

key points

SELECTED BY

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Mild cognitive impairment (MCI) is a heterogeneous

clinical syndrome defined as evidence of cognitive decline which is greater than expected for an individual's age and educational level but which does not significantly impact on activities of daily living. Around 6% of those over the age of 60 are thought to have MCI.

Alzheimer's disease is now thought to have a long

preclinical phase which lasts for several years to decades, and some consider MCI to be an intermediate stage along a continuum from normal cognition to dementia. However, a proportion of those with MCI will remain stable with little further cognitive decline or find that their cognitive function improves. Only 5-15% of individuals with MCI develop dementia each year and around 50% remain stable after five years of follow-up. Risk factors associated with dementia are also linked to MCI risk, and the strongest of them are increasing age, family history, the APOE e4 gene and cardiovascular risk factors.

The challenge for clinicians is to distinguish between

normal cognition, cognitive decline normal for ageing, subjective cognitive decline, delirium, MCI and dementia. The history should focus on the onset and progression of symptoms. An acute or fluctuating course suggests delirium or another potentially reversible cause. It is important to identify any recent physical illnesses, medication changes or stressful life events. Risk factors for MCI and dementia should be recorded together with the level of social support or requirement for carers. It is also important to determine if there is any risk to the individual as a result of their cognitive impairment.

To meet the diagnostic criteria for MCI there must be

evidence of cognitive decline but maintained activities of daily living and so an assessment of both is required. In the primary care setting cognitive screening tools such as the GPCOG are widely used but it is important to be aware that a normal score does not rule out cognitive impairment or dementia. A full physical examination (including neurological examination) and screening blood tests are required to identify any potentially reversible causes.

No medications are approved for the treatment of MCI.

Where there is concern about future dementia risk or diagnostic uncertainty it may be useful to make a referral to a specialist memory clinic. If MCI is confirmed patients should be offered six monthly or annual reviews for cognitive monitoring and assertive management of risk factors. A multidomain approach targeting cardiovascular risk factors, diet, exercise and cognitive training has been shown to have a small benefit on cognition.