

MILD COGNITIVE IMPAIRMENT NO LONGER IS A USEFUL CONCEPT FOR RESEARCH OR PRACTICE

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The investigators at Washington University, St Louis, employ a different approach to the identification of the earliest symptomatic stages of Alzheimer's disease (AD). In contrast to the current criteria for Mild Cognitive Impairment (MCI), in which an individual's cognitive test performance is compared to the test performances of a normative sample but does not assess whether the individual has declined in relative to past cognitive function, the Washington University group emphasizes gathering information to indicate whether or not an individual has declined cognitively and functionally in comparison to previously attained abilities. This information is obtained from interviews with both the individual and a collateral source (typically the spouse or an adult child) and from a clinical assessment of the individual and then is synthesized by the clinician, who determines if cognitive decline has occurred and, if so, its likely cause or causes. This clinical determination occurs without knowledge of the cognitive test performance of the individual. In this approach, the individual serves as his or her own control and the focus is on intra-individual cognitive decline in carrying out the customary everyday activities for that person (face validity). The emphasis on detecting change from previously attained levels of function is consistent with standard criteria for dementia. The Washington University investigators find that, of all individuals who meet criteria for MCI, the subset with underlying AD can be accurately identified by this informant-based clinical method. Indeed, for this subset, the diagnosis of early-stage AD not only is feasible but appropriate, as these individuals predictably progress over time to greater stages of dementia severity and, at autopsy, typically have histopathological AD (Storandt M et al, *Neurology* 2006;67:467-473). Moreover, even very brief informant-based clinical detection methods sensitively and accurately detect early-stage dementia (Galvin JE et al, *Neurology* 2005;65:559-564). For these reasons, the Washington University group proposes that traditional criteria for dementia of the Alzheimer type be revised to encompass those individuals, currently characterized as MCI, for whom the cause of the cognitive impairment is underlying AD (Morris JC, *Archives of Neurology* 2006;63:15-16).