requirements would lead to better extrapolation from younger to older ages. Thus, consideration should be given to including older adults in trials, despite the perceived problems. An additional implication is that defining successful prevention should vary by the age of the participants.

Although these findings need to be replicated in other databases, it appears older individuals with AD dementia enrolled in clinical trials show substantially less cognitive worsening measured with the ADAS-cog or MMSE than younger individuals, and this needs to be accounted for in clinical trial designs. The clinical interpretation of change on the ADAS-cog may also differ depending on age. Until predictors or markers of decline are better understood, considering age in sample selection may be particularly important regarding clinical management and therapeutic trial outcomes.

**REFERENCES**


**AUTHOR CONTRIBUTIONS**

Lon S. Schneider, MD: drafting/revising the manuscript for content, including medical writing for content, study concept and design, analysis, and interpretation of data. Richard E. Kennedy, MD, PhD: revising the manuscript for content, including medical writing for content, study concept and design, analysis, and interpretation of data. Guoqiao Wang, MS: revising the manuscript for content, analysis, and interpretation of data. Gary R. Cutter, PhD: revising the manuscript for content, study concept and design, analysis, and interpretation of data.

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