Supplement

Serum GFAP differentiates Alzheimer´s disease from frontotemporal dementia and predicts MCI to dementia conversion

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Elements included in the supplement

eMethods
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Diagnoses of control patients:

Nijmegen:
Headache (tension type, thunderclap, other) (8x), no neurological problem (7x), suspected subarachnoidal bleeding (but not found) (2x), suspected (but no) dementia (2x), cognitive problems cci (2x), mood disorder (2x), depression (2x), CTS (2x), functional problem, control after meningitis, small aneurysma, NPH, possible hypertensive encephalopathy, axonal polyneuropathy, anxiety disorder, peroneus neuropathy, pneumonia, conversion syndrome, myasthenia gravis, stiffness and pain in legs, visual disturbances, periodic amnesia, AION, cervical myelopathy after compression, systemic lymphoma (not cerebral), borrelia (but no neuroborreliosis),

Munich:
Healthy controls without cognitive complaints, unimpaired on psychometric testing and normal on AD core biomarkers (Aβ42/40, pTau181, tTau) (n= 25); Depression unimpaired on psychometric testing and normal on AD core biomarkers (Aβ42/40, pTau181, tTau) (n=9); subjective cognitive impairment, unimpaired on psychometric testing and normal on AD core biomarkers (Aβ42/40, pTau181, tTau) (n=9).

Ulm:
Fascialis paresis (18x), tension headache (5x), trochlear nerve palsy (3x), pansinusitis (2x), headache (2x), abduens nerve palsy, dissociative seizures and post-traumatic stress disorder, keratoconus, TMJ osteoarthritis, physical and mental stress situation and prostate cancer, tingling paresthesia, polyneuropathy, lymphocytic leukocytosis, ocular myositis, polyneuropathy and RLS, pain in right leg, sinusitis, tension headache with mild SVE, trigeminal autonomic cephalgia, Vogt-Koyanagi-Harada disease