
Mild cognitive impairment (MCI)

Mild cognitive impairment (MCI) is a condition in which an individual experiences a mild but noticeable and measurable decline in cognitive abilities, including memory and thinking skills. These changes are noticeable to the person affected and to family members and friends but do not affect the individual's ability to carry out everyday activities. A person with MCI experiences memory problems greater than normally expected with aging but does not show other symptoms of dementia, such as impaired judgment or reasoning.

People living with MCI, especially MCI involving memory problems, are more likely to develop Alzheimer's disease or other dementias than people without MCI. However, MCI does not always lead to dementia. In some individuals, MCI reverts to normal cognition or remains stable. In other cases, such as when a medication causes cognitive impairment, MCI is mistakenly diagnosed. Therefore, it's important that people experiencing cognitive impairment seek help as soon as possible for diagnosis and possible treatment.

Experts classify mild cognitive impairment based on the thinking skills affected:

- **Amnestic MCI:** MCI that primarily affects memory. A person may start to forget important information that he or she would previously have recalled easily, such as appointments, conversations or recent events.
- **Nonamnestic MCI:** MCI that affects thinking skills other than memory, including the ability to make sound decisions, judge the time or sequence of steps needed to complete a complex task, or visual perception.

In 2011, the National Institute on Aging (NIA) and the Alzheimer's Association® published proposed guidelines for the diagnosis of Alzheimer's disease, suggesting that, in some cases, MCI is an early stage of Alzheimer's or another dementia. The 2011 guidelines recommend finding a biomarker (a measurable biological factor, such as levels of a protein, that indicates the presence or absence of a disease) for people with MCI to learn whether they have brain changes that put them at high risk of developing Alzheimer's and other dementias.

If it can be shown that changes in the brain, cerebrospinal fluid and/or blood are caused by physiologic processes associated with Alzheimer's, the revised guidelines recommend a diagnosis of MCI due to Alzheimer's disease.

More research is needed on the biological changes associated with normal aging, MCI and Alzheimer's and other dementias to better understand the causes of and risk factors for MCI and the prognosis for those with the condition.

Individuals who have been diagnosed with MCI should be reevaluated every six months to determine if symptoms have progressed.

Treatment for MCI

Currently, there are no medications approved by the Food and Drug Administration (FDA) for the treatment of MCI. Drugs approved to treat symptoms of Alzheimer's disease have not shown any lasting benefit in delaying or preventing progression of MCI to dementia.

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