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The world is blessed with people who have great vision and drive. Those who continue to seek answers even when the solutions remain elusive and who are prepared to challenge conventional thinking about how to find those answers.

While I was in Barcelona I was fortunate enough to meet one of these people, Professor Jordi Cami and to be able to spend time with him discussing what motivates him to follow the path he does – to seek an understanding of the cause of Alzheimer’s disease, to determine early diagnostic predictors and markers and to find effective treatments.



Professor Cami has had a long and distinguished career as Professor of Pharmacology at the Pompeu Fabra University and as Director of the Barcelona Biomedical Research Park (PRBB) and Director of the Pasqual Maragall Foundation. This Foundation was set up after the former President of the Catalanian Government Pasqual Maragall was diagnosed with Alzheimer’s disease. The former President said that while he did not expect to see a solution to Alzheimer’s disease in his lifetime, it was his wish that a centre be set up to find some answers. *“Nowhere is it written that this disease is invincible”*

I met up with Professor Cami at his office in the magnificent PRBB building next to the sparkling Mediterranean, where as Managing Director he oversees over 1200 researchers and scientists from many different countries in six different biomedical research centres, all under one roof. The following is a transcript of our conversation. His English is considerably better than my Spanish!

Hello Professor Cami, I very much appreciate your time in speaking with me today. I would like to ask you about your involvement as Director of the Pasqual Maragall Foundation and your vision for what the Foundation may offer.

Q. Perhaps I could start by asking you, what was your main interest or drive to become involved in setting up the Pasqual Maragall Foundation in the first place?

A. It gave the opportunity to do something different, something novel in the organisation of scientific research. The project is directed to a particular disease, namely Alzheimer’s disease. It is really innovative research directed towards a disease that I have been involved with in my scientific and professional life.

Q. Are you looking to take a different perspective on the disease?

A. I think we have a different objective. We want to attract people to the Foundation who are non-conventional and willing to work in high-risk projects. Who are willing to investigate and think outside the box. In science we have evidence that Alzheimer’s starts slowly, long before it is clinically apparent, so I believe we have the room to act, to work from a centre, focussing on non-conventional approaches. The world of science is very conservative and we self-regulate how to do things. When it is time to start a new project the orthodox processes tend to be counter-productive to prevent non-conventional and new ideas.

We are planning to build a big centre with a large program and big scientific community. We will mix resources from different disciplines and cultures of experience to promote innovation. By mixing different people, the aim is to produce something creative and allow “something to happen” The projects will be high risk/high reward.

My main model of innovation is the “how” to do research. I have much experience with people centres etc. and I have my ideas about how societies work, how the system works.

Q. You want more creative ideas. How do you expect to attract these types of researchers?

A. Simply we will announce our existence and our ability to support this kind of project and we will see who comes forward. We haven't worked out exactly how we will do this, but we will already have enough the funds to support the work.

The transformative research program is not easy to deploy with the orthodoxy. We are looking for non-conventional people, alternative people who are in the scientific system but who are able to change their field of view, to see things differently. We are working towards finding people in an international sense to support research lines or problems.

We are looking for those people who understand what we trying to achieve.



The PRBB Building in Barcelona.

Q. Do you see the Foundation working in collaboration with other centres?

A. We are already doing things in cooperation with the scientific community especially looking at early detection.

The Foundation will work in collaboration with other centres around the world. This is already happening as in the ALFW (Alzheimer and Families) Longitudinal Study. Here the focus is to study the factors that modify the

risk of the beginning of the biological process of Alzheimer's disease, it is the time before symptoms develop, as well as the markers that predict its progress.

In July the Foundation has joined the European Venture Philanthropy Association to foster philanthropy and social investment.

In regard to the Memory Clinic, we have to rethink the place and when to build this facility. The initial big plan may not now happen for a while but we will grow to follow the clinical research.

In Spain academic research is typically funded exclusively by public funds. We don't have the philanthropy as enjoyed by some other countries. The aim is to use public money (as a loan and as a minority amount) once we have enough support from private funds. So the Foundation is based on mixture of private-public funding, by creating partnerships with the private sector via philanthropy and investment.

Q. In the film “Bicycle, Spoon, Apple,” Pasqual Maragall states he realises that there is not likely to be a solution to Alzheimer's in his lifetime. Do you think there will be an answer to the cause or an effective treatment for Alzheimer's disease soon?

[BICYCLE SPOON APPLE](#)

A. Science needs time. Increments can take years, but sometimes in science something can happen suddenly or unexpectedly. So I remain optimistic because I believe this can happen but only if you invest in science and in non-conventional projects that offer novel ideas with the right people.

Q. What do you think about the current levels of obesity and Type Two diabetes in society? Do you have concern that these will have an impact on future dementia rates?

A. I remain unconvinced that these two issues will have such an effect. 60% of dementia is Alzheimer's. We have no proper information to know that these are the risk factors that can become or lead to Alzheimer's disease. I think we are very ignorant still – we lack evidence of the effects of these diseases. I think the amount of evidence or knowledge is low and leaves too much room only for speculation.

Q. What about brain training programs? What opinion do you have about the commercialisation of brain training exercises? Do you think they can be useful?

A. Again, I think it hasn't been proved enough yet that they do prevent the probability of dementia or improve brain function. Because our society is ageing, people are interested. The meta-analysis is not there yet of all the data. But the common sense is there – that if you invest in one's life, thinking about our third age of life, eating well and avoiding obesity, drugs and alcohol. If your genetic endowment helps you, perhaps that will allow you to arrive in a better condition. It seems more logical to avoid those things, which might cause harm. But while there doesn't appear to be evidence for brain training, it doesn't mean that it doesn't work, or that it does.

Q. So in what way can people like myself help with your cause?

A. By getting the information out to others. Alzheimer's disease does not receive the same priority as heart disease or cancer, yet it is a huge challenge for society and for the planet. We are living longer. We are ageing.

In India the overall society is not ageing in the same way as Western societies but the absolute numbers of those living longer is the same as in Western societies.

In our society we are living longer and have no appropriate or effective treatment for Alzheimer's disease. We are not replacing our population, whereas in India with its higher birth rate they are replacing their elderly.

But I predict a crisis in India will occur from the sheer number of people who will be living with Alzheimer's disease.

If someone has dementia – currently there is nothing to do except provide several caregivers and that is not sustainable.

The first crisis of ageing will be the labour market and the pensions.

Society remains ageist. We need to look at our mental value capital. We do not take advantage or make the most of older people.

We need to prepare the future to be different. Many people when they retire can become depressed if they are fearful of developing dementia instead of looking to enjoy their third age.

Professor Cami thank you so much for your time today. I have very much enjoyed our discussion and hearing your views on what remains a very challenging and current topic.

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