PRODROMAL AD – HOW RELIABLE IS THE DIAGNOSIS? ARE WE READY TO START CLINICAL TRIALS? - NO

Miia Kivipelto
Karolinska Institutet Alzheimer Disease Research Center and Karolinska University Hospital, Stockholm, Sweden

After almost 30 years the diagnostic criteria for Alzheimer's disease (AD) have been revised to incorporate state-of-art scientific knowledge acquired since 1984, when diagnostic criteria were last released. Two new sets of criteria have been recently proposed, and the main difference between them relies on the definition of AD itself: for the "Dubois criteria" AD starts with the onset of clinically detectable cognitive impairment while for the "NIA-AAIC criteria" the presence of AD neuropathology (detected with biomarkers) identifies the start of the disease. Such difference mainly reflects our limited knowledge regarding the correlation between the pathological and clinical phenotypes of AD, as well as the role of aging in the onset and progression of AD-related pathology and cognitive impairment. The new diagnostic criteria are mainly intended for research purposes and they still need to be validated. Given that over 70% of persons with dementia are older than 75 years, it is important to understand more about the potential role of AD biomarkers among elderly persons, and acknowledge the heterogeneous nature of AD and common occurrence of mixed dementia. At the same time, due to the high number of negative clinical trials there is a great need for increased research on disease mechanisms in order to find new potential targets for treatment of AD.