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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Mild Cognitive Impairment (MCI)

Patient education guide · Neurodegenerative & Memory · Madison Neurology LLC

What is it?

Mild cognitive impairment is a measurable decline in memory or other thinking skills that is greater than normal aging but does not yet interfere with independent daily function. It is a middle ground: some people with MCI progress to dementia (about 10-15% per year), some stay stable for years, and some improve — especially when a reversible cause is found.

How does it happen?

MCI can be an early stage of Alzheimer's or other degenerative disease, but it also has many treatable contributors: medication side effects, depression and anxiety, sleep apnea, thyroid or B12 problems, vascular risk factors, and hearing loss.

Common symptoms

- Forgetting recent conversations, appointments, or events more than peers
- Trouble finding words or following complex conversations
- Difficulty with planning or multitasking
- Family noticing changes even when the person manages daily life
- Normal ability to live independently

How is it diagnosed?

Evaluation includes cognitive testing, a medication review, blood tests (thyroid, B12, and others), depression screening, and often brain MRI. Biomarker testing can clarify whether Alzheimer's changes are present when the answer would change management.

How is it treated?

The first step is treating reversible contributors — adjusting medications, treating depression or sleep apnea, correcting deficiencies. Beyond that: regular aerobic exercise (the best-supported brain-protective intervention), blood pressure and vascular risk control, cognitive and social engagement, good sleep, and Mediterranean-style diet. Annual follow-up testing tracks any change.

What does the future hold?

MCI is not a one-way street. Roughly a third of people progress to dementia over several years, while many remain stable or revert to normal, particularly when causes like depression or medications are addressed. Regular monitoring catches changes early, when planning and treatment work best.

Questions patients commonly ask

Q: Does MCI mean I will get Alzheimer's?

A: No. It raises the risk, but many people with MCI never develop dementia — especially when reversible factors are treated.

Q: What is the single best thing I can do for my brain?

A: Regular aerobic exercise has the strongest evidence, followed by blood pressure control, good sleep, and staying socially and mentally active.

Q: How often should my memory be rechecked?

A: Typically every 6-12 months, or sooner if you or your family notice meaningful change.

National support groups & resources

- **Alzheimer's Association (24/7 Helpline)** — alz.org — 1-800-272-3900
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **National Institute on Aging** — nia.nih.gov — 1-800-438-4380

(Organization contact details were current at the time of compilation; please verify online.)

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