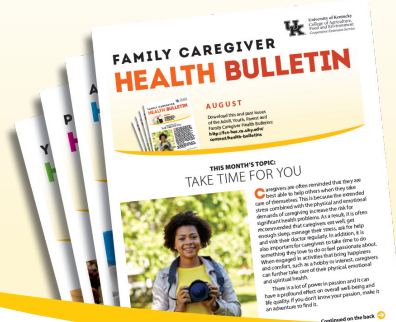


FAMILY CAREGIVER

HEALTH BULLETIN



NOVEMBER 2022

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THIS MONTH'S TOPIC:

MILD COGNITIVE IMPAIRMENT



It is common to experience changes in memory and thinking as we age. But sometimes, such changes are a result of disease not just normal aging. As adults in the United States continue to live longer, more people will have to confront a reality called Mild Cognitive Impairment (MCI). According to the Alzheimer's Association, MCI is a form of early-stage memory or cognitive ability loss in people who are otherwise independent. Easily confused with normal aging, the subtle changes associated with MCI are serious enough to be noticed by the affected person and those close to them, but they will not likely affect a person's ability to carry out tasks associated with daily living. The Alzheimer's Association reports that approximately 12% to 18% of people aged 60 or older live with MCI. The risk of MCI diagnosis increases with age.

While people living with MCI may have a higher risk of developing dementia, not all cases of MCI result in more decline. In some cases, people's cognition stabilizes or even returns to normal.

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If you are concerned about memory or cognition, visit a health-care provider.

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Types of MCI

There are two types of MCI not associated with Alzheimer's disease. Amnesic MCI refers to problems with memory. This person might easily forget a conversation or misplace something. Nonamnesic MCI describes cognitive issues related to things like language, executive function, and visuospatial ability. A person with nonamnesic MCI might have a hard time keeping their train of thought during a conversation, finding their way in a familiar place, or completing a familiar task.

MCI risk factors (Alzheimer's Association):

- Increasing age
- A specific form of the APOE-e4 gene associated with Alzheimer's disease (ex., APOE-e4)
- Brain changes associated with Alzheimer's disease
- Diabetes
- Smoking
- High blood pressure
- High cholesterol
- Obesity
- Depression
- Sedentary lifestyle
- Lack of mental and social stimulation
- Medication side effects
- Sleep apnea or deprivation
- Anxiety
- Stroke and other vascular diseases
- Traumatic Brain Injuries (TBI)
- Neurologic, neurodegenerative, systemic, or psychiatric disorders

Diagnosing and treating MCI

If you are concerned about memory or cognition, visit a health-care provider. While there is no test to provide a definitive diagnosis, medical professionals will listen to patient-reported symptoms, review medical history, perform an exam, run lab tests, order MRI or CT scans, and assess thinking and memory function. In some cases, physicians will rule out other diseases that could be affecting the brain.

There is no current treatment for MCI. But health-care providers can sometimes find and reverse causes of cognitive decline like treating depression, changing medication, or recommending sleep hygiene.

What you can do

MCI can be difficult to diagnose because it is associated with a range of symptoms. If you suspect changes in cognition, write down the symptoms and a timeline of when you first started suspecting an issue. Take this list of concerns to your appointment. It is also best to attend a doctor's appointment with a trusted friend or family member, especially when there are concerns about memory. A second person can be an extra set of ears and can help remember the information and recommendations.

The Mayo Clinic reports mixed results when it comes to preventing or reversing cognitive decline through diet, exercise, and other healthy lifestyle choices. But they promote ways in which healthy choices enhance overall health and play a positive role in cognitive health. The key to healthy living at any age includes a healthy diet, physical activity, and mental and social stimulation.

To read more about MCI, check out the Alzheimer's Association Special Report at <https://www.alz.org/media/Documents/alzheimers-facts-and-figures-special-report.pdf>.

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- FCS Resources: Amy F. Kostelic, Associate Extension Professor of Adult Development and Aging

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