

**DEMENTIA THERAPEUTICS AND COGNITIVE REHABILITATION  
AN INTERNATIONAL MEETING****G. Bagetta<sup>1</sup>, S. Sakurada<sup>2</sup>**<sup>1</sup> Department of Pharmacy, Health Science and Nutrition University of Calabria, Rende, Cosenza, Italy<sup>2</sup> The Tohoku Medical and Pharmaceutical University, Sendai, Japan**E-mail:** giacinto.bagetta@unical.it**Doi:** 10.36118/pharmadvances.2023.48

The global impact of dementia is increasingly worrisome and up to 90% of dementia patients in low- and middle-income countries is not diagnosed with further delays in diagnosis due to the pandemic during which these fragile population pays the highest price.

Alzheimer's disease (AD) is the most common accounting for about two-thirds of all cases, but mixed forms of dementia are being increasingly recognized, making dementia a public health priority. These different forms may at least in part be explained through progressive alterations of the epigenome that may contribute to the decrease of cognitive abilities with advancing age. Indeed, there is little doubt that AD is a multifactorial disease, which involves diverse pathogenic mechanisms and will probably require combinatorial therapies. Although many pathological factors, such as accumulation of protein aggregates of amyloid-beta (A $\beta$ ) and tau, have been identified, their role in combination with other factors, at different disease stages, requires further clarification. A comprehensive understanding of the complex disease mechanisms, the identification of early disease markers aided by ultrastructural magnetic resonance imaging are necessary to develop more effective treatments.

Although multiple failures of phase III trials with agents targeting A $\beta$  had initially been disappointing, the accelerated approval of aducanumab has recently renewed the interest in targeting A $\beta$ . The gain of information from the real-world data on aducanumab may anticipate that further development of clinical trials in AD will be prompted.

Actually, current treatments of AD provide only limited symptomatic effects and development of neuropsychiatric symptoms (NPS), other than cognitive symptoms, do affect some 97% dementia patients and they are managed with potentially harmful antipsychotics. The latter NPS are at least in part linked to unrelieved pain remarkably reducing quality of life. Hence, studies for the management of NPS are needed and novel opportunities are offered by complementary analgesic and non-BDZ anxiolytic effects of natural products such as phytocomplexes engineered to be trialed in double blind studies also for cognitive rehabilitation.

All the above illustrated topics and more, concerned with cognitive rehabilitation, are the subjects of this proceeding issue of PharmAdvances that hosts abstracts of invited lectures and poster communications of the meeting "***Dementia Therapeutics and Cognitive Rehabilitation***" held at the University of Calabria (Unical), Rende (Cosenza), Italy, November 21<sup>st</sup>-23<sup>rd</sup>, 2022. The meeting has been organized under the egidas of the Italian (SIF) and Japanese (JSP) Society of Pharmacology, the Italian Society of Neurologic Rehabilitation (SIRN) and the Sant'Anna Institute for Serious Brain Injuries (Kroton, Italy) and with financial support of SIF for that one of us is in-

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