Objectives

The Clinical Dementia Rating (CDR) scale is commonly used to characterize Alzheimer's disease (AD) stages and disease progression. CDR Global score (GS) determines the presence of cognitive impairment/dementia and quantifies disease severity from MCI (CDR 0.5) to mild (CDR 1), moderate (CDR 2) and severe (CDR 3) dementia. Identifying a clinically meaningful change in cognitive and functional tests is essential when cognition is used as an outcome in clinical trials. There is still no consensus between the association of the CDR GS to a score change in other cognitive and functional scales widely used as key endpoints in AD trials. Our objective was to establish clinically important differences for commonly used cognitive and functional tests when subjects progress from MCI to mild dementia and from mild to moderate dementia.

Methods

Effect sizes (ES) were calculated to estimate clinically important changes on the MMSE, ADAS-Cog, RBANS and ADCS ADLI when subjects progressed from MCI to mild dementia and from mild to moderate dementia. Clinically important changes were defined as mean change of MMSE, ADAS-Cog, RBANS and ADC ADLI in subjects rated for the first time CDR GS 1 and CDR GS 2 at 6 and 12 months since baseline. Data from these scales was analyzed for baseline, 6 and 12 months for 466 subjects with AD enrolled in four multinational double-blind, placebo controlled clinical trials.

Results

The mean changes for CDR rated first time mild dementia (CDR 0.5 to 1) in the MMSE, ADAS-Cog, RBANS and ADCS ADLI were respectively: -2.34±3.77 (d=-0.72), 2.83±7.35 (d= 0.43), -4.23±11.58 (d=-0.38) and -3.90±6.78 (d=-0.65). The mean changes for CDR rated first time moderate dementia (CDR 1 to 2) in the MMSE, ADAS-Cog, RBANS and ADCS ADLI were respectively: -5.07±3.99 (d=-1.45), 5.61±8.77 (d= 0.68), -4.23±6.96 (d=-0.55) and -14.22±12.00 (d=-1.29).

Conclusions

We have explored the effect sizes of change on these instruments associated with CDR reflecting mild and moderate dementia. All scales captured worsening effectively when there was progression from MCI to mild dementia but the MMSE and the ADCS ADLI demonstrated being more sensitive to capturing worsening when there's progression from mild to moderate dementia.

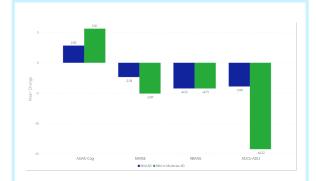


Figure 1: Mean change on ADAS-Cog, MMSE, RBANS and ADCS-ADLI when progresses from MCI to mild dementia and mild to moderate dementia

Scale Name	Visit	Mean	Delta Mean	SD	N	Min Score	Max Score
CDR	Baseline	1.00		0.00	70	1	1
ADAS-Cog	Baseline	25.57		7.80	69	12	47.33
ADAS-Cog	Mild to Moderate	31.19	5.61	8.77	64	15	56
ADCS-ADLI	Baseline	57.82		9.95	45	35	72
ADCS-ADLI	Mild to Moderate	43.60	-14.22	12.00	45	15	66
MMSE	Baseline	20.21		2.95	70	13	28
MMSE	Mild to Moderate	15.14	-5.07	3.99	70	5	24
RBANS	Baseline	54.92		8.04	65	42	72
RBANS	Mild to Moderate	50.69	-4.23	6.96	36	42	70

Table 2: Sample characterization when progression from mild to moderate dementia

Scale Name	Visit	Mean	Delta Mean	SD	N	Min Score	Max Score
CDR	Baseline	0.50		0.00	396	0.5	0.5
ADAS-Cog	Baseline	17.15		5.64	328	5.67	38
ADAS-Cog	MCI to Mild	19.98	2.83	7.35	321	5.67	46.67
ADCS-ADLI	Baseline	69.33		5.19	88	54	77
ADCS-ADLI	MCI to Mild	65.43	-3.90	6.78	87	41	77
MMSE	Baseline	23.70		2.70	395	16	30
MMSE	MCI to Mild	21.35	-2.34	3.77	345	9	30
RBANS	Baseline	66.35		10.94	387	45	104
RBANS	MCI to Mild	62.12	-4.23	11.58	276	43	100

Table 1: Sample characterization when progression from MCI to mild dementia

Cohen MCI to Mild	Cohen Mild to Moderate
0.43	0.68
-0.65	-1.29
-0.72	-1.45
-0.38	-0.55
	MCI to Mild 0.43 -0.65 -0.72

Table 3: Effect sizes for ADAS-Cog, ADCS-ADLI, MMSE and RBANS

References

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