

UDSv4: New Scientific Content Importance of Standardization

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ADRD-Disease Modifying Drugs

Form A4a: ADRD-Specific Treatments









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Social Determinants of Health

A1a: Social Determinants of Health

One-time mandatory form







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New Concepts

- Subjective Cognitive Decline
- Mild Behavioral Impairment
- Addition of the new verbal learning test





ADRD-Disease Modifying Drugs

Form A4a: ADRD-Specific Treatments





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A1a: Social Determinants of Health

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- Subjective Cognitive Decline
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More Inclusive

- More inclusive gender and sexual orientation questions
- Captures multi-racial identity





Fostering Inclusion

UDSv4 Chinese and Spanish translations







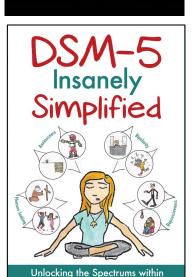
Expanded Health History (Form A5)

- TBI
- Cardiovascular risks
 - also Form B1 Vitals/anthropometrics
- Cancer risks and treatments
- Substance use/abuse
- DSM-5 psychiatric designations (minor & major)
- All allow chronic disease scale scores to be calculated
 - Charlson Index, Framingham Risk scores,...etc.)



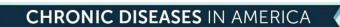






DSM-5 and ICD-10

STEVEN BUSER, MD



6 IN 10 Adults in the US have a chronic disease



4 IN 10 Adults in the US have two or more

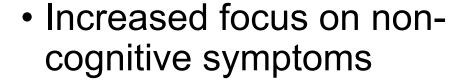
THE LEADING CAUSES OF DEATH AND DISABILITY and Leading Drivers of the Nation's \$4.1 Trillion in Annual Health Care Costs





B8/B9- Neurologic Exam & Clinician Impressions

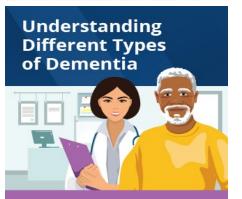
 Expanded to incorporate full range of neurodegenerative disease states



 Enhanced appreciation of behavioral & neuropsychiatric symptoms















D1-Diagnosis Form

- Split to include:
 - D1a-Clinical diagnosis
 - D1b-biologic attribution
- Allows new criteria to be analyzed systematically
- Eliminates clinical-biologic confounds that confuse research
- Incorporates DSM-5 concepts and broadens to be more inclusive of the range of pathologies and biomarkers
 - Current and future looking approach

Form D1a

Clinical state

Typical phenotype

(amnestic syndrome of the hippocampal type)

Atypical AD phenotype

(posterior cortical atrophy, logopenic variant, frontal variant, Down syndrome)

Asymptomatic at risk/ Presymptomatic

Form D1b

Pathophysiological marker

CSF (Iow Aβ₁₋₄₂ AND high T-tau OR P-tau)

Amyloid PET (high retention of amyloid tracer)

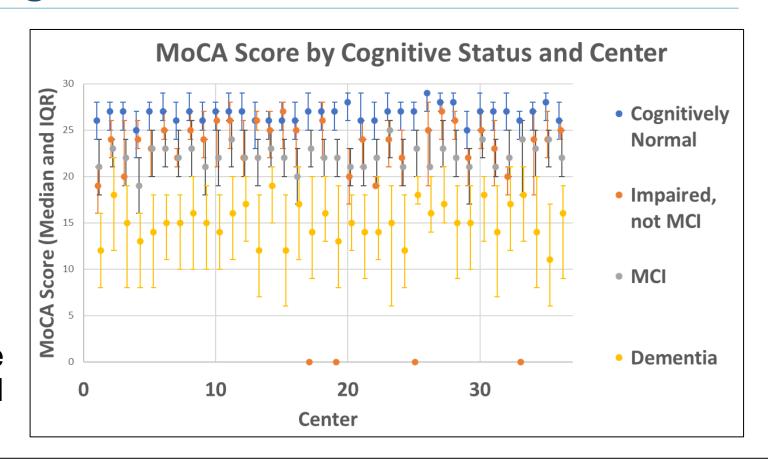
Volumetric RMI and other imaging tools (FDG-PET, SPECT, ...)





Standardizing Diagnoses Across Centers

- Normal mean score range (24-28)
- MCI mean score range (20-24)
- Dementia mean score range (12-16)
- The between center variation is likely due to population studied



Impaired other is a mixed bag, with mean center MoCA ranging from 18 to 25

- Some use this for designating lifelong cognitive impairment (i.e. adult Down Syndrome)
- Some use it for MCI/dementia due to non-degenerative or vascular conditions





Impaired Other is Now Being Better Attributed

- This will allow better science into our understanding of pre-existing cognitive states & non-classical forms of dementia
- Let's turn this waste basket diagnosis into something that works!

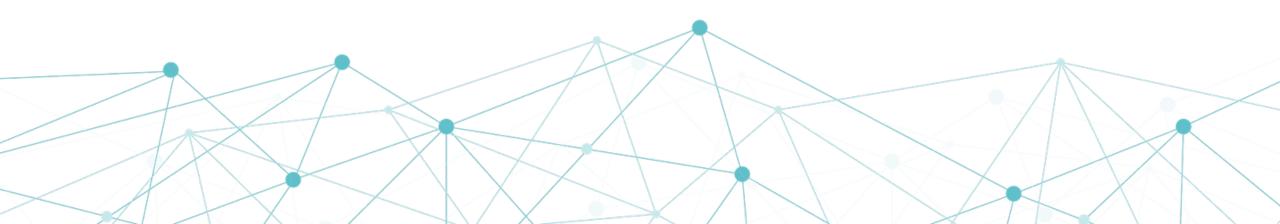








Thank you!



Connect with Dr. Jicha

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