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

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

Last update: 02/28/2014 | Version: 2 | ID: 3566

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

Collaborations

Participation in projects, networks and 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

Scientific investigator(s) (Contact)
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Dartigues
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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

Additional contact

Main features

Type of database

Study databases
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. Cross-analysis 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)
65 or more years old subjects.
<table>
<thead>
<tr>
<th>Inclusion criteria</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population type</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Elderly (65 to 79 years) Great age (80 years and more)</td>
</tr>
<tr>
<td>Population covered</td>
<td>General population</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
</tr>
<tr>
<td>Geography area</td>
<td>Departmental</td>
</tr>
<tr>
<td>French regions covered by the database</td>
<td>Aquitaine Limousin Poitou-Charentes</td>
</tr>
<tr>
<td>Detail of the geography area</td>
<td>Gironde</td>
</tr>
<tr>
<td>Data collection</td>
<td></td>
</tr>
<tr>
<td>Dates</td>
<td></td>
</tr>
<tr>
<td>Date of first collection (YYYY or MM/YYYY)</td>
<td>09/2007</td>
</tr>
<tr>
<td>Date of last collection (YYYY or MM/YYYY)</td>
<td>01/2012</td>
</tr>
<tr>
<td>Size of the database</td>
<td></td>
</tr>
<tr>
<td>Size of the database (number of individuals)</td>
<td>[1000-10 000[ individuals</td>
</tr>
<tr>
<td>Details of the number of individuals</td>
<td>1000</td>
</tr>
<tr>
<td>Data</td>
<td></td>
</tr>
<tr>
<td>Database activity</td>
<td>Current data collection</td>
</tr>
<tr>
<td>Type of data collected</td>
<td>Clinical data</td>
</tr>
<tr>
<td></td>
<td>Declarative data</td>
</tr>
<tr>
<td></td>
<td>Paraclinical data</td>
</tr>
<tr>
<td></td>
<td>Biological data</td>
</tr>
<tr>
<td>Clinical data (detail)</td>
<td>Medical registration</td>
</tr>
</tbody>
</table>
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

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

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.

<table>
<thead>
<tr>
<th>Classifications used</th>
<th>---</th>
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</table>

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.

<table>
<thead>
<tr>
<th>Quality procedure(s) used</th>
<th>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.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>5 years</td>
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</table>

<table>
<thead>
<tr>
<th>Participant monitoring</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Details on monitoring of participants</td>
<td>5 years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Links to administrative sources</th>
<th>Yes</th>
</tr>
</thead>
</table>

Linked administrative sources (detail)

CépiDC, Gironde cancer register, MSA, INSEE, INED, URCAM, town and department informations (general council)

<table>
<thead>
<tr>
<th>Promotion and access</th>
<th>Promotion</th>
</tr>
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</table>

Promotion

Link to the document

http://www.hal.inserm.fr/AMI

List of publications in HAL


List of publications in Pubmed

<table>
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<tr>
<th>Access</th>
<th>Access to aggregated data</th>
<th>Access to individual data</th>
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Data utilization possible for academic teams, not possible for industrials.

Access on specific project only

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