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**Optimal cutoff scores for Dementia and mild cognitive impairment in the Brazilian version of the Montreal cognitive assessment among the elderly**

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The distinction between cognitive alterations compatible with normal aging and pathological processes in the early stages, such as mild cognitive impairment (MCI) and mild Alzheimer's disease (AD), is sometimes difficult. The aim of the present study was to propose cutoff scores for the Brazilian version of the Montreal Cognitive Assessment (MoCA-BR) stratified by education in order to detect MCI and mild AD in the elderly. A transversal study in health centers was performed on 159 elderly people with 4–12 years of education and 70 of their peers with over 12 years of schooling. The MCI diagnosis was defined based on the criteria of Petersen (2004). In turn, the diagnosis of AD was based on the criteria of the National Institute of Neurological and Communicative Disorders and Stroke/Alzheimer's Disease and Related Disorders Association (NINCDS/ADRA). The MoCA-

BR cutoff scores for screening cognitive impairment were determined based on an ROC curve analysis. The ROC curve analysis indicated that cutoff scores under 20 were good for screening elderly people with cognitive impairment with more than 12 years of education, and scores under 21 were good for screening those with 4–12 years of education. Therefore, MoCA-BR scores under 21 points (after adding 1 point to the elderly with  $\leq 12$  years of education) indicate a need to continue the diagnostic investigation with regular follow-ups. The cutoff points presented can be used to inform future work using the MoCA-BR to screen for MCI and AD in older Brazilian people. Future studies could focus on early detection and treatment of cognitive dysfunctions in clinical practice.

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