

Clinical diagnosis of Alzheimer's disease (adapted from McKhann et al 2011²)

Possible Alzheimer's disease	Probable Alzheimer's disease
Atypical course, e.g. sudden onset	Insidious onset
Insufficient historical detail or objective cognitive documentation of decline	Clear-cut history of worsening of cognition
	Initial prominent deficits (>1) are for: ● learning and recall of information ● word finding ● object or face recognition ● reasoning, judgment, problem solving
Aetiologically mixed presentation with some evidence of: ● concomitant cerebrovascular disease ● dementia with Lewy bodies ● relevant active comorbidity or medication	No evidence of: ● substantial cerebrovascular disease ● dementia with Lewy bodies ● behavioural variant frontotemporal dementia ● semantic variant primary progressive aphasia or nonfluent/agrammatic variant primary progressive aphasia ● active comorbidity or medication
Increased level of certainty, but alternative aetiology possible, with: ● evidence of a causative genetic mutation (in APP, PSEN1, or PSEN2) ● positive evidence of beta-amyloid (PET or CSF) ● evidence of neuronal injury (CSF tau, FDG-PET, structural MRI)	Increased level of certainty with: ● formally documented decline