

Mild Cognitive Impairment (MCI) or Normal Ageing!

Dr Farooq Khan*

Birmingham and Solihull Mental Health NHS Foundation Trust, Senior Lecturer Centre for Ageing and Mental Health, University of Chester, UK

*Corresponding author: Dr Farooq Khan, Consultant Psychiatrist, Birmingham & Solihull Mental Health NHS Foundation Trust, Senior Lecturer Centre for Ageing and Mental Health, University of Chester, West Hub CMHT, Ashcroft Unit, The Moorings, Lodge Road, Hockley, Birmingham, B18 5SD, United Kingdom, Tel: 0044-1213016191; E-mail: farooq.khan@bsmhft.nhs.uk

Rec date: Jun 28, 2015; Acc date: Jul 20, 2015; Pub date: Jul 23, 2015

Copyright: © 2015 Khan F. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Introduction

With the introduction of National Dementia Strategy in the United Kingdom (UK) in 2009 there has been a significant increase in number of memory assessment referrals received by the memory assessment services across the country. The concern regarding the memory, intellect, learning capacity, behavioral change and other cognitive domains instigate the individual or the family members to approach the health services and ask for help. 'Dementia', the term haunting the world, which is dealing with this ever demanding and progressively disabling condition, is defined by the International Classification of Mental Disorders (ICD 10), as a syndrome due to disease of the brain, usually of a chronic or progressive nature, in which there is disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgment [1].

To rule out the debilitating condition families are desperate for help with the diagnosis. When the dementia predominantly the Alzheimer's disease is in its very early onset it may be a challenge for the clinicians to distinguish between the disease process and normal ageing phenomenon. There are hypotheses and theories in terms of presentation, scan findings and neuro-pathological investigations as to what constitutes the 'tipping point' between normal ageing and MCI or early dementia. In the clinical presentation it is explained that dementia patients or MCI will actually be not worried or concerned of the memory problems and the people around them will notice the decline in memory and would ask for help. This is very subjective and can vary from case to case when significant memory problems of an MCI patient would bother and trouble them that they would seek help and at the same time a 'normal ageing' person would be unaware of the significance of losing memory.

Esiri et al. [2] described their large community-based neuropathological study to distinction between dementia and brain ageing in the absence of dementia. They have challenged in this study the validity of the contemporary neuropathological criteria for dementia diagnosis and also confronted the current distinction that existed between the dementias and 'normal' ageing. Their study showed that in 209 old people with 100 people who met clinical criteria for dementia before death and most of them showed mixed Alzheimer and vascular pathologies could not be distinguished at the postmortem to have either dementia or non-dementia brains. Whalley [3] concluded that it is almost impossible to distinguish between the dementia and non-dementia brains with the current understanding of pathology and microbiology of dementia.

It is one of the pivotal questions whether every early onset dementia and MCI must be managed and cared for by the primary care level or they must be referred to secondary services. The distinction between the borderline MCI and normal ageing will always remain a challenge for the health care professionals [4].

References

1. Khan F (2011) Dementia in India: it's high time to address the need! AP J Psychol Med 12: 64-8.
2. Esiri MM, Matthews F, Brayne C (2001) Pathological correlates of late onset dementia in a multicentre, community-based population in England and Wales. Lancet 357: 169 -175.
3. Whalley LJ (2002) Brain ageing and dementia: what makes the difference? The British Journal of Psychiatry 181: 369-371.
4. (2006) International Classification of Mental Disorders version 10 (ICD 10).