MILD COGNITIVE IMPAIRMENT (MCI) E AND PARKINSON'S DISEASE: CLINICAL, NEUROPSYCHOLOGICAL, AND NEUROPHYSIOLOGICAL FOLLOW-UP

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Parkinson’s disease (PD) has been considered a motor disorder, but in the last decade a particular attention was devoted to the identification of non-motor disorders, in particular the frequency and the nature of cognitive impairment has been investigated.

A recent review shows that the prevalence of dementia in Parkinson’s disease is about 30%, and that they have a six times higher risk of developing dementia than the general population. Moreover, cognitive deficits have been described with an entity that does not meet dementia criteria, in which the most affected domains are represented by the executive functions, memory, and by visual-spatial skills.

Although the diagnostic criteria for MCI have not been validated for PD, recent studies have shown that the majority of PD patients showed a MCI characterized by deficits in multiple cognitive domains or by a deficiency of a single domain other than memory, and that these subtypes had a higher risk for dementia, suggesting that the MCI in Parkinson’s disease is an early manifestation of a progressive cognitive decline.

The purpose of this study is to identify among patients with Parkinson’s disease those who have mild cognitive decline and monitor them through neuropsychological assessment and quantitative EEG and evoked potentials, in order to:

a). define whether Q-EEG and p-300 can identify specific patterns that have predictive value for progression from MCI to pdd

b) optimize a targeted series of tests to divide mci into three subgroups to assess which subtype evolve more rapidly towards a dementia.