What is mild cognitive impairment?
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As we age, we can expect changes in our bodies, and this is also sometimes true of our brains. You may notice, for example, that it is becoming harder to remember people’s names, find the right word to describe something, find your car in large car parks, or get to grips with new technologies or processes at work.

In some cases, this is caused by mild cognitive impairment, or MCI (also known as mild neurocognitive disorder). This refers to small deteriorations in cognition (mental abilities) that, while noticeable to the person with the symptoms and those around them, do not interfere too greatly with their everyday life and level of independence. The changes, while small, are greater than would be expected with normal ageing.

MCI can affect:

- short-term memory
- the ability to manage more complex tasks, eg those that involve a number of steps
- speech fluency
- visual interpretation of the world
- managing emotions

What are the symptoms of MCI?

How you experience MCI will depend on the reasons for the diagnosis, the part of the brain that is affected, and who you are as a person. You may notice changes in your everyday life, and your family and friends may also see changes in your day-to-day abilities, mood and personality.

Symptoms of MCI include:

- difficulty remembering dates and times
- forgetting planned calendar activities
- difficulty with names and words
- leaving tasks unfinished, such as cooking and DIY
- easily losing concentration when reading
- losing concentration when managing money, eg paying for shopping
- losing track of what you want to say
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• changes in social behaviour, eg becoming more subdued or extroverted
• being easily annoyed
• changes in judgement, especially around managing risk, eg when it is safe to cross the road or who to trust
• getting lost or feeling more anxious in familiar places, when driving, or out and about
• losing the confidence to go out and do the things you used to enjoy; feeling like you ‘cannot be bothered’

Your family, friends and colleagues may notice these changes and comment that you seem different from how you usually are. It may be useful to talk to people you trust about the changes that you and they have become aware of. You can then decide if you want to get help with the changes.

Not everyone experiences all of the symptoms of MCI, and they may
be constant or intermittent. You may feel the effects more on some days than on others. If you are tired or in a stressful situation, you may notice them more.

**What causes MCI?**

The changes associated with MCI can have many different causes, and there may be more than one. They may be temporary, linked specifically to a period of physical illness or poor mental health. These include:

- vitamin deficiency
- underactive thyroid
- infections
- lack of sleep
- medication side effects
- menopause symptoms – please see Sources of support on p11 for more information
- stress, depression or anxiety
- heart disease
- some autoimmune conditions, such as rheumatoid arthritis, lupus, Crohn’s disease, type two diabetes and multiple sclerosis

**Is MCI the same as dementia?**

MCI and dementia are not the same. Often, if the underlying issues are treated or managed well, the symptoms of MCI can vastly improve. However, in some cases MCI can be an indicator of the early stages of dementia.

Dementia is caused by damage to a person’s brain cells (neurones). This damage may be the result of a build-up of abnormal proteins in the brain (such as in Alzheimer’s disease, frontotemporal dementia and Lewy body dementia); or problems in the supply of blood to the brain, for example after a stroke (such as in vascular dementia).

Please see Sources of support on p11 for information on types of dementia.

Unlike MCI, which may be temporary and can often be improved with the right interventions, dementia will worsen as time goes by.

Being diagnosed with MCI does not mean you will definitely develop dementia, but it can increase the
risk. Statistically, one in every 10 people with MCI will eventually be diagnosed with dementia. It is not currently possible to predict who will develop dementia after a diagnosis of MCI.

**How is MCI diagnosed?**

If you are showing symptoms of MCI and they are troubling you and impacting your life, make an appointment to see your GP. It is a good idea if a family member or friend goes with you as they can discuss the changes they have noticed.

The GP should:

- ask about the symptoms and changes and how they are affecting everyday life
- take a full medical and family history
- carry out some physical checks, eg of movement, coordination and reflexes
- check your blood pressure and heart rate and arrange blood tests to rule out conditions like thyroid problems and vitamin deficiencies
However, if the GP cannot find any pre-existing conditions and feels that the symptoms you are experiencing are not simply normal age-related changes, they may refer you to a specialist service such as a memory clinic for further assessments, including more detailed tests of cognition and a brain scan to check for abnormalities in the brain. This may result in a diagnosis of MCI or – if the

• conduct some basic tests of memory, concentration and thinking, eg asking you to name some common objects; remember and recall an address; and complete a simple drawing (often a clock face)

In many cases, these checks will identify an underlying cause of your symptoms, and these can often be managed with medication, lifestyle changes or talking therapies.
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Symptoms and changes are more severe – a diagnosis of dementia.

Following a diagnosis of MCI from a memory service, you will be referred back to your GP. Ideally, they should invite you for a review after 12 months – if you are not contacted, or if you notice a worsening in your symptoms before 12 months, you can book an appointment yourself.

Please see Sources of support on p11 for information on tests for dementia and getting a diagnosis.

Can MCI be treated?

There is no specific treatment for MCI, but if there is an underlying health problem like an underactive thyroid, managing this well – including keeping up with regular testing and reviews and taking any medication for the condition as prescribed – may help improve or manage MCI.

Making some lifestyle changes could also prevent MCI worsening and improve your confidence and your ability to cope with everyday life. For example:

- Try to exercise regularly, eg brisk walking, running, cycling, dancing, swimming, gym, exercise classes and team sports – five days a week for 30 minutes at a time is recommended.
- Keep socially active, eg by meeting up with friends, taking part in activities outside the home, joining clubs and groups, or volunteering. You could ask friends and family to help you do this.
- Aim to follow a healthy diet by eating plenty of fruits and vegetables, ensuring a good balance of vitamins and minerals, avoiding processed food and minimising saturated fats (eg fatty meat, butter, ghee, sausages, bacon, cream), sugar and salt. You can use the information at nhs.uk/live-well/eat-well as a guide.
- Keep hydrated – aim to drink at least six to eight glasses of fluids per day (water, milk, juice, tea, coffee and no added sugar squash all count).
- If you drink alcohol, keep within the recommended
Living with MCI

While lifestyle changes may help to address the underlying causes of MCI and reduce its impact on your life, it is not always possible to avoid it entirely or stop it worsening.

Managing any changes that occur, adapting some of your routines, and accepting support if you need it will help you live as well as possible with MCI. These tips may help:

• Follow a consistent daily routine,

guidelines: please see drinkaware.co.uk for advice

• If you smoke, try to stop – please visit nhs.uk/better-health/quit-smoking

• Do not take recreational drugs

• Look at boosting your brain health with puzzles, card games, board games and other activities that you enjoy

Please see Sources of support on p11 for information on staying healthy.
• If you feel able, tell your employer about your diagnosis so they can put support in place at work if you need it.

• Unlike with dementia, you do not always have to inform the DVLA (DVA in Northern Ireland) of a diagnosis of MCI, but if you, or your family or friends, feel it is affecting your driving, you must notify them. They may request a medical report from your GP or ask you to take an assessment to see if it is safe for you to drive. For more information please visit [gov.uk/driving-medical-conditions](http://gov.uk/driving-medical-conditions) (England, Scotland and Wales) or [nidirect.gov.uk/information-and-services/driving-licences/medical-conditions-and-telling-dva-about-bereavement](http://nidirect.gov.uk/information-and-services/driving-licences/medical-conditions-and-telling-dva-about-bereavement) (Northern Ireland).

If you are referred to a memory clinic, the assessments will also highlight the strengths in your cognition and abilities. You can use these strengths to help you build coping strategies.

For example by waking, having meals and going to bed at the same time each day.

- Look for ways to make everyday life easier, for example by shopping in smaller supermarkets, using a calendar to keep track of daily activities, and using voice alerts on a smart speaker or alarms/reminders on your phone.

- Make clear plans for things that you need to do, eg driving to an unfamiliar place, going on holiday or managing finances.

- Take your time over activities such as projects at work, and break them down into smaller steps so they are not overwhelming.

- Keep up with any health checks or medication reviews, eye tests and hearing tests.

- Share your diagnosis with family and friends so they are aware of the changes.

- Ask for help if you need it, and be specific about what you need help with, eg shopping, attending an appointment or looking after children to give you a break.
What to expect after a diagnosis of MCI

If you are diagnosed with MCI, it is a good idea to keep a record of any changes and symptoms you are noticing, especially if you or your family and friends think they are worsening. You can then make an appointment with your GP to discuss any progression.

If at this stage, the GP feels your MCI is not part of a pre-existing condition or normal ageing, they may refer you back to the memory clinic for a review. This may include further memory tests and another brain scan, which can be compared to your previous results.

If the memory clinic specialist goes on to diagnose dementia, they will make a plan for your ongoing care and support you to access any help that may be available, such as medication (if suitable); a needs assessment and home assessment from social services; and support groups for people with dementia.
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Sources of support

To speak to a specialist dementia nurse about mild cognitive impairment, please call our Helpline on 0800 888 6678 (Monday to Friday 9am-9pm, Saturday and Sunday 9am-5pm) or email helpline@dementiauk.org

To book a phone or video call appointment with an Admiral Nurse, please visit dementiauk.org/book-an-appointment

Dementia UK resources
Driving and dementia
dementiauk.org/driving

Early-stage dementia
dementiauk.org/early-stage-dementia

Employment and dementia
dementiauk.org/employment

Getting a diagnosis of young onset dementia
dementiauk.org/young-onset-dementia-getting-a-diagnosis

How to get a diagnosis of dementia
dementiauk.org/getting-a-diagnosis-of-dementia

Menopause and perimenopause
dementiauk.org/young-onset-dementia-perimenopause-and-menopause

Symptoms of dementia
dementiauk.org/symptoms-of-dementia

Tests for dementia
dementiauk.org/tests-for-dementia-and-alzheimers

What is dementia?
dementiauk.org/what-is-dementia

Young onset dementia section
dementiauk.org/young-onset-dementia