



Research finds ‘Mild Cognitive Impairment’ Often Disappears in Old Age

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Introduction

An older adult who has been diagnosed with mild cognitive impairment (MCI) may be concerned because they believe it is a precursor to dementia. However, according to a new study, one does not always lead to the other. Indeed, nearly half of the seniors studied in the study — all of whom had been diagnosed with memory and cognitive problems and given an MCI diagnosis — no longer had the illness after a few years. The goal of the study was to learn more about the factors that influence a person’s risk of dementia.

“We wanted to learn more about dementia’s early phases as a possible temporal window for dementia prevention or intervention efforts,” says the researcher. She stated that the research was carried out on a varied set of Americans. “Most previous MCI studies have only included non-Hispanic white older persons who sought care from a memory issue specialist,” Manly added [1]. According to her, the findings show that patients with MCI are a diverse population. They won’t all develop dementia in the near future, therefore MCI should be considered a “greater risk classification” rather than an early stage of dementia, according to Manly. She went on to say that the characteristics that indicate MCI aren’t always the same as those that predict MCI progression to dementia.

The researchers monitored slightly over 2,900 study participants for nearly six years, with an average age of mid-70s. 752 people were diagnosed with MCI during the study period. These diagnoses were made after participants reported memory or thinking problems and a test revealed cognitive impairment. According to the survey, they were nevertheless able to carry on with regular chores and had issues with no more than three of them, such as shopping or handling drugs. A total of 480 people with MCI had follow-up assessments. After two years, 13% of those with MCI got dementia. Another 30% of those with MCI had not developed dementia. About 10% of those surveyed showed signs of mental impairment but did not fulfil the criteria for MCI or dementia [2]. However, over half of those who had previously been diagnosed with MCI — 48 percent — were “cognitively normal” during a follow-up visit 2.4 years later. They may have initially met one or two of the three MCI criteria.

Researchers discovered that having more years of education and participating in more leisure activities like reading, seeing a friend, or going for a stroll could make a difference among the modifiable hazards that indicated a decreased chance of getting MCI [3]. A bigger income could help as well. Those with a higher level of education or who engaged in more leisure activities were 5% less likely to acquire MCI. Antidepressants, depression symptoms, having a gene that raises Alzheimer’s risk, and having MCI that affects various parts of cognitive skills, such as memory, language, and spatial skills, were all factors that raised the probability of someone with MCI getting dementia.

According to the data, 18% of people who used antidepressants got dementia, compared to 7% of those who continued to have MCI and 6% of those who no longer matched the criteria for MCI. The findings did not prove that these risk factors cause dementia, but they did demonstrate a relationship, according to Manly. These findings, according to Manly, could assist define future public health campaigns, particularly when risk factors can be altered [4]. The findings were

published online in the journal *Neurology* on December 1st. One of the study’s shortcomings was the short follow-up period.

While mild cognitive impairment is commonly regarded to be a forerunner to dementia and Alzheimer’s disease, Dr. Zaldy Tan, director of Cedars-Memory Sinai’s and Aging Program, said MCI is a diverse group with instances that will split along different routes [5]. Tan was not a participant in the research.

“I think it just confirms that people with mild cognitive impairment are a heterogeneous group, that some people are on the path to Alzheimer’s disease or dementia, and that some people are having mild cognitive impairment due to other potentially reversible factors like depression, poor sleep, or having obstructive sleep apnea,” Tan said. “Some of these things can cause memory problems, and someone can have a subjective memory difficulty without necessarily having dementia pathology.” Tan said that while evidence suggests that a healthy lifestyle, which includes regular physical activity, good sleep, controlling heart risk factors, reducing stress, and remaining cognitively and socially engaged, is beneficial for overall brain health, it does not mean that someone with MCI will not develop dementia. If someone has worries about their memory, Tan recommends speaking with their primary care physician. “The primary physician will be the best judge of whether they require additional testing such as memory testing, neuroimaging, or neuropsychological testing,” Tan said.

References

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