



Assessment and management of older people with mild cognitive impairment

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**How are
people with a
cognitive
impairment
investigated
to
understand
the
underlying
cause of
impairment?**

- Mild cognitive impairment (MCI) in older adults is a risk factor for dementia. MCI results from diverse underlying causes and may progress to dementia, remain stable or improve over time
- We aimed to assess the evidence base around the assessment and management pathway of older adults with MCI in different settings
- We included 133 papers in the review, including 40 looking at the pros and cons of MCI as a diagnostic label
- We identified multiple barriers to efficient diagnosis, starting with patient reluctance to seek help. Other barriers include problems with diagnosis and record keeping in primary care, lack of tailored services for people with MCI and patchy availability of advanced diagnostic tests. People with MCI and their carers find the process difficult and frustrating

What is the problem?

MCI is defined as objective cognitive symptoms (e.g. memory problems) in the absence of dementia. MCI affects around 20% of people over 65 and its prevalence is likely to increase as the population ages. Although most people with MCI do not go on to develop dementia, the condition is associated with increased dementia risk. Health services need to ensure that people who seek help for memory problems are appropriately investigated.

We aimed to bring together published evidence on investigation and management pathways; patient and carer experience of services; and the advantages and disadvantages of receiving a 'diagnosis' of MCI.

What did we do?

We performed two separate evidence reviews: (1) a descriptive review with narrative synthesis focusing on diagnosis, service provision and patient experience; and (2) a critical interpretive synthesis (CIS) of evidence on the advantages and disadvantages of MCI as a diagnostic label. CIS is a synthesis approach designed to analyse diverse sources and use analytical outputs to develop a conceptual framework.

What did we find out?

A total of 122 studies were included in the descriptive review, of which 29 were also included in the CIS. Follow-up searching identified a further 11 studies for the CIS.

The descriptive review identified multiple barriers to efficient diagnosis of memory problems, starting with patient reluctance to seek help. Interventions to encourage people with concerns about their memory to see their GP have been evaluated but without clear evidence of effectiveness. GPs have a variety of cognitive tests available but recent evidence suggests that substantial numbers of patients meeting criteria for dementia do not have a diagnosis recorded.

Patients may be referred to a memory clinic but these are mainly intended to identify and support people with dementia and people with MCI may be discharged back to their GP until symptoms worsen.

Availability of scanning and biomarker tests to identify early dementia in routine UK practice is patchy. Qualitative studies found that patients with MCI and their carers find the process of investigation and diagnosis difficult and frustrating to negotiate.

The key finding from the CIS was that the need for a 'timely' diagnosis outweighs the ongoing debate about the value or otherwise of early investigation and labelling of memory problems. Defining a timely diagnosis involves balancing the perspectives of the patient, the health system and the clinician.

What are the implications?

Services should consider the potential value of efforts to improve the recording of diagnoses of dementia in primary care (e.g. by provision of training).

Quality improvement work at a local and national level is expected to improve and standardise services provided in memory clinics. Changes introduced during the COVID-19 pandemic will require evaluation.

Our results suggest the need for formal discussion between GPs and their patients with memory problems prior to memory clinic referral, covering the implications of dementia as a possible diagnosis.

Research to evaluate models of screening for memory problems in settings such as emergency departments, acute hospital wards and care homes would be of value

Source

Chambers D, Cantrell A, Sworn K & Booth A. Assessment and management pathways of older adults with mild cognitive impairment: descriptive review and critical interpretive synthesis. *Health Soc Care Deliv Res* 2022;**10**(10) <https://doi.org/10.3310/XLUJ6074>