

Supplementary Table 1. Global Deterioration Scale

Stage	Cognitive dysfunction	Clinical characteristic
1	No cognitive decline	<u>Patients appear clinically normal.</u> No complaints of memory deficits. No evident memory deficit on clinical interview.
2	Very mild cognitive decline	<u>Patients complain of memory deficits.</u> Most frequently, patients: (a) forget where they have placed familiar objects; (b) forget the name of someone they formerly knew well. No objective evidence of memory deficit on clinical interview. No objective deficits in employment or social situations. Patients display appropriate concern about their symptoms.
3	Mild cognitive decline	<u>Earliest clear-cut deficits.</u> Objective evidence of memory deficit was obtained only with an intensive interview conducted by a trained geriatric psychiatrist. Concentration deficit may be evident on clinical testing. Patients may demonstrate a reduced ability to: (a) remember names upon introduction to new people; (b) retain information after reading a passage from a book. Decreased performance becomes manifest in demanding employment and social situations. Examples may include: (a) co-workers becoming aware of the patient's relatively poor performance; (b) difficulties in finding words and names becoming evident to intimate acquaintances; (c) losing or misplacing objects of value; (d) getting lost when traveling to unfamiliar locations. The subtlety of the clinical symptoms may be exacerbated by denial that is often manifest in these patients. Mild-to-moderate anxiety also accompanies the symptoms, typically when the patients are forced to cope with challenging employment and social demands that they find they can no longer negotiate.
4	Moderate cognitive decline	<u>Clear-cut deficits on careful clinical interview.</u> Deficits are manifest in many areas, such as: (a) concentration deficit elicited in serial subtractions; (b) decreased knowledge of current events and recent life events; (c) upon careful questioning, patients may exhibit a deficit in memory of their personal history; (d) decreased ability to travel alone and manage finances. Patients can no longer perform complex tasks accurately and efficiently. However, certain abilities remain preserved, such as: (a) orientation to time and people; (b) familiar persons and faces can be distinguished from strangers; (c) ability to travel to familiar locations. Denial is often the dominant defence mechanism. The evident decline in the patients' intellectual and cognitive capacities is too overwhelming a loss for full conscious acceptance and recognition. A flattening of affect and withdrawal from previously challenging situations are observed.
5	Moderately severe cognitive decline	<u>Patients can no longer survive without some assistance.</u> During interviews, patients are unable to recall a major relevant aspect of their current lives. Examples include: (a) difficulty recalling their address or telephone number, names of close family members, such as grandchildren, or the name of the high school or university from which they graduated; (b) some disorientation to time (date, day of the week, season) or location; (c) well-educated patients may have difficulty counting backwards from 40 by 4s or from 20 by 2s. Patients retain the knowledge of many major facts regarding themselves and others. They invariably know their own names and generally know their spouse and children's names. They require no assistance with toileting and eating but may have some difficulty choosing the proper clothing to wear and may occasionally clothe themselves improperly (e.g., put their shoes on the wrong feet).
6	Severe cognitive decline	<u>Patients may occasionally forget the name of their spouse, on whom they depend entirely for survival.</u> Patients are largely unaware of all recent events and experiences in their lives.

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