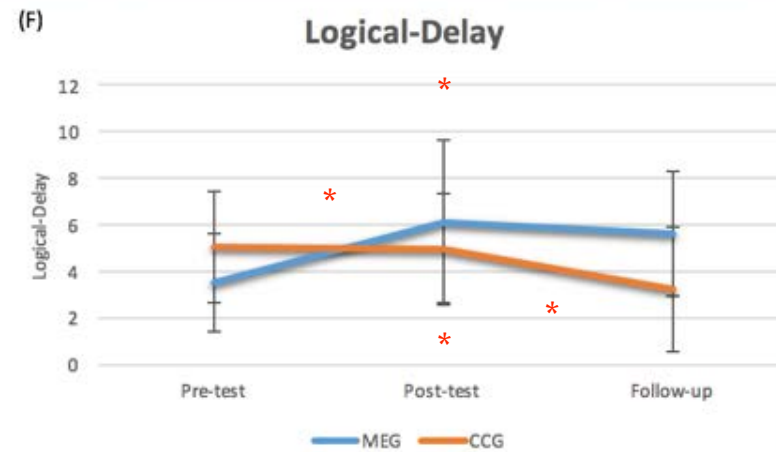
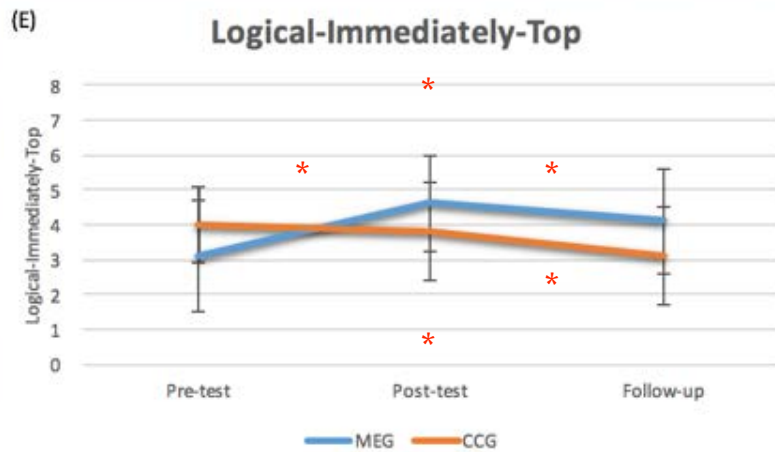


Results

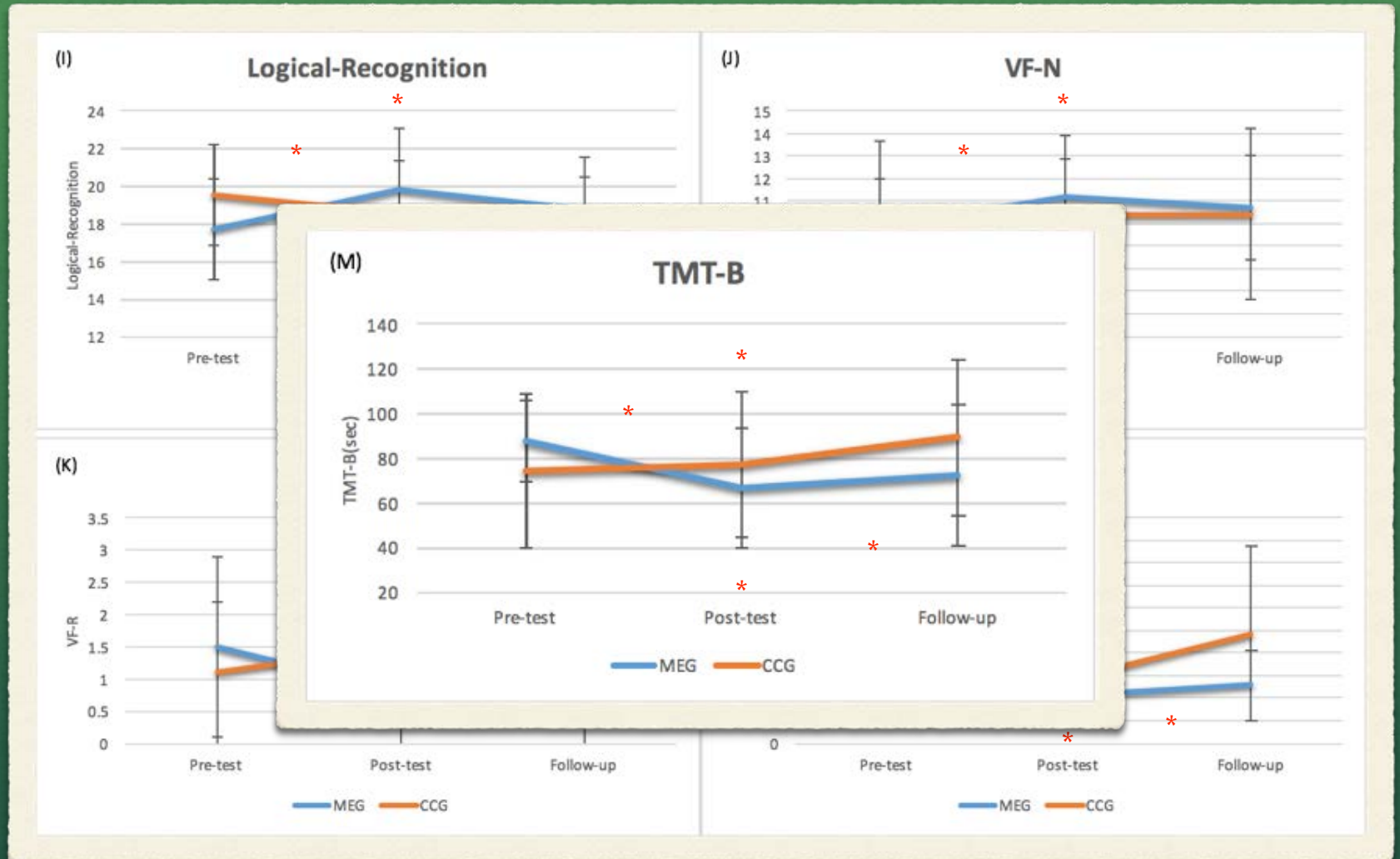




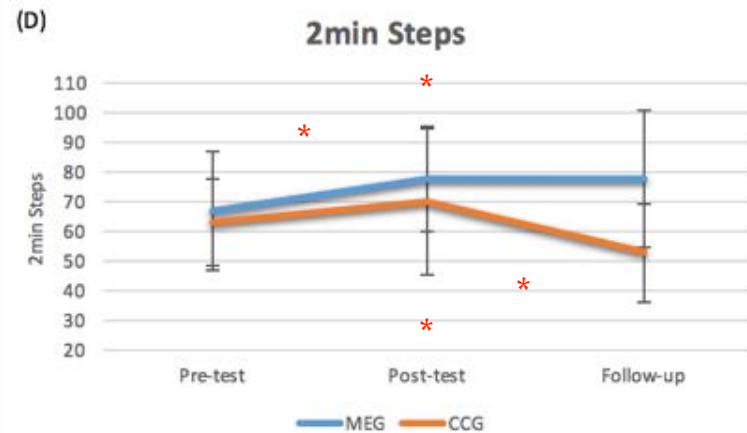
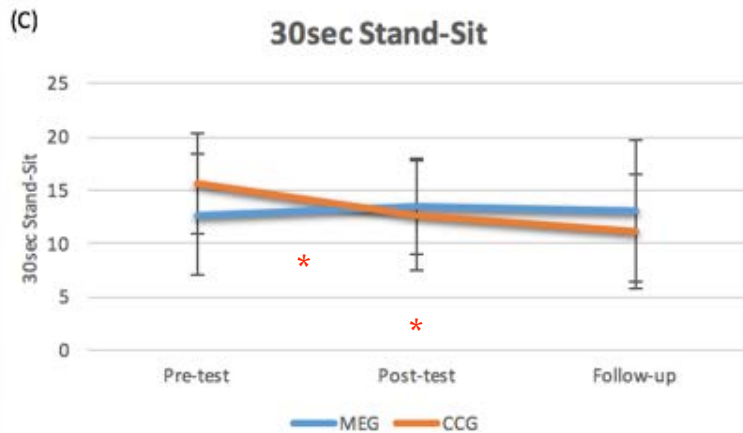
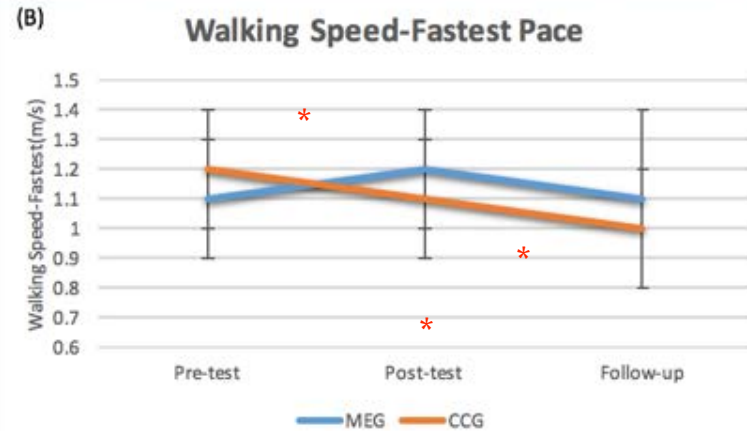
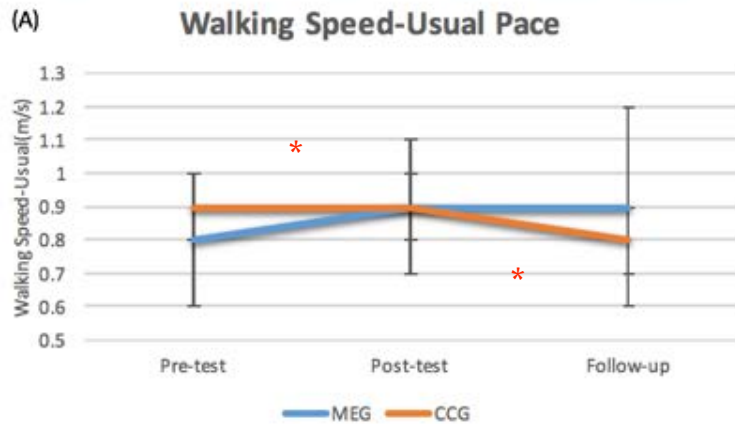
The effects of intervention on cognitive outcome measures revealed significant groups (MEG and CCG) by time (pre-test, post-test and follow up-test) interactions.



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The effects of intervention on cognitive outcome measures revealed significant groups (MEG and CCG) by time (pre-test, post-test and follow up-test) interactions.



The effects of intervention on functional fitness revealed significant groups (MEG and CCG) by time (pre-test, post-test and follow up-test) interactions.

Short Summary

Cognitive Function

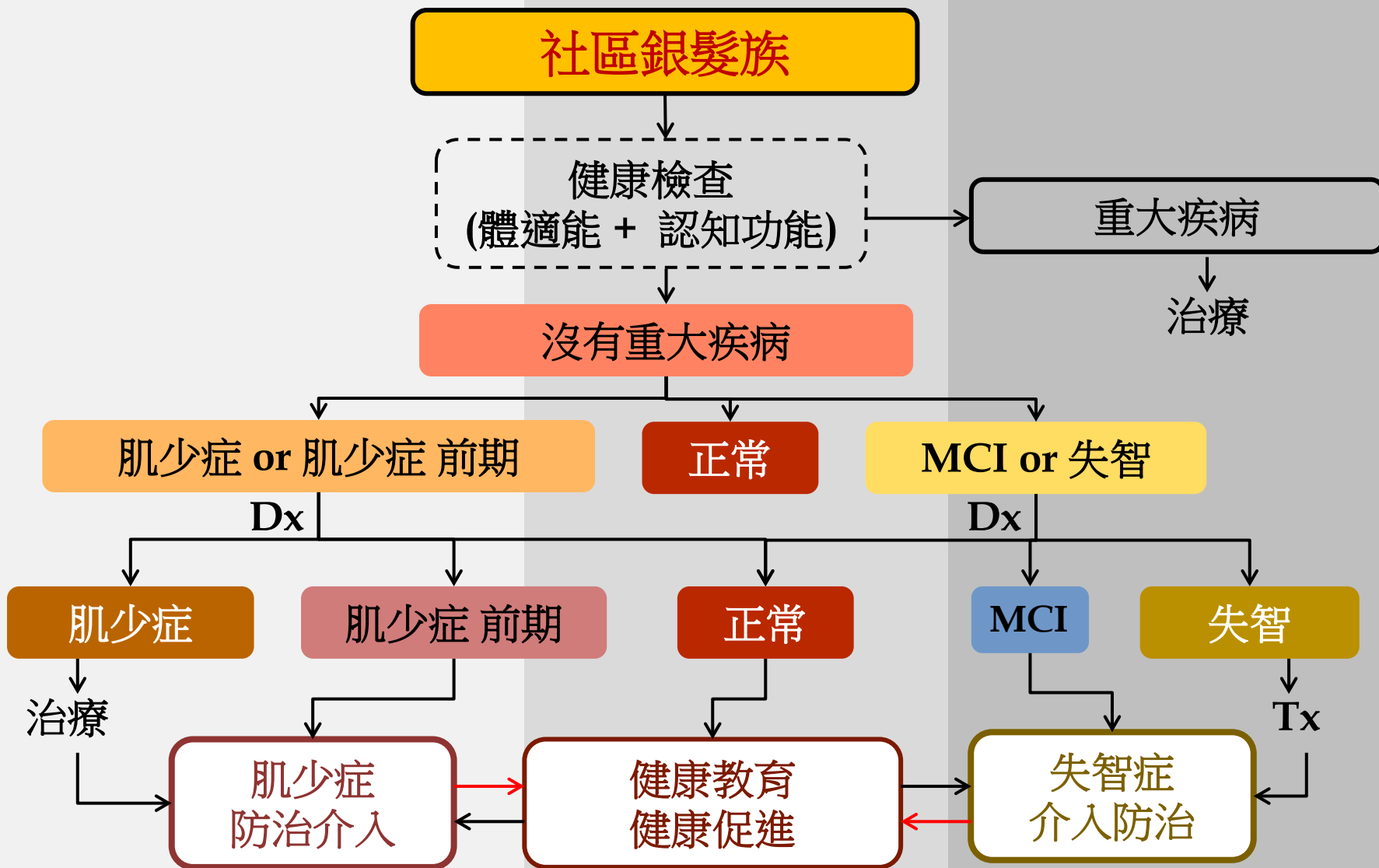
- Significantly Group by Time interaction include **general cognition, Memory, Verbal Fluency and executive function.**
- Cognitive function were improved after 12 weeks intervention in MEG.
- Have prolong effects to maintain cognitive function during 24 weeks in MEG.
- Cognitive function were declined after 24 weeks follow up period in CCG.

Functional Fitness

- Significantly Group by Time interaction include Walking Speed, Lower extremity endurance and cardiopulmonary function.
- Functional fitness were improved after 12 weeks intervention in MEG.
- Have prolong effects to maintain functional fitness during 24 weeks in MEG.
- Functional fitness were declined after 24 weeks follow up period in CCG.

結語

完整的健康促進與疾病預防架構



快篩(TUG)、篩檢(IMR)、轉診、介入及追蹤建議

快篩(TUG)

篩檢(IMR)

正常

- 1.維持良好生活習慣
- 2.一年檢驗一次

無介入

1次/年

中風險

1. 疑似MCI、馬上轉診
- 2.三個月到半年追蹤是否惡化

介入課程
(經評估後)

1次/3-6個月

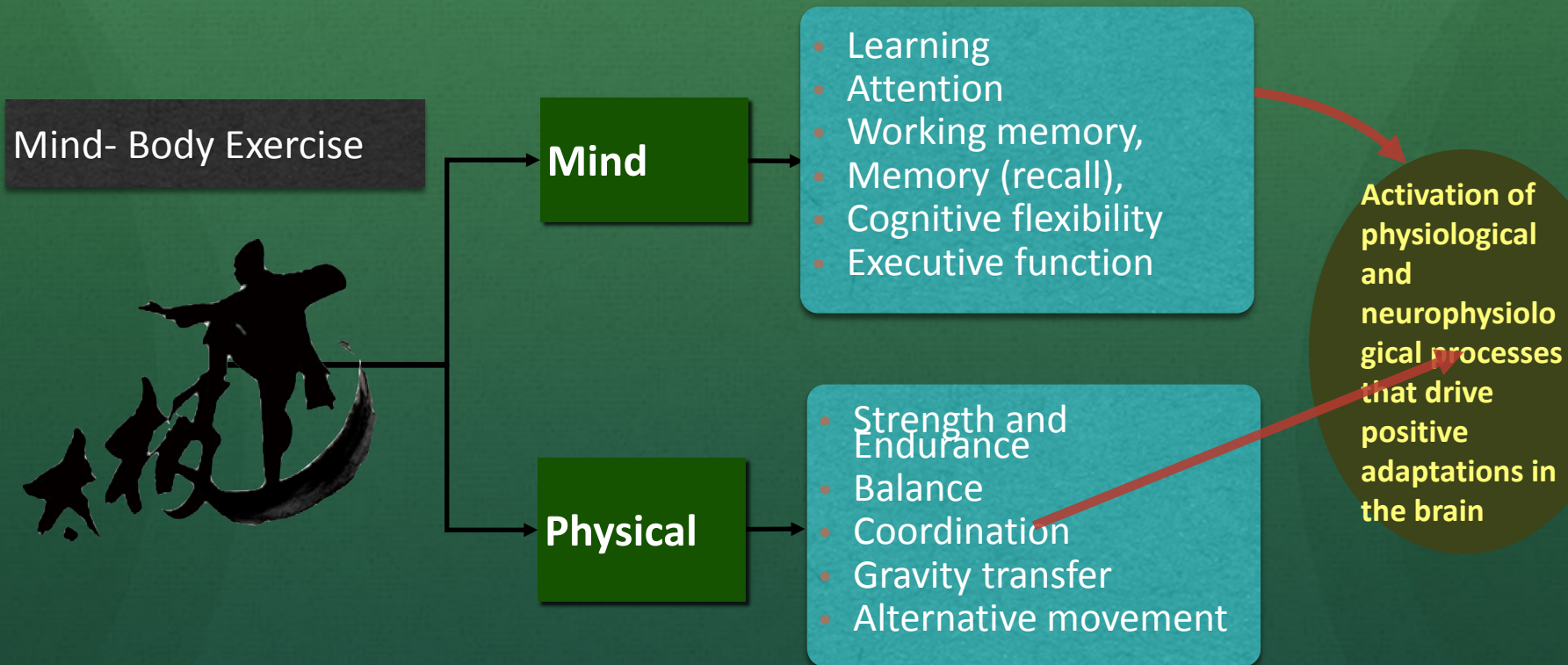
高風險

- 1.疑似AD、馬上轉診
- 2.三個月到半年追蹤是否惡化

介入課程
(經評估後)

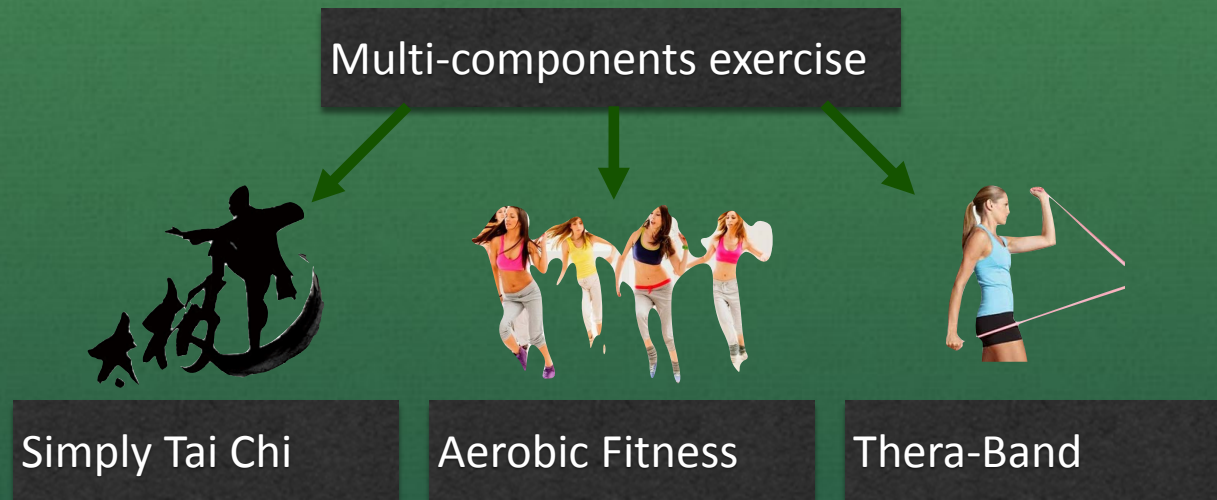
1次/3-6個月

Tai Chi Exercise



(Li F, Harmer P et al., 2015; Zheng G et al., 2015)

Rich Environment Stimulation



- Multiple stimulus inputs
- Rich environment could enhanced sensory inputs, cognitive processing and motor stimulation, and then improved the brain plasticity and cognitive function.

(Nithianantharajah, J. et al. 2006; Mora, F. et al. 2013)