

Letter to the Editor**DIAGNOSTIC CRITERIA AND PREVALENCE OF THE MILD COGNITIVE IMPAIRMENT***Crerios Diagnsticos e Prevalncia do Comprometimento Cognitivo Leve*Raphael Lopes Olegrio¹, Silvia Maria Aparecida Vitorino²**Abstract**

The Mild Cognitive Impairment is a condition in which someone has minor problems with cognition, their mental abilities such as memory or thinking. Numerous epidemiologic studies conducted on the prevalence of MCI and the incidence of cognitively normal persons progressing to it. Treatment of patients with MCI and mild dementia should include strong encouragement to remain physically, socially and mentally active.

Keywords: dementia. memory impairment. mild cognitive impairment. health.

Resumo

O comprometimento cognitivo leve uma condioo na qual alguem tem problemas menores com a cognioo, suas habilidades mentais, como memria ou pensamento. Numerosos estudos epidemiolsticos realizados sobre a prevalncia de MCI e a incidncia de pessoas cognitivamente normais progredindo para ele. O tratamento de pacientes com MCI e demncia leve deve incluir um forte incentivo para permanecer ativo fisicamente, socialmente e mentalmente.

Palavras-chaves: demncia. comprometimento da memria. comprometimento cognitivo leve. sade.

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To the Editor,

Considering the high prevalence of cases in Mild Cognitive Impairment (MCI), the commentaries here in addressed could attract the attention of the readers of this Journal. Many definitions have been proposed to identify the intermediate stage between healthy ageing with slight cognitive changes and dementia of these clinical labels by far the most successful and enduring has been the term MCI. The current articulation of the concept of MCI intends to identify this intermediate stage of cognitive impairment that is often, but not always, a transitional phase from cognitive changes of normal ageing to those typically found in dementia ⁽¹⁾.

Identifying cognitive impairment at an early stage has become an exponential important challenge to physicians and other professionals. Years ago, it was satisfactory to distinguish dementia from typical cognitive aging, but in recent years, the desire to make a more fine-grained decision on incipient disease has become apparent ⁽²⁾. Through the years, several sets of terminology for MCI and related conditions have evolved, many referring to similar constructs in the general MCI range ⁽³⁾.

The first clinical criteria for MCI were proposed by a group of investigators from the Mayo Clinic in the late 1990s ⁽⁴⁾. The Mayo

Clinic criteria previously noted focused on a memory disturbance and were developed to elucidate the earliest symptomatic stages of AD ^(3,4). Since the publication of the international criteria, numerous studies have used the new MCI definition to collect or identify individuals in the early stages of cognitive impairment; these criteria have provided additional clinical features and genetic background, as well identified predictors of progression and pathological outcome ⁽⁵⁾.

In the past decade, there have been numerous epidemiologic studies conducted on the prevalence of MCI and the incidence of cognitively normal persons progressing to MCI ⁽⁶⁾. There has been a great deal of variability in the prevalence figures due to methodological variation in the studies and the different implementations of the criteria ^(2,6). In addition to MCI, two other classifications that will be briefly noted, are cognitive impairment not demented (CIND) which captures a broader spectrum of cognitive impairment, and MCI due to Alzheimer's disease (AD) that primarily identifies persons with an underlying AD pathology ⁽⁷⁾. The main criteria for MCI are: Cognitive complaint, decline or impairment; objective evidence of impairment in cognitive domains; essentially normal functional activities ⁽⁸⁾. (Table 1).

Table 1. Mild Cognitive Impairment and Cognitive Impairment not demented outcomes.

Mild Cognitive Impairment	Cognitive Impairment not Demented
Absence of dementia;	Physician-detected significant impairment in cognition;
Cognitive complaint, cognitive decline or impairment;	Participant or informant-reported significant decline in cognition or function;
Objective evidence of impairment in cognitive domains: memory, executive function/attention, language, or visuospatial skills;	No clinically important impairment in activities of daily living assessed by physician/
Essentially normal functional activities.	Absence of dementia.

Treatment of patients with MCI and mild dementia should include strong encouragement to remain physically, socially and mentally active. The depression is the most studied symptom in MCI and dementia. The most frequent depressive symptoms observed in these patients are irritability, impairment of attention and concentration, paranoid and obsessive thoughts, lack of insight, psychomotor retardation, and weight loss. The prevalence of depressive symptoms may be as high as 45%⁽⁹⁾. Psychotic symptoms such as delusions, hallucinations, and illusions are rare in MCI patients.³ However, presence of these

behavioral disturbances may reflect a major risk of developing dementia⁽¹⁰⁾.

Conclusion

The MCI is a condition in which someone has minor problems with cognition, their mental abilities such as memory or thinking. In MCI these difficulties are worse than would normally be expected for a healthy person of their age. However, the symptoms are not severe enough to interfere significantly with daily life, and so are not defined as dementia.

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