

13th Annual Conference on

DEMENTIA AND ALZHEIMER'S DISEASE

December 13-15, 2018 Abu Dhabi, UAE

Mild cognitive impairment

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Mild Cognitive Impairment (MCI) is intended: An intermediate stage between normal aging and the development of pathologic aging and dementia. An intermediate stage between the expected cognitive decline of normal aging and the more-serious decline of dementia. It can involve problems with memory, language, thinking and judgment. There should be evidence of lower performance that is greater than would be expected for the patient's age and educational background. If repeated assessments are available, then a decline in performance should be evident over time. Scores on cognitive tests for individuals with MCI are typically 1 to 1.5 SD below the mean for their age and education matched peers on culturally appropriate normative data. In illiterate people many of neuropsychological assessment could not detect real MCI and any clinician should consider the level of education and social activity in diagnosis MCI and Dementia. It is emphasized that these ranges are guidelines and not cutoff scores. The term MCI has been in the literature for almost 4 decades. MCI was originally conceptualized by a research group from New York University in 1994 using the six stages from the global deterioration scale (GDS; Reisberg et al., 1982). In 2011, the National Institute on Aging (NIA) and the Alzheimer's Association convened workgroups to develop criteria for the entire AD spectrum. Taken together, these criteria offer an exciting advancement in the diagnosis of MCI; however, the inclusion of biomarkers and imaging is only considered appropriate as part of clinical research protocols and not as part of standard clinical practice. The DSM-5 introduced the term Neuro Cognitive Disorder (NCD). The terms dementia and MCI were avoided because their use is closely associated with geriatric disorders, while NCD encompasses acquired cognitive impairment of all causes at all ages. They noted that mild NCD encompasses a more diverse group of entities including mild acquired impairments in younger individuals. Impairments that may be transient, static, or even reversible. While no pharmacologic therapies are currently approved by the US FDA for MCI due to AD, lifestyle modifications and cognitive and behavioral therapies can be useful.

Biography

Zahra Vahabi is an Assistant Professor of neurology in Tehran University of Medical Sciences in Iran. Her main research interests are in the field of cognition and geriatric medicine, and currently she is the principal investigator of Post Stroke Cognitive Decline among Iranian Stroke Survivors project and CO-PI of MCI Early Detection project in Iran. Dr. Vahabi is the director of geriatric ward in Ziaieian hospital at Tehran University of Medical Sciences, and has served as the Scientific Secretary of the annual Iranian Conference of Geriatric Medicine and Gerontology since 2017.

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