

A Mild Cognitive Impairment Diagnosis Can Be Scary. Here's What Comes Next.

There are ways to manage symptoms and slow the progression.



By Dana G. Smith

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Cognitive decline is a frightening prospect for most people. But experts say there are ways to manage and treat it, especially if it's caught at an early stage, known as mild cognitive impairment.

Mild cognitive impairment can be a precursor to dementia. People who have M.C.I. show signs of memory loss and other cognitive problems that are beyond what might be considered normal age-related decline, but they are still able to function independently.

Receiving a diagnosis of M.C.I. can cause people a lot of anxiety, but catching cognitive decline at this early stage has several advantages. For one, it allows the person to take an active role in determining what they want the next phase of their life to look like, said Dr. Carolyn Fredericks, an assistant professor of neurology at Yale School of Medicine.

"It can be helpful for families to know what to expect and to start all that legal and financial planning," Dr. Fredericks said. No one wants to think about that, she added, "but it's so much better done when somebody is clear of mind and can contribute what they want."

What's more, while people with M.C.I. may go on to develop Alzheimer's disease or other dementias, the progression is not a guarantee. Treating M.C.I. can "prolong that period of being independent by months or years," said Andrew Kiselica, a neuropsychologist at the University of Missouri who specializes in diagnosing dementia.

Lifestyle Changes and Adjustments

The first step to treating M.C.I. is to search for a biological reason for someone's symptoms using blood tests, brain scans and other clinical assessments. Many cases of M.C.I. are caused by neurodegenerative diseases, but there are other conditions that can affect cognition, including sleep apnea, depression, hearing loss, cirrhosis of the liver or a vitamin deficiency. "Those sorts of things may be potentially addressed with treatment and potentially reversible," Dr. Kiselica said.

Even if the root cause for M.C.I. is a neurodegenerative disease, taking care of some of these “exacerbating causes” can help improve symptoms, said Dr. Halima Amjad, an assistant professor of medicine specializing in geriatrics at the Johns Hopkins University School of Medicine. A doctor might swap out medications that are causing brain fog or other cognitive side effects, or fit a person for hearing aids so that they can be more socially engaged. “They might not be the only cause, but if they’re making cognition worse, let’s make it better,” she said.

Evidence also suggests that lifestyle interventions, particularly exercise and diet, can slow cognitive decline. “It’s almost a cliché for a doctor to say you need to eat right and exercise,” Dr. Fredericks said. “But we have a lot of really good data that, especially in the very earliest stages of illness, things like a significant amount of cardiovascular exercise, like eating a Mediterranean diet” can be very helpful for cognition, as well as quality of life. Experts typically recommend 150 minutes of moderate intensity or 90 minutes of vigorous intensity aerobic activity per week, plus two days of resistance training.

Introducing Medication

Drugs called cholinesterase inhibitors have been used to treat dementia for years. These medications block the breakdown of a common neurochemical called acetylcholine that is important for attention and memory. They don’t address the underlying causes of the disease, but they can help improve symptoms.

However, these drugs are only approved to treat dementia, and there is little evidence to suggest they are beneficial for people with M.C.I. The American Academy of Neurology does not officially recommend the drugs for M.C.I., though doctors can prescribe them off label.

“We will sometimes use them, but if anything, I think they often probably get overused in mild cognitive impairment,” Dr. Amjad said. The key deciding factor, she added, is whether the M.C.I. is related to Alzheimer’s disease, because there is more evidence to support their use in that scenario.

The Food and Drug Administration also recently approved two drugs that treat Alzheimer’s disease by removing amyloid plaques — a hallmark of the condition — from the brain. However, one of the medications is being discontinued by its manufacturer this year. A decision on a third drug is expected in the coming months. In clinical trials, the medications didn’t reverse symptoms, but they did slightly slow the progression of the disease. Experts say it is uncertain if the effect will be significant enough for patients and families to notice.

Doctors can prescribe these drugs to people with M.C.I. due to Alzheimer’s disease, and evidence suggests that the earlier someone starts treatment, the more effective it might be. That said, the medications are expensive, have to be delivered intravenously and can cause serious side effects, including swelling and bleeding in the brain. As a result, these drugs are not recommended for everyone.

“There are pretty significant costs and pretty significant risks, and there may be minimal benefits,” Dr. Kiselica said. But, considering there were no medications that delayed the progression of

Alzheimer's disease or addressed its underlying causes for over 100 years, "the fact that we even are able to talk about having a drug is a pretty darn big miracle."

Dana G. Smith is a Times reporter covering personal health, particularly aging and brain health. More about Dana G. Smith