

LETTER TO THE EDITOR

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Response to “Parkinson’s disease mild cognitive impairment classifications and neurobehavioral symptoms”

A recent paper, “Parkinson’s disease mild cognitive impairment classifications and neurobehavioral symptoms” (McDermott *et al.*, 2017), provides an interesting comparison of the influence of different criteria for Parkinson’s disease with mild cognitive impairment (PD-MCI) on progression to dementia (PDD). Unfortunately, McDermott *et al.* (2017) incorrectly stated that “only 21% of PD-MCI participants (identified with a 1.5 SD cut-off) converted to PDD within four years” (p.6) in our study (Wood *et al.*, 2016). However, the important point made by Wood *et al.* (2016) was that the proportion of conversions to PDD was 51% when the PD-MCI diagnosis required a minimum of two 1.5 SD impairments within any single cognitive domain, whereas additional PD-MCI patients classified with one impairment at 1.5 SD in each of the two domains (but never two impairments in the same domain) had a non-significant risk of dementia relative to non-MCI patients (11% vs. 6% converted, respectively). Our PDD conversion rate was 38% when combining both 1.5 SD criteria (21/56 PD-MCI patients vs. 4/65 non-MCI patients converted); McDermott *et al.* (2017) found a 42% conversion rate over three years for similarly described PD-MCI patients (10/24 PD-MCI patients vs. 0/27 non-MCI patients converted). Our study was also part of a multinational study (n = 467) showing that PD-MCI has predictive validity beyond known demographic and PD-specific factors of influence

(Hoogland *et al.*, 2017). All three studies found that multiple cognitive domain impairments are common in PD-MCI. Nonetheless, the research community needs to clarify the association between PD-MCI subtypes and, especially, the optimal cognitive markers for dementia risk in PD patients.

References

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KYLA-LOUISE HORNE,^{1,2,3} DANIEL J. MYALL,¹
MICHAEL R. MACASKILL,^{1,4}
TIM J. ANDERSON^{1,2,4,5}
AND JOHN C. DALRYMPLE-ALFORD^{1,2,3,4}

¹New Zealand Brain Research Institute, Christchurch, New Zealand

²Brain Research New Zealand, Christchurch, New Zealand

³Department of Psychology, University of Canterbury, Christchurch, New Zealand

⁴Department of Medicine, University of Otago, Christchurch, New Zealand

⁵Department of Neurology, Christchurch Hospital, Christchurch, New Zealand

Email: kyla.horne@nzbrri.org