



## Mild Cognitive Impairment

This fact sheet may help you understand what research says about mild cognitive impairment, or MCI. This is a medical condition that is linked to problems with thinking ability and memory.

The American Academy of Neurology, or AAN, provides this sheet as a service.

The AAN is the world's largest association of neurologists and neuroscience professionals. Neurologists are doctors who identify and treat diseases of the brain and nervous system. The AAN is dedicated to promoting the highest quality patient-centered neurologic care.

Experts from the AAN carefully reviewed the available scientific studies on MCI. The following information is based on evidence from those studies and other key information. The information summarizes the main findings of the 2017 AAN practice guideline on MCI. The guideline updates a 2001 AAN guideline on the same topic.

### Overview

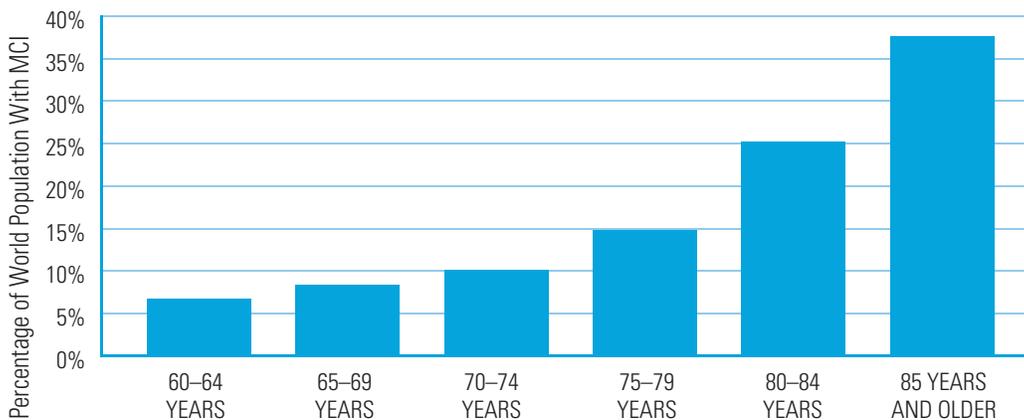
MCI is a medical condition that is common with aging. It is linked to problems with thinking ability and memory.

There is strong evidence that MCI can lead to dementia. But for some people, MCI is temporary or does not get worse.

There are no medicines shown to help treat MCI. However, MCI may be treatable if it is not linked to a disease of the brain cells that gets worse over time.

For information on the AAN's levels of evidence, see the Key to Evidence Levels at the end of this sheet.

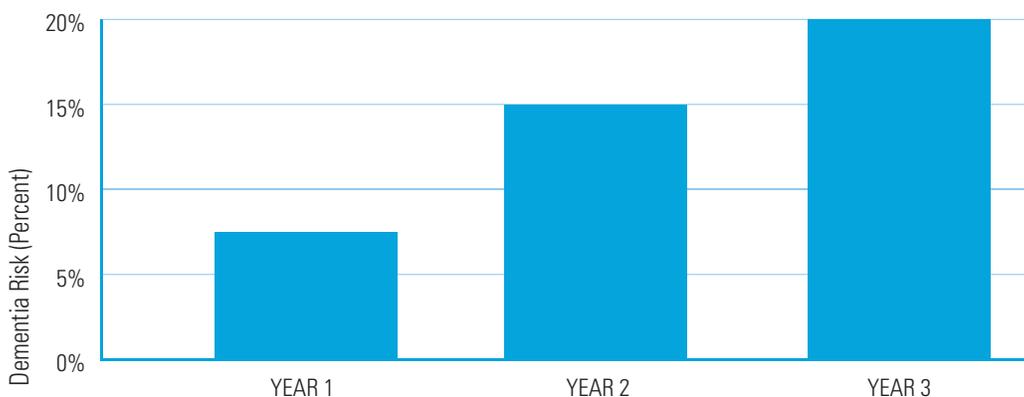
### MCI Is Common



There is strong evidence that MCI is common starting at age 60 through 64 years.

Strong evidence also shows that MCI becomes more common every five years afterward.

### Dementia Risk in People with MCI



For people with MCI aged 65 years and older, there is strong evidence for the following:

- There is about a 7.5 percent risk of developing dementia in the first year after diagnosis.
- In the second year, the chance of developing dementia rises to about a 15 percent total.
- In the third year, the chance of developing dementia rises to about a 20 percent total risk.

## MCI Compared with Dementia

MCI is not the same as dementia. People with MCI have milder problems with thinking ability and memory. For someone with dementia, basic daily tasks, such as dressing, bathing, and eating, can become difficult. These are the tasks that allow you to live independently.

With MCI, more complex tasks may be affected, such as how to make decisions. However, the effect on everyday functioning is much less than with dementia.

## Getting Checked for MCI

Some people with MCI have thinking problems. Others have trouble with both thinking and memory. Get checked for MCI if:

- You are forgetful
- Forgetting things bothers you
- Forgetting keeps happening or is becoming a pattern
- Others also notice you are forgetful
- You have a hard time making decisions
- You struggle with completing the steps of complex tasks
- You have difficulty understanding information you see or read

## Treating MCI

There are no medicines shown to help treat MCI. People with MCI should be physically and mentally active. They should also be checked regularly for signs or symptoms of dementia. If MCI is diagnosed early, moderate evidence shows that regular physical exercise may slow the condition or keep it from getting worse.

MCI is not linked to disability. If you are diagnosed with MCI, talk with your doctor about how you can take action to help yourself. Sometimes, MCI is temporary and can be treated. For example, you can stop taking a medicine if it is causing your MCI.

To read the full guideline, visit [AAN.com/guidelines](https://www.aan.com/guidelines).

**This practice guideline was endorsed by the Alzheimer's Association.**

This statement is provided as an educational service of the American Academy of Neurology. It is based on an assessment of current scientific and clinical information. It is not intended to include all possible proper methods of care for a particular neurologic problem or all legitimate criteria for choosing to use a specific procedure. Neither is it intended to exclude any reasonable alternative methodologies. The AAN recognizes that specific patient care decisions are the prerogative of the patient and the physician caring for the patient, based on all of the circumstances involved.

The AAN develops these summaries as educational tools for neurologists, patients, family members, caregivers, and the public. You may download and retain a single copy for your personal use. Please contact [guidelines@aan.com](mailto:guidelines@aan.com) to learn about options for sharing this content beyond your personal use.

### Key to Evidence Levels

After the experts review all of the published research studies, they describe the strength of the evidence supporting each recommendation:

*Strong evidence* = Future studies very unlikely to change the conclusion

*Moderate evidence* = Future studies unlikely to change the conclusion

*Low evidence* = Future studies likely to change the conclusion

*Very low evidence* = Future studies very likely to change the conclusion

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Copies of this summary and additional companion tools are available at [AAN.com](https://www.aan.com) or through AAN Member Services at (800) 879-1960.