AMI - Integrated multidisciplinary approach/Agrica MSA IFR Public Health 99

Head :Dartigues Jean-Francois, Unité INSERM U897: Équipe "Épidémiologie et neuropsychologie du vieillissement cérébral"

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General	
Identification	
Detailed name	Integrated multidisciplinary approach/Agrica MSA IFR Public Health 99
Sign or acronym	AMI
CNIL registration number, number and date of CPP agreement, AFSSAPS (French Health Products Safety Agency) authorisation	Numéro d'enregistrement CNIL : 1216645, Numéro et date d'accord du CPP : 2006-A00595-46 (date 31/01/2007), Autorisation mise en oeuvre DGS: DGS2006-0128
General Aspects	
Medical area	Neurology
Health determinants	Geography Social and psychosocial factors
Keywords	rural areas, Risk factors, dependency
Scientific investigator(s) (Contact)	
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Unit	Unité INSERM U897: Équipe "Épidémiologie et neuropsychologie du vieillissement cérébral"
Organization	INSERM - Institut National de la Santé et de la Recherche

Collaborations

Participatio	n in	projects,
networks a	and o	consortia

Yes

Funding	
Funding status	Mixed
Details	MSA (Gironde et caisse centrale), AGRICA
Governance of the database	
Sponsor(s) or organisation(s) responsible	ISPED- Institut de santé publique d'épidémiologie et de développement
Organisation status	Public
Additional contact	
Main features	
Type of database	
Type of database	Study databases
Study databases (details)	Cohort study
Database recruitment is carried out by an intermediary	An administrative base or a register
Database recruitment is carried out as part of an interventional study	No
Additional information regarding sample selection.	Participants randomly selected from the database of the agricultural social mutual of Gironde. Crossanalysis with the Agrica database (employees 70%), farmers not Agrica. A letter is sent to subjects who could be included, as well as an information letter to the general practitioners of the selected subjects (USB flash drive). The subjects are then contacted by phone for a consent and to schedule an appointment.
Database objective	
Main objective	Study of the disease, especially in association with age. Study health care use and social measures for Alzheimers disease and similar syndromes. Compare with the urban areas (3C and PAQUID)
Inclusion criteria	65 or more years old subjects.

Retired from an agricultural activity.

Resident in one of the selected towns of the

countryside of Gironde.

Affiliated to MSA and having, for the employees, the

AGRICA complementary (70% of the sample).

General practitioner in Gironde

Population type	
Age	Elderly (65 to 79 years) Great age (80 years and more)
Population covered	General population
Gender	Male Woman
Geography area	Departmental
French regions covered by the database	Aquitaine Limousin Poitou-Charentes
Detail of the geography area	Gironde
Data collection	
Dates	
Dates	
Date of first collection (YYYY or MM/YYYY)	09/2007
Date of first collection (YYYY or	09/2007 01/2012
Date of first collection (YYYY or MM/YYYY) Date of last collection (YYYY or	
Date of first collection (YYYY or MM/YYYY) Date of last collection (YYYY or MM/YYYY)	01/2012
Date of first collection (YYYY or MM/YYYY) Date of last collection (YYYY or MM/YYYY) Size of the database Size of the database (number of	01/2012
Date of first collection (YYYY or MM/YYYY) Date of last collection (YYYY or MM/YYYY) Size of the database Size of the database (number of individuals) Details of the number of	01/2012 [1000-10 000[individuals

Database delivity	carrent data concetion
Type of data collected	Clinical data Declarative data Paraclinical data Biological data

Clinical data (detail) Medical registration

Details of collected clinical data	Clinical examination at inclusion and during the follow-up (T0, T2, T4 for everyone (neuropsy+doctor), and T1, T3 neuropsy for everyone and doctor if suspicion). Information collected during the clinical examination: general clinical examination.
Declarative data (detail)	Paper self-questionnaire Face to face interview Phone interview
Details of collected declarative data	Clinical examination at inclusion and during the follow-up (T0, T2, T4 for everyone (neuropsy+doctor), and T1, T3 neuropsy for everyone and doctor if suspicion). Information collected during the clinical examination: general clinical examination.
Paraclinical data (detail)	Imaging
Biological data (detail)	Blood
Presence of a biobank	Yes
Contents of biobank	Serum Plasma DNA Others
Details of biobank content	Serum bank, plasma bank, DNA bank, erythrocytes
Health parameters studied	Health event/morbidity Health event/mortality Health care consumption and services
Care consumption (detail)	Hospitalization Medical/paramedical consultation
Procedures	
Data collection method	A first examination by a neuropsychologist is realized at home; during the examination the

Data collection method

A first examination by a neuropsychologist is realized at home; during the examination the questionnaire is submitted to the subject. A self-questionnaire is left to the subject, it will be collected in a second time, during the medical examination. A medical examination is then realized, by a nurse if the subject is normal, by a neurologist/geriatrician for cases suspected of depression dementia or Parkinson. A blood sample is taken at the patient's home by the laboratory team of medical and biological analysis. The general practitioners of each subject are contacted by mail or phone, to collect information concerning health condition and medical

	history of the patient, through a standardized medical questionnaire.
Classifications used	
Quality procedure(s) used	Coherence request after computer data entry. Missing data asked back to the original file and/or to the patient. Patients receive information about the use of their data.
Participant monitoring	Yes
Details on monitoring of participants	5 years
Links to administrative sources	Yes
Linked administrative sources (detail)	CépiDC, Gironde cancer register, MSA, INSEE, INED, URCAM, town and department informations (general council)
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