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The principle of brain metabolism and the links between dementia and delirium

Delirium is a significant problem in older hospital admissions, with worse clinical outcomes, prolonged hospital stay and functional disability. This presentation will cover the clinical experience of managing these complex patients during their hospital stay. The basis of this theory is with hepatic encephalopathy and the fact that all forms of delirium are clinically consistent. Looking to explain the integrated theory of delirium based on brain glutamate and ammonia management. This will demonstrate the biochemical aspects of delirium and how it is related to other conditions and most significantly how there is a higher incidence of delirium in dementia. Anecdotal experience of reversing delirium using this biochemical framework and use of simple medication in hospital has been very successful with up to 70% of patients demonstrating clinical improvement. This theory has the potential to revolutionize our care of older patients and give insight into the links between delirium and dementia.



Figure1: Demonstrating that glutamate is central to energy metabolism in the brain. Dysfunction causes hyperammonaemia in the brain.

Biography

Dr Philip McMillan is a Consultant in the NHS with over 23 years of medical expertise. His primary focus has been around Geriatrics and Neurological Rehabilitation and has developed unique perspectives on the capacity of the brain to recover from injuries and disease. Through international collaboration he has proposed a nutritional protocol for dementia reversal and has recently had a breakthrough theory on the pathology of dementia. His current aim is to lead the field of dementia to a new direction of research and treatment of this devastating disease.

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