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# Subjective cognitive concerns and biomarker evidence of preclinical AD

Rebecca E. Amariglio, PhD

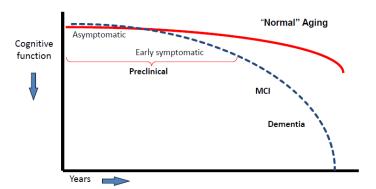
Harvard Medical School

Departments of Neurology Brigham and Women's Hospital Massachusetts General Hospital

## Background

- Previously dismissed as a sign of the "worried well," emerging evidence suggests that subjective cognitive concerns (SCC) may serve as an early indicator of progression to Alzheimer's disease (AD).
- In particular, SCC may be most sensitive at the preclinical stage of AD, prior to the onset of clinical impairment on standardized cognitive measures

The continuum of Alzheimer's disease



Sperling R et al Alzheimer & Dementia 2011

## Staging Framework for Preclinical AD

Stage 0 No biomarker abnormalities

#### Stage 1

Asymptomatic amyloidosis

- -High PET amyloid retention
- -Low CSF AB1-42

#### Stage 2

Amyloidosis + Neurodegeneration

- -Neuronal dysfunction on FDG-PET/fMRI
- -High CSF tau/p-tau
- -Cortical thinning/Hippocampal atrophy on sMRI

#### Stage 3

Amyloidosis + Neurodegeneration + Subtle Cognitive Decline

- -Evidence of subtle change from baseline level of cognition
- Poor performance on more challenging cognitive tests
- Does not yet meet criteria for MCI

MCI → Dementia due to AD

Operationalized research criteria for

disease (AD). As individuals advance

along the stages, risk of progressing

to MCI and AD dementia increases.

studying preclinical Alzheimer's

#### SNAP

Suspected non-Alzheimer pathology

 Neurodegeneration markers without evident amyloidasis Sperling R et al, Neuron, 2014

# Subjective Cognitive Concerns and AD biomarkers

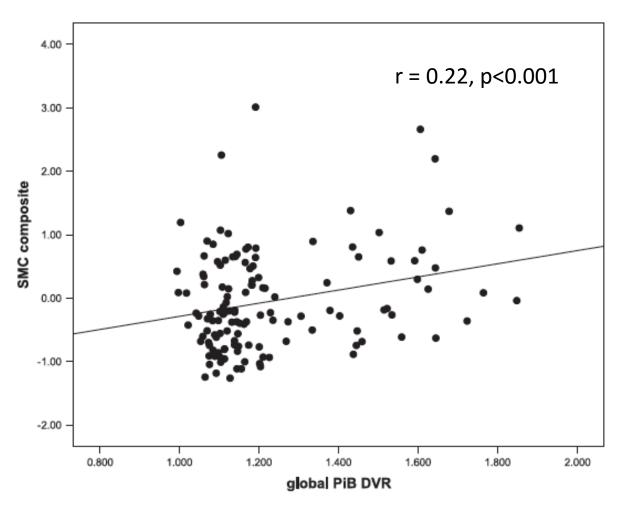
- If SCC herald initial changes due to AD, it would follow that greater SCC would be associated with greater evidence of A $\beta$  and ND in individuals who are clinically normal
- Furthermore, SCC would be associated with advancing stages of preclinical AD, such that individuals with both A $\beta$  and ND would show greater SCC than those with A $\beta$  in isolation



### Subjective Cognitive Concerns and AB

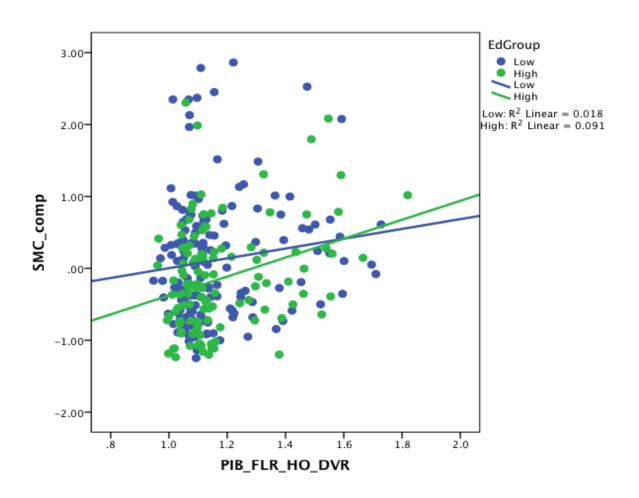
- We examined 131 CN older individuals from the Harvard Aging Brain Study who had amyloid imaging (PiB-PET)
- PiB PET imaging was measured using an aggregate of cortical regions vulnerable to amyloid deposition
- Participants were given several questionnaires about their subjective memory to create a composite
- Study partner was also given a questionnaire about subjective memory
- Participants were given an extensive cognitive battery

# Increased SCC related to increased amyloid burden in CN



Amariglio et al., 2012 Neuropsychologia

# Relationship between SCC and amyloid stronger in higher education group



## Association between SCC, A $\beta$ , and ND

- Dichotomized  $A\beta$  and ND (Mormino et al. 2014)
  - $-A\beta$  using PiB-PET
  - ND using both hippocampal volume and FDG-PET

- Resulted in 4 groups (Jack et al., 2012; Knopman et al., 2012)
  - $A\beta$ -/ND- (Stage 0)
  - $A\beta + /ND (Stage 1)$
  - $-A\beta+/ND+$  (Stage 2)
  - $-A\beta$ -/ND+ (SNAP)

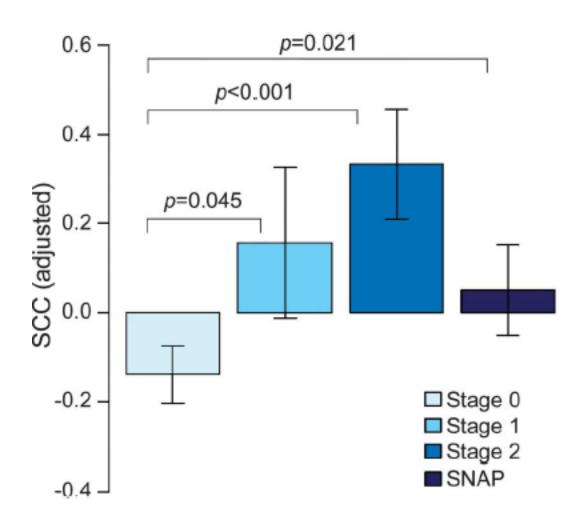
# SCC and preclinical AD staging

		Group, mean (SD)			
Demographic variable	Total, mean SD (total n = 257)	Stage 0 (Aβ-/ND-) (total n = 122)	Stage 1 (Aβ+/ND-) (total n = 32)	Stage 2 (Aβ+/ND+) (total n = 36)	SNAP (Aβ-/ND+) (total n = 67)
Age, y	73.7 (6.1)	71.6 (5.7)	73.1 (4.96)	77.1 (6.38)	76.1 (5.67)
Female, %	57.6	63.1	59.4	61.1	44.8
Education, y	15.8 (3.0)	15.9 (3.0)	16.4 (2.7)	16.2 (2.8)	15.1 (3.3)
MMSE	29.0 (1.1)	29.2 (1.0)	28.8 (1.0)	28.7 (1.0)	28.9 (1.1)
GDS	2.9 (2.6)	2.6 (2.3)	2.4 (2.7)	3.6 (2.8)	3.3 (2.8)
Memory factor score	5.4 (2.1)	5.5 (2.2)	5.7 (2.3)	4.8 (1.8)	5.1 (2.1)
SCC composite, z score	0.0 (0.8)	-0.2 (0.7)	0.1 (0.9)	0.3 (0.7)	0.1 (0.8)
APOE ε4 carriers, %	27.8	16.2	62.1	56.3	18.5

# Both Aβ+ and ND+ independently associated with increased SCC

	Estimate	Std. Error	P-value
ND group	0.284	0.127	0.026
$A\beta$ group	0.396	0.133	0.003
Age	-0.007	0.010	0.503
Education	-0.016	0.020	0.433
Sex	-0.097	0.116	0.406

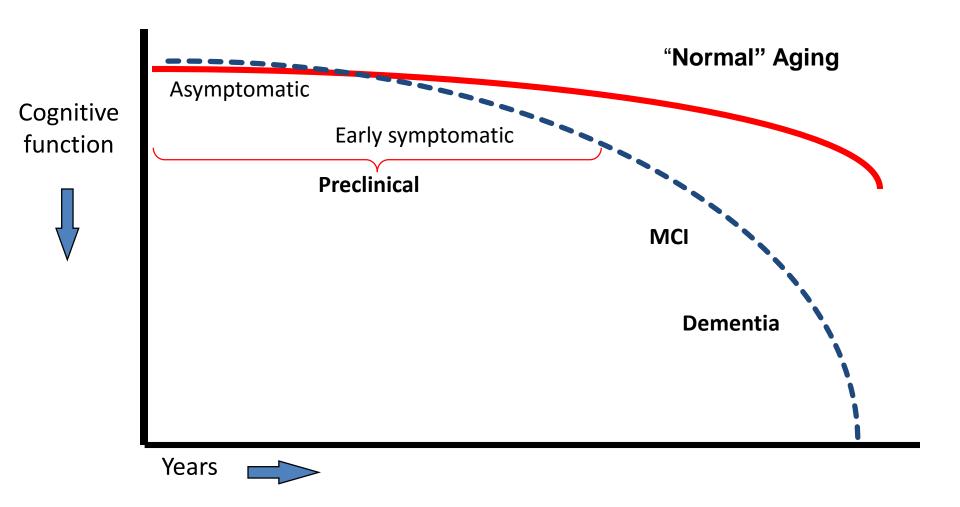
# SCC is associated with advancing stages of preclinical AD



### Conclusions

- Greater self-reported subjective cognitive concerns is related independently to both A $\beta$  and ND in clinically normal older individuals
- Evidence of both A $\beta$  and ND is associated with greater subjective cognitive concerns than A $\beta$  in isolation
- Additional variables, such as education, may modify the relationship between SCC and AD biomarkers

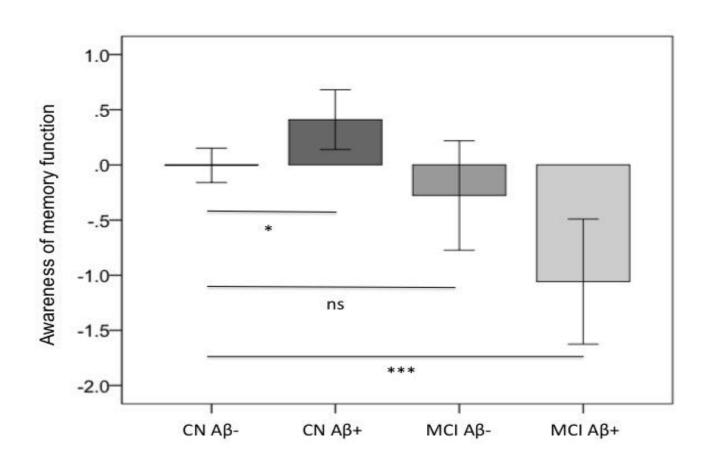
### The continuum of Alzheimer's disease



## Preclinical and MCI groups

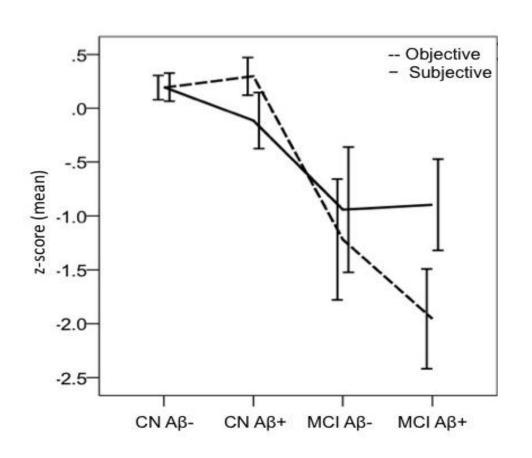
	Total	Total Cognitively normal		Mild Cognitive Impairment	
		Αβ -	$A\beta$ +	Αβ -	$A\beta$ +
N	286	191	62	13	20
Age, y	73.3 (6.4)	72.7 (6.1)	75.0 (6.2)	74.4 (7.5)	72.2 (8.4)
Female, %	56.7	59.1	59.7	53.8	25.0
Education, y	15.8 (3.1)	15.5 (3.1)	16.3 (2.8)	14.7 (3.8)	16.9 (2.4)
MMSE	28.7 (1.5)	29.0 (1.1)	28.8 (1.0)	27.9 (1.3)	25.7 (2.7)
AMNART	120.4 (9.7)	120.0 (9.6)	122.4 (8.4)*	115.9 (15.9)	120.3 (7.8)
GDS total	1.4 (1.5)	1 .2 (1.3)	1.2 (1.3)	4.2 (2.9)	1.6 (1.7)
Subjective, score 1-7	5.2 (0.9)	5.3 (0.9)	4.9 (0.9)	4.1 (0.9)	4.2 (0.9)
Objective, score 0-25	12.6 (4.4)	13.5 (3.5)	13.9 (3.0)	7.3 (3.9)	4.1 (4.3)

### Self-awareness along preclinical/prodromal AD



Vannini et al., in review

# Subjective vs. objective memory along preclinical/prodromal AD



Vannini et al., in review

### Conclusions

- During the preclinical stage Aβ+ individuals may demonstrate greater cognitive concerns, despite normal memory performance
- At the stage of MCI, individuals demonstrate a discrepancy between objective memory performance and subjective report, particularly in A $\beta$ + individuals

## **Importance**

- SCC may be one approach in identifying individuals at greater risk for progression to MCI and AD dementia
- More practically, findings may help to identify subjects appropriate for secondary prevention trials
- SCD may also serve as outcome measures in drug trials that are looking to demonstrate clinical benefit
- SCD should not be dismissed and may become particularly important as treatments become available



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