UNDERSTANDING YOUR DIAGNOSIS

Mild Cognitive Impairment

Also called Mild Neurocognitive Disorder

Real but mild changes in memory or thinking that do not stop you from running your own life. This is not dementia.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 7 adults over 65	Usually after age 60	Yes - much can improve	Millions of US adults 65+

What this is

- Mild cognitive impairment means memory or thinking has slipped a little, enough that testing can pick up the change.
- This is not dementia. You still run your own life: your money, your medicines, your driving, and your home.
- It is not plain old aging either. This is a measurable change from the way your own brain used to work.
- It has many causes. Some, like poor sleep, low mood, or the wrong medicine, can be treated and turned around.

What it can look and feel like

- You may forget recent conversations or appointments, and lean harder on lists, alarms, and sticky notes.
- Words may go missing in the middle of a sentence, so you talk around them or pause longer than you used to.
- Complex jobs, like taxes or a new recipe, take longer and need more focus, but you still get them finished.
- You may lose your thread more easily in a noisy room, or when two people are talking to you at once.
- Planning a trip, following a long form, or juggling several tasks may feel harder than it once did.
- Family may not notice yet. Often you are the one who notices first, and noticing early is a good thing.
- Worry about it can make it worse, because fear uses up the attention you need in order to remember things.

What is happening in your brain and body

- Several different things can cause this: early Alzheimer's changes, small strokes, Lewy bodies, or a mix of them.
- Newer blood tests and brain scans can show whether Alzheimer's proteins are part of your picture, if you want to know.
- Untreated hearing loss makes thinking look worse than it is, because your brain burns its effort on decoding sound.
- Sleep apnea, low thyroid, low vitamin B12, and heavy alcohol use all dim thinking, and all of them can be fixed.
- Some medicines fog the brain: sleep aids, older allergy pills, bladder pills, and calming or strong pain medicines.

What can make it more likely

- Age is the biggest single factor, though this is a change from your own baseline, not ordinary aging.
- Blood pressure, diabetes, cholesterol, and smoking damage small brain vessels over years. All of them are treatable.
- Genes such as APOE4 raise the chance, but plenty of people who carry them never go on to develop dementia.
- Low mood, poor sleep, sitting still, hearing loss, and loneliness all add up, and every one can be worked on.

What to expect

- Each year about **10 to 15 percent** of people with this go on to dementia, but many others stay steady for years.
- Roughly **15 to 20 percent** of people go back to normal thinking, often once a treatable cause has been found.
- Most people keep driving, working, and living independently for a long time after getting this diagnosis.
- Expect a recheck every 6 to 12 months. Comparing your own scores over time tells your team far more than one visit.

What helps

Treatment works. Most people get better.

Talking therapies

- **Cognitive rehabilitation** teaches practical workarounds aimed at your real goals, not generic brain games.
- **Talk therapy** for worry or low mood often lifts test scores too, because mood weighs heavily on thinking.
- **Behavioral activation** builds a full, structured week, which protects thinking better than resting more does.
- Memory strategy groups teach spaced practice and cueing tricks that stick to real tasks like names and medicines.
- Teaching you and your family what to expect sets honest expectations and takes the panic out of every normal slip.

Medicines

- There is no pill approved for this stage itself. **Alzheimer's memory medicines** do not delay dementia here.
- The biggest medicine win is subtraction. Ask which of your current pills could be fogging up your thinking.
- **Anti-amyloid infusions** such as lecanemab are an option only for early Alzheimer's confirmed by testing.
- Treating low mood with an **antidepressant** can clear a surprising amount of the fog within a few weeks.
- Controlling blood pressure, blood sugar, and cholesterol protects thinking. Your prescriber sets every dose.

Everyday things that help

- Aim for **150 minutes** of brisk walking a week plus some strength work. This has the strongest evidence of all.
- Treat hearing loss and get your vision checked. Both can make thinking feel and test much sharper.
- Sleep matters. Ask to be checked for sleep apnea if you snore, gasp at night, or wake up tired most mornings.
- Stay social and keep learning something new. Both build reserve that helps your brain absorb change.
- Use one calendar, one spot for keys and wallet, and a weekly pill box. Good systems beat willpower every time.

Get help right away if

- Sudden confusion, a fast drop in alertness, or new weakness is an emergency. Get seen the same day.
- If you think about ending your life, call or text **988** now, or go to the nearest emergency room.
- Call your care team if thinking drops quickly over weeks, or after any fall with a bump to the head.

Questions to ask your care team

- *Which of my current medicines could be making my thinking worse?*
- *What tests would show a cause that we could actually treat?*
- *How often should we retest, and what change would concern you?*
- *What can I do now to lower my chance of this getting worse?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.