*Online supplement.*

*Neuropsychological Assessment used for all waves*

1. Frontal executive functioning : Trails A &B, Fluency (Animals), Clock drawing test

2. Language: Boston naming (15 item)

3. Constructional praxis : CERAD

4. Verbal Memory: RAVLT (with recall & recognition), Non-verbal: Recall of constructional praxis

5. Apraxia and agnosia; ideomotor apraxia, finger gnosis

*Diagnostic criteria for amnestic MCI (waves 1 and 2)*[*1*](#_ENREF_1)

1. Memory complaint preferably corroborated by an informant

2. Objective memory impairment

3. Normal general cognitive function (MMSE 26 or above and overall IQ not significantly affected)

4. Intact activities of daily living

*Diagnostic criteria for MCI (waves 3)*[*2*](#_ENREF_2)

1. Not normal, absence of dementia

2. Cognitive decline

a) subjective (self and/or informant report)

b) objective

3. Some decline in function

4. Preserved basic ADL/minimal impairment in complex IADLs

*Diagnostic criteria for AAMI (all waves)*[*3*](#_ENREF_3)

1. Subject complaints of memory loss

2. Memory performance below 6 on the immediate California

Verbal Learning Test

3. Spot-The-Word score over 49

4. MMSE score 24 or above

5. No evidence of delirium, confusion

6. No neurological disorder that could produce cognitive deterioration as determined by history, clinical neurological examination and, if indicated, neuroradiologic examination

7. No history of any infective or inflammatory brain disease

8. No evidence of significant cerebral vascular pathology as determined by neurological examination

9. No history of repeated minor head injury or a period of unconsciousness lasting an hour or more

10. No current psychiatric diagnosis of depression, mania or major psychiatric disorder

11. No diagnosis or history of alcoholism or drug abuse

12. No evidence of depression as determined by clinical examination for DSM-IV depression

13. No evidence of medical disorders that could produce cognitive deterioration

14. No evidence of any psychotropic drug or any other drug that may significantly affect cognitive functioning during the month prior to psychometric testing

*Diagnostic criteria for AACD (all waves)*[*4*](#_ENREF_4)

1. Report by subject or informant that cognitive (memory and/or other) function has declined

2. Onset is gradual and has been present for at least 6 months

3. Difficulties in one of the following areas: memory and learning; attention and concentration; thinking; language; visuospatial functioning

4. There is an abnormality of performance on quantitative cognitive assessments for which age and education norms are available for relatively healthy individuals. Performance must be below 1 SD on one of the following tests: Symbol-Digit Modalities Test, California Verbal Learning Test and MMSE adjusted for education

5. None of the present existing: dementia, mild cognitive disorder (i.e.,no objective evidence from physical and neurological examination or lab tests and no history of cerebral disease, damage or dysfunction or of systemic physical disorder known to cause cerebral dysfunction); depression; anxiety or other significant psychiatric disorders; organic amnestic syndrome, delirium, post-encephalitic syndrome; post-concussional syndrome; cognitive impairment due to psychoactive substance abuse or the effects of any centrally active drug.

*Diagnostic criteria for MND (all waves)*[*5*](#_ENREF_5)

1. Two or more of the following impairments, lasting more than 2 weeks

a. Memory (reduced learning or recall of information)

b. Executive functioning

c. Attention or speed of information processing

d. Perceptual-motor abilities

e. Language (e.g., comprehension, word finding)

2. A neurological or general medical disorder is judged to be aetiologically related

3. Neuropsychological testing supports abnormality or decline in performance

4. Deficits cause distress or impairment in social/occupational/other functions

5. Does not meet criteria for delirium, dementia, amnestic syndrome, and not better accounted for by another mental disorder

*Diagnostic criteria for other cognitive disorder (all waves)*[*5*](#_ENREF_5)

1. Subject has mild neurocognitive impairment due to medical condition

2. Does not meet criteria for MND

References

1. Petersen RC, Smith GE, Waring SC, Ivnik RJ, Tangalos EG, Kokmen E. Mild cognitive impairment: clinical characterization and outcome. *Archives of neurology* 1999;56(3):303-8.

2. Winblad B, Palmer K, Kivipelto M, Jelic V, Fratiglioni L, Wahlund LO, et al. Mild cognitive impairment--beyond controversies, towards a consensus: report of the International Working Group on Mild Cognitive Impairment. *Journal of internal medicine* 2004;256(3):240-6.

3. Crook T, Bahar H, Sudilovsky A. Age-associated memory impairment: diagnostic criteria and treatment strategies. *Int J Neurol* 1987;21-22:73-82.

4. Kral VA. Senescent forgetfulness: benign and malignant. *Can Med Assoc J* 1962;86:257-60.

5. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. Washington: APA, 1994.