Guide to Mild Cognitive Impairment

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What Is Mild Cognitive Impairment?

Mild cognitive impairment (MCI) falls somewhere between age-associated memory impairment and early dementia. People with mild cognitive impairment are more forgetful than normal for their age, but they don’t experience other cognitive problems associated with dementia, such as disorientation or confusion about routine activities. They are generally able to live independently but may be less active socially.

Many experts believe that mild cognitive impairment may be an early warning sign of memory disorders later in life. In fact, studies show that 10 to 15% of people with mild cognitive impairment progress to Alzheimer’s disease each year, compared with a rate of 1 to 2% a year for the general older population.

Large-scale studies are testing whether therapies can halt or slow the conversion from mild cognitive impairment to Alzheimer’s disease. By intervening at the first signs of memory trouble, doctors hope to delay Alzheimer’s disease or prevent it altogether. But so far, research results have been discouraging. For example, in a recent study of people with mild cognitive impairment, researchers found no significant benefit from early intervention with the Alzheimer’s drug donepezil (Aricept) or vitamin E.
Occasional memory lapses, such as forgetting why you walked into a room or having difficulty recalling a person’s name, become more common as we approach our 50s and 60s. It’s comforting to know that this minor forgetfulness is a normal sign of aging, not a sign of dementia.

But other types of memory loss, such as forgetting appointments or becoming momentarily disoriented in a familiar place, may indicate mild cognitive impairment. In the most serious form of memory impairment—dementia—people often find themselves disoriented in time and place and unable to name common objects or recognize once-familiar people.

The chart below gives examples of the types of memory problems common in normal age-related forgetfulness, mild cognitive impairment, and dementia.

<table>
<thead>
<tr>
<th>Normal Age-Related Forgetfulness</th>
<th>Mild Cognitive Impairment</th>
<th>Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sometimes misplaces keys, eyeglasses, or other items.</td>
<td>Frequently misplaces items.</td>
<td>Forgets what an item is used for or puts it in an inappropriate place.</td>
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<tr>
<td>Momentarily forgets an acquaintance’s name.</td>
<td>Frequently forgets people's names and is slow to recall them.</td>
<td>May not remember knowing a person.</td>
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<td>Occasionally has to “search” for a word.</td>
<td>Has more difficulty using the right words.</td>
<td>Begins to lose language skills. May withdraw from social interaction.</td>
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<tr>
<td>Occasionally forgets to run an errand.</td>
<td>Begins to forget important events and appointments.</td>
<td>Loses sense of time. Doesn’t know what day it is.</td>
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<tr>
<td>May forget an event from the distant past.</td>
<td>May forget more recent events or newly learned information.</td>
<td>Has serious impairment of short-term memory. Has difficulty learning and remembering new information.</td>
</tr>
<tr>
<td>When driving, may momentarily forget where to turn; quickly orients self.</td>
<td>May temporarily become lost more often. May have trouble understanding and following a map.</td>
<td>Becomes easily disoriented or lost in familiar places, sometimes for hours.</td>
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<tr>
<td>Jokes about memory loss.</td>
<td>Worries about memory loss. Family and friends notice the lapses.</td>
<td>May have little or no awareness of cognitive problems.</td>
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</tbody>
</table>
The Alzheimer’s Association lists 10 warning signs that may signal dementia. A person who has difficulty in one or more of these areas should be evaluated:

1. forgetting recently learned information (e.g., not recalling recent conversations)
2. difficulty performing everyday tasks (e.g., inability to prepare a meal)
3. communication problems (e.g., frequently forgetting or using the wrong word, or difficulty in understanding conversations)
4. disorientation in time and place (e.g., getting lost in a familiar area)
5. poor judgment (e.g., giving away possessions or dressing inappropriately)
6. difficulty with reasoning or logical thinking (e.g., confusion when faced with an everyday task like using the TV remote control)
7. misplacing things (e.g., putting items in illogical or inappropriate places)
8. changes in mood or behavior (e.g., significant depression or hoarding things)
9. personality changes (e.g., becoming more aggressive or suspicious)
10. changes in initiative (e.g., increased passivity or excessive sleeping)
New developments in brain imaging technology are significant advances in Alzheimer’s research and diagnosis. But some decidedly low-tech screening tests may offer quick and inexpensive snapshots of a person’s cognitive health. Whether any of these tests is accurate enough to be used widely for screening remains to be seen, but one or several may be useful on an individual basis.

- **Clock Drawing Test** The Clock Drawing Test is the most well known of the screening tests for dementia. Patients are asked to draw a clock with the hands pointing to a specified time—for example, 2:45. The most complete, well-organized, accurate, and spatially correct drawing is rated a “10,” and the least representative is rated a “1.” The more distorted and inaccurate the drawings are, the more likely the person has dementia.

- **Time and Change Test** This test measures the ability to tell time and perform a simple math task. In the time test, the patient is given 60 seconds to read the time on a clock and gets two attempts to get it right. In the change
test, the person is given three quarters, seven dimes, and seven nickels and asked to count out a dollar’s worth of change. The change test has a three-minute limit, and two attempts are allowed.

- **Sniff Test** Researchers have known for some time that loss of the sense of smell is an early warning sign of Alzheimer’s. The beta-amyloid plaques that ultimately destroy memory and other cognitive abilities accumulate first in areas of the brain that are responsible for perception of odors. In a paper presented at a recent meeting of the American College of Neuropsychopharmacology, people with mild cognitive impairment were given a 10-item sniff test. The odors were lemon, strawberry, pineapple, lilac, clove, menthol, smoke, natural gas, soap, and leather. Study participants who misidentified more than two of the odors were five times more likely to progress to Alzheimer’s disease than were those who performed better on the test.

**Bottom line:** It’s important to realize that these are screening tests, not diagnostic tests. They are designed to be administered and interpreted by a healthcare professional. Poor results are an indication of probable cognitive impairment, but more sophisticated testing is necessary to make a diagnosis of Alzheimer’s disease.
Memory White Paper
A dramatic increase in the number of people affected by Alzheimer’s disease has heightened the urgency of the research into Alzheimer’s and other dementias. The Memory White Paper brings you state-of-the-art information on how to tell the difference between Alzheimer’s, another form of dementia, or ordinary age-related memory loss, and the best ways to keep your memory sharp as you get older. You will also learn about important new research in identifying, treating, and preventing memory disorders, as well as new drugs for Alzheimer’s and other dementias that can help slow memory decline.

The Johns Hopkins Memory Bulletin
Edited by Dr. Peter V. Rabins, Professor of Psychiatry at the Johns Hopkins University School of Medicine and co-author of the best-selling guide for caregivers, The 36-Hour Day, The Johns Hopkins Memory Bulletin brings timely, in-depth information for anyone facing Alzheimer’s disease, dementia, or another memory problem. In each quarterly issue, you’ll read about the latest scientific breakthroughs, research findings from the world’s foremost medical journals and conferences, medications, caregiver support and relief, plus breakthrough medical discoveries for safeguarding your brain against aging and memory loss. Subscribe today at the special web-only discount and get 4 FREE special reports to download instantly.

Diagnosing and Treating Alzheimer’s Disease
Written by Dr. Peter V. Rabins, Director of the Division of Geriatric Psychiatry and Neuropsychiatry at the Johns Hopkins School of Medicine and Medical Editor of the Johns Hopkins Memory Bulletin, Diagnosing and Treating Alzheimer’s Disease is an indispensable resource for anyone concerned about Alzheimer’s disease. This new report provides all the facts you need to make informed decisions if you have to confront Alzheimer’s disease. You’ll learn how Alzheimer’s is currently diagnosed … the existing drugs that are used to treat it … and various new therapies that may some day provide better treatment.

Caring for a Loved One with Alzheimer’s Disease: A Guide for the Home Caregiver
Written by two world-renowned Alzheimer’s specialists, Dr. Peter Rabins and Dr. Ann Morrison, this practical 134-page guide provides detailed advice on how to successfully manage your day-to-day responsibilities – to your patient and to yourself. Chapters include: When It’s Time to Take Away the Car Keys, Personal Care for the Dementia Patient, Dealing with Alzheimer’s Troubling Behavior Problems, Dealing with Alzheimer’s Troubling Behavior Problems, Deciding to Move a Loved One into Residential Care. And when you order now, you’ll also receive a free bonus report, entitled Caregivers Ask the Expert: Questions from Alzheimer’s Caregivers Answered by Johns Hopkins Expert Peter V. Rabins, M.D., M.P.H.

For more information, or to order, go to: www.JohnsHopkinsHealthAlerts.com/bookstore/index.html
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