[0005]

Patent Literature 1: International Publication No. WO 2003/035647

Patent Literature 2: International Publication No. WO 2003/105830

Non-Patent Literature

[0006]

Non Patent Literature 1: 2012 Alzheimer's Disease Facts and Figures. (http://www.alz.org/downloads/facts_figures_2012.pdf)

Non Patent Literature 2: YAKUGAKU ZASSHI, 2010, Vol. 130, No. 4, pp. 521-526

Non Patent Literature 3: Japanese Journal of Clinical Medicine, 2008, Vol. 66 (Extra ed. 1), pp. 23-27

Non Patent Literature 4: Press Release by Seed Planning (December 28, 2010) (http://www.seedplanning.co.jp/press/2010/2010122801.html)

Non Patent Literature 5: Japanese Journal of Clinical Psychopharmacology, 2011, Vol. 14, No. 7, pp. 1123-1129

Non Patent Literature 6: Japanese Journal of Clinical Psychopharmacology, 2012, Vol. 15, No. 3, pp. 311-321

Non-patent Literature 7: Proceedings of the Annual Meeting of the Japanese Research Group on Senile Dementia, 2010, Vol. 15, pp. 79-81

Non-patent Literature 8: Archives of Neurology, 2011, Vol. 68, No. 10, pp. 1257-1266

Non-patent Literature 9: Japanese Journal of Geriatrics, 2013, Vol. 50, No. 1, pp. 1-8

Summary

[0006a]

In one aspect, the present disclosure refers to a use of agent comprising 1-(3-(2-(1-Benzothiophen-5-yl)ethoxy)propyl)azetidin-3-ol or a salt thereof as an active ingredient in the manufacture of a medicament for treating Down syndrome in a patient in need thereof.

Problem to be Solved by the Invention

[0007]

Drugs which suppress progress of AD by inhibiting neurodegeneration need to be developed early. An object of the present invention is to provide a drug and a method which suppress progress of disease in which the amount of Aβ in the brain is increased, such as AD.

Means for Solving Problem

CLAIMS

[Claim 1] Use of agent comprising 1-(3-(2-(1-Benzothiophen-5-yl)ethoxy)propyl)azetidin-3-ol or a salt thereof as an active ingredient in the manufacture of a medicament for treating Down syndrome in a patient in need thereof.

[Claim 2] The use according to claim 1, wherein an amount of amyloid β protein in the brain of the patient is reduced by increasing an amount of amyloid β protein in cerebrospinal fluid.

[Claim 3] The use according to claim 1 or 2, wherein the medicament is to be orally administered once a day in a dose of 100 mg to 400 mg in terms of 1-(3-(2-(1-Benzothiophen-5-yl)ethoxy)propyl)azetidin-3-ol per administration.

[Claim 4] The use according to claim 1 or 2, wherein the medicament is to be orally administered once a day in a dose of 160 mg or 320 mg in terms of 1-(3-(2-(1-Benzothiophen-5-yl)ethoxy)propyl)azetidin-3-ol per administration.

[Claim 5] The use according to any one of claims 1 to 4, wherein the medicament is to be administered to the patient with a disease in which the amount of amyloid β protein in the brain is increased.

[Claim 6] The use according to any one of claims 1 to 4, wherein the medicament is to be administered to the patient with Alzheimer's disease, Probable Alzheimer's disease, Possible Alzheimer's disease, Preclinical Alzheimer's disease, Prodromal Alzheimer's disease, or mild cognitive impairment.

[Claim 7] The use according to any one of claims 1 to 4, wherein the medicament is to be administered to the patient with Alzheimer's disease, or mild cognitive impairment.

[Claim 8] The use according to any one of claims 6-7, wherein the mild cognitive impairment is mild cognitive impairment due to Alzheimer’s disease (MCI due to AD).