



Bridges between Neuroscience and Society

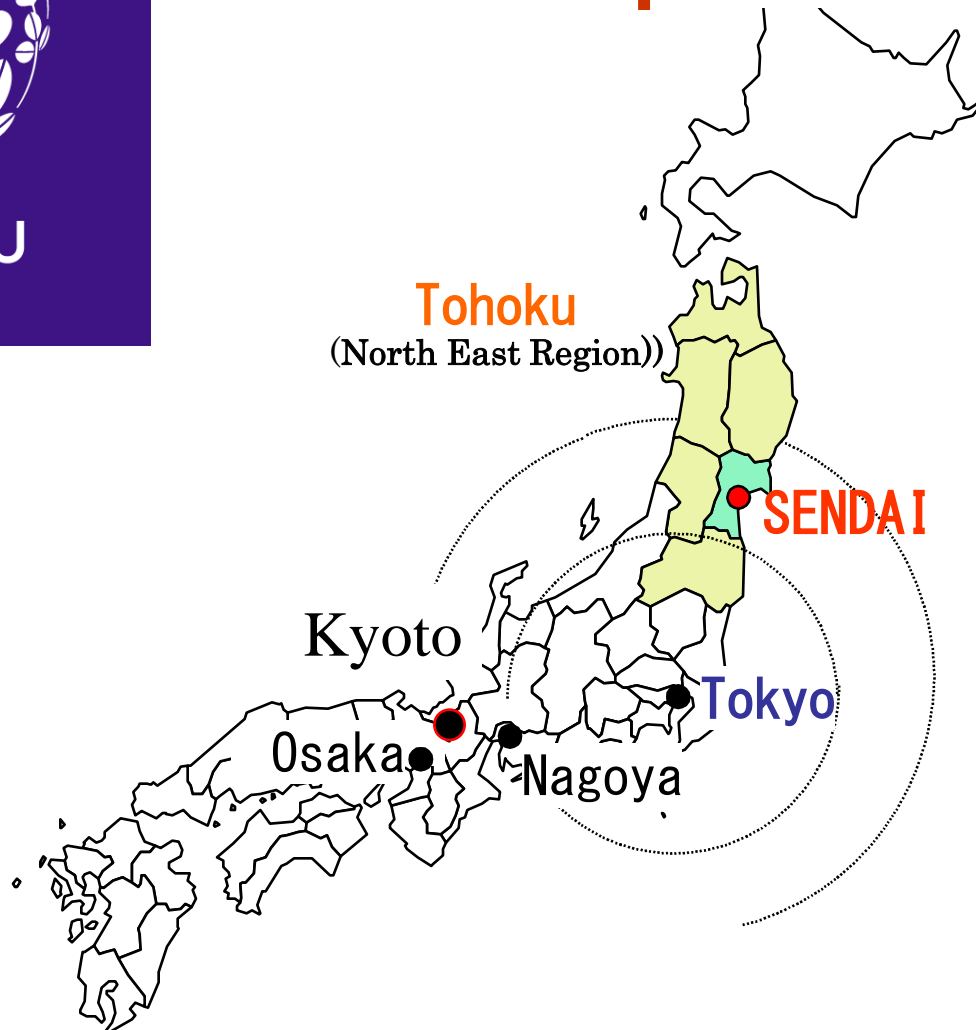
Ryuta Kawashima

Department of Functional Brain Imaging
IDAC, Tohoku University

<http://www.fbi.idac.tohoku.ac.jp/fbi/>

Tohoku University

Founded in 1907 as
3rd Imperial University



World Ranking by Citations

National Ranking	World Ranking	Field	Citations	Papers
1	2	Materials Science	25,185	4,554
2	14	Physics	89,139	9,762
5	21	Chemistry	53,301	5,919
4	72	all fields	302,547	36,583

Source: ISI Essential Science IndicatorsSM, Jan. 1995 – Apr. 2005

Number of Students and Staff

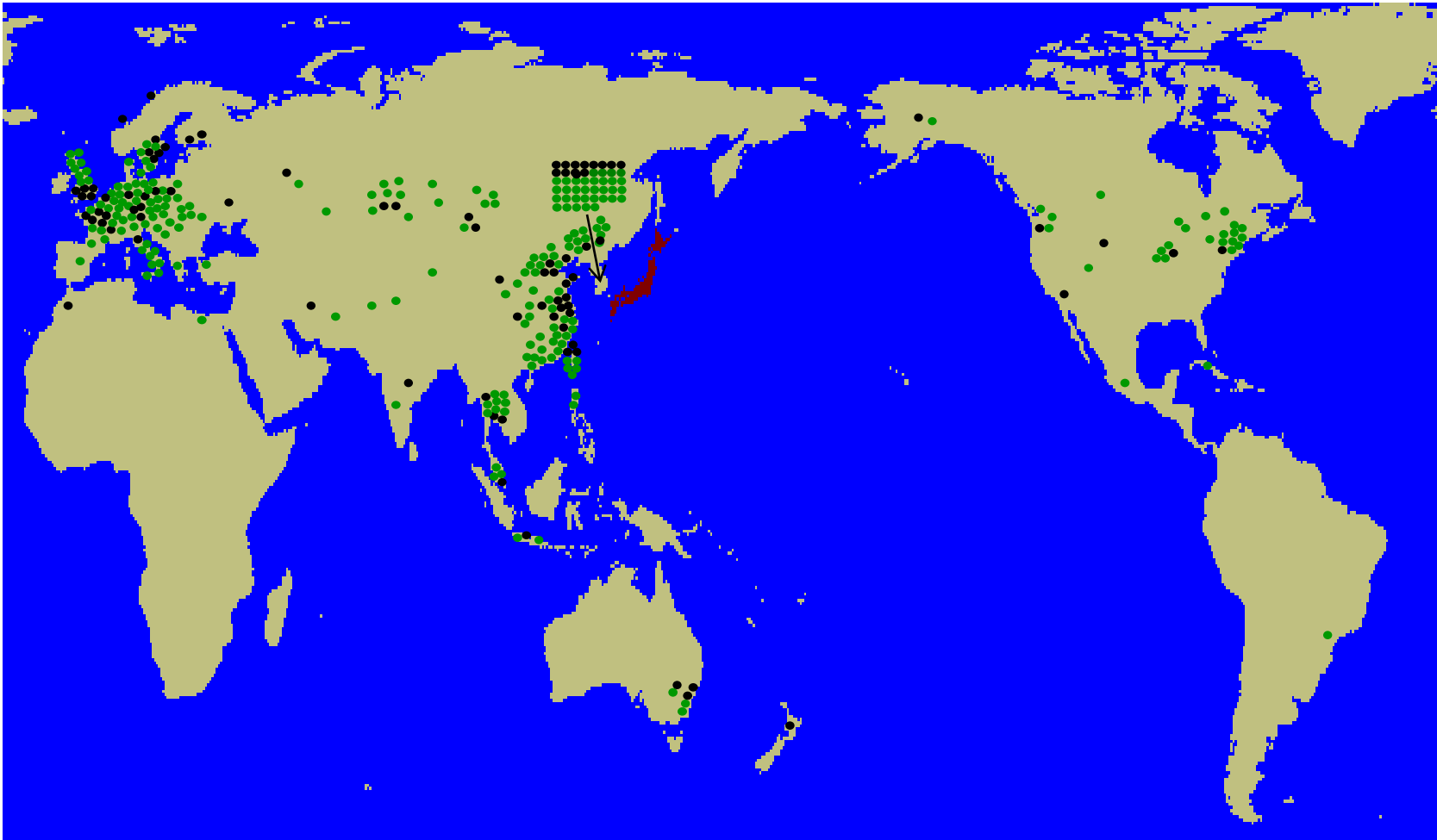
As of October, 2008

Undergraduate	10,953
Master	4,146
Doctor	2,748
Total	17,847

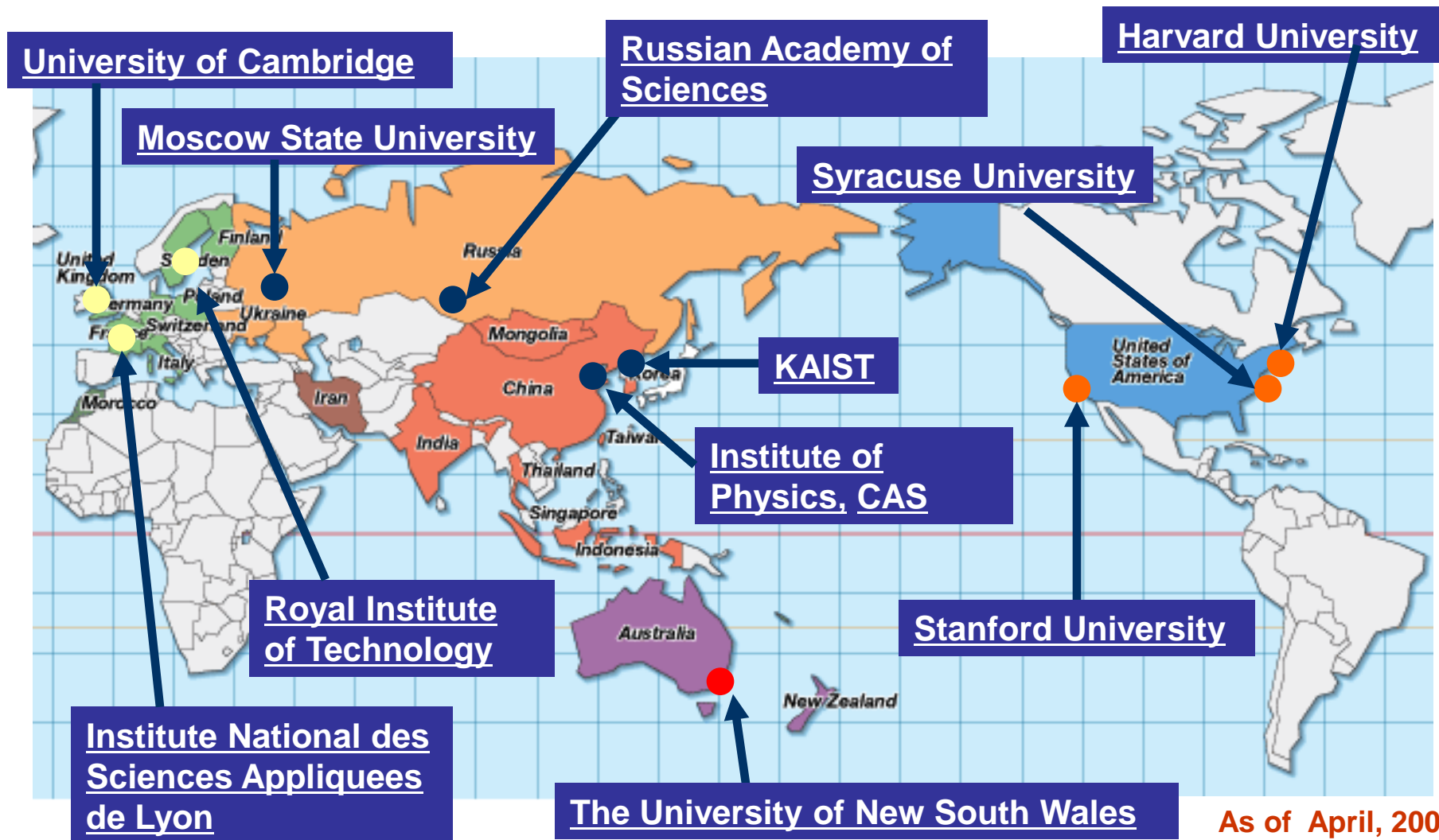
President	1
Executive Directors	7
Auditor	2
Faculty Members	2,743
Administrative and technical staff	2,803
Total	5,556

Academic Exchange Agreements with Non-Japanese Universities

- : Agreement on the University Level — Total of 87 universities
- : Agreement on the Department Level — Total of 228 departments



Liaison Offices outside of Japan



As of April, 2008

Institute of
Development, Aging and Cancer (IDAC),
Tohoku University

Mission and Ultimate Goal of IDAC

Mission

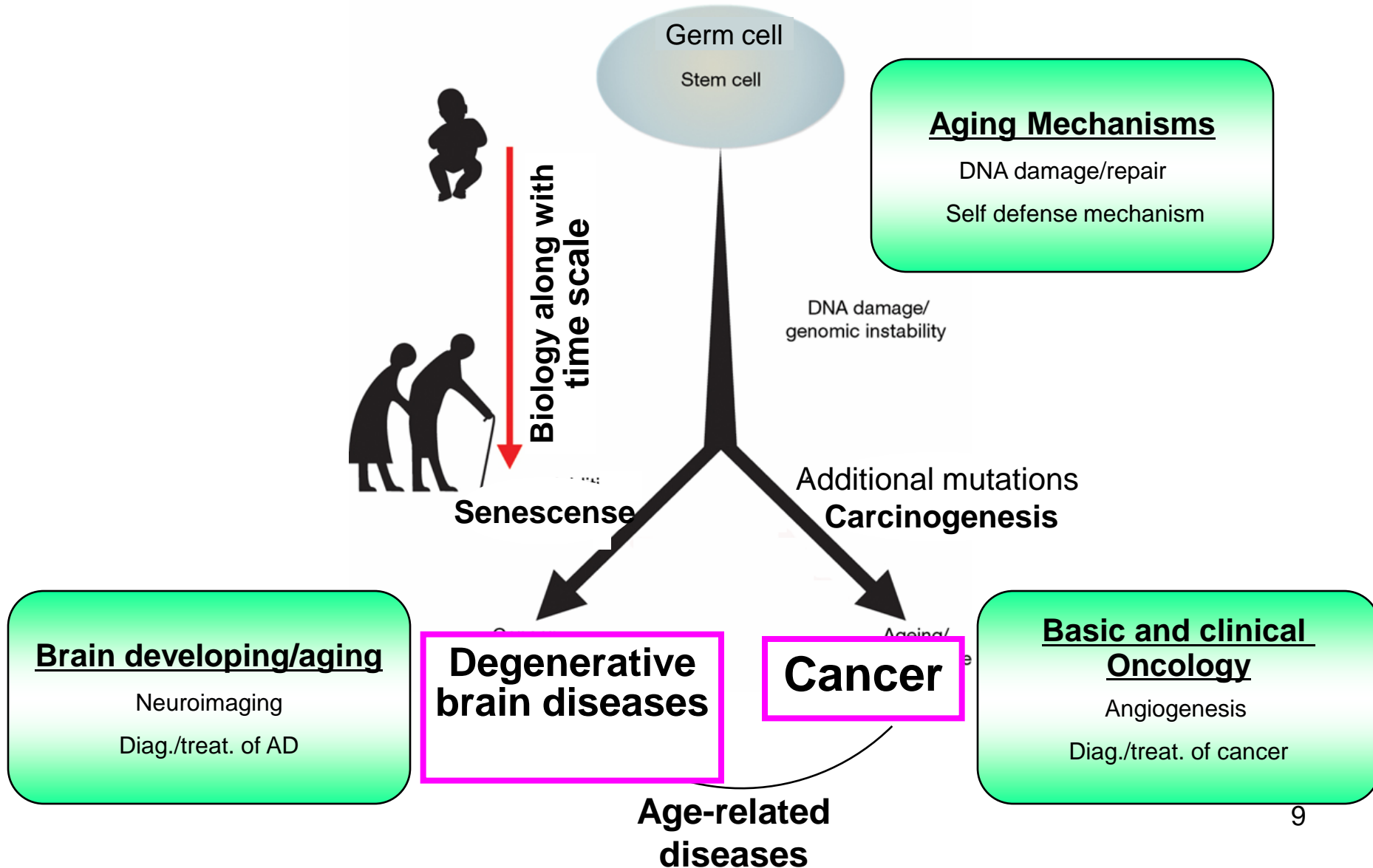
1. To investigate basic mechanisms of aging
2. To develop a novel diagnostic and therapeutic method for age-related disease such as degenerative brain diseases and cancer.

Ultimate Goal

To establish “Medical science in Aging”
(A new field of science)
and to create **Smart Aging Society**

Aging=whole process of life: from fertilization, development, growth and maturation, senescence to death

Key Research Domain at IDAC



Department of Functional Brain Imaging

Division of Developmental Cognitive Science

Organization



Director
Prof Ryuta Kawashima

Neuronal Mass Dynamics

Assoc Prof Jorge Riera
+
4 postdocs, 4 students

Cognitive Neuroscience

Assoc Prof Motoaki Sugiura
Assoc Prof Takashi Tsukiura
Assist Prof Yuko Akitsuki
+
5 postdocs, 9 students

Language Neuroscience

Assist Prof Satoru Yokoyama
+
1 postdoc, 5 students

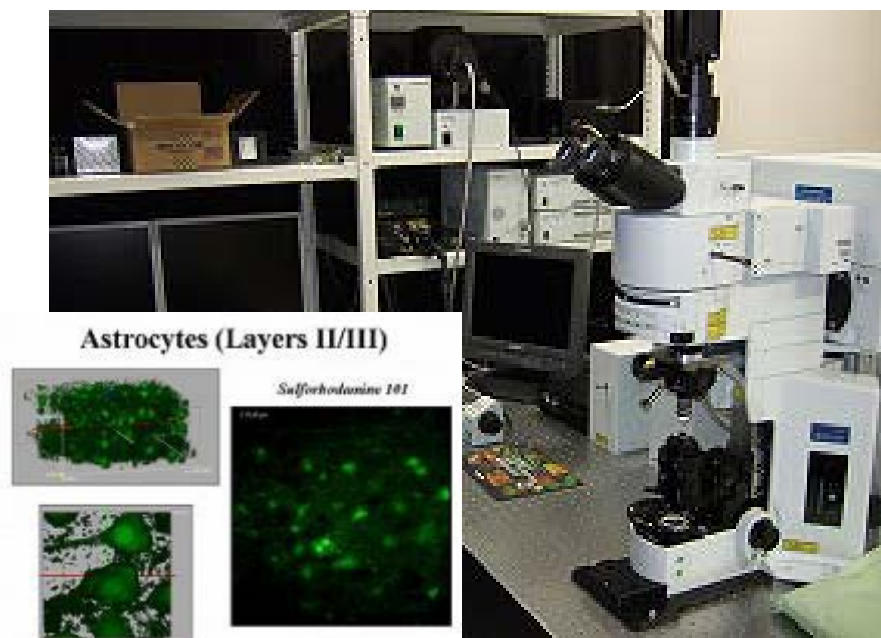
Developmental Cognitive Science

Assoc Prof Yasuyuki Taki
Assist Prof Hiroshi Hashizume
+
1 postdoc, 4 students

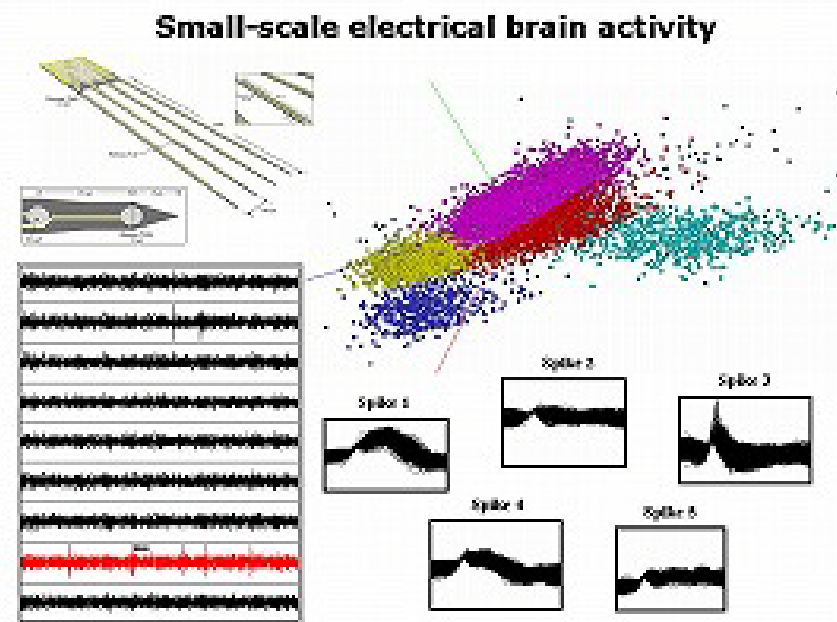
Background: Animal Researches

Researches on the micro-architecture of the cerebral cortex to understand neuro-vascular coupling

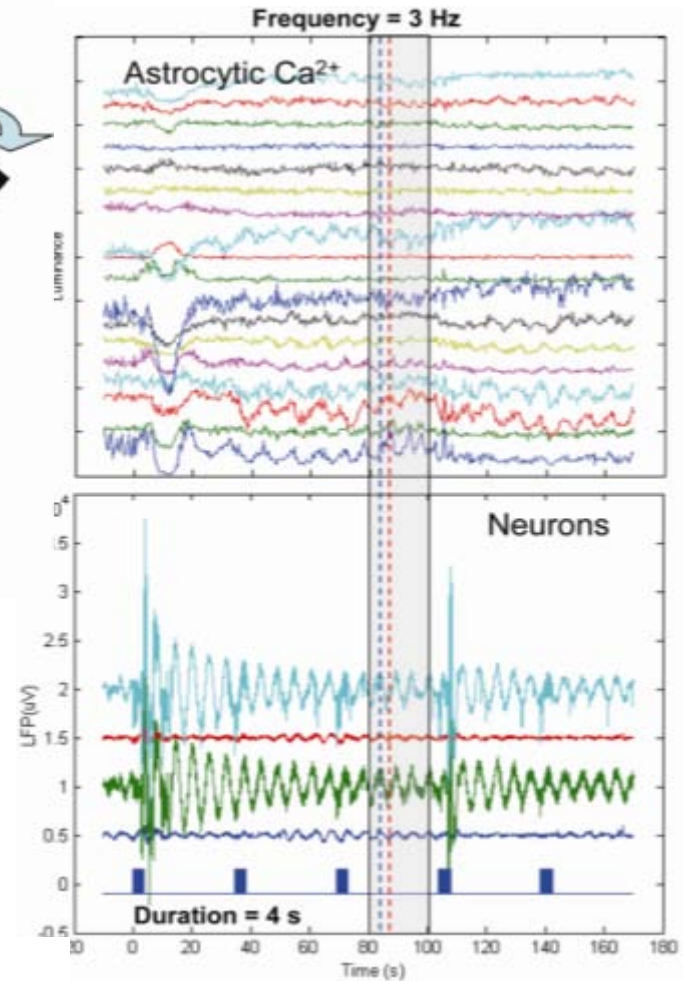
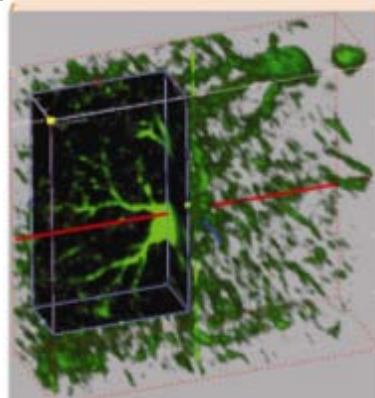
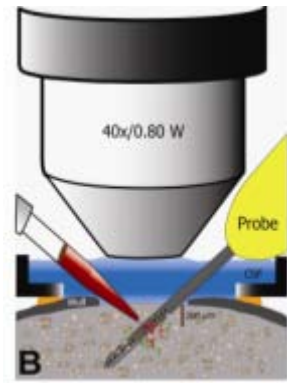
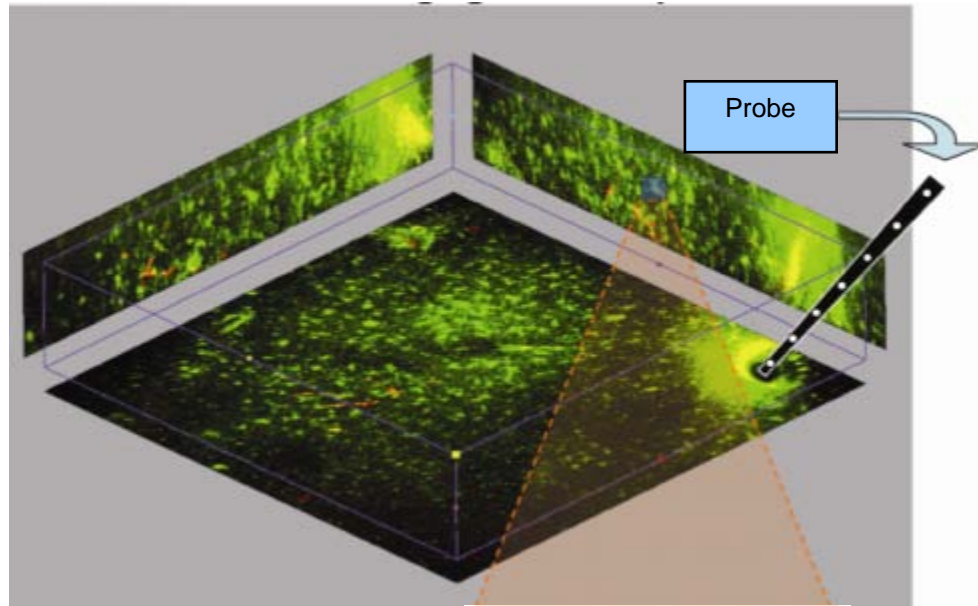
Two Photon Laser Scanning Microscope



Multi-Channel Electrophysiological Set-up

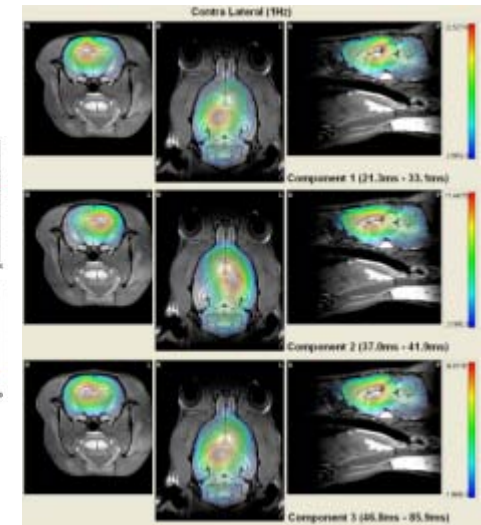
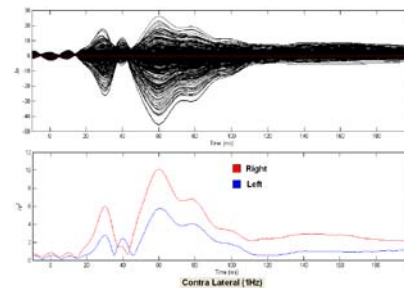
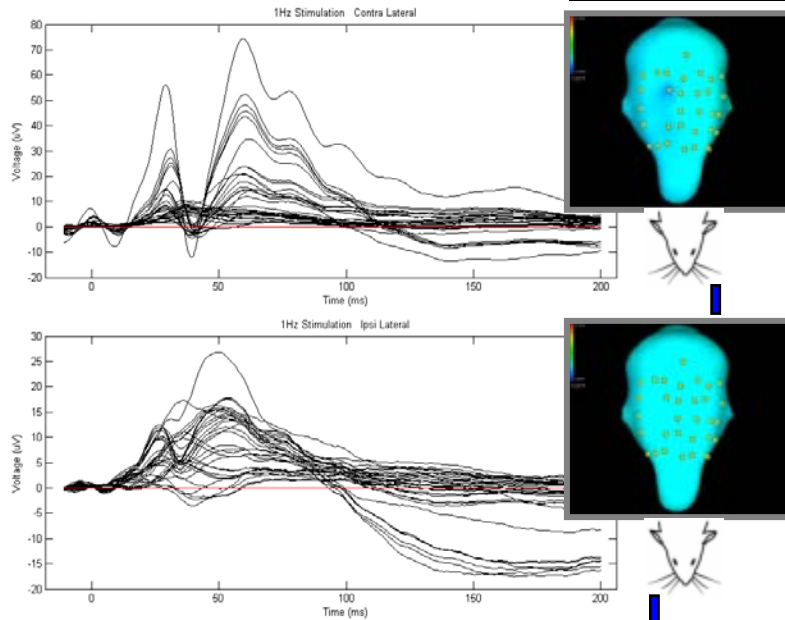
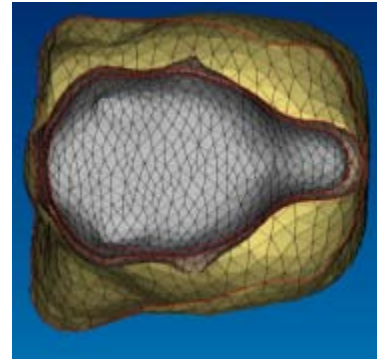
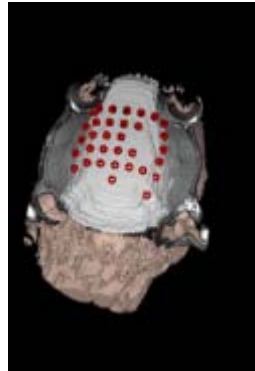


Background: Animal Researches



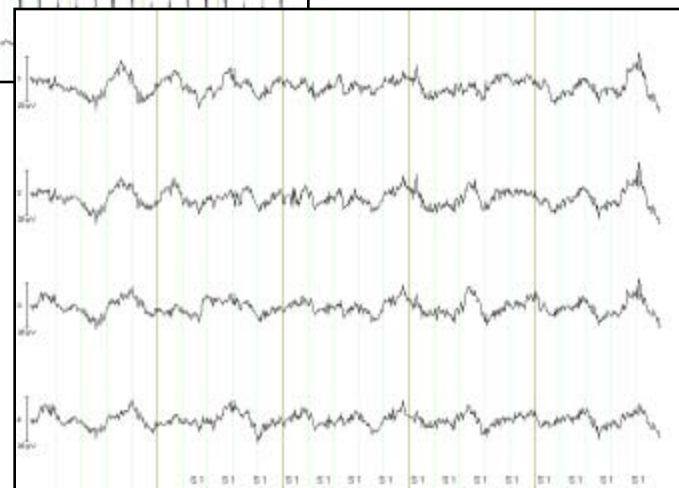
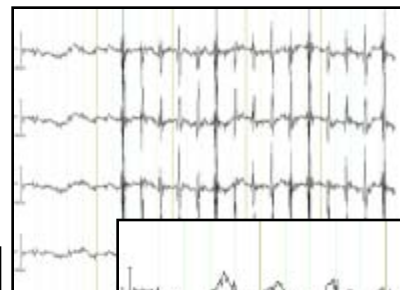
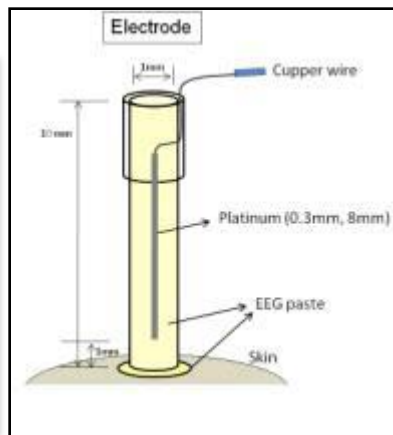
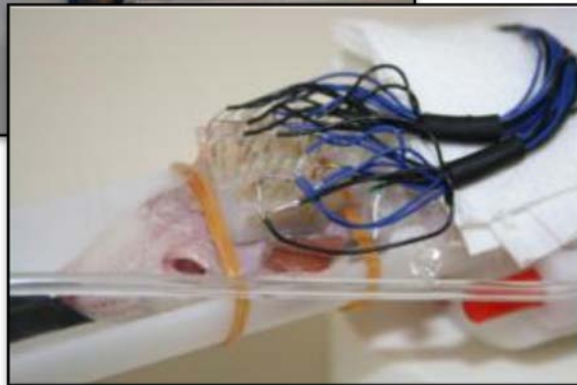
Simultaneous recoding by 2PLSM and multi-unit recording

Background: Animal Researches



Simultaneous recoding by multi-channel EEG and multi-unit recording

A new 7T MRI System



Background: Human Researches

Basic Brain Science using Functional Brain Imaging Techniques



Functional MRI



Near Infra-red
Spectroscopy (NIRs)

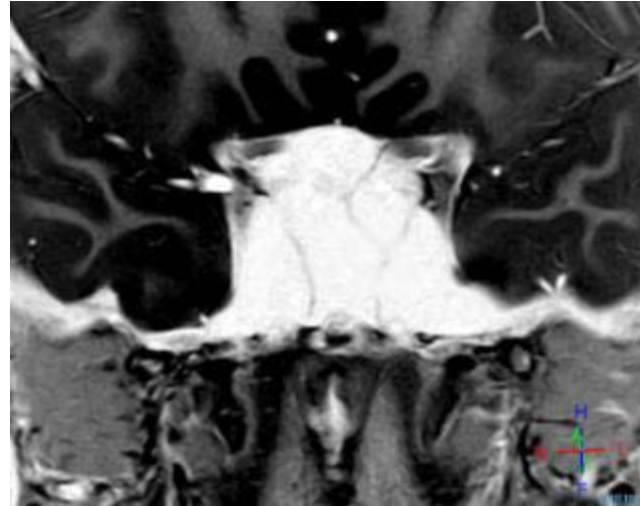


Multi-channel EEG

The final goals of our studies are to reveal functional organization of human brain involved in higher brain function, and to figure out the relationship between brain and mind.

3T MRI system

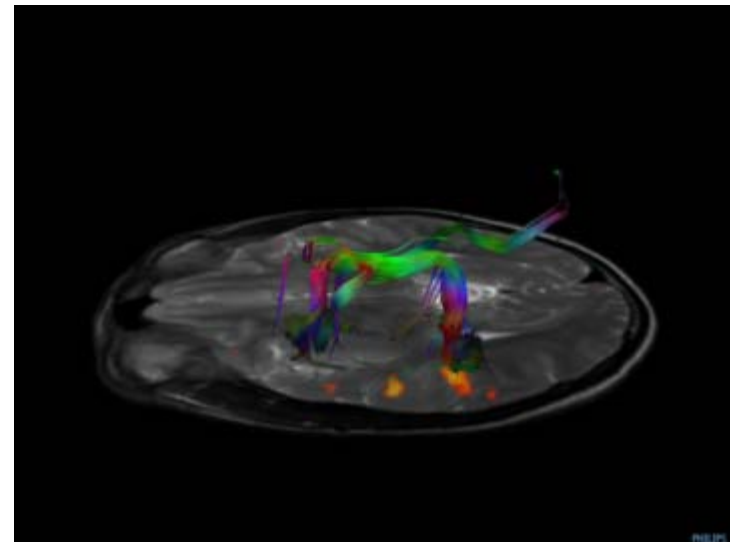
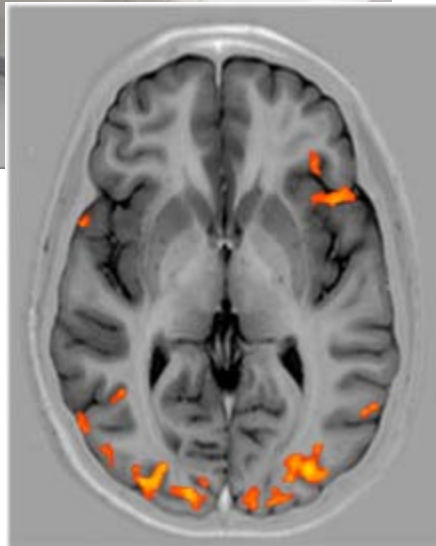
Philips Intera Achieva 3.0T Quasar Dual



Precise Anatomy

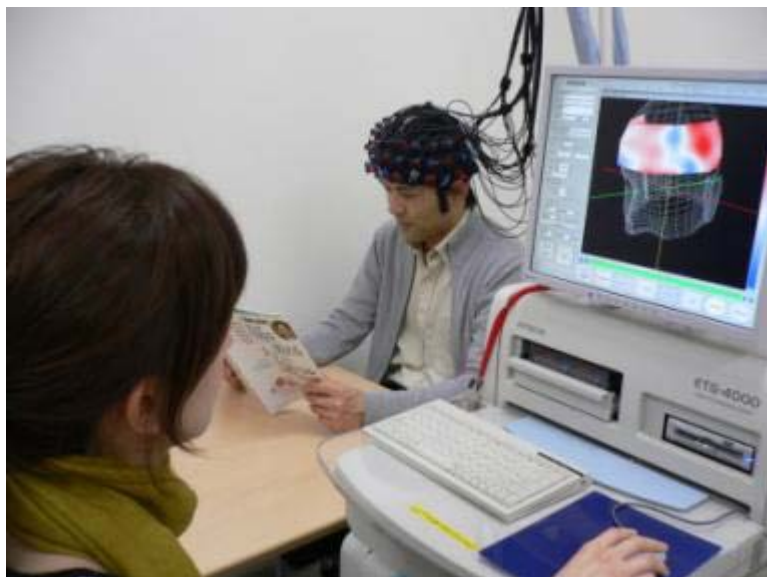
Fiber Tracking

Mapping of
Individual Brain
Function



NIRs systems

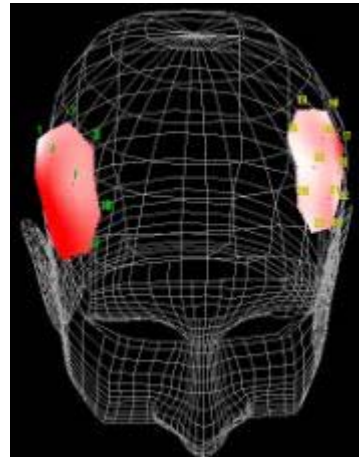
- Hitachi Medico ETG-4000, ETG-100



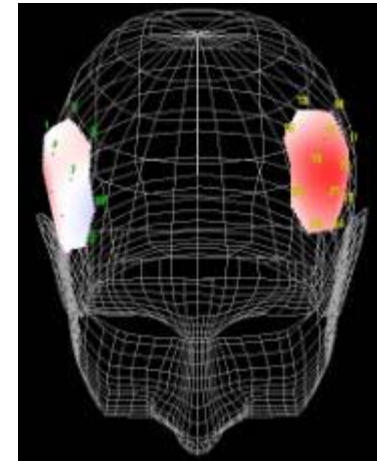
R&D for Brain Computer Interface



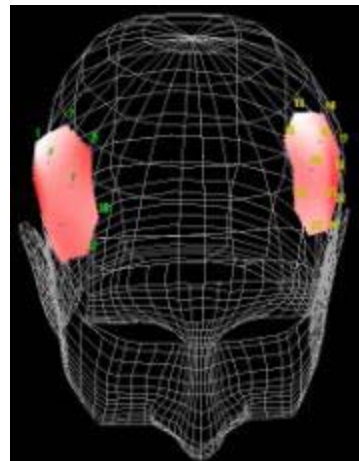
Rt on Lt off



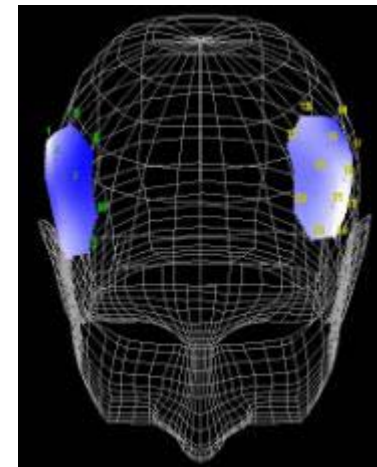
Rt off Lt on



Rt on Lt on

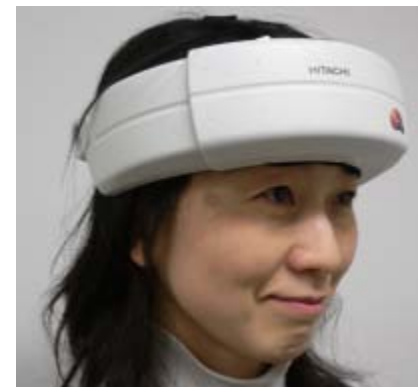
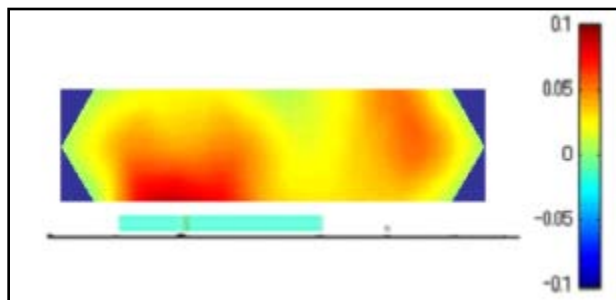


Rt off Lt off



Wearable NIRs System

An Experimental Model by Advanced Research Laboratory,
Hitachi Ltd.



NIRs Measurement during Driving Motorcycle

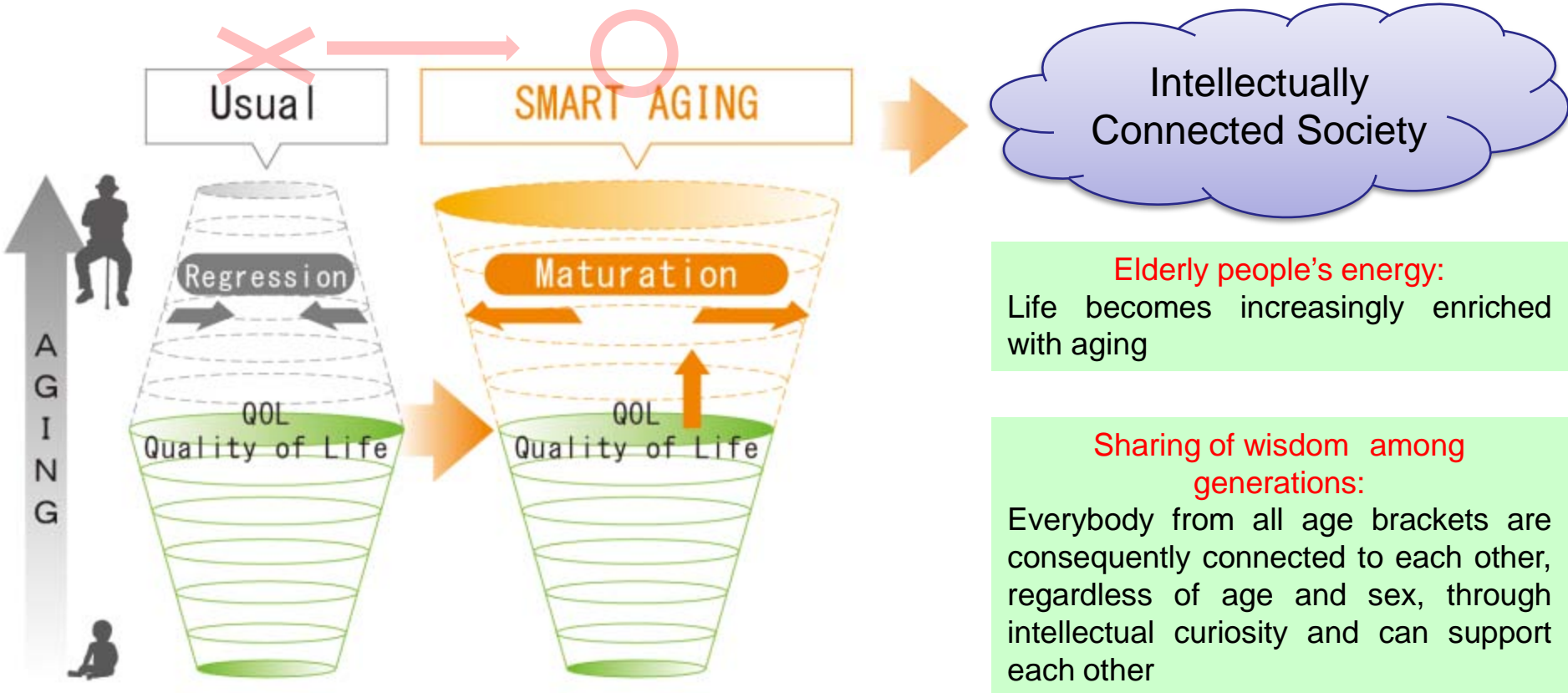




From Anti Aging to Smart Aging: Prevention of Senile Dementia by Brain Training

What is Smart Aging?

The concept of smart aging encompasses a positive acceptance of later stages of life as “development stages in an intellectually maturing life,” unlike negative concepts, such as anti-aging, that imply an unwillingness to accept or face later stages of life. It is a paradigm shift of the view of the aging society.



Mental-Exercise Hypothesis

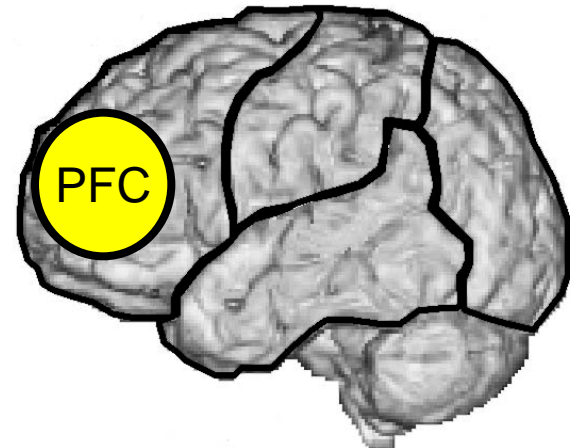
- The rate of age-related decline in measures of cognitive functioning will be less pronounced for people who are more mentally active, or, equivalently, that the cognitive differences among people who vary in level of mental activity will be greater with increased age.

Hypothesis from Brain Science

The prefrontal cortex plays extremely important roles in keeping our daily life healthy and happy.

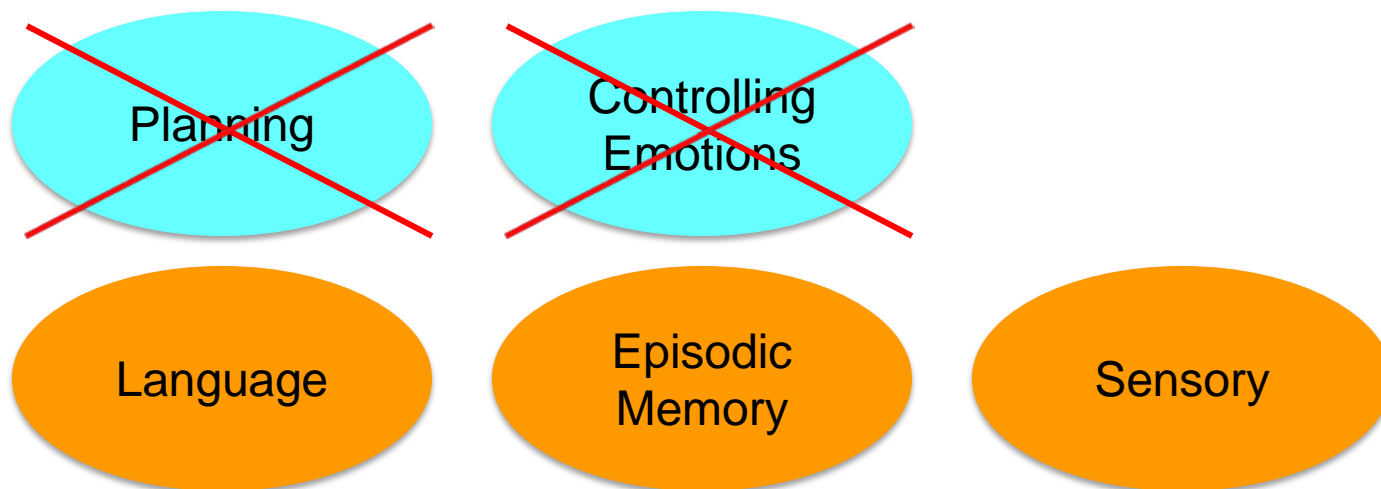
Functions of the Prefrontal Cortex

1. Verbal and non-verbal communication
2. Logical thinking
3. Working memory
4. Control, especially inhibition for behavior
5. Control for emotion
6. Intention
7. Attention
8. Initiation
9. Learning



Dysfunction of the Prefrontal Cortex

- Patients with PFC lesion

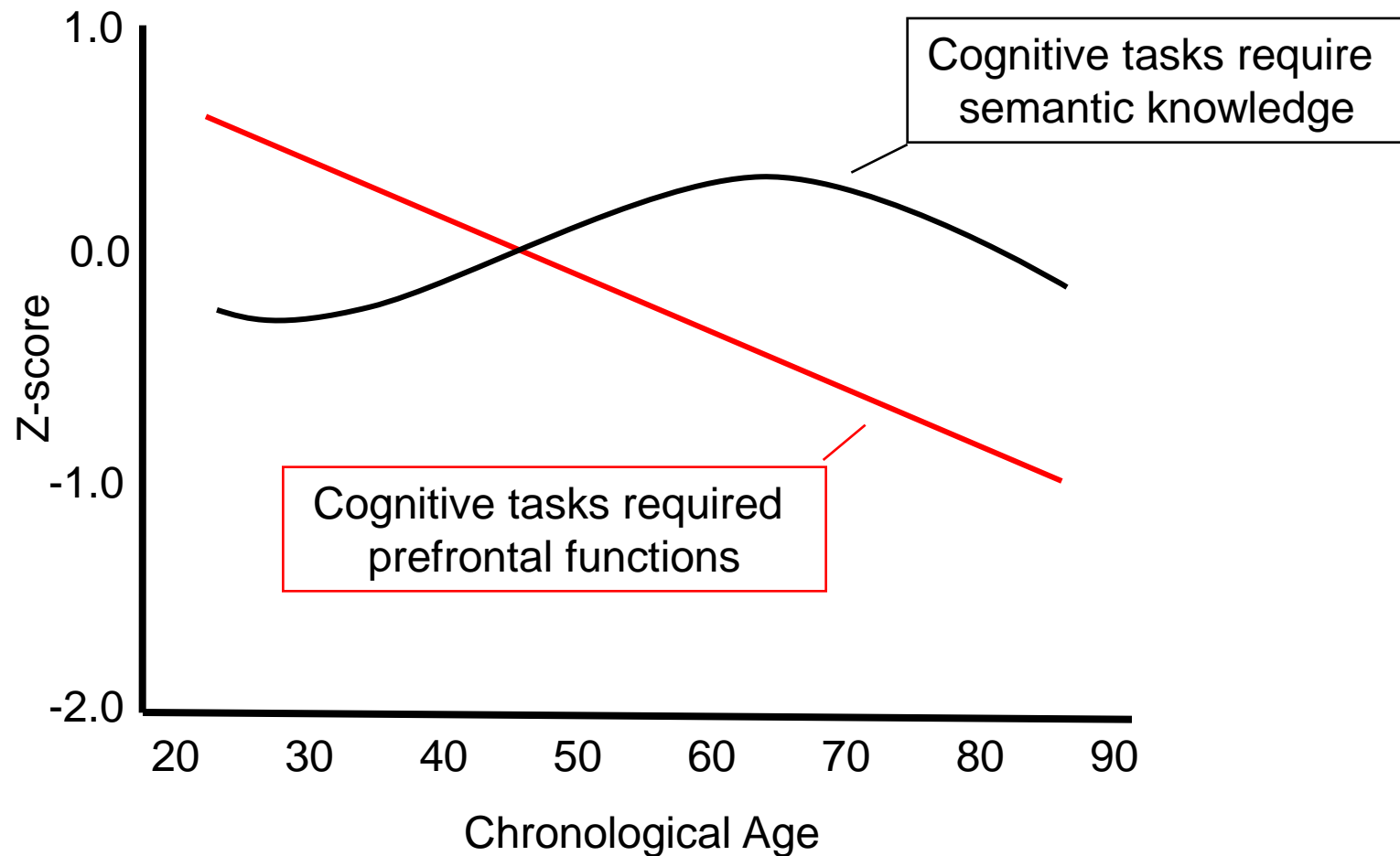


- Psychological stases
 - Feeling guilt or remorse
 - Interpreting reality
 - Lying

Dysfunction of the Prefrontal Cortex

- Reduction of the volume of the PFC
 - Repeated stressors
 - Suicide victims
 - Criminals diagnosed as sociopaths
 - Drug addicts
- Psychiatric disorders
 - Schizophrenia
 - Depression
 - Mild Cognitive Impairment (MCI)
 - ADHD

Changes of Neuropsychological Measures during Aging

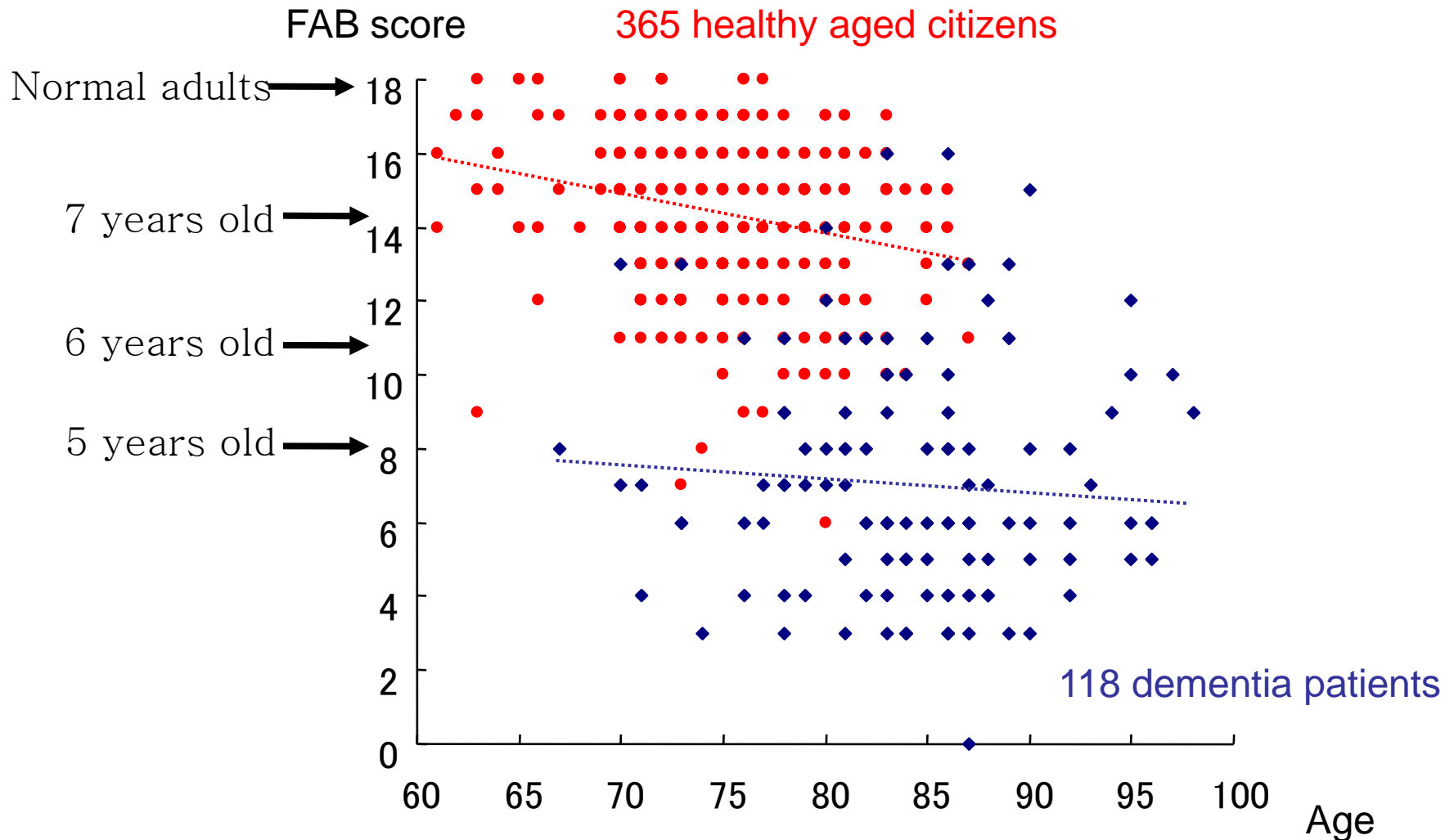


Frontal lobe performance inspection

FAB: frontal assessment battery at bedside

1. Similarities(conceptualization)
“In what way are they alike? A banana and an orange.”
2. Lexical fluency(mental flexibility)
“Say as many words as you can beginning with the letter ‘S,’ any words except surnames or proper nouns.”
3. Motor series(programming)
“Look carefully at what I’ m doing.” fist-edge-palm
4. Conflicting instructions(sensitivity to interference)
“Tap twice when I tap once. Tap once when I tap twice.”
5. Go/No-Go(inhibitory control)
“Tap once when I tap once. Do not tap when I tap twice.”
6. Prehension behavior(environmental autonomy)
"Do not take my hands."

Relation between Prefrontal Function and Age



We assessed the prefrontal function by FAB (Frontal Assessment Battery at Bedside)

Learning Therapy

To prevent or slow the progress of dementia
through learning and communication

What is Learning Therapy?

1. A therapy aimed at improving the prefrontal cortex functions of people through learning-based communications between learners and supporters.
2. Learning Therapy was developed by Dr. Ryuta Kawashima at IDAC, Tohoku Univ. in collaboration with various retirement communities.
3. Learners work with a supporter on weekly exercises involving reading, writing and mathematical calculations.
4. Versions of Learning Therapy have been developed for people with dementia and people with normal cognitive function or mild cognitive impairment.

Two objectives of Learning Therapy

1. Dementia Care

- i. Purpose: to improve prefrontal cortex functions*
- ii. Target: people with dementia*
- iii. Cognitive level of materials: Low*
- iv. Locations: nursing homes, retirement communities*

2. Dementia Prevention

- i. Purpose: to maintain prefrontal cortex functions*
- ii. Target: people without dementia*
- iii. Cognitive level of materials: Middle*
- iv. Locations: senior centers, welfare centers, primary schools*

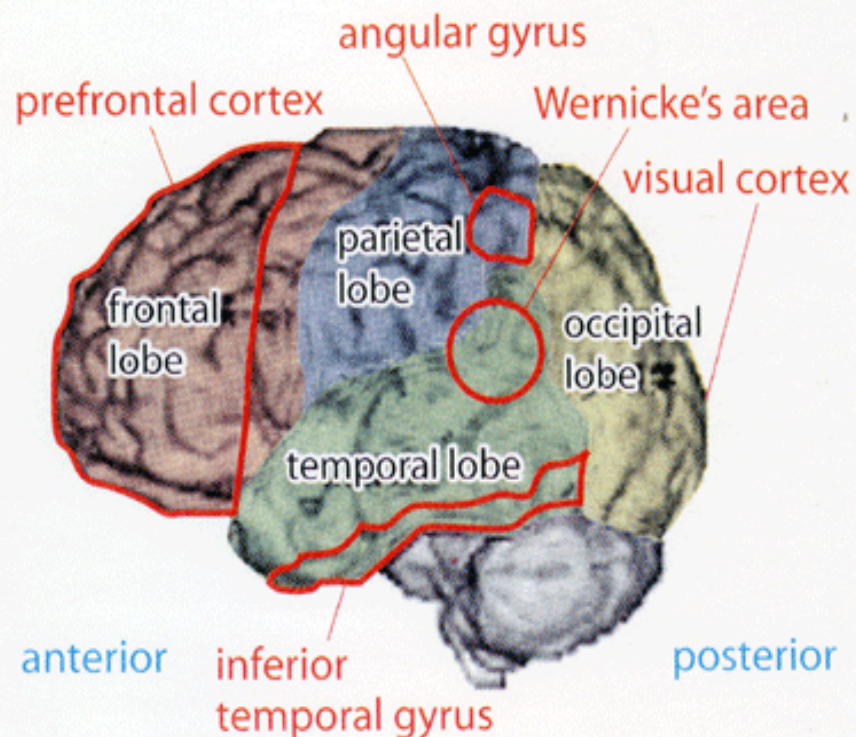
What are the differences between Learning Therapy and other approaches?

1. Direct activation of prefrontal cortex functions
2. Scientifically-proven, evidence-based
3. No use of drugs or pills
4. No need for IT devices such as personal computer
5. Social interaction-oriented
6. Supporters as well as learners benefit
7. Easy, fun, and inexpensive

Selecting effective tasks to activate PFC

- Research on cortical activity by functional brain imaging studies

The brain as seen from the left side



Functional MRI at IDAC

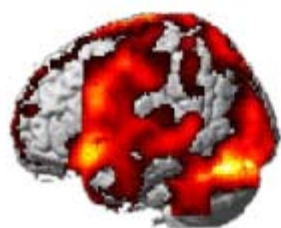


Select Effective Tasks for Activating PFC

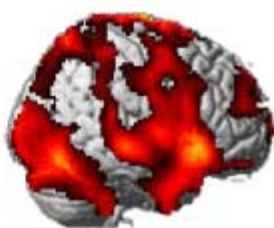
Research Result

The tasks must

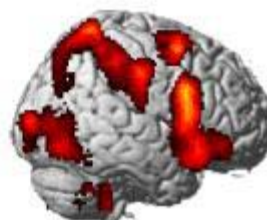
1. activate bilateral PFC
2. be simple and easy



Reading aloud



Hand writing



Simple arithmetic



Materials design basis
for Learning Therapy

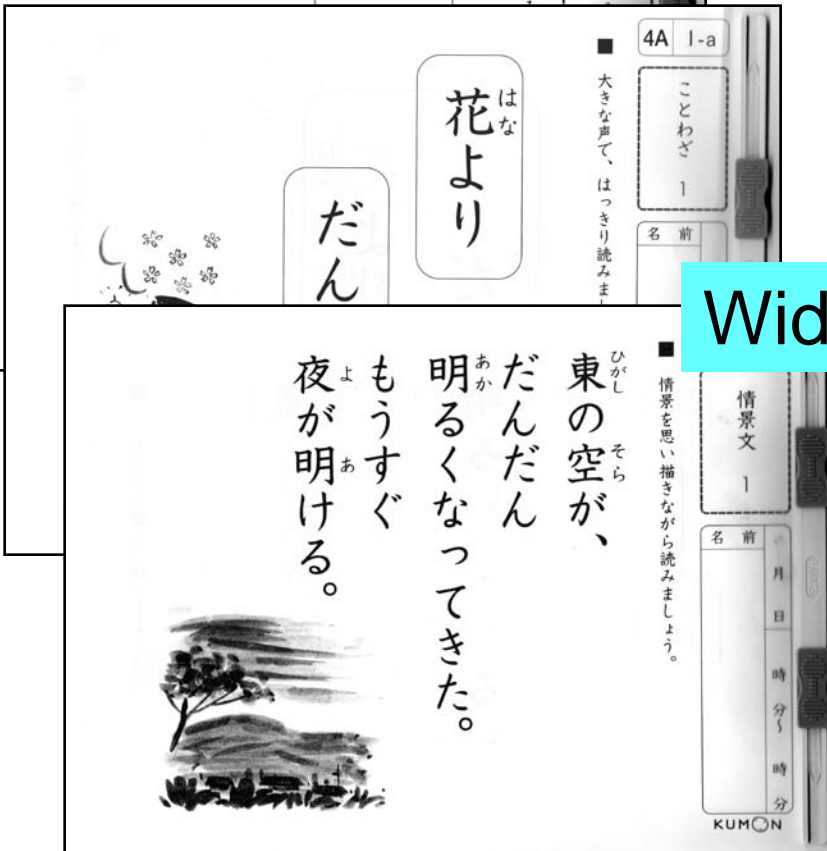
Randomized controlled trial of cognitive
intervention in senile dementia Alzheimer type
(SDAT)
(Eiju-en, Fukuoka Project
n = 32, mean age 85.7)

Examples of learning materials

Reading materials

Arithmetic materials

Wide Range



Difficulty level: from 4 y. children to 2nd G elementary school

Learning Therapy

- Wide range of materials
 - 10 ~ 15 min a day, 3 ~ 6 days a week

Language Problems

Lowest level: read and write single syllables
Highest level: read aloud fairy tales.

Arithmetic Problems

Lowest level: counting practice
Highest level : three-digit division.

- Assessment of Subjects

Diagnostic test



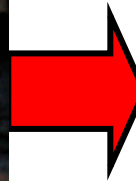
Appropriate degree of
difficulty and workload



Subjects could continue to perform the tasks with ease

RCT-SDAT

Case 1 (76 year old Female: vascular dementia)
Showed major improvements after 4-year intervention



May 2004

Hard to talk and dysphonic

FAB: **3** MMSE: **20**

November 2008

Learning actively

FAB: **13** MMSE: **29**

Effects of Learning Therapy



Case 2 (85 years old Female: SDAT)

Showed major improvements after three-month intervention



Jan. 2005

Bedridden more than three years

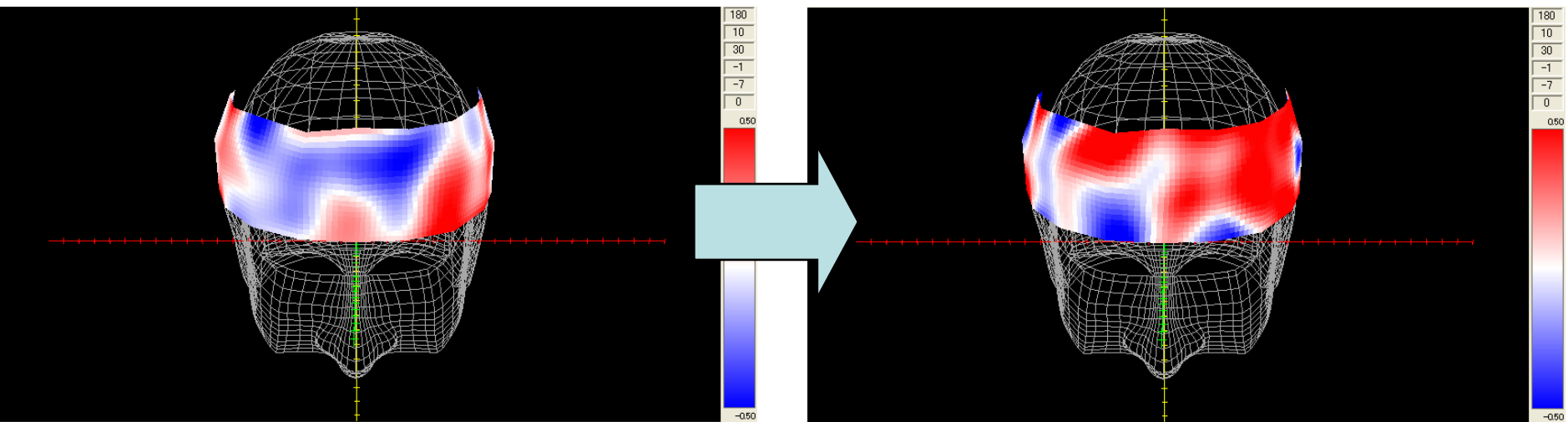
Mar. 2005

Learning in a wheelchair

Changes in NIRs* measurements

Prefrontal cortex is much activated one-month after intervention

82 years old, Female, SDAT,
MMSE 15, FAB 7



Prior to Intervention

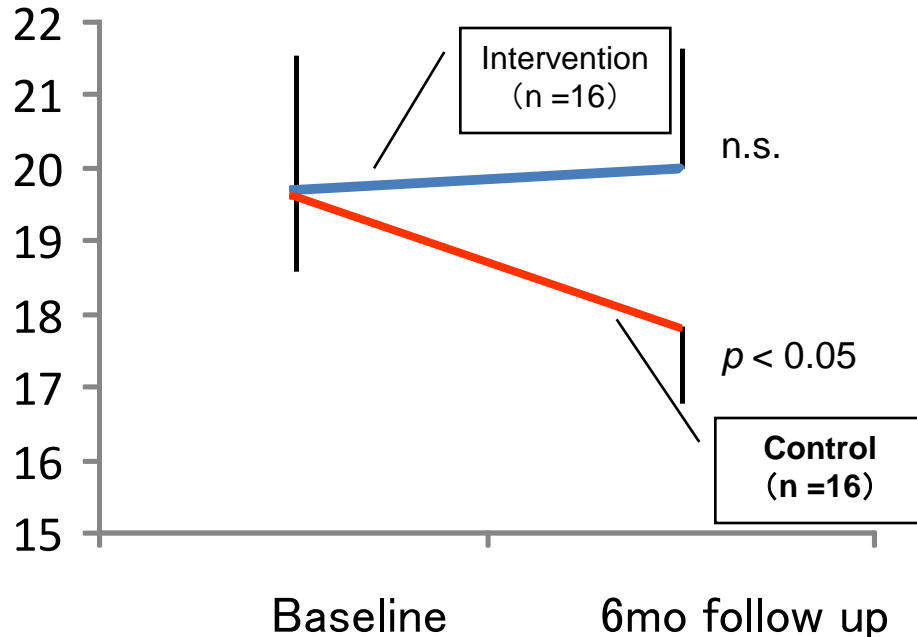
One month after intervention

NIRs*: Near Infra-Red Spectroscopy

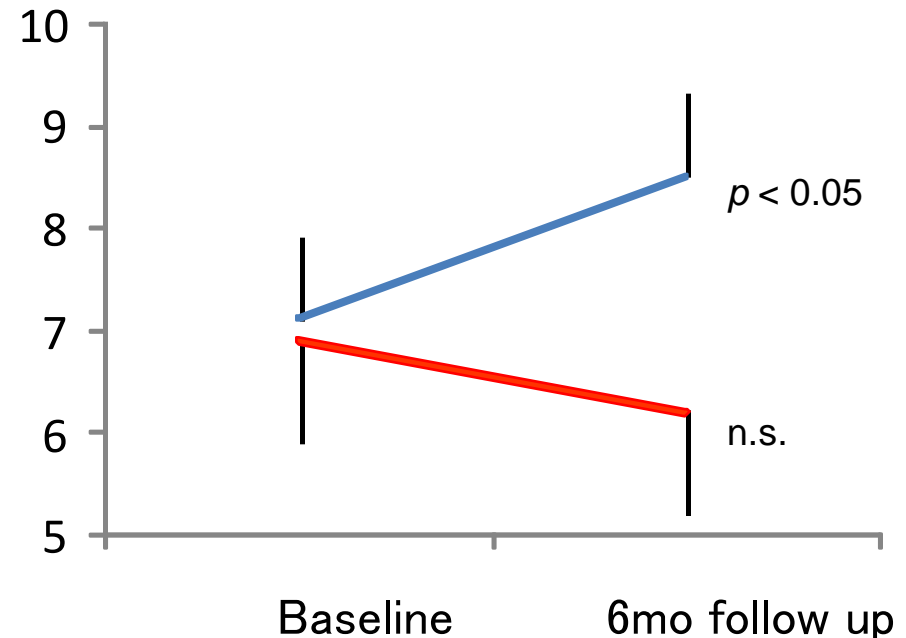
Changes in Neuropsychological Characteristics

Much improvement for the intervention group compared to the control group on standard mental assessments

MMSE



FAB



Error bars indicate SEM

*MMSE: Mini-Mental State Examination

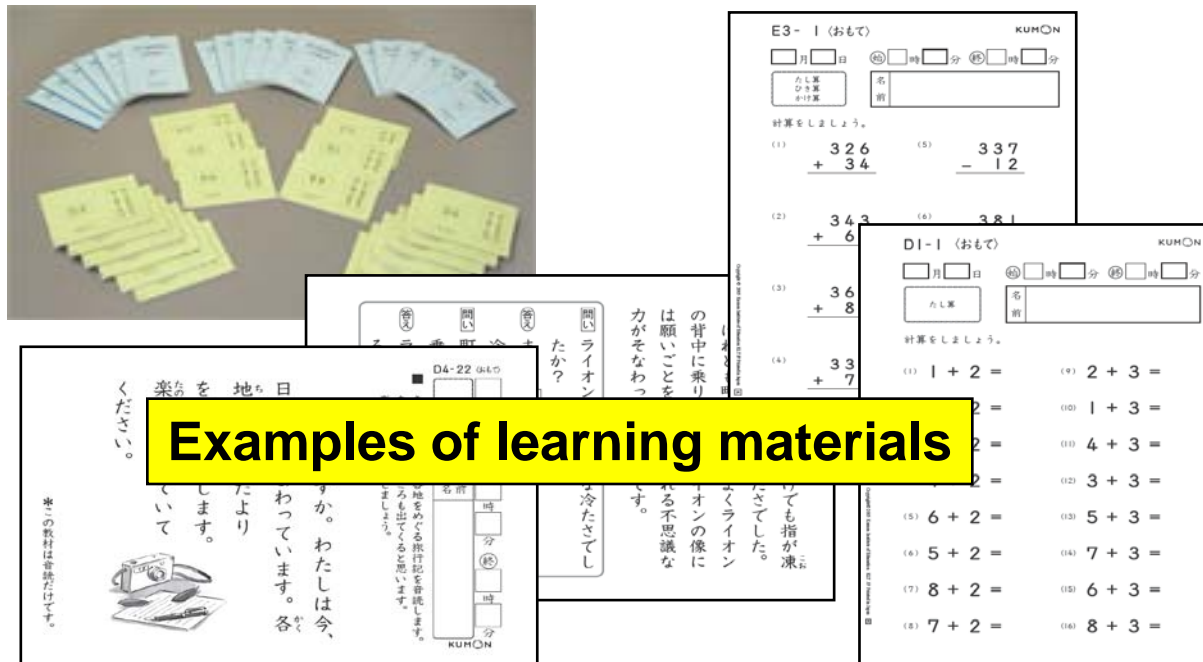
**FAB: Frontal Assessment Battery at Bedside

Single blind, randomized controlled trial
of cognitive intervention
in community dwelling seniors

(n = 98, mean age 75.4, 70 to 86 years old)

Trial Structure

1. For daily cognitive intervention, participants were asked to solve basic problems in reading and arithmetic.
2. Participants participate one day at class and six days at home each week for six months.



RCT-healthy seniors

Classroom Activity (once a week)

1. Participants in the experimental group were asked to come to class once a week at two elementary schools near their residence.
2. Daily learning time for the two tasks was approximately 15 minutes.



Tsurugaya Primary School, Sendai



Tsurugaya East Primary School

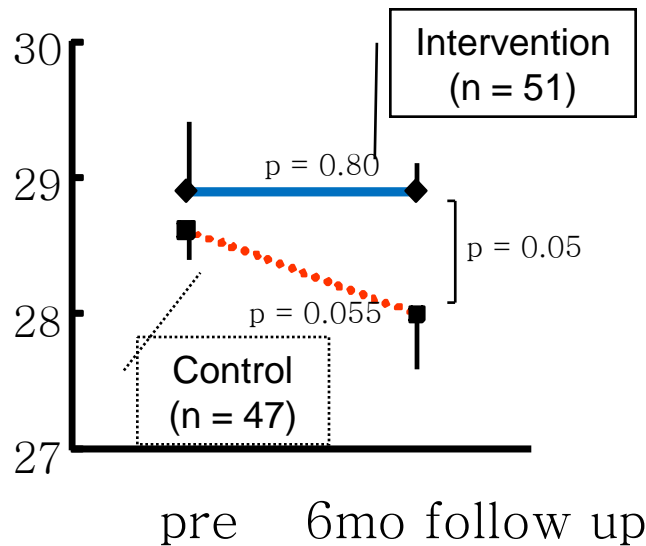
Cognitive Intervention



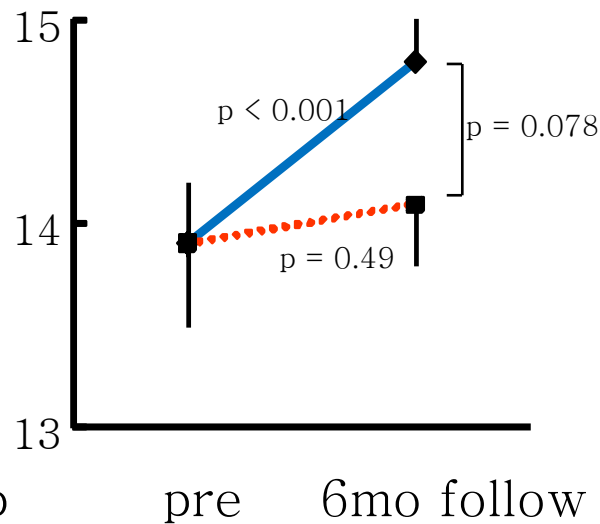
RCT-healthy seniors

Changes in Neuropsychological Characteristics (Sendai Tsurugaya Project)

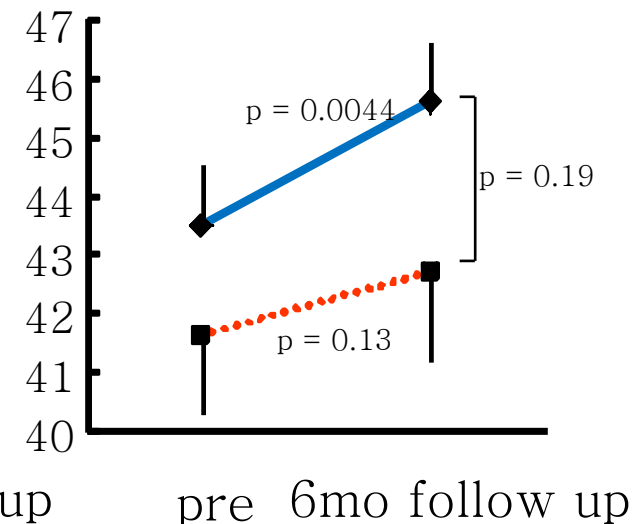
MMSE score



FAB score



DST score



Cognitive measures:

Mini-Mental State Examination (MMSE)

Frontal Assessment Battery at Bedside (FAB)

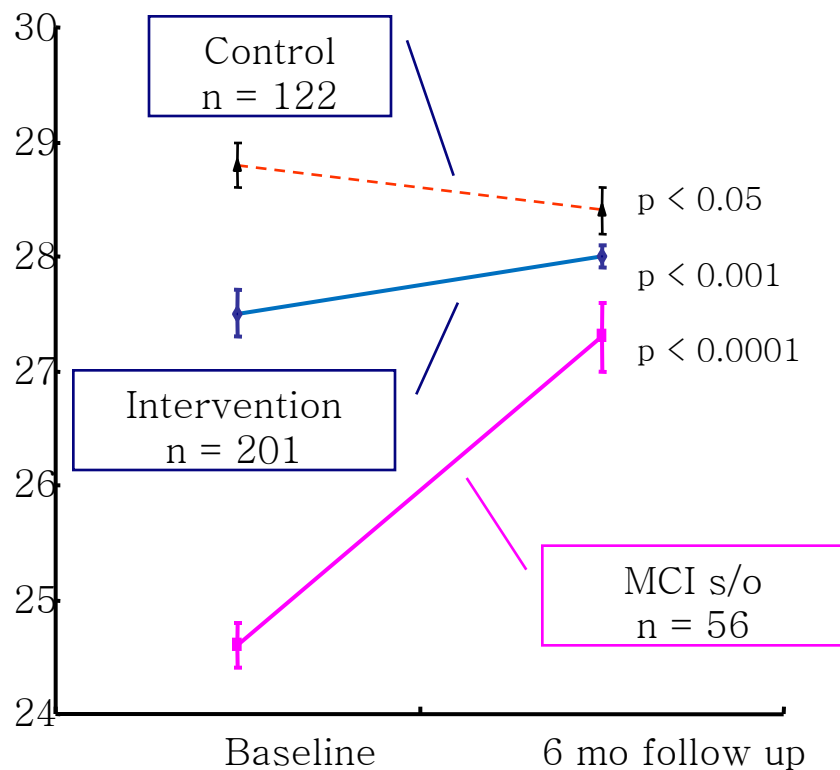
Digit Symbol Substitution Test of WAIR-R (DST)

Large scale cohort study of people with normal
cognitive function or mild cognitive impairment
($n = 323$, $n = 56$)

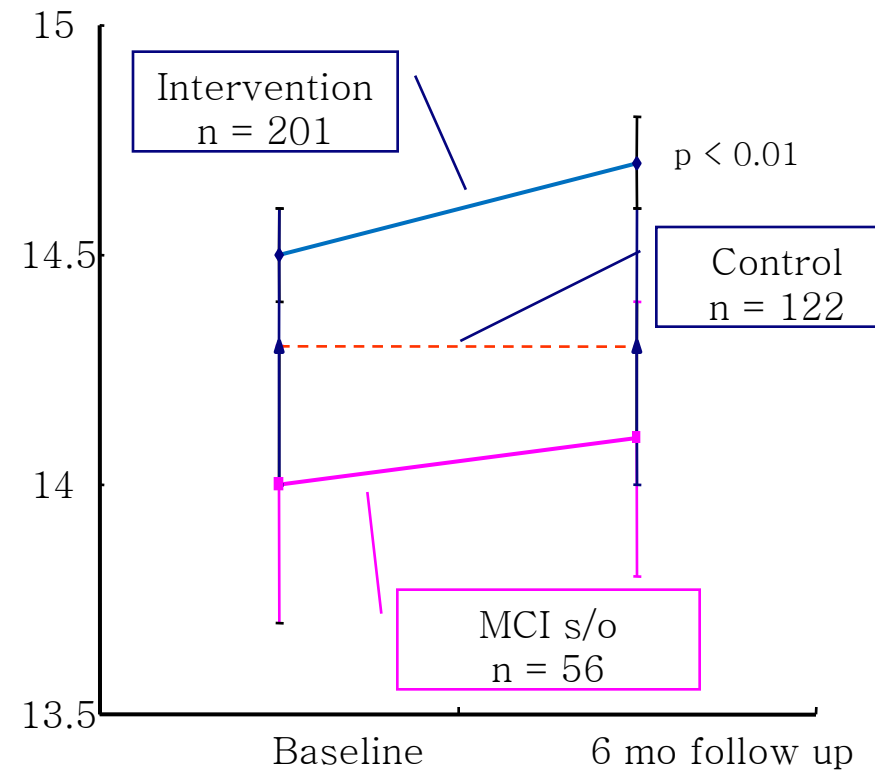
Active Cohort

Changes in Neuropsychological Characteristics in large scale cohort study

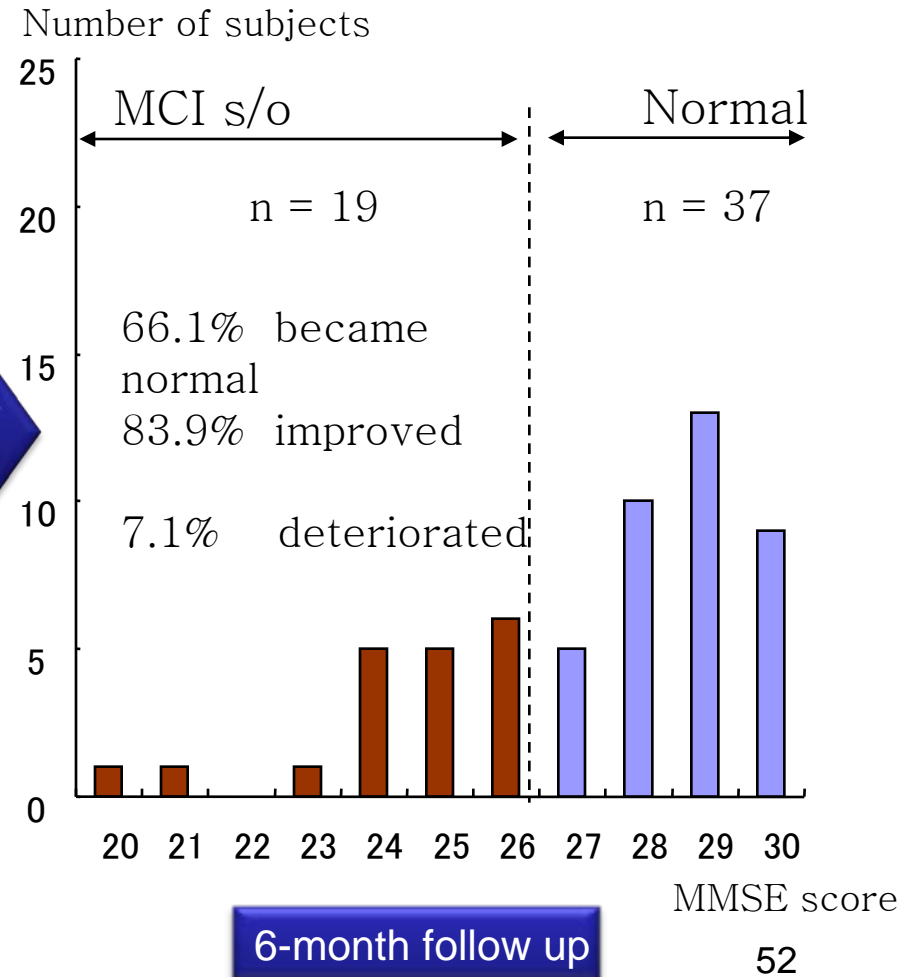
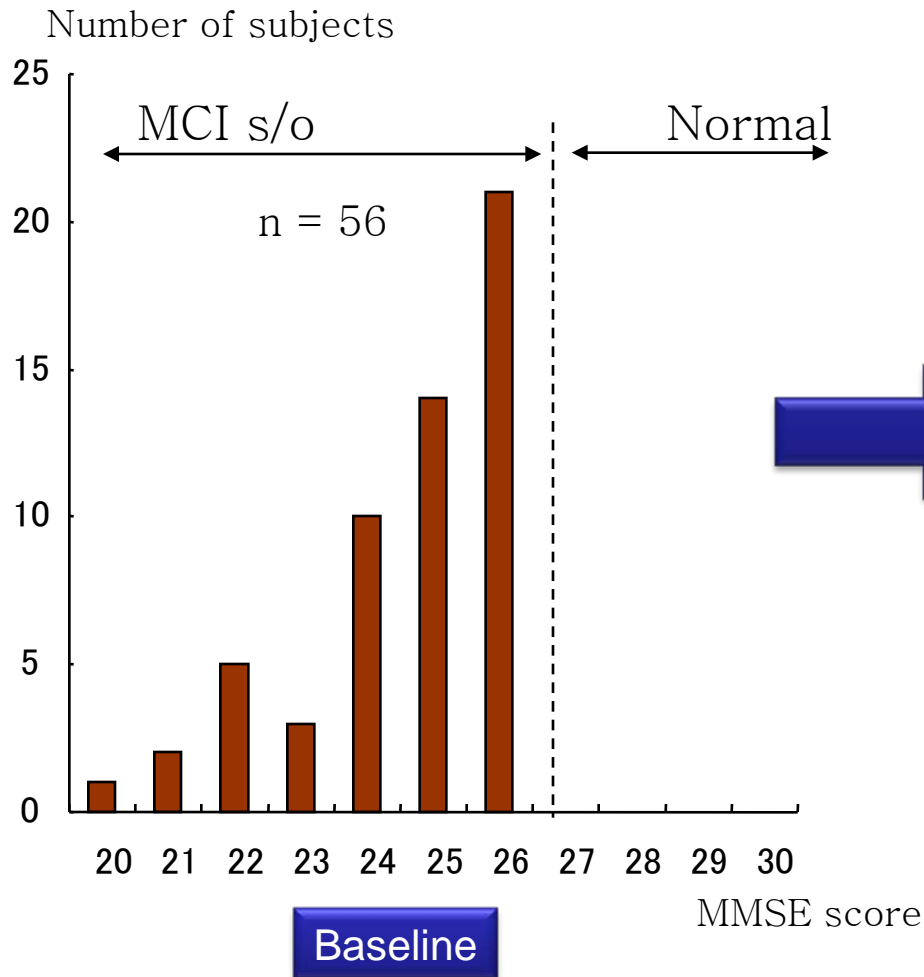
MMSE



FAB



Changes in Neuropsychological Characteristics of Mild Cognitive Impairment (MCI) subjects (Oogaki, Gifu Project)



How is your life changed after joining the class?

Participants said their quality of lives were improved

Became more vital

50%

Became more motivated

29%

Became more optimistic

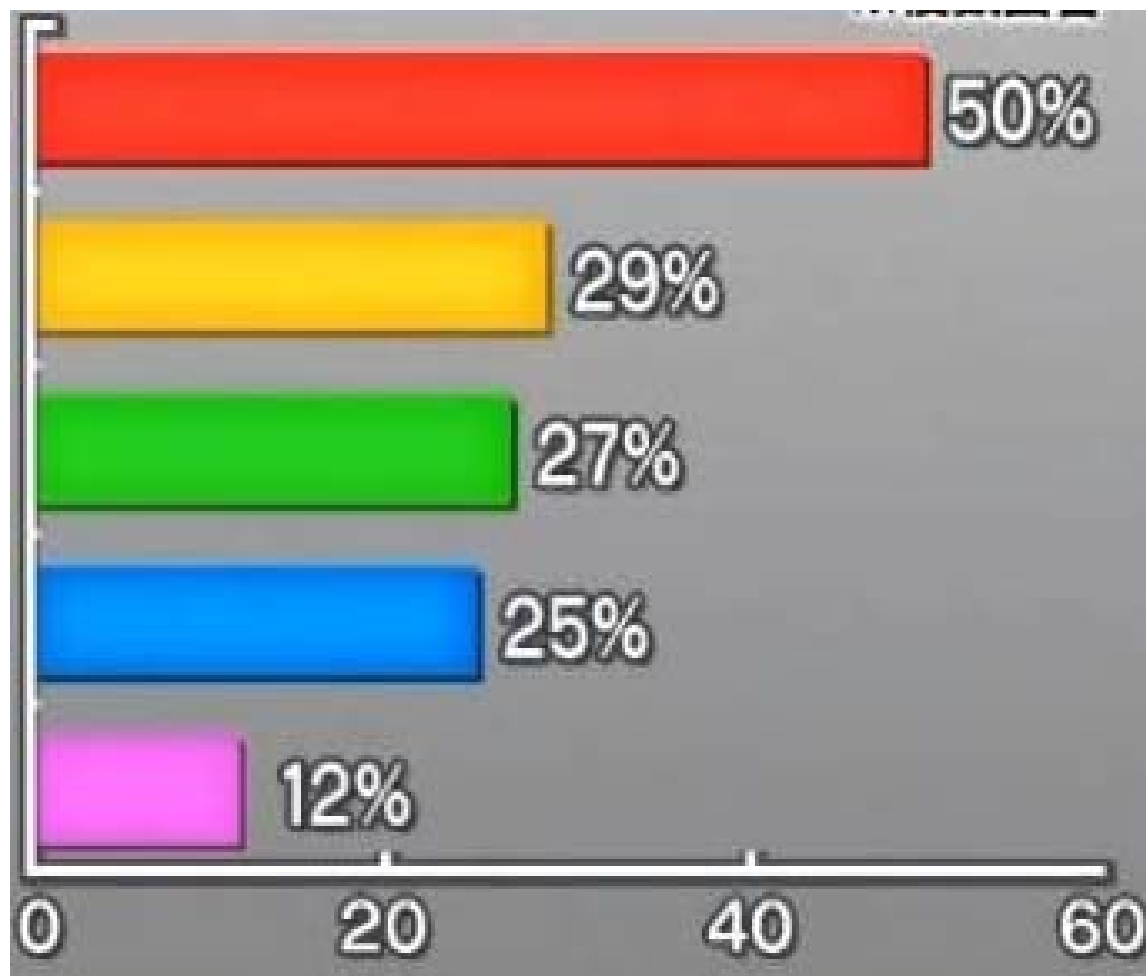
27%

Made new friends

25%

Became less forgetful

12%



Person-to-person communication is the key to success for brain training

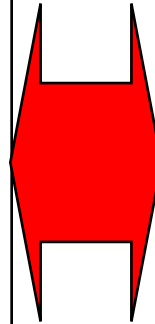
1. The “Class for Healthy Brain” serves as a place where learners and supporters can communicate with each other through learning.
2. Learners not only practice at home but learn through communication with peers and supporters.
3. Learners enjoy Learning Therapy, which gives rise to new meaning in their lives.

Difference 1:

Direct activation of prefrontal cortex functions

Traditional rehabilitation

- When a part of the brain is damaged, another part of brain can begin functioning instead of the damaged part in patients participating in a focused training program.



Learning Therapy

- Various abilities of patients are improved by activating the prefrontal cortex.
- Functions of the prefrontal cortex are improved by training, rather than compensation by other parts of the brain upon the loss of pre-cortical functions.

Difference 2: Scientifically-proven, evidence-based

There are many types of so-called “Therapy” such as

- Music Therapy
- Animal Therapy
- Forest Therapy
- Gardening Therapy
- Aroma Therapy.....etc.

....However, most of them are
not scientifically proven
and lack of evidence

Learning Therapy is
scientifically proven therapy

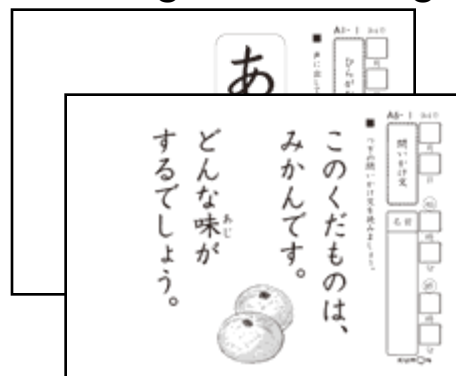
Difference 3: No use of drugs or pills



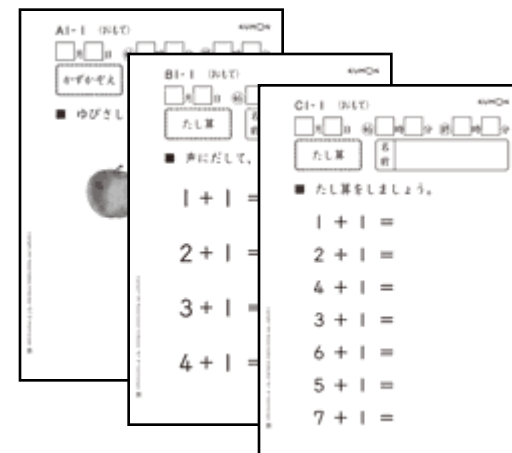
Difference 4: No need for IT devices such as personal computer



Reading and Writing



Arithmetic



Dementia Care



Difference 5: Social interaction-oriented

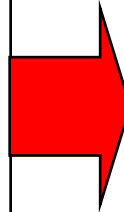


The “Class for Healthy Brains” is a program to prevent dementia and maintain a healthy brain among normally functioning elderly people by incorporating reading, writing, and arithmetic calculations in their daily lives.

Difference 6: Supporters as well as learners benefit from the program

Before Program Participation

1. Negative view of caring for elders / aging is seen as “loss”
2. No sense of reward / endless work without clear goal
3. Staff looks tired



After Program Participation

1. Positive view of caring for elders / aging is seen as “gain”
2. Much sense of reward / opportunity to discover potential of elders
3. Staff looks motivated

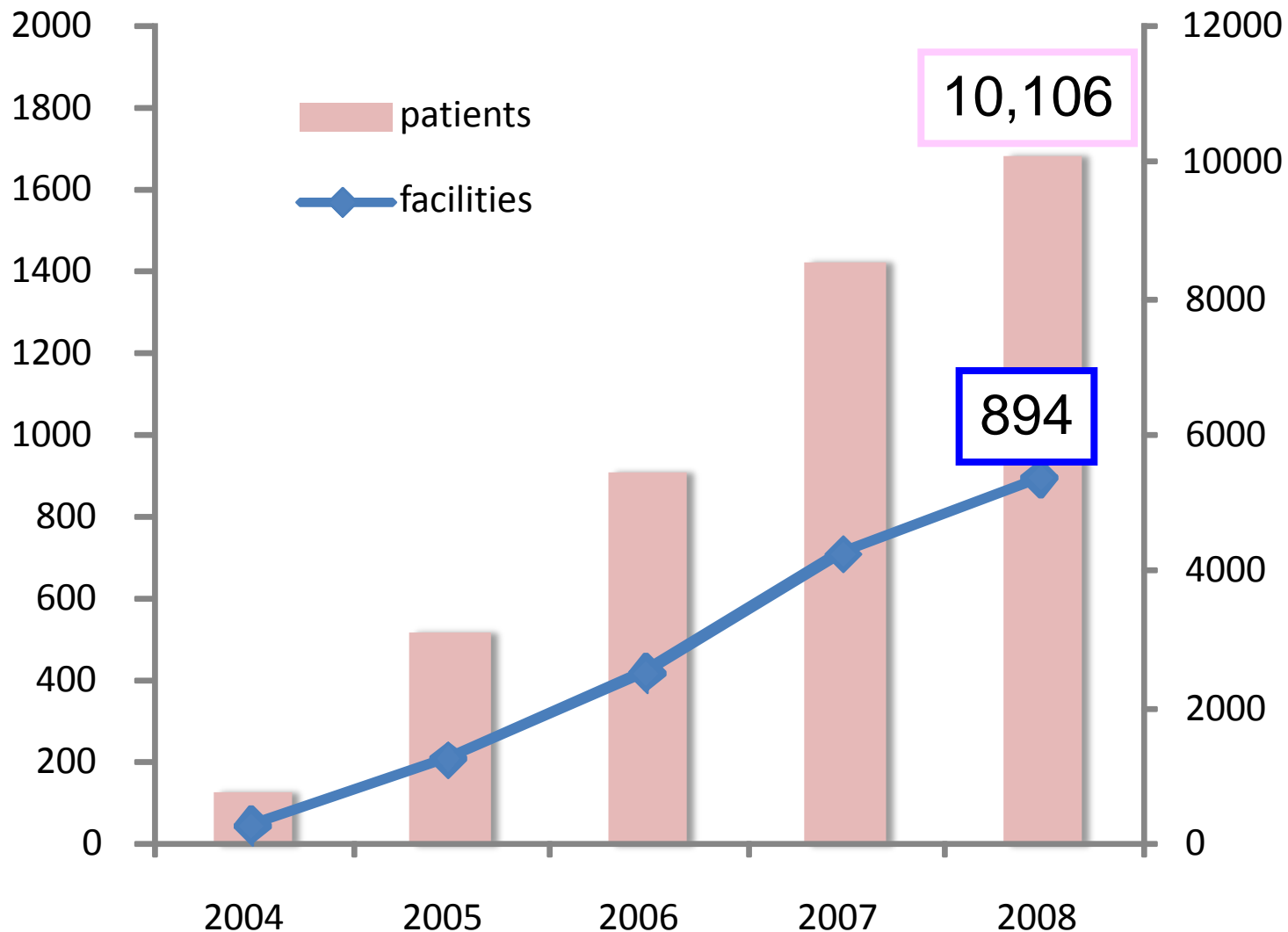
How has Learning Therapy been accepted in Japan?

Learning Therapy for Dementia Care

(as of Nov. 2008)

of facilities

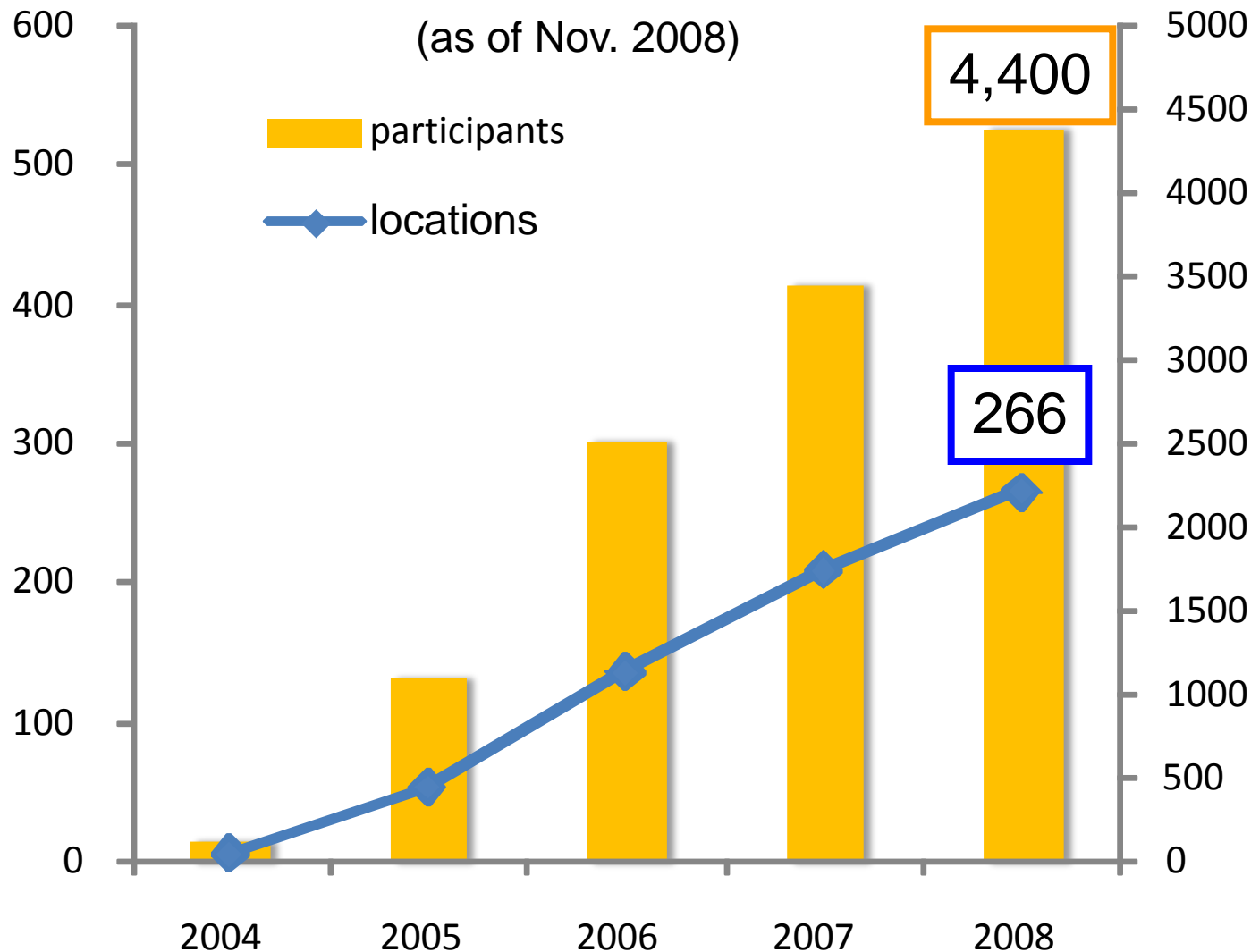
of patients



Learning Therapy for Dementia Prevention (Class for Healthy Brains)

of locations

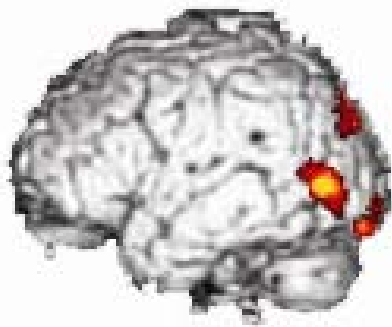
of participants



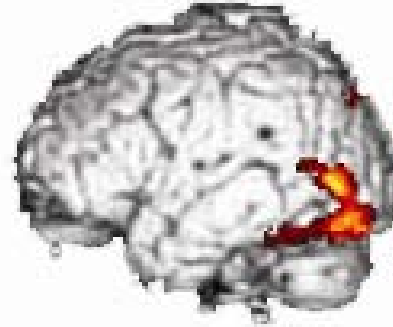
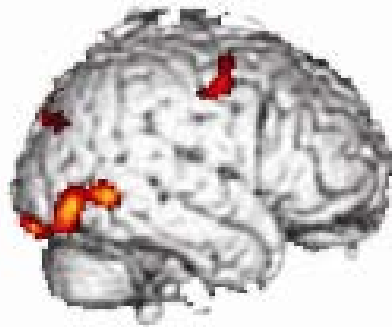
Examples of Industry-University Joint Research

-R&D of Games and TV Programs-

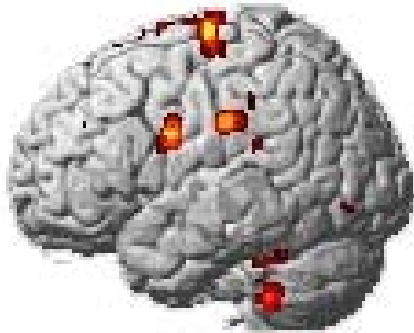
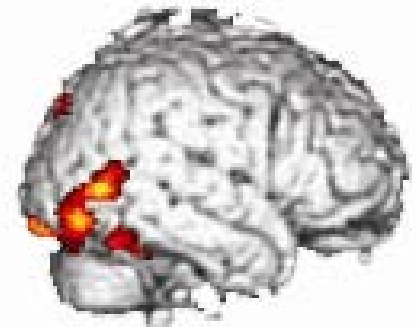
Brain activity during playing video games



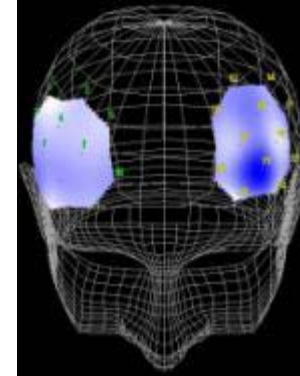
Fighting game (fMRI)



Shooting game (fMRI)



Puzzle game (fMRI)



Puzzle game (NIRs)

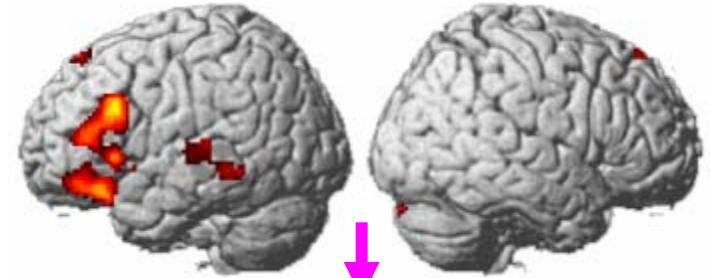
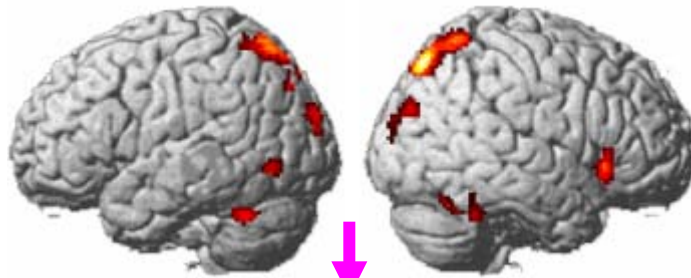
The most videogames do not activate the prefrontal cortex.
In addition, they often deactivate the prefrontal cortex.

Playing video game affects activity of the brain

During maze task

During language task

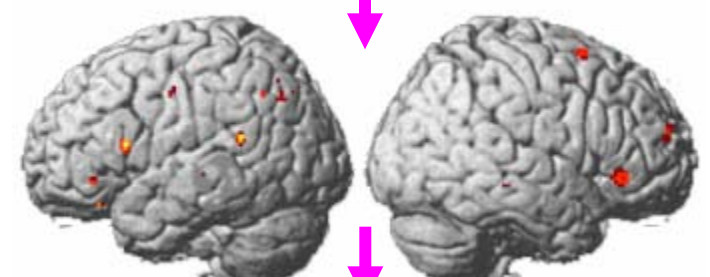
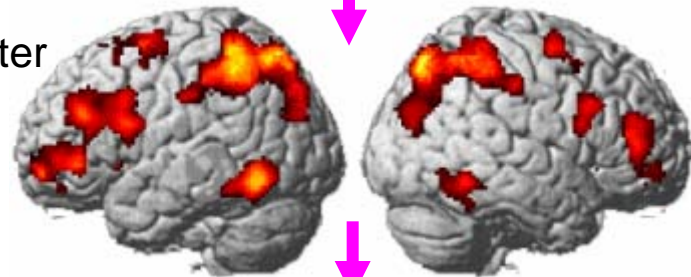
Pre



Playing vide game (30min)

Playing vide game (30min)

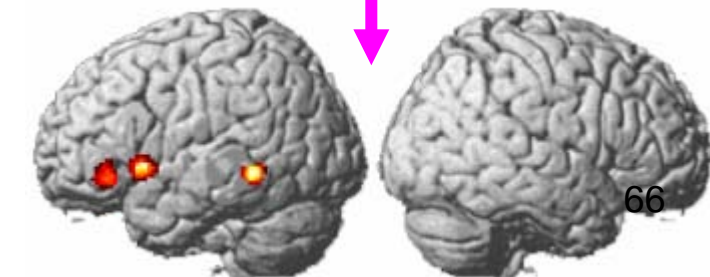
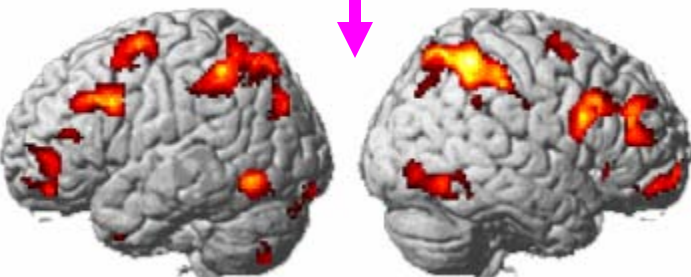
Immediately after



Rest (30min)

Rest (30min)

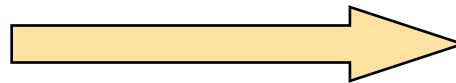
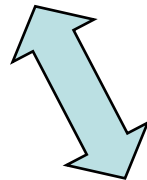
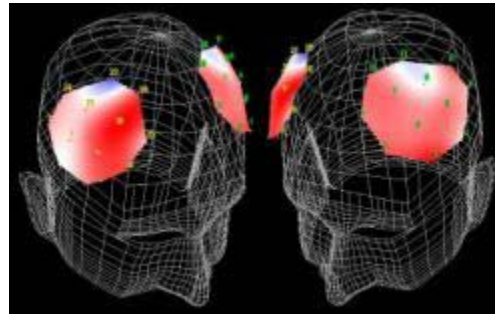
30 min after



R&D of video game that can activate the prefrontal cortex

Needs
Company
(e.g. Nintendo)

Game soft

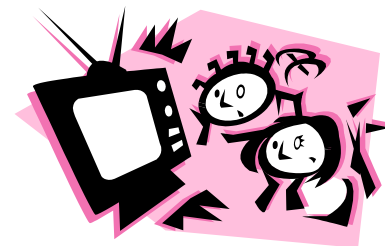
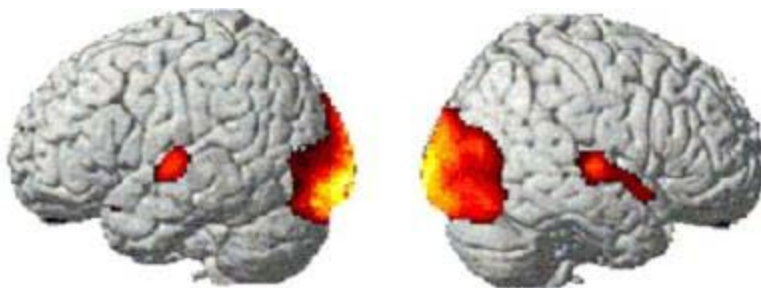


Seeds
Tohoku University
Measure brain activity




We evaluated and made suggestions how to activate the prefrontal cortex using brain imaging techniques.
This evaluation (scientific proof) added values to the game itself and made it mega-hit!

Watching TV or Video

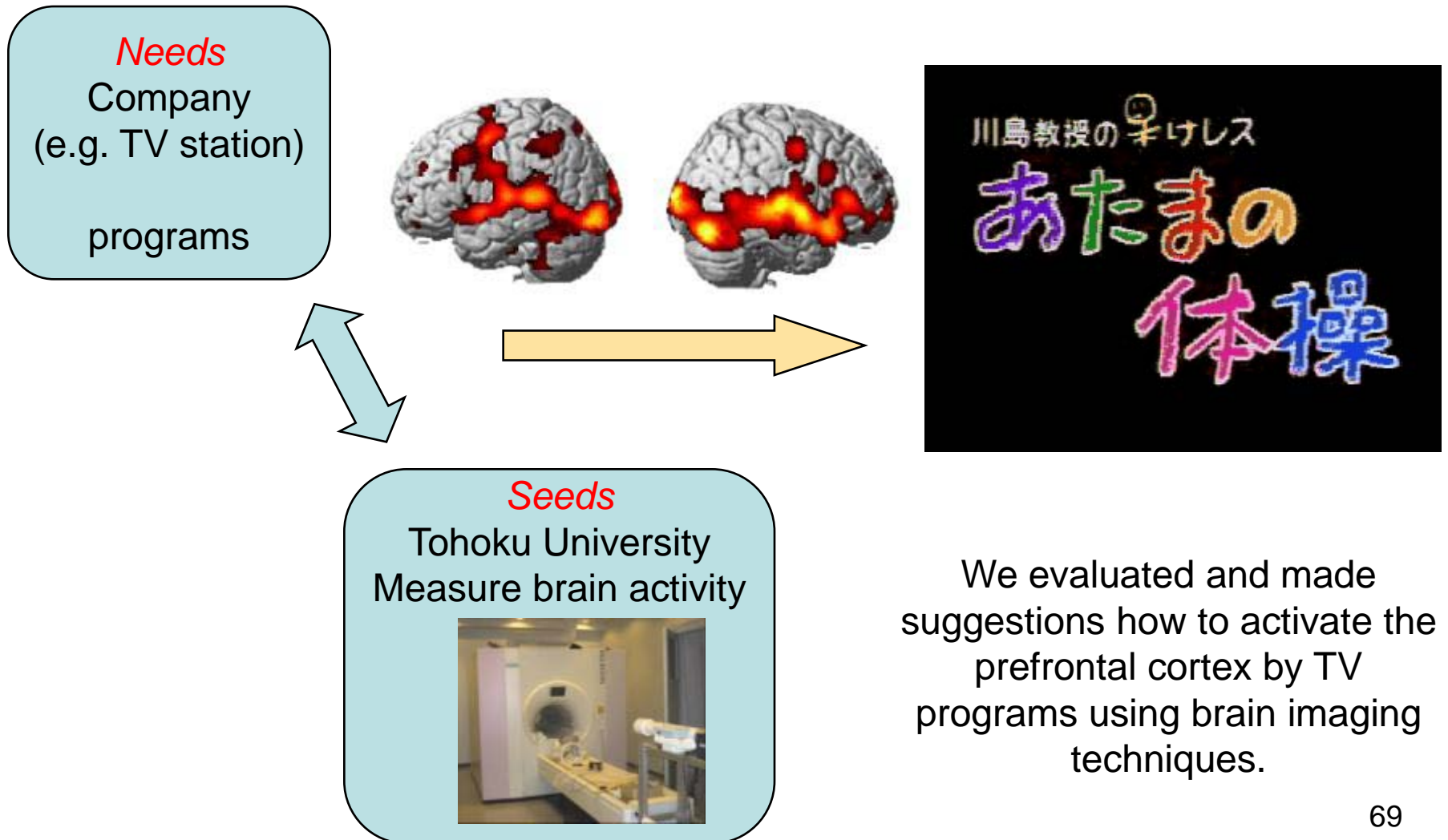


Brain activation during watching TV programs

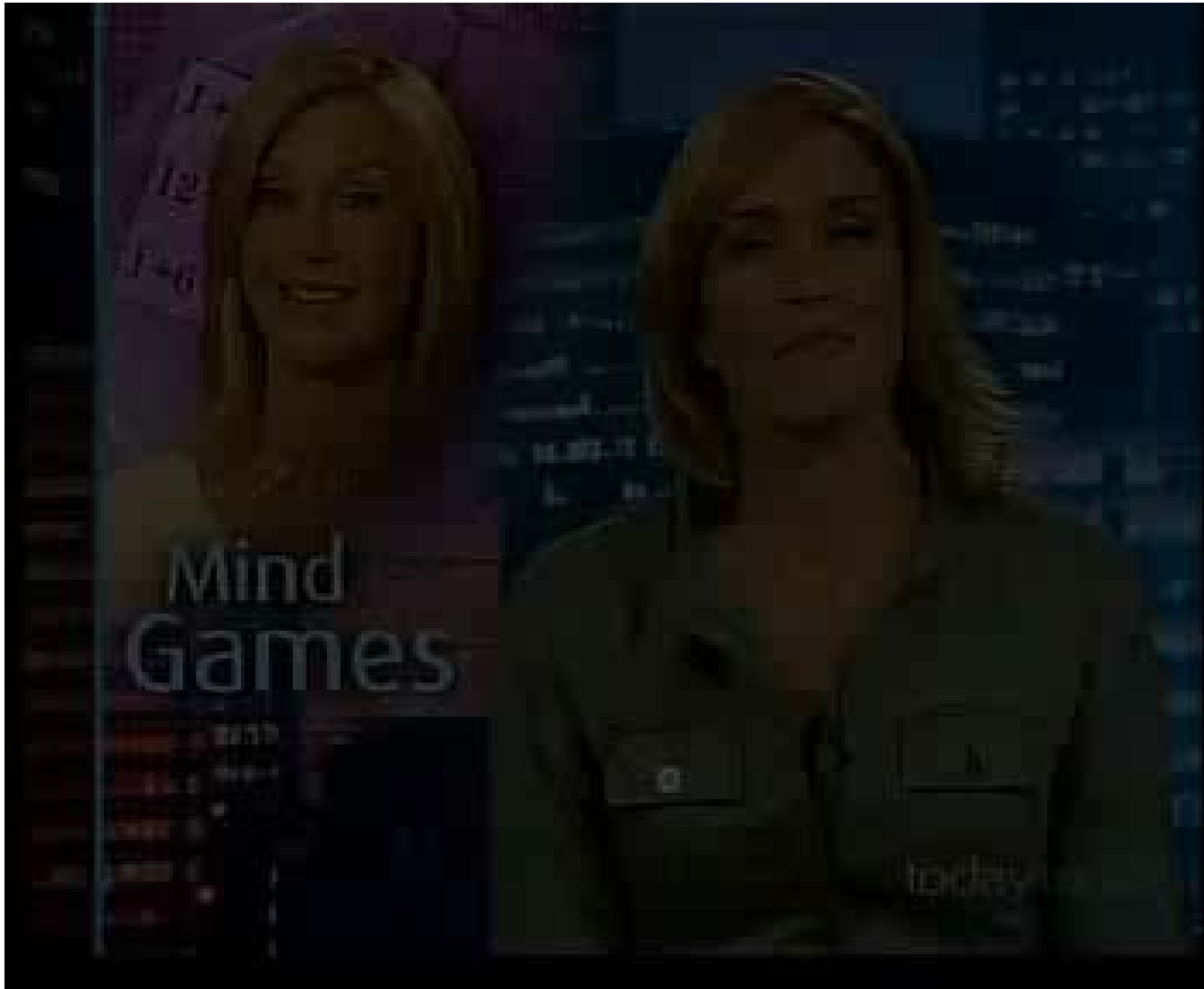


Brain *deactivation* during watching TV programs

R&D of TV program that can activate the prefrontal cortex



Beneficial Effects on Cognitive Functions by Nintendo DS Brain Training Games



“Today Tonight” 2008.06.24 Australia

