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.
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
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
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