Mild cognitive impairment

Mild cognitive impairment (MCI) is the symptomatic stage on the continuum of cognitive decline, characterized by objective impairment in cognition that is not severe enough to require help with usual activities of daily living. MCI in adults aged 65 years and older is common (10% to 20%) and risk increases with age. In older patients with MCI, one should consider depression, polypharmacy, and uncontrolled cardiovascular risk factors, all of which may increase risk for cognitive impairment. Although patients with MCI are at greater risk for developing dementia compared with the general population, there is currently substantial variation in risk estimates (from <5% to 20% annual conversion rates), depending on the population studied.

The risk of progression from MCI to dementia may be controlled by stroke prevention and vascular risk factor control. An acute stroke and subclinical infarcts can worsen cognitive decline and precipitate dementia in patients with MCI. Vascular contributions to cognitive impairment are common, and many MCI patients have pathological evidence of combined neurodegenerative and cerebrovascular disease. Strategies for primary or secondary stroke prevention include blood pressure control, smoking cessation, statin therapy, antiplatelet therapy, and anticoagulation or antithrombotic therapy for atrial fibrillation. Independent of clinical stroke prevention, blood pressure control may reduce dementia risk.

Currently, no medications have proven to be effective for MCI; treatments and interventions should be aimed at reducing cardiovascular risk factors and prevention of stroke. Aerobic exercise, mental activity, and social engagement may help decrease risk of further cognitive decline. Current research targets improving early detection and treatment of MCI, particularly in patients at high risk for progression to dementia. Although there are no drugs proven or approved to treat MCI, optimizing patients’ general medical and functional status, and providing counseling regarding issues such as driving and home-safety can maximize patient and caregiver well-being, and reduce risk of negative outcomes.