

Neurophysiological biomarkers of Mild Cognitive Impairment (MCI) due to Alzheimer's disease: a TMS study

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Evolution of AD diagnostic criteria

*Mayo Clinic criteria
(Petersen et al. 1999)*

*Expanded Mayo Clinic Criteria
(Winblad et al. 2004; Petersen
et al 2004)*

*NIA-AA
(Albert et al. 2011)*

*DSM-5
(American psychiatric
association 2013)*

*NIA-AA Research Framework
(Jack et al. 2018)*

*IWG criteria
(Dubois et al. 2007)*

*IWG revised criteria
(Dubois et al. 2014)*



		Cognitive stage		
		Cognitively Unimpaired	Mild Cognitive Impairment	Dementia
Biomarker Profile	A ⁻ T ⁻ (N) ⁻	normal AD biomarkers, cognitively unimpaired	normal AD biomarkers with MCI	normal AD biomarkers with dementia
	A ⁺ T ⁻ (N) ⁻	Preclinical Alzheimer's pathologic change	Alzheimer's pathologic change with MCI	Alzheimer's pathologic change with dementia
	A ⁺ T ⁺ (N) ⁻	Preclinical Alzheimer's disease	Alzheimer's disease with MCI (Prodromal AD)	Alzheimer's disease with dementia
	A ⁺ T ⁺ (N) ⁺			
	A ⁺ T ⁻ (N) ⁺	Alzheimer's and concomitant suspected non Alzheimer's pathologic change, cognitively unimpaired	Alzheimer's and concomitant suspected non Alzheimer's pathologic change with MCI	Alzheimer's and concomitant suspected non Alzheimer's pathologic change with dementia
	A ⁻ T ⁺ (N) ⁻	non-Alzheimer's pathologic change, cognitively unimpaired	non-Alzheimer's pathologic change with MCI	non-Alzheimer's pathologic change with dementia
	A ⁻ T ⁺ (N) ⁺			
	A T ⁺ (N) ⁺			

NIA-AA Research Framework: Toward a biological definition of Alzheimer's disease (Jack et al. 2018)

Short afferent inhibition (SAI):

- Performed delivering electrical stimulation to a peripheral nerve prior to a TMS pulse directed to the motor cortex at short ISI (20 to 50ms), reflecting the Ach inhibitory interneuron of the cortex (*Tokimura H. et al., J Physiol, 2000; Di Lazzaro V. et al., Exp. Brain Res, 2000*)
- Some studies have shown impairment of SAI in MCI patients (*Nardone et al., j. Neural Transm, 2012; Benussi et al. Brain Stim, 2021*)

Intermittent theta burst stimulation

- Protocol of repetitive TMS characterized by very high frequency (50Hz) trains of stimuli delivered intermittently at theta frequency (5Hz) (*Di Lazzaro V. et al. J. Physiol, 2005*).
- Other studies shown an impairment in LTP induced by iTBS (*Di Lorenzo F. et al. Brain Stim, 2020; Colella D. et al. Clin Neurophysiol, 2021*).

	MCI due to AD (n = 4)	HC (n = 4)
Age at baseline (mean $\pm$ SD)	68 $\pm$ 2,1	65,2 $\pm$ 1,2
Female (TOT)	1	2
MMSE at baseline (mean $\pm$ SD)	22,2 $\pm$ 2,3	29,5 $\pm$ 0,5
MMSE T1 (mean $\pm$ SD)	21,7 $\pm$ 1,8	29,5 $\pm$ 0,5
CSF BETA-42 pg/mL (mean $\pm$ SD)	356,7 $\pm$ 79,4	-
CSF BETA-40 pg/mL (mean $\pm$ SD)	4945,2 $\pm$ 1960,8	-
TAU TOT pg/mL (mean $\pm$ SD)	440,375 $\pm$ 278,7	-
P-TAU pg/mL (mean $\pm$ SD)	106,95 $\pm$ 56,8	-

Inclusion criteria:

- Diagnosis of MCI due to AD (amnesic-MCI + alteration of A β and Tau) (PROAD) (*NIA-AA 2018*)
- No history of psychiatric disorders

Exclusion criteria:

- Evidence of secondary cause of dementia

CSF sampling:

- ABETA-42
- ABETA-40
- PTAU

Neuropsychological assessment:

- MMSE
- NPI

Neurophysiological assessment:

- MEP
- SICI
- ICF
- SAI 2-3
- iTBS

Baseline

Neuropsychological assessment and
CSF sampling

T0

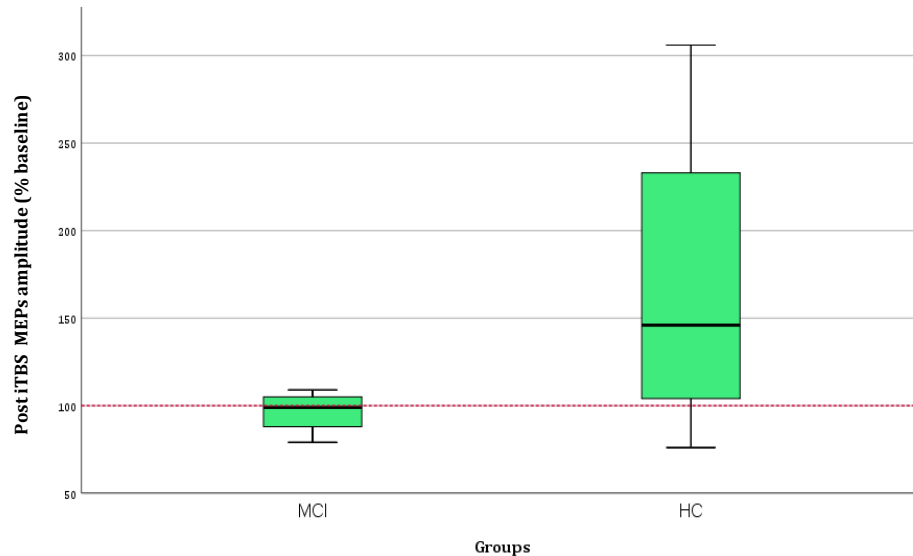
Neurophysiological
assessment within 30
days

T1

Neurophysiological/Neuropsychological
assessment after 180 days

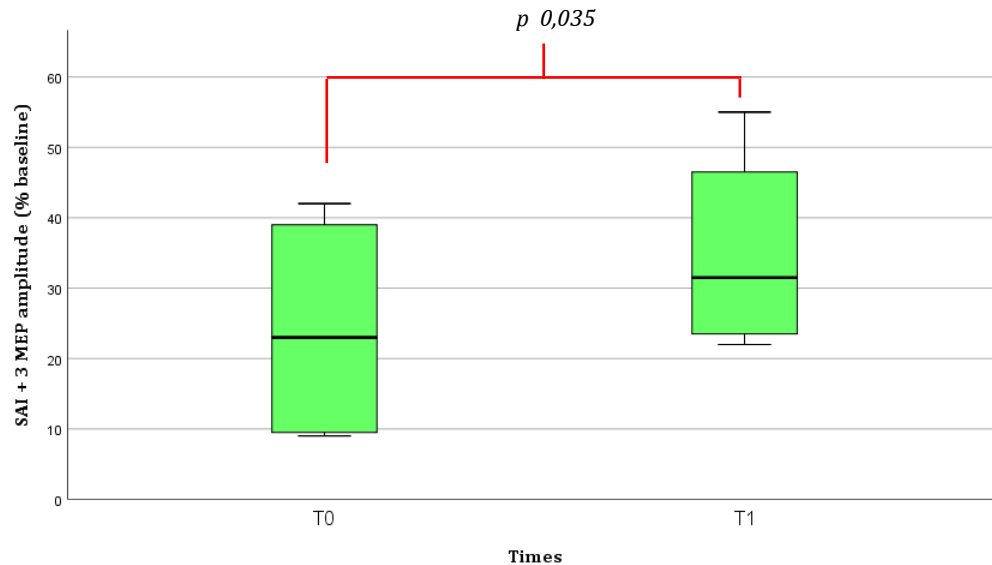
	MCI due to AD (n = 4)				Healty Controls (n = 4)	
	T0		T1		T0	
		<i>p value</i>		<i>p value</i>		<i>P value</i>
SAI + 2 ms (% mean ± SD)	26 ± 16	0,02	30 ± 16	0,02	38 ± 23	0,02
SAI + 3 ms (% mean ± SD)	24 ± 17	0,02	35 ± 15	<0,01	52 ± 17	<0,01
SICI (% mean ± SD)	35 ± 15	0,04	35 ± 21	0,05	45 ± 24	0,04
ICF (% mean ± SD)	139 ± 43	0,24	167 ± 38	0,10	159 ± 89	0,17
MEP post-iTBS (% mean ± SD)	97 ± 13	0,44	94 ± 37	0,46	168 ± 98	0,22
MEP baseline mV (mean ± SD)	1146 ± 494	-	1099 ± 435	-	471 ± 89	-

	MCI due to AD (n = 4)	Healty Controls (n = 4)	
	T0	T0	
			<i>P value</i>
SAI + 2 ms (% mean ± SD)	26 ± 16	38 ± 23	0,19
SAI + 3 ms (% mean ± SD)	24 ± 17	52 ± 17	0,09
SICI (% mean ± SD)	35 ± 15	45 ± 24	0,35
ICF (% mean ± SD)	139 ± 43	159 ± 89	0,17
MEP post-iTBS : (% mean ± SD)	97 ± 13	168 ± 98	0,5
MEP baseline mV (mean ± SD)	1146 ± 494	471 ± 89	0,06



MCI due to AD (n = 4)

	T0	T1	<i>P value</i>
SAI + 2 ms (% mean $\pm$ SD)	26 $\pm$ 16	30 $\pm$ 16	0,69
SAI + 3 ms (% mean $\pm$ SD)	24 $\pm$ 17	35 $\pm$ 15	0,03
SICI (% mean $\pm$ SD)	35 $\pm$ 15	35 $\pm$ 21	0,57
ICF (% mean $\pm$ SD)	139 $\pm$ 43	167 $\pm$ 38	0,23
MEP post-iTBS (% mean $\pm$ SD)	97 $\pm$ 13	94 $\pm$ 37	0,86
MEP baseline mV (mean $\pm$ SD)	1146 $\pm$ 494	1099 $\pm$ 89	0,89



Conclusions:

- ICF and LTP induced by iTBS is altered in patients with MCI due to AD
- SAI might be preserved in the initial phase
- The neurophysiological parameters remains stable over time with the exception of SAI + 3 in our cohort
- More studies are warranted for the validation of TMS measures as biomarkers of MCI due to AD

Limitation:

- Sample size
- Short follow Up

Thank You!

Dr. Alessandro Cruciani

