CENTRALIZED RATING IS THE ONLY WAY TO MAKE THE ADAS-COG RELIABLE AS A PRIMARY OUTCOME
NO.

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Centralized rating has been proposed to lessen the placebo effect that may be enhanced in face-to-face rating. But in blind studies, placebo effect may occur in patients allocated to placebo as well as in those under active drug; this is the difference in ADAS-cog scores between these groups that will determine the efficacy, where ADAS-cog score differences will be the primary outcome. Therefore, decreasing placebo effect is of relative importance. In addition, looking for decrease of placebo effect may lead to type II error.
Contrariwise, since treatment for Alzheimer's disease (AD) is of disease-modifying type, it should affect the slope of decline, which requires relatively long studies, where adherence is important. Since adherence and compliance may be better in face-to-face than in computer/remote rating, the former seems preferable in patients with AD.