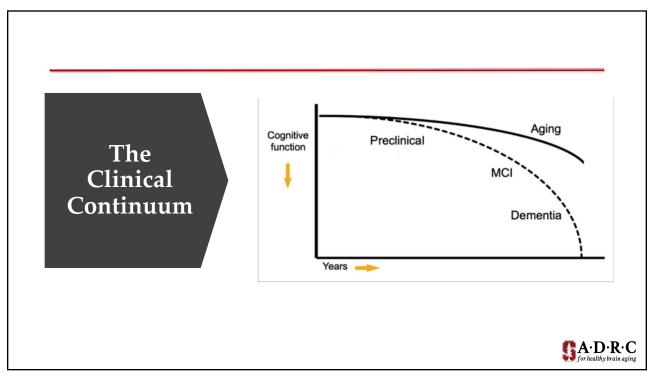
Mild Cognitive Impairment

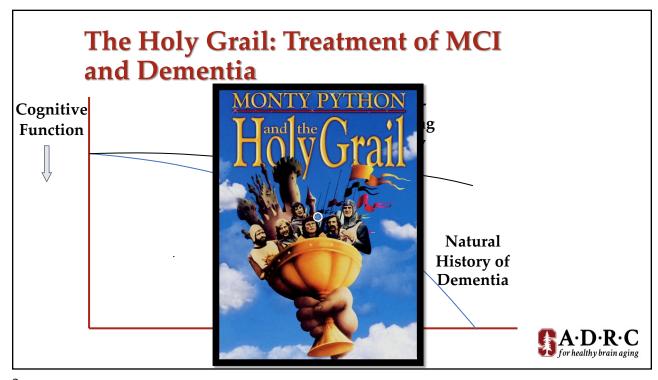
And Its Progression to Dementia

Irina Anna Skylar-Scott, MD Alzheimer's Disease Research Center Participant Appreciation Day November 3, 2021



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Two take-home ideas:

- Mild cognitive impairment (MCI) and dementia are not normal aging
- MCI and dementia are not always synonymous with Alzheimer's disease, but they can be!
 - Severity
 - Syndrome
 - Pathological diagnosis



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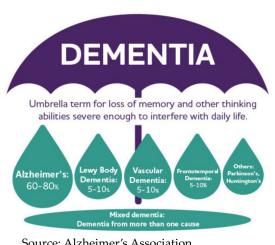
If I have MCI, will I progress to dementia?

MCI does not always lead to dementia

MCI progression to dementia: 12% per year

MCI due to AD progression to dementia: 17-20% per year

MCI and dementia are umbrella terms



Source: Alzheimer's Association



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Mild Cognitive **Impairment Criteria**

- Step 1: Establish clinical and cognitive
 - Cognitive concern reflecting a change in cognition reported by a patient, informant, or clinician (historical or observed evidence of decline over time)
 - Objective evidence of impairment in one more cognitive domains
 - Formal or bedside testing
 - Preservation of independence in functional abilities

A·D·R·C for healthy brain aging



Mild Cognitive Impairment Criteria Part II

- Step 2: Examine "pathophysiological" cause of MCI
 - Look for vascular, traumatic, and medical causes of cognitive decline
 - Provide evidence of longitudinal decline (meaning decline over time), when feasible
 - Look for genetic factors, where relevant
 - Biomarkers (objective indicators of a medical state that are reproducible), where relevant
 - Examples of biomarkers: spinal fluid amyloid and tau, amyloid PET scan

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Dementia criteria part I

- 1. Interfere with the ability to function
- 2. Represent a decline from previous levels of functioning
- 3. Are not explained by delirium or major psychiatric disorder
- 4. Cognitive impairment is detected and diagnosed through a combination of (1) history-taking and (2) an objective cognitive assessment



Dementia criteria part II

- 5. The cognitive or behavioral impairment involves a minimum of two of the following domains:
 - 1. Impaired ability to acquire and remember new information
 - 2. Impaired reasoning and handling of complex tasks, poor judgment
 - 3. Impaired visuospatial abilities
 - 4. Impaired language functions (speaking, reading, writing)
 - 5. Changes in personality, behavior, or comportment

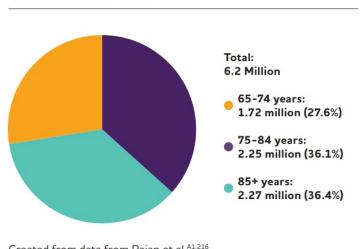


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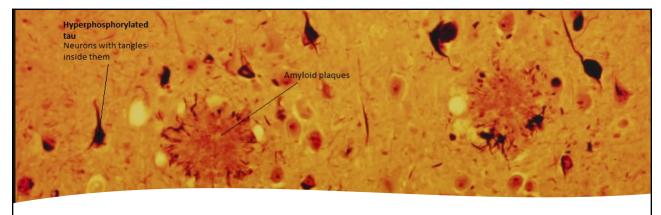
MCI and dementia by the numbers

- Number of people over age 65 in the US with MCI: 10-12
 - Number due to Alzheimer's disease: roughly 5 M
- Number of people over age 65 in the US with dementia: at least 6 M
 - Number due to Alzheimer's disease: 3.5-6

Number and Ages of People 65 or Older with Alzheimer's Dementia, 2021*



Created from data from Rajan et al. A1,216



Alzheimer's disease: What's going on in our brains?

β -amyloid plaques and neurofibrillary tangles (NFTs)

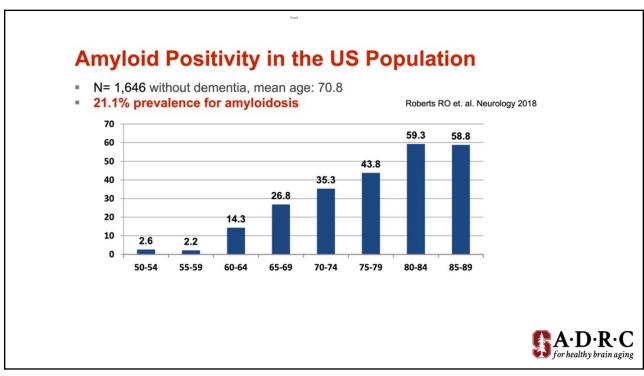
- NFTs numerous within structures critical memory such as the hippocampus
- By the time of MCI, 50-70% of memory network neurons are lost



A·D·R·C for healthy brain aging

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Amyloid PET AD Flutemetamol Florbetapir NL NL Florbetaben Navidea NAV4694 NAVIDEA NAVI



Tau PET

PiB(-) Controls

PiB(+) AD and MCI

PiB(+) AD and MCI

1.01

1.01

2.5

PiB(-) Controls

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FDA Approved Medications for AD dementia

1993 1997 2000 2001 2003 2021 rivastigmine tacrine donepezil galantamine memantine Aducanumab (Cognex®) (Exelon®) (Razadyne[®]) (Namenda®) (Aduhelm®) (Aricept®)

- Cholinesterase-inhibitors (ChE-I): donepezil, rivastigmine, galantamine, tacrine* (*no longer clinically used)
 - All FDA approved for treatment of mild to moderate AD dementia
 - Donepezil also FDA approved for treatment of severe AD dementia (2006)
 - Galantamine available as a generic since 2/2009; donepezil since 12/2010
- NMDA (glutamate) receptor antagonist: memantine
 - FDA approved for treatment of moderate to severe AD dementia (generic 2015)

A.D.R.C

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Ladies and gentlemen, my mother thanks you, my father thanks you, my sister thanks you, and I thank you!



