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Supplementary Material

Article Title: Incident Psychosis in Mild Cognitive Impairment and Alzheimer's Disease Subjects

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List of Supplementary Material for the article

1. eTable 1 Studies Reporting on the Incidence of Psychosis in Alzheimer Disease

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eTable 1. Studies Reporting on the Incidence of Psychosis in Alzheimer Disease							
#	Manuscript	Sample Source	N	AD/MCI	Psychosis Assessment (frequency)	Observed Incidence	Identified Clinical Correlates / *Comments*
1	Levy ML, Cummings JL, Fairbanks LA, Bravi D, Calvani M, Carta A: Longitudinal assessment of symptoms of depression, agitation, and psychosis in 181 patients with Alzheimer's disease. Am J Psychiatry 1996; 153:1438–1443	Drug Study	181	AD (mild to moderate severity)	AD Assessment scale (3 month intervals for 1 year)	25%	AD+P presence (not incidence) was significantly associated with greater cognitive impairment, greater rate of cognitive decline, and greater age.
2	Ballard CG, O'Brien JT, Swann AG, Thompson P, Neill D, McKeith IG: The natural history of psychosis and depression in dementia with Lewy bodies and Alzheimer's disease: persistence and new cases over 1 year of follow-up. J Clin Psychiatry 2001; 62: 46–49	Case Register-UK	132	AD (severity not specified)	Columbia University Scale for Psychopathology in AD (Annual for 1 year)	Delusions:24% Misidentification Delusions: 12% Visual Hallucinations: 13% Auditory Hallucinations: 7%	
3	Caligiuri MP, Peavy G, Salmon DP, Galasko DR, Thal LJ: Neuromotor abnormalities and risk for psychosis in Alzheimer's disease. Neurology 2003; 61:954–958	ADRC-UCSD	54	AD (severity not specified)	Behave-AD (Annual for up to 2 years)	32.5% (Annualized 16.3%)	Increased incidence of AD+P in women
4	Chen JY, Stern Y, Sano M, Mayeux R: Cumulative risks of developing extrapyramidal signs, psychosis, or myoclonus, in the course of Alzheimer's disease. Arch Neurol 1991; 48:1141– 1143	Dementia Clinic	72	AD (severity not specified)	Psychiatric interview using DSMIII as a guide (Evaluated at least twice with a minimum interval of 6 months between evaluations)	29.6% (Annualized 10.2%)	
5	Haupt M, Kurz A, Janner M: A 2-year follow-up of behavioural and psychological symptoms in Alzheimer's disease. Dement	Outpatient Psychiatry Clinic	60	AD (mild to moderate severity)	Behave-AD (Annual for up to 2 years)	Delusions:29.7% (Annualized 14.9%) Hallucinations:	AD+P presence (not incidence) was significantly associated with greater functional

	Geriatr Cogn Disord 2000; 11:147–152					18.8% (Annualized 9.4%)	impairment
6	Paulsen JS, Salmon DP, Thal LJ, Romero R, Weisstein-Jenkins C, Galasko D, Hofstetter CR, Thomas R, Grant I, Jeste DV: Incidence of and risk factors for hallucinations and delusions in patients with probable AD. Neurology 2000; 54:1965–1971	ADRC-UCSD	254	AD (mild to moderate severity)	Diagnostic Interview Schedule for the DSM-III (Annual for up to 4 years)	Cumulative incidence Yr 1= 20.1% Yr 2= 36.1% Yr 3= 49.5% Yr 4= 51.3%	AD+P presence (not incidence) was significantly associated with greater cognitive impairment, greater rate of cognitive decline, and motoric impairments including parkinsonian gait
7	Sweet RA, Kamboh I, Wisniewski SR, Lopez OL, Klunk WE, Kaufer DI, DeKosky ST: Apolipoprotein E and alpha-1-antichymotrypsin genotypes do not predict time to psychosis in Alzheimer's disease. J Geriatr Psychiatry Neurol 2002; 15:24–30	ADRC-UPITT	253	AD (mild to moderate severity)	CERAD Behavioral Rating Scale (Annual)	18.6%	No effect of APOE*4 genotype on incident psychosis *Only 253 of 316 enrolled subjects were at risk.*
8	Wilkosz PA, Miyahara S, Lopez OL, Dekosky ST, Sweet RA. Prediction of psychosis onset in Alzheimer disease: The role of cognitive impairment, depressive symptoms, and further evidence for psychosis subtypes. Am J Geriatr Psychiatry. 2006 Apr;14(4):352-60.	ADRC-UPITT	288	AD (mild to moderate severity) MCI	CERAD Behavioral Rating Scale (6 month intervals for up to 3.7 years)	28.5% (Annualized 19%)	Greater cognitive impairment and antidepressant use risk factors for incident psychosis.

9	Wilkosz PA, Kodavali C, Weamer EA, Miyahara S, Lopez OL, Nimgaonkar VL, DeKosky ST, Sweet RA. Prediction of psychosis onset in Alzheimer disease: the role of depression symptom severity and the HTR2A T102C polymorphism. Am J Med Genet B Neuropsychiatr Genet. 2007 Dec 5;144B(8):1054-62.	ADRC-UPITT	324	AD (mild to moderate severity) MCI	CERAD Behavioral Rating Scale (6 month intervals for up to 4.8 years)	34.0% (Annualized 15.6%)	Greater cognitive impairment, higher education, and depression severity risk factors for incident psychosis. *Includes subjects in Study 8, above.*
10	Vilalta-Franch J, López-Pousa S, Calvó-Perxas L, Garre-Olmo J. Am J Geriatr Psychiatry. 2013 Nov;21(11):1135-43.	Memory Unit	455	AD (mild to moderate severity)	CAMDEX and NPI (6 month intervals for up to 2 years)	Cumulative incidence 6mo= 5.8% 12mo= 10.6% 18mo= 13.5% 24mo= 15.1%	Irritability, worsened expressive language and calculation skills were risk factors for incident psychosis. Preserved learning, memory, and perception were protective for incident psychosis.