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Objective: In the field of neurocognitive disorders, the perspective offered by new disease-modifying therapy increases the importance of etiological diagnosis. The prescription of cerebrospinal fluid analysis (CSF) and imaging biomarkers is a common practice in the clinic but is often driven more by personal expertise and local availability of diagnostic tools than by evidence of efficacy and cost-effectiveness analysis. This leads to a widely heterogeneous dementia care across Europe. Therefore, a European initiative is currently being conducted to establish a consensus for biomarker-based diagnosis of patients with mild cognitive impairment (MCI) and mild dementia.
Participants and Methods: Since November 2020, a European multidisciplinary task force of 22 experts from 11 scientific societies have been defining a diagnostic workflow for the efficient use of biomarkers. The Delphi consensus procedure was used to bridge the gaps of incomplete scientific evidence on biomarker prioritization. The project has been in two phases. During Phase 1, we conducted a literature review on the accuracy of imaging, CSF, neurophysiological and blood biomarkers in predicting the clinical progression or in defining the underpinning aetiology of main neurocognitive disorders. Evidence was provided to support the panelists' decisions. In phase 2, a modified Delphi procedure was implemented, and consensus was reached at a threshold of 70% agreement, or 50%+1 when a question required rediscussion.
Results: In phase 1, 167 out of 2,200 screened papers provided validated measures of biomarker diagnostic accuracy compared with a gold standard or in predicting progression or conversion of MCI to the dementia stage (i.e., MRI, CSF, FDG-PET, DaT-imaging, amyloid-PET, tau-PET, and myocardial MIBG-scintigraphy and EEG). During phase 2, panelists agreed on the clinical workspace of the workflow, the stage of application, and the patient age window. The workflow is patient-centered and features three levels of assessment (W): W1 defines eleven clinical profiles based on integrated results of neuropsychology, MRI atrophy patterns, and blood tests; W2 describes the first-line biomarkers according to W1 versus clinical suspicion; and W3 suggests the second-line biomarkers when the results of first-line biomarkers are inconsistent with the diagnostic hypothesis, uninformative or inconclusive. CSF biomarkers are first-line in the suspect of Alzheimer's disease (AD) and when inconsistent neuropsychological and MRI findings hinder a clear diagnostic hypothesis; dopamine SPECT/PET for those leading to suspect Lewy body spectrum. FDG-PET is first-line for the clinical profiles leading to suspect frontotemporal lobar degeneration and motor tauopathies and is followed by CSF biomarkers in the case of atypical metabolic patterns, when an underlying AD etiology is conceivable.
Conclusions: The workflow will promote consistency in diagnosing neurocognitive disorders across countries and rational use of resources. The initiative has some limitations, mainly linked to the Delphi procedure (e.g., kick-off questions were driven by the moderators, answers are driven by the Delphi panel composition, a subtle phrasing of the questions may drive answers, and 70% threshold for convergence is conventional). However, the diagnostic workflow will be able to help clinicians achieve an early and sustainable etiological diagnosis and enable the use of disease-modifying drugs as soon as they become available.

Categories: Dementia (Non-AD)
Keyword 1: dementia - Alzheimer's disease
Keyword 2: neuropsychological assessment
Keyword 3: neuroimaging: structural
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65 Learning Ability in Relation to Everyday Activities in Patients with Korsakoff's Syndrome, Other Alcohol-

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Related Cognitive Impairments, or Uncomplicated Alcohol Use Disorder

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Objective: Assessment of learning potential in patients with cognitive disorders in individuals with alcohol-related cognitive disorders (including Korsakoff's syndrome; KS) is highly relevant, as this may help to tailor interventions, guide treatment planning and help to optimize care. However, studies on assessing learning potential or learning ability using neuropsychological assessment in relation to changes in everyday activities during the course of treatment are scarce. In this study we examined whether verbal and visuospatial learning curves could be used as an index of learning ability in relation to everyday activities before and after a treatment program.
Participants and Methods: We examined the episodic learning ability of patients with KS (N=137), other alcohol-related cognitive impairments (ARCI; N=164), and uncomplicated alcohol use disorder (AUD; N=49). For this, we calculated the learning curves for the California Verbal Learning Test (CVLT) and the Location Learning Test - Revised (LLT-R) and examined their association with ratings of everyday activities by the patient and his/her professional caregiver using the Patient Competency Rating Scale (PCRS) before and after a 10-12 week treatment program following admission to the Korsakoff Centre.
Results: For both verbal and visuospatial memory, the AUD group had a steeper learning curve than the ARCI patients, who in turn had a steeper learning curve than the KS group ($p<.01$). While the VLGT total score was related to the PCRS in all patient groups (Pearson $r>.38$, $p<.01$), this was only the case for the KS group for the LLT-R total score ($r>-.29$, $p<.01$). However, the learning curve estimates of both tests were neither related to the PCRS absolute scores (for patients and caregivers, before and after treatment) nor to the ΔPCRS scores during the course of the treatment program.
Conclusions: Episodic learning ability, as measured with the learning curves of the CVLT and LLT-R, were unrelated to the patients everyday activity level as measures by the patients themselves or their professional caregiver. The results will be discussed in relation to other tools for assessing the learning potential of cognitively impaired patients, such as dynamic testing.

Categories: Dementia (Non-AD)
Keyword 1: Korsakoff's syndrome/Wernicke's encephalopathy
Keyword 2: alcohol
Keyword 3: neuropsychological assessment
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66 An Examination of Racial Disparities on Dementia Types in the Black Community

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Objective: There is limited and inconsistent research exploring diagnosis, treatment, and prevention of dementias amongst Black Indigenous People of Color (BIPOC). By 2050, it is suspected that the White population will significantly decrease and BIPOC groups will comprise the majority of the US population yet BIPOC are historically underrepresented in dementia research. Prior research indicates apolipoprotein 4 allele (APOE-4) status is associated with a greater risk of developing Alzheimer's disease in Black individuals when compared to non-Hispanic Whites. Investigating the racial disparities in dementia will expand our knowledgebase of risk for dementia types in the Black community to better meet the evergrowing population needs. The current study explored the impact of racial identity on global cognitive functioning, independent of age, education, and APOE e4 status.
Participants and Methods: Participants were drawn from the Alzheimer's Disease Neuroimaging Initiative (ADNI) study and consisted of five pairs of Black and White individuals (n = 10) matched based on age, education, and APOE status. Global cognitive performance was measured by the total Mini Mental Status Examination (MMSE) score. Notably, only five Black individuals in phase 1 of

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