# Supplementary Material

In the present study, Mild Cognitive Impairment (PD-MCI) was evaluated along the Movement Disorder Society Task Force guidelines for the diagnosis of PD-MCI [1]; in our assessment, we applied Level II diagnostic criteria. Neuropsychological impairment was rated as positive if a patient scored below 1.5 standard deviations when compared to the normative data in at least two cognitive tests; represented by either two impaired tests in one out of five cognitive domains or one impaired test in two different cognitive domains. Additionally, for the MCI diagnosis a significant decline in cognition from premorbid level is required. In the present study, significant cognitive decline was rated as positive if either an informant indicated an IQCODE score >3.29 [2] and/or the patient reported cognitive changes in an interview. The definition of neuropsychological impairment was based on performance in five domains in the following cognitive tests:

1) Attention and Working Memory

* Stroop test, naming colors ([3]
* Trail Making Test, part A [4]
* Digit Span, backwards [5]

2) Executive functions

* Trail Making Test, ratio (part B/A: Reitan, 1958)
* Wisconsin Card Sorting test, number of errors [6]
* Phonemic fluency, number of correct words [7]

3) Language

* Boston Naming Test, number of correct words [8]
* Similarities, correct answers [5]

4) Memory

* California Verbal learning Test, Long-delay free recall [9]
* California Verbal learning Test, Recognition-discriminability (Delis et al., 1987)

5) Visuo-spatial

* Block Design Test [5]
* Rey-Osterrieth Complex Figure, Copy [10]

## References

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**Fig. 1.** Serial position effects of the CVLT on Trial 2-5 in Normal Controls (NC), cognitively normal Parkinson’s disease (PD) patients (PD-CN), patients with MCI due to PD (PD-MCI) and patients with MCI due to Alzheimer's disease (AD-MCI).