

EARLY-STAGE ALZHEIMER'S DISEASE (AD)

Early symptomatic AD includes a mild cognitive impairment (MCI) stage followed by an early AD dementia stage. Timely detection of MCI provides an opportunity to identify AD patients in the pre-dementia stage.¹

Recommendations to aid in the detection of early-stage AD²⁻⁴



Clinical criteria for MCI^{2,5}

MCI can be identified by a spectrum of symptoms that include both memory and non-memory cognitive complaints.²

The following clinical criteria define MCI:

Subjective cognitive complaints

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Objective evidence of cognitive impairment in one or more domains

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Essentially normal functional activities

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Differential diagnosis

It is important for healthcare professionals (HCPs) to differentiate early signs and symptoms of AD, not only from normal ageing, but also from other potentially reversible causes of cognitive decline.^{3,15}

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Confirmation of underlying AD pathology

In order to accurately diagnose MCI due to AD, a biomarker confirmation of AD pathology is required.^{2,4}

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To know more about early detection of AD, visit the Identify AD (ID/AD) website:
www.identifyalz.eu



The World Health Organization supports a **paradigm shift** towards an earlier AD diagnosis to **preserve cognitive and independent functioning for as long as possible**.¹⁶

References

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Early symptomatic AD includes a mild cognitive impairment (MCI) stage followed by an early AD dementia stage. Timely detection of MCI provides an opportunity to identify AD patients in the pre-dementia stage.¹

Recommendations

Clinical criteria for MCI^{2,5}

Stage AD²⁻⁴



Clinical criteria for MCI^{2,5}

MCI can be identified by a spectrum of symptoms both memory and non-memory cognitive components.

The following clinical criteria define MCI:

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Subjective cognitive complaints

Informant-based or self-reports are useful for screening people at risk of cognitive impairment and to monitor for longitudinal neurobehavioural change.⁶⁻⁹

- **The AD8** - 'Eight-item Interview to Differentiate Aging and Dementia' - is a quick 'yes/no' questionnaire where the patient or informant rates subjective changes about memory, orientation, judgement, and everyday function⁶
- **The Quick Dementia Rating System (QDRS)** covers prominent symptoms of AD including MCI and assesses additional behavioural and functional domains⁷
- **The Subjective Cognitive Decline Questionnaire (SCD-Q)** may help predict amyloid PET outcome⁸

Diagnosis

Healthcare professionals (HCPs) to differentiate forms of AD, not only from normal ageing, but also from potentially reversible causes of cognitive decline.^{3,15}

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Confirmation of underlying AD pathology

To accurately diagnose MCI due to AD, a biomarker of underlying AD pathology is required.^{2,4}

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The World Health Organization supports a path to maintaining cognitive and independent functioning for as long as possible.¹⁶

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EARLY-STAGE ALZHEIMER'S DISEASE (AD)

Early symptomatic
Timely detection

Clinical criteria for MCI^{2,5}



Followed by an early AD dementia stage.
Patients in the pre-dementia stage.¹

Recommendations



Clinical criteria for MCI^{2,5}

MCI can be identified by a spectrum of symptoms, including both memory and non-memory cognitive complaints.
The following clinical criteria define MCI:

Subjective cognitive complaints

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Objective evidence of cognitive impairment in one or more domains

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Essentially normal functional activities

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Objective evidence of cognitive impairment in one or more domains

Objective detection of MCI in a clinical setting can be performed via MCI-sensitive, validated, short screening tools. They are called '**performance-based assessments**' and are administered by the HCP:^{10,11}

- **The Montreal Cognitive Assessment (MoCA) test** is a screening tool with high sensitivity and specificity for detecting MCI, as it addresses additional frontal-executive function domains not commonly found in other brief performance tests^{10,12}
- **The General Practitioner Assessment of Cognition (GPCOG)** is an optimal screening tool combining subjective and objective evidence of cognitive decline. It is available online and performs at least as well as the Mini-Mental State Examination (MMSE)^{11,13}

Existing screening tools are insufficient to make a diagnosis but are important for isolating domains of impairment and advising the HCP on further assessments.¹⁴

Pre-dementia stage AD²⁻⁴

Diagnosis

Healthcare professionals (HCPs) to differentiate symptoms of AD, not only from normal ageing, but also from potentially reversible causes of cognitive decline.^{3,15}

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Confirmation of underlying AD pathology

To accurately diagnose MCI due to AD, a biomarker of AD pathology is required.^{2,4}

[Read more](#)

Preserve cognitive and independent functioning for as long as possible.¹⁶



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Recommendations to aid in the detection of early-stage AD²⁻⁴



Clinical criteria for MCI^{2,5}

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Objective evidence of cognitive impairment in one or more domains

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Essentially normal functional activities

+ Expand to read more



Differential diagnosis

It is important for healthcare professionals (HCPs) to differentiate early signs and symptoms of AD, not only from normal ageing, but also from other potentially reversible causes of cognitive decline.^{3,15}

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Clinical criteria for MCI^{2,5}

Essentially normal functional activities

Cognitive decline doesn't normally interfere with a patient's ability to carry out basic activities of daily living. Mild difficulties with more complex daily activities may occur, but dementia is absent.



of underlying AD pathology

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and more



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Differential diagnosis^{3,15}

- Documentation of a **complete patient medical history** to identify risk factors and to rule out the causes of transient MCI
- **Laboratory tests** to rule out other medical conditions responsible
- **A physical exam and neuroimaging** to rule out neurological disorders other than AD



Clinical criteria

MCI can be identified by both memory and non-memory impairment.

The following clinical criteria are used to identify MCI:

Subjective cognitive complaints

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Objective evidence of cognitive impairment in one or more domains

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Essentially normal functional activities

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Differential diagnosis

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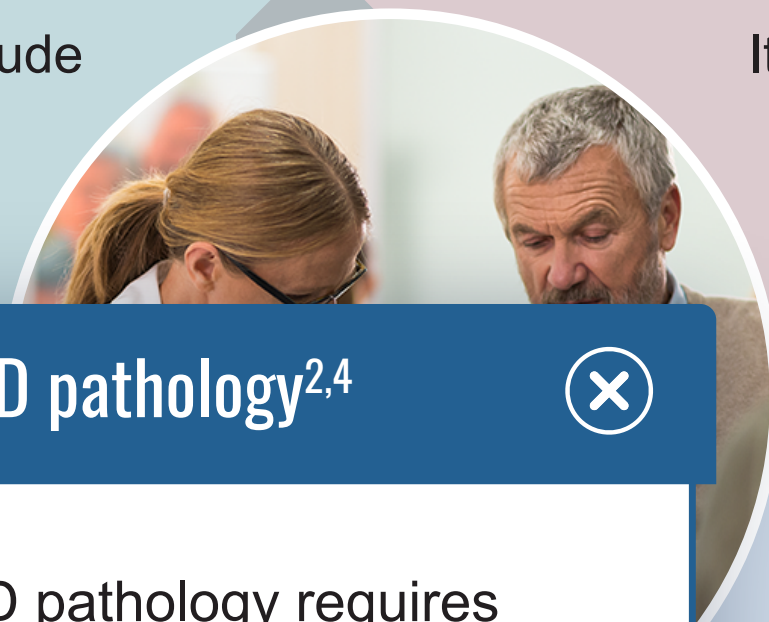
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Objective evidence of cognitive impairment in one or more domains

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Essentially normal function

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Confirmation of underlying AD pathology^{2,4}

- Biomarker confirmation of AD pathology requires at least evidence of amyloid beta accumulation in the brain
- For the AD amnesic phenotype, evidence of tau pathology is also recommended, as in this case amyloid positivity alone is not specific for AD

Differential diagnosis

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