



## Mild Cognitive Impairment

Janet M. Torpy; Cassio Lynm; Richard M. Glass

*JAMA*. 2008;300(13):1610 (doi:10.1001/jama.300.13.1610)

<http://jama.ama-assn.org/cgi/content/full/300/13/1610>

Online article and related content  
current as of December 14, 2009.

Supplementary material

Spanish PDF

<http://jama.ama-assn.org/cgi/content/full/300/13/1610/DC1>

Correction

[Contact me if this article is corrected.](#)

Citations

[Contact me when this article is cited.](#)

Topic collections

Neurology; Cognitive Disorders; JAMA Patient Page

[Contact me when new articles are published in these topic areas.](#)

Related Articles published in  
the same issue

A 60-Year-Old Woman With Mild Memory Impairment: Review of Mild  
Cognitive Impairment

James M. Ellison. *JAMA*. 2008;300(13):1566.

Subscribe

<http://jama.com/subscribe>

Email Alerts

<http://jamaarchives.com/alerts>

Permissions

[permissions@ama-assn.org](mailto:permissions@ama-assn.org)

<http://pubs.ama-assn.org/misc/permissions.dtl>

Reprints/E-prints

[reprints@ama-assn.org](mailto:reprints@ama-assn.org)

# Mild Cognitive Impairment

Concerns about memory, word-finding, or other **cognitive** (mental function) problems are common among older adults. A mild cognitive problem is different from **dementia**, however, because dementia is diagnosed only when both memory and another cognitive function are each affected severely enough to interfere with a person's ability to carry out routine daily activities. Dementia is much more severe than a mild memory problem such as difficulty recalling names. The October 1, 2008, issue of JAMA includes an article about mild cognitive impairment.

## SOME CONDITIONS ASSOCIATED WITH MILD COGNITIVE IMPAIRMENT

- Some cognitive faculties decrease with normal aging but not enough to significantly impact daily activities.
- Early Alzheimer disease
- Silent or recognized strokes—which can progress to vascular dementia
- Brain injury
- Brain tumors
- **Delirium** (confusion and agitation often due to illness or medication effects)
- Central nervous system infections
- Major surgeries such as open heart surgery
- Excessive use of alcohol or other drugs

## DIAGNOSIS

Testing for serious causes of cognitive difficulties begins with a medical history, including a careful description of the type of problem and when it began. Physical examination looks for signs of illnesses with treatable causes that may be associated with cognitive impairment. Other testing to help pinpoint causes of cognitive impairment may include computed tomography (CT scan), magnetic resonance imaging (MRI), blood tests, and **lumbar puncture** (spinal tap). **Neuropsychological testing** is a specialized paper and pencil examination that evaluates changes in cognition and memory.

## RECOMMENDATIONS FOR PREVENTION

- Eat a variety of foods, including at least 5 servings of fruit and vegetables, each day. Eating fish as a regular part of one's diet may help to preserve memory as a person ages.
- Do not smoke.
- Exercise daily, with appropriate medical guidance.
- Regular mental activity may help preserve cognitive functioning.
- Social contacts with family and friends may enhance preservation of cognitive functions.
- **Antioxidants** (found naturally in fruits and vegetables) are thought to be beneficial, although the role of antioxidant supplements (vitamins and minerals) is controversial.
- Manage chronic illnesses, including depression, diabetes, high blood pressure, and high cholesterol.



## FOR MORE INFORMATION

- National Institute of Neurological Disorders and Stroke  
[www.ninds.nih.gov](http://www.ninds.nih.gov)
- National Institute on Aging  
[www.nia.nih.gov](http://www.nia.nih.gov)
- Alzheimer's Association  
[www.alz.org](http://www.alz.org)

## INFORM YOURSELF

To find this and previous JAMA Patient Pages, go to the Patient Page Index on JAMA's Web site at [www.jama.com](http://www.jama.com). Many are available in English, Spanish, and French. A Patient Page on Alzheimer disease was published in the November 7, 2001, issue; one on dementia was published in the June 6, 2007, issue; and one on head injury was published in the September 26, 2005, issue.

Sources: National Institute of Neurological Disorders and Stroke; National Institute on Aging; Alzheimer's Association; National Institute of Mental Health

Janet M. Torpy, MD, Writer

Cassio Lynn, MA, Illustrator

Richard M. Glass, MD, Editor

The JAMA Patient Page is a public service of JAMA. The information and recommendations appearing on this page are appropriate in most instances, but they are not a substitute for medical diagnosis. For specific information concerning your personal medical condition, JAMA suggests that you consult your physician. This page may be photocopied noncommercially by physicians and other health care professionals to share with patients. To purchase bulk reprints, call 312/464-0776.

