

Investing in Dementia Research

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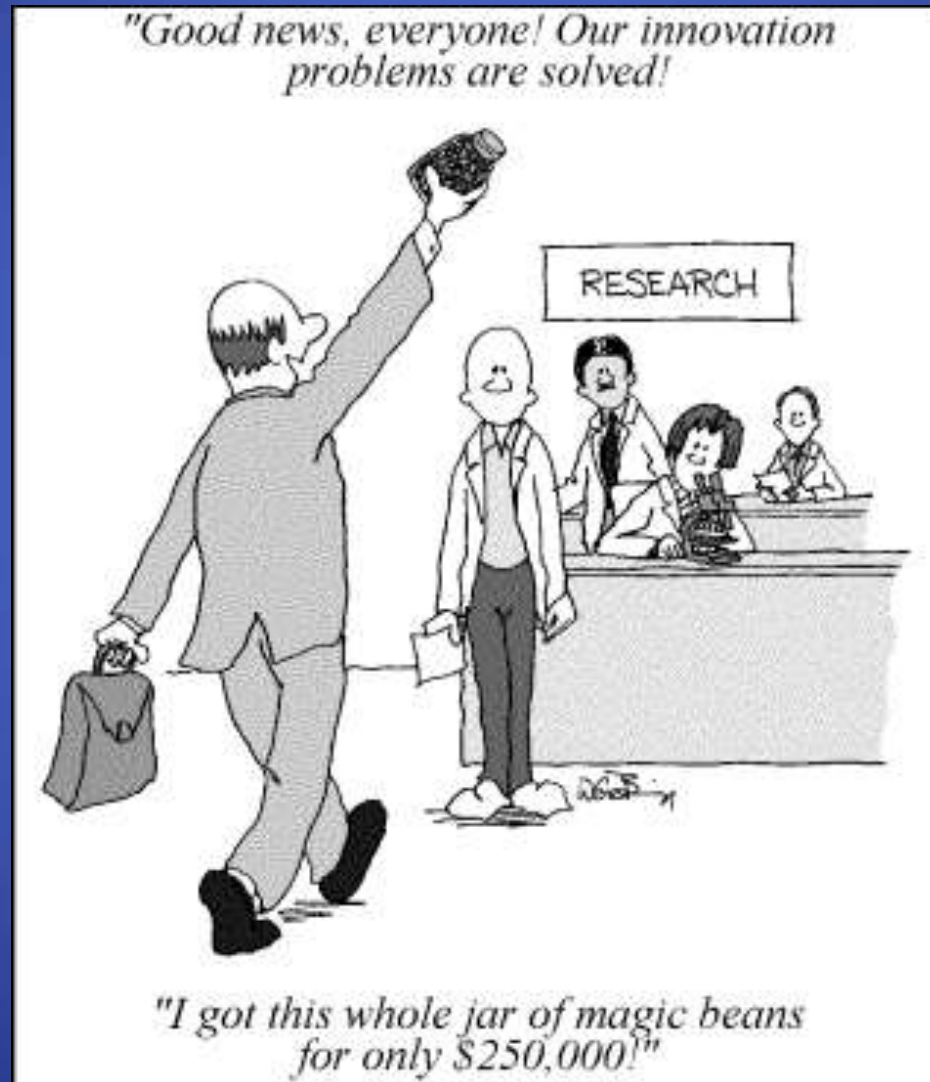
Alzheimer Scotland Dementia
Research Centre

Background

- 2002-12
- 413 clinical trials
 - £billions
- 244 compounds
- 1 approved

- 99.6% failure rate
 - cf 81% failure rate in cancer

What can we learn?



G8 dementia summit aims to find cure



UK government

- Dementia Platform ~£60m
- Dementia Research Institute £150m
 - Speed up translation of laboratory science into effective treatments
 - Supported by clinical research networks to facilitate trials
 - Likely to recruit asymptomatic participants 'at risk'

What does the research community think?



A Review of the Dementia Research Landscape and Workforce Capacity in the United Kingdom

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Context

- UK 2nd in world for dementia research
 - Good for FTD & DLB, brain imaging, cohort studies, person-centred care
 - Underperforms early onset & familial
- 21% of PhD graduates remain in dementia research
 - 25% of these go abroad

Areas to improve

- Cellular mechanisms
- Involving clinicians in research
 - Improve recruitment to clinical trials
- Under-investment in care-related research
- Industry focus on pharma
 - Little on assistive living, apps etc
- Mixed views on balance between prevention, cure & care

Investing in people

- Cost of PhD
 - £60k plus materials etc + loss of earnings
- Currently 5 PhDs for one ongoing dementia researcher
- Lack of secure post-doctoral pathway to tenure
- Research not valued by NHS managers as highly as direct clinical contact etc

Suggested actions

- Improve post-doc/mid-career support
 - Significant increase in cost of PhD student
- Long-term funding of institutions to support researchers
 - Even Centres often funded 5 yearly maximum
- More flexible employment arrangement to enable research by healthcare professionals
 - Needs to be long-term to avoid 'backfill problems'

Looking ahead



Trajectories

- DPUK & DRI offer opportunities to post-docs in appropriate fields
- Pre-symptomatic treatments relabelled as secondary prevention
- Doctoral training centres generate more PhD graduates
- Relative neglect of
 - Primary prevention
 - Symptomatic treatments (e.g. for BPSD)
 - Care, end-of-life, etc

Technology drivers

- Primary prevention
 - Emergence of Big Data from appropriate epoch
 - Integration with genomics & epigenetics
- Symptomatic treatments
 - non-pharma approaches
 - Insights from genomics & molecular biology
- Care
 - Assistive technologies, IT solutions

Investing to grow

