THE TEMPORAL STABILITY OF FOUR MILD COGNITIVE IMPAIRMENT SUBTYPES

M.-L. Lüthi, A.M. Kälin, A.F. Gietl, R.M. Nitsch, C. Hock

Division of Psychiatry Research and Psychogeriatric Medicine, Psychiatric University Hospital, Zurich, Switzerland

Introduction: Patients with mild cognitive impairment (MCI) have found to be at an increased risk of developing dementia within a few years. Diagnosing MCI, therefore, allows to identify and possibly treat individuals at risk for Alzheimer's disease (AD) before they fully develop it. Despite the recent classification of four distinct MCI subtypes, namely amnestic MCI single (aMCIs) or multiple domain (aMCIm) vs. non-amnestic MCI single (nMCIs) or multiple domain (nMCIm), predicting the clinical course of patients remains a particular challenge with some patients displaying a stable course, others recovery and some conversion to dementia.

Aims: The aim of this work is to investigate the neuropsychological stability of the MCI subtypes over time assessed on different levels (diagnosis, cognitive domain and test level).

Methods: Preliminary data consists in neuropsychological test results acquired longitudinally (baseline, 1 follow-up) from 50 MCI outpatients (52% females; mean age: 75.24 years, SD 6.69; education: 12.58 years, SD 2.84) fulfilling MCI criteria according to Petersen. The stability on the diagnosis level for each subtype is defined as the percentage of patients with a given baseline subtype diagnosis that show an identical follow-up diagnosis.

Results: First results indicate that the four MCI subtypes differ in their stability. We find the aMCIm subtype to be the most stable with 69.23% (aMCIs: 60%; nMCIm: 37.5%, nMCIs: 33.3%).

Conclusion: The differences found in the stability of the MCI subtypes underlines the clinical relevance of the MCI subdivision and opens up a possible route towards reliable predictions of the course of disease.