

Our Service

The clinical psychologists of the Clinical Health Psychology Centre provide timely and comprehensive assessment for early detection of dementing conditions, and management advice to patients with problems of MCI, memory or cognitive difficulties of old age and their family members. Neuropsychological assessment can be arranged for a better understanding of the nature and extent of the deficits. Professional advice on management, maintenance, upkeep of learning and cognitive functions, stress management, enhancement of positive emotions and quality of life will be provided.

Reference:

1. Peterson, RC, Stevens JC, Ganguli M, et al. Practice parameter: early detection of dementia: MCI (an evidence-based review). *Neurology* 2001;56:1133-1142.
2. Study by Lam LC, Tam CW, Lui VW, Chan WC, et al. Prevalence of very mild and mild dementia in community dwelling Chinese older persons in Hong Kong. *Int Psychogeriatrics*, 2008;20:135-48.

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Closed on Sundays and Public Holidays



Mild Cognitive Impairment

For enquiries and appointments,
please contact us

Are You Increasingly Bothered by the Following Problems?

- Find it difficult to remember recent happenings
- Remember only a little of what has been read in books or seen on TV
- Have difficulty learning new things
- Easily forget names of people you ought to know
- Being told you are prone to repeating what you had said
- Forget about appointments and tasks you have planned to do

What is Mild Cognitive Impairment (MCI)?

MCI is an intermediate state between normal ageing and dementia. It has received increasing scientific attention because of its association with heightened risk of developing Alzheimer's disease (AD).

MCI refers to the clinical state in which a person is cognitively impaired, usually in the memory domain, which is greater than that expected for an individual's age and education level but which has not reached the intensity of dementia. Typically, the person is aware of his or her deficit but observation by an informant is usually useful. Usually, MCI does not significantly impair activities of daily life.

Prevalence

Longitudinal studies conducted in the Mayo Alzheimer's Disease Research Center in the U.S. showed a 10 to 15% conversion rate for individuals with MCI to dementia on a yearly basis, which is significantly higher than the 1 to 2% per year expected of healthy persons. The studies also indicated a conversion rate to AD of up to 80% in the upcoming 6 years¹.

According to findings of a local study², the prevalence of MCI for persons aged 70 years or above in Hong Kong was 8.5%.

Early Identification

Accurate identification of MCI enables early therapeutic interventions to slow down, if not reverse, substantially the significant emotional and economic costs of the illness. Awareness of this pre-dementia condition increases regular surveillance and early treatment.

The clinical criteria for MCI are as follows¹:

- Memory complaint preferably corroborated by an informant
- Objective memory impairment
- Preserved general cognition
- Preserved activities of daily living
- Not meeting the clinical criteria for dementia

Diagnosis

The diagnosis of MCI requires considerable clinical judgment and objective assessment. A comprehensive clinical assessment including clinical observation, functional assessment, neuropsychological testing, physical investigations and neuroimaging may be considered to rule out or establish the diagnosis.



Causes

The causes of MCI are not clear. However, genetic factors may be a cause.

- Age 65 and above
- Family history of MCI, dementia, or AD
- Medical conditions, such as high blood pressure, heart disease, diabetes, stroke, head injury, depression, anxiety or infections
- Over-medication
- Substance abuse
- Lack of physical activity
- Lack of social contact
- Low educational level
- Excessive and chronic stress
- Poor nutrition and vitamin B12 deficiency
- Exposure to toxins

Treatment

Senior citizens should avail themselves of early treatment for vascular diseases such as hypertension, diabetes mellitus, hyperlipidaemia, etc. that may pose additional risks for MCI. If relevant memory deficits are detected, you should contact your family physician so that appropriate examinations and investigations can be arranged. You should seek or ask your family physician for a referral to seek neuropsychological testing for comprehensive assessment of your cognitive and memory functions. You should not ignore problems just because you don't want to be diagnosed. Early detection ensures better treatment. You should also lead healthy lifestyles. Engaging in routine cognitive activities like reading, playing mahjong, learning a new skill like playing a musical instrument, dancing, etc. will help to maintain your cognitive health.