

**TABLE S1.** Biomarkers in Alzheimer's disease patients.

Patient No. <sup>a</sup>	Amyloid Imaging <sup>b</sup>	CSF Biomarkers	Brain MRI
1	Positive	Aβ42=129 <sup>d</sup> t-Tau=243 <sup>d</sup> p-Tau=55 <sup>d</sup>	L > R parietal atrophy
2	Positive	—	Bilateral hippocampal atrophy and L > R occipital and parietal atrophy
3	Positive	Aβ42=294.0 t-Tau=833.7 p-Tau=113.6 <sup>c</sup> Aβ42-Tau Index=0.24 <sup>c</sup>	R > L hippocampal atrophy and diffuse cortical atrophy with posterior predominance
4	Positive	Aβ42=182.7 t-Tau=528.5 p-Tau=90.0 <sup>c</sup> Aβ42-Tau Index=0.21 <sup>c</sup>	Bilateral parietal atrophy
5	Positive	—	Diffuse cortical atrophy with posterior predominance
6	Positive	—	Global atrophy

7	–	–	Bilateral parietal atrophy
8	Positive	–	L > R hippocampal and parietal atrophy, white matter changes consistent with cerebral amyloid angiopathy
9	Positive	–	L > R hippocampal, occipital, and parietal atrophy
10	Positive	–	L > R parietal atrophy
11	Positive	–	Diffuse atrophy predominantly in the hippocampi and posterior cortex
12	–	Aβ42=399.3 t-Tau=441.8 p-Tau=68.6 <sup>c</sup> Aβ42-Tau Index=0.52 <sup>c</sup>	R > L hippocampal and parietal atrophy
13	Positive	–	Bilateral parietal atrophy with posterior predominance
14	Positive	–	Diffuse cortical atrophy with L > R parietal atrophy

15 <sup>e</sup>	–	–	Bilateral hippocampal and parietal atrophy
16	Positive	–	Bilateral hippocampal atrophy and R > L posterior cortical atrophy
17	Positive	Aβ42=143 <sup>d</sup> t-Tau=71 <sup>d</sup> p-Tau=18 <sup>d</sup>	Hippocampal atrophy and diffuse cortical atrophy most prominent in the L > R occipital and parietal lobes
18	–	–	L > R hippocampal atrophy and diffuse cortical atrophy
19	Positive	–	Generalized atrophy, most prominent in L > R hippocampal and parietal regions
20	Positive	–	Bilateral hippocampal and parietal atrophy
21	Positive	–	Bilateral atrophy of temporoparietal junction with particular involvement of supramarginal and angular gyri
22 <sup>e</sup>	–	–	R > L hippocampal atrophy and diffuse cortical atrophy most prominent in bilateral dorsal parietal regions

23	–	–	Bilateral hippocampal and parietal atrophy
24	–	–	Bilateral hippocampal atrophy
25	–	Aβ42=399.5 t-Tau=527.6 p-Tau=70.5 <sup>c</sup> Aβ42-Tau Index=0.46 <sup>c</sup> Aβ42=125.0 t-Tau=559.4 p-Tau= 82.0 <sup>c</sup> Aβ42-Tau Index=0.14 <sup>c</sup>	Bilateral hippocampal atrophy and L > R parietal atrophy
26	–		Bilateral hippocampal atrophy
27	Positive	–	L > R hippocampal atrophy and diffuse cerebral atrophy with posterior predominance
28	–	Aβ42=210.3 t-Tau=504.3 p-Tau=79.8 <sup>c</sup> Aβ42-Tau Index=0.25 <sup>c</sup>	L > R parietal atrophy
29	–	–	L > R parietal atrophy

30 <sup>e</sup>	—	—	Bilateral hippocampal atrophy and diffuse cortical atrophy with posterior predominance
31	Positive	—	R > L parietal atrophy
32	Positive	—	Bilateral parietal atrophy
33	—	—	Bilateral hippocampal and parietal atrophy

<sup>a</sup>Patients 1–14 had subclinical epileptiform activity.

<sup>b</sup>Positron emission tomography agent was <sup>18</sup>F-AV-45 for patients 3, 4, 6, and 32, and <sup>11</sup>C-Pittsburgh compound B for the remainder of the patients.

<sup>c</sup>Values supporting a diagnosis of Alzheimer's disease were p-Tau level >61 pg/ml and Aβ42-Tau Index <1.0 (Athena Diagnostics).

<sup>d</sup>Values supporting a diagnosis of Alzheimer's disease were Aβ42 level <192 pg/ml, t-Tau level >93 pg/ml, and p-Tau level >23 pg/ml (Alzheimer's Disease Neuroimaging Initiative Biomarker Core at the University of Pennsylvania)<sup>1</sup>.

<sup>e</sup>Alzheimer's disease was confirmed by autopsy according to National Institute on Aging–Reagan Institute criteria<sup>2</sup>.

Aβ42 = amyloid-β peptide ending in amino acid residue 42; CSF = cerebrospinal fluid; L = left; MRI = magnetic resonance imaging; p-Tau = tau phosphorylated at threonine 181; R = right; t-Tau = total tau.

**TABLE S2.** Distribution and frequency of epileptiform activity in Alzheimer's disease patients.

Patient No.	Diagnosis	H	LTM-EEG			M/EEG		
			EPILEPTIFORM ACTIVITY			EPILEPTIFORM ACTIVITY		
			Lead Localization	Predominant Region	Events per Hour	Modality <sup>a</sup>	Predominant Region	Events per Hour
1	AD-Language	R	T5 > T3	L Temporal	0.15	MEG > EEG	L Temporal	5
2	AD-PCA	R	C3	L Central	0.03	MEG	R Parietal	2
3	AD	R	F4 > Cz > F3 > C3 > F7 > FP1	R Frontal	5.18	EEG > MEG	R Frontal	1
4	AD	L	T3 > T5	L Temporal	0.24	MEG > EEG	Bilateral Temporal	7
5	AD	R	C3 > F3	L Central	1.51	—	—	—
6	AD	R	Fp1, Fp2, F3, and F4 > T3 and T4	Bilateral-Frontal-Temporal	0.39	—	—	—
7	AD-PCA	R	T3 > F3 > F4	L Temporal	0.21	—	—	—
8	AD	R	—	—	—	MEG	R Central	20

9	AD-PCA	R	–	–	–	MEG and EEG	R Temporal	4
10	AD-Language	L	–	–	–	MEG	R Temporal	1
11	AD	R	–	–	–	MEG	R Temporal	5
12	AD	R	–	–	–	MEG	R Temporal- Parietal-Posterior Insular	9
13	AD-PCA	R	–	–	–	MEG and EEG	R Central-Parietal	2
14	AD	R	–	–	–	MEG	L Peri-rolandic and Posterior Insular	2

<sup>a</sup>Modality indicates the neurophysiological monitoring system on which epileptiform activity was observed, and the > sign indicates that the epileptiform activity was more distinct on one of the modalities.

AD = Alzheimer's disease; AD-Language = Alzheimer's disease with predominantly language symptoms; AD-PCA = Alzheimer's disease with posterior cortical atrophy and predominantly visuospatial symptoms; H = handedness; L = left; EEG = electroencephalography; LTM-EEG = long-term monitoring with video-electroencephalography; MEG = magnetoencephalography; M/EEG = magnetoencephalography with simultaneous electroencephalography; R = right.

**TABLE S3.** Background slowing on long-term monitoring with video-EEG.

Slowing	Controls (n = 19)	AD		AD without		AD with	
		Patients (n = 33)	p <sup>a</sup>	Epileptiform Activity (n = 26)	Epileptiform Activity (n = 7)	p <sup>a</sup>	
None	15 (78.9%)	19 (57.6%)	0.12	15 (57.7%)	4 (57.1%)	1.0	
Generalized	1 (5.3%)	10 (30.3%)	0.04	9 (34.6%)	1 (14.3%)	0.40	
Asymmetric	1 (5.3%)	3 (9.1%)	1.0	1 (3.8%)	2 (28.6%)	0.11	
Focal	2 (10.5%)	1 (3.0%)	0.55	1 (3.8%)	0 (0.0%)	1.0	

<sup>a</sup>Statistical tests were Pearson  $\chi^2$  or Fisher exact tests.

**TABLE S4.** Background slowing on magnetoencephalography with simultaneous EEG.

Slowing	Controls (n = 19)	AD		AD without		AD with	
		Patients (n = 33)	p <sup>a</sup>	Epileptiform Activity (n = 22)	Epileptiform Activity (n = 11)	p <sup>a</sup>	
None	17 (89.5%)	10 (30.3%)	< 0.0001	9 (40.9%)	1 (9.1%)	0.11	
Generalized	0 (0.0%)	14 (42.4%)	0.0009	9 (40.9%)	5 (45.5%)	1.0	
Asymmetric	1 (5.3%)	7 (21.2%)	0.23	3 (13.6%)	4 (36.4%)	0.19	
Focal	1 (5.3%)	2 (6.1%)	1.0	1 (4.5%)	1 (9.1%)	1.0	

Readings combine findings from magnetoencephalography and simultaneous EEG recordings.

<sup>a</sup>Statistical tests were Pearson  $\chi^2$  or Fisher exact tests.

**TABLE S5.** Neuropsychological test performance of Alzheimer's disease patients and age-matched controls.

	AD without Epileptiform Activity (n = 12–19)	AD with Epileptiform Activity (n = 7–14)	Controls (n = 16–19)
<b><u>Global Cognitive Performance</u></b>			
<b><u>and Function</u></b>			
<b>MMSE<sup>3</sup></b>	21.0 (16.0–24.0)	22.5 (18.8–24.0)	29.6 (29.0–30.0)
<b>CDR<sup>4</sup></b>	1.0 (1.0–2.0)	1.0 (0.5–1.0)	0.0 (0.0 – 0.0)
<b>CDR-SOB<sup>4</sup></b>	5.0 (4.5–8.0)	4.8 (4.0–7.0)	0.0 (0.0 – 0.0)
<b><u>Episodic Memory</u></b>			
<b>Visual free recall</b> (Benson 10 minutes) <sup>5</sup>	2.0 (0.0–4.3)	2.5 (0.3–7.5)	12.7 (11.0–15.0)
<b>Short-delay verbal free recall</b> (CVLT) <sup>6</sup>	3.1 ± 1.9 (of 9 possible)	3.5 ± 2.4 (of 9 possible)	11.1 ± 2.8 (of 16 possible)
<b>Long-delay verbal free recall</b> (CVLT) <sup>6</sup>	0.5 (0.0–3.0) (of 9 possible)	1.0 (0.0–3.5) (of 9 possible)	11.9 ± 3.5 (of 16 possible)
<b><u>Executive Function &amp; Working Memory</u></b>			
<b>Design fluency<sup>7</sup></b>	4.5 (3.3–7.0)	6.5 (2.0–9.0)	12.7 ± 4.4
<b>Information processing speed</b> (Stroop color naming) <sup>8,9</sup>	49.1 ± 27.5	51.3 ± 24.6	91.5 ± 12.0
<b>Cognitive control</b> (Stroop inhibition) <sup>8,9</sup>	17.0 (6.8–25.3)	11.0 (5.0–32.0)	55.1 ± 11.0
<b>Verbal working memory</b> (Digit span forward) <sup>10</sup>	5.0 (4.0–5.0)	5.0 (4.0–7.0)	7.3 ± 1.5
<b>Attention</b> (Digit span backward) <sup>10</sup>	3.0 (2.0–3.3)	3.0 (3.0–3.3)	5.8 (5.0–7.0)
<b>Set shifting</b> (Modified trails – speed) <sup>10</sup>	0.07 (0.02–0.31)	0.14 (0.04–0.4)	0.7 ± 0.3

<b>Verbal learning</b> (CVLT total score) <sup>6</sup>	16.7 ± 5.9 (of 36 possible)	16.1 ± 5.2 (of 36 possible)	51.9 ± 9.7 (of 80 possible)
<b><u>Language</u></b>			
<b>Reading of 6 irregular words</b>	6.0 (5.8–6.0)	6.0 (4.0–6.0)	6.0 (6.0–6.0)
<b>Syntax comprehension</b> <sup>11</sup>	3.2 ± 1.4	3.1 ± 1.3	4.8 (4.5–5.0)
<b>Verbal agility</b> (correct repetitions of multisyllabic word in 5 sec)	5.0 (3.0–6.0)	4.0 (2.0–6.0)	5.9 (6.0–6.0)
<b>Boston Naming Test</b> <sup>12,13</sup>	12.2 ± 2.5	11.6 ± 3.2	14.6 (14.0–15.0)
<b>Lexical fluency</b> (D words/1 minute) <sup>14,15</sup>	8.7 ± 5.1	10.3 ± 4.7	17.4 ± 6.8
<b>Category fluency</b> (Animals/1 minute) <sup>14,15</sup>	10.8 ± 5.5	9.6 ± 4.9	22.4 ± 5.0
<b>Repetition of 5 phonemically complex sentences</b>	3.5 (2.0–5.0)	4.0 (1.5–4.5)	4.8 (5.0–5.0)
<b><u>Visuospatial Function</u></b>			
<b>Face discrimination</b> (CATS – face matching) <sup>16</sup>	11.5 (10.0–12.0)	11.0 (9.0–12.0)	11.5 (11.5–12.0)
<b>Visuoconstruction</b> (Benson copy) <sup>5</sup>	14.0 (4.0–15.0)	13.0 (4.0–14.0)	15.3 (14.0–16.0)
<b>Location discrimination</b> (VOSP number location) <sup>17</sup>	5.7 ± 2.4	5.4 ± 2.9	8.9 (8.0–10.0)
<b>Calculations</b> <sup>10</sup>	2.8 ± 1.5	2.5 ± 1.1	4.7 (5.0–5.0)
<b>Emotion naming</b> (CATS – affect naming) <sup>16</sup>	12.0 (11.0–13.0)	12.0 (9.8–13.0)	12.3 ± 1.8

Data represent means ± SD or medians with interquartile ranges in parentheses.

AD = Alzheimer's disease; MMSE = Mini-Mental State Examination; CDR = Clinical Dementia Rating; CDR-SOB = CDR Sum of Boxes; CVLT = California Verbal Learning Test containing nine items for AD patients and 16 items for controls; CATS = Comprehensive Affect Testing System; VOSP = Visual Object and Space Perception.

**TABLE S6.** Longitudinal changes in Mini-Mental State Examination (MMSE) scores in Alzheimer's disease patients with or without epileptiform activity.

Patient No.	Epileptiform Activity?	Visit Time (Months)	MMSE
1	Yes	0.0	28
		12.4	27
		26.0	24
		41.2	5
		53.4	3
2	Yes	0.0	18
		4.4	17
		12.5	17
		27.4	13
		44.0	5
3	Yes	0.0	26
4	Yes	0.0	24
5	Yes	0.0	23
		17.4	20
		80.4	0
6	Yes	0.0	23
		1.7	20
		14.4	21
7	Yes	0.0	17
8	Yes	0.0	19
9	Yes	0.0	15
		12.3	11
		13.4	26
10	Yes	13.4	24
		26.7	20
		40.2	4
		0.0	23
11	Yes	25.8	9
		0.0	17

		11.7	16
13	Yes	0.0	26
		13.8	20
		27.5	25
		45.7	16
		96.5	1
14	Yes	0.0	26
		12.7	22
		29.7	25
15	No	0.0	29
		12.9	26
		25.8	25
		37.1	22
		47.6	20
		59.6	20
		75.7	15
16	No	0.0	23
		5.2	26
		21.4	22
		35.4	17
		55.1	10
17	No	0.0	27
		14.3	26
		32.5	26
		44.6	19
		69.9	9
18	No	0.0	29
		12.2	29
		24.8	27
		38.3	27
		50.8	28
		64.0	25
19	No	0.0	25
		12.2	21

		29.0	13
20	No	0.0	17
		12.0	11
21	No	0.0	24
		4.9	26
		17.3	25
		26.7	22
22	No	0.0	23
		4.2	22
23	No	0.0	23
		19.5	22
		19.7	21
24	No	0.0	17
25	No	0.0	22
		10.2	27
		22.4	29
		35.3	28
26	No	0.0	23
		17.5	22
		28.1	18
27	No	0.0	15
28	No	0.0	21
29	No	0.0	24
		13.8	28
30	No	0.0	16
		20.6	16
31	No	0.0	21
		14.1	21
32	No	0.0	24
33	No	0.0	26
		75.6	14
		83.5	14

## **REFERENCES FOR SUPPLEMENTARY TABLES**

1. Shaw LM, Vanderstichele H, Knapik-Czajka M, et al. Cerebrospinal fluid biomarker signature in Alzheimer's disease neuroimaging initiative subjects. *Ann Neurol* 2009;65:403-13.
2. Consensus recommendations for the postmortem diagnosis of Alzheimer's disease. The National Institute on Aging, and Reagan Institute Working Group on Diagnostic Criteria for the Neuropathological Assessment of Alzheimer's Disease. *Neurobiol Aging* 1997;18:S1-2.
3. Folstein MF, Folstein SE, McHugh PR. "Mini-mental state". A practical method for grading the cognitive state of patients for the clinician. *J Psychiatr Res* 1975;12:189-98.
4. Morris JC. The Clinical Dementia Rating (CDR): current version and scoring rules. *Neurology* 1993;43:2412-4.
5. Possin KL, Laluz VR, Alcantar OZ, et al. Distinct neuroanatomical substrates and cognitive mechanisms of figure copy performance in Alzheimer's disease and behavioral variant frontotemporal dementia. *Neuropsychologia* 2011;49:43-8.
6. Delis DC, Kramer JH, Kaplan E, Ober BA. California Verbal Learning Test. Second ed. San Antonio, TX: The Psychological Corporation; 2000.
7. Delis DC, Kaplan E, Kramer JH. Delis-Kaplan Executive Function System. San Antonio, TX: The Psychological Corporation; 2001.
8. Golden CJ, Freshwater SM. Stroop Color and Word Test: Revised examiner's manual. Wood Dale, IL: Stoelting Co.; 2002.
9. Golden CJ. Stroop Color and Word Test: A manual for clinical and experimental uses. Chicago, IL: Stoelting Co.; 1978.
10. Kramer JH, Jurik J, Sha SJ, et al. Distinctive neuropsychological patterns in frontotemporal dementia, semantic dementia, and Alzheimer disease. *Cogn Behav Neurol* 2003;16:211-8.

11. Goodglass H, Kaplan E, Barresi B. Boston Diagnostic Aphasia Examination. Third ed. Philadelphia, PA: Lippincott Williams and Wilkins.; 2001.
12. Kaplan EF, .Goodglass H, Weintraub S. The Boston Naming Test. Second ed. Philadelphia, PA: Lippincott Williams and Wilkins; 2001.
13. Mack WJ, Freed DM, Williams BW, Henderson VW. Boston Naming Test: shortened versions for use in Alzheimer's disease. J Gerontol 1992;47:P154-8.
14. Benton AL, Hamsher KD, Sivan AB. Multilingual Aphasia Examination. Third ed. San Antonio, TX: The Psychological Corporation; 1994.
15. Spreen O, Benton AL. Neurosensory center comprehensive examination for aphasia. Victoria, BC: Neuropsychology Laboratory, Department of Psychology, University of Victoria; 1977.
16. Froming KB, Levy CM, Schaffer SG, Ekman P. Comprehensive Affect Testing System. Gainesville, FL: Psychology Software, Inc.; 2006.
17. Warrington EK, James M. The Visual Object and Space Perception battery. Bury St. Edmunds, Suffolk, England: Thames Valley Test Company; 1991.