

34th International Conference of Alzheimer's Disease International, 19-21 March 2020, Singapore



Abstract submission guidelines

Please read the abstract submission guidelines carefully before submitting an abstract, to ensure all the information required is included. A list of abstract topics can be found below and on the conference website at www.adi2020.org/abstract-topics.

Definitions

- **Submitting author:** person who physically submits the abstract
- **Presenting author:** person who will physically present the abstract at the conference and who is marked as the presenter in the programme
- **First author:** First author cited, who scientifically endorses the abstract and is therefore responsible for its content

Submission

- Abstracts should be submitted via the online submission system. If you are living with dementia and prefer to submit your abstract by paper please email conference@alz.co.uk to request a copy. To facilitate the review process we encourage all to submit their submission online where possible.
- All abstracts must be submitted by **Sunday 1 September 2019**.
- All abstracts must be submitted in **English**.
- Abstract text is limited to **3000 characters** (including blank spaces and punctuation)
- One file of a maximum of 10MGB can be uploaded.
- Trade names cannot be mentioned in the title. However, trade names in brackets will be accepted in the body of the text.
- Abstract authors can choose to submit abstracts as either oral, poster presentations or state that they do not have a preference.
- Abstracts must be clearly linked to an abstract topic. Submitters must select an abstract topic under one of the abstract areas.
- ADI accepts scientific and non-scientific abstract. The body of the abstract should be structured as follows:
 - Background and objectives of the study / Introduction
 - Methods
 - Results / Positive impact
 - Conclusions / Perspectives

The abstract should demonstrate the involvement of people living with dementia and/or their care partners in the study/project and where applicable demonstrate the scalability of the project.

For non-scientific abstracts: If it is not possible to write the abstract under the different headings please submit the entire abstract as one text.

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- Abstracts will be printed exactly as they are submitted. It is the author's responsibility to submit a correct abstract. Any error in spelling, grammar or scientific fact will be reproduced as typed by the author.
- It is important that presenters use inclusive and non-discriminatory language. This includes using the terms “person with/living with dementia” rather than “demented” “victim”, “sufferer” or other stigmatising language. We encourage all those submitting an abstract to look at the [language guidelines](#) created by Dementia Australia in collaboration with people living with dementia.
- Authors can submit more than one abstract.
- All abstracts can be modified until abstract submission closes.
- If you have successfully submitted an abstract you will receive a submission number and an email. If no number or email is received the abstract cannot be considered as submitted.

Review and acceptance

- A “blind” review process will be used. No identifying features such as names of authors, may be listed in the title or text of the abstract.
- Authors will be notified of the decision of the Scientific Programme Committee by **mid October**.
- Oral presentations will be a maximum of 15 minutes. Subject to the number of speakers per session the time allotted for the presentation of oral papers is 12 minutes for presentation and 3 minutes for questions. Please note that the time provided for discussion cannot be used for lengthening the time of the presentation.
- Authors of abstracts assigned to poster sessions will have the opportunity to make a short oral presentation of their poster in the poster session.
- Authors of accepted abstracts must register for the conference by the early bird deadline to present their abstract. If the author becomes unable to present, a co-author may present on their behalf or the abstract should be withdrawn. The conference organisers must be informed in writing to conference@alz.co.uk

Abstract topics

The abstract topics follow the seven strands of the WHO Global Action Plan on Dementia.

Dementia as a public health priority

- Dementia and Convention on the Rights of Persons with Disabilities (CRPD) - NEW
- Dementia and equitable society - NEW
- Dementia and human rights - NEW
- Dementia and labour laws - NEW
- Dementia and NCDs, SDGs, UHC and ageing - NEW
- Dementia policies and public policy
- Designing and evaluating the impact of funding programmes - NEW
- Economics of dementia
- Engaging people with dementia and carers in policy

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Dementia awareness and friendliness

- Attitudes, awareness and stigma
- Community partnership / Public-Private-People partnerships - NEW
- Consumer empowerment
- Dementia friendliness
- Diverse populations – inclusion, equality, cultural issues
- Fundraising for dementia - NEW

Dementia risk reduction

- Cognitive reserve, brain resilience and dementia prevention - NEW
- Implementation of risk reduction interventions (local, regional and national levels)
- Public health campaigning - NEW
- Risk factors
- Risk reduction and prevention (including clinical trials)

Dementia diagnosis, treatment, care and support

- Diagnosis
- Diagnostic tools
- Dementia and dignity
- Dementia and spirituality
- End of life and palliative care
- Environment and architecture for dementia
- Models of care
- Post diagnostic support for people with dementia and carers - NEW
- Psychosocial interventions
- Rehabilitation (physical and cognitive)
- Social isolation, loneliness, depression and their consequences for people with dementia and carers - NEW
- Well being and quality of life

Support for dementia carers

- Education and training in hospitals - NEW
- Formal carers education and training
- Informal carers support – pre, during and post
- Informal carers training
- Polypharmacy - NEW
- Role of primary care - NEW
- Young carers - NEW

Information systems for dementia

- Global Dementia Observatory (GDO) - NEW
- International collaboration on data sharing - NEW
- Registries

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Dementia research and innovation

- Clinical trials - NEW
- Epidemiology
- Genetics
- Inflammation and immunity - NEW
- Innovation, entrepreneurship and technology
- Mid-to-late stages of dementia - NEW
- Mild Cognitive Impairment (MCI)
- New and future treatments
- Non-pharmacological interventions
- Other syndromes and dementia - NEW
- Young onset dementia