

Understanding and Assessing Mild Cognitive Impairment

by Benjamin Williams, PhD

We are increasingly aware that a major issue facing the church today is the fact that as a population, religious and clergy are aging. Many changes accompany the aging process. In addition to inescapable changes occurring in our physical bodies, we might also undergo change in other areas, including our attitudes and values, our relationships, and our role in society. Change can be stressful and scary. Perhaps the most anxiety-provoking change that occurs is in our cognitive functioning - our ability to reason, to process information quickly, to pay attention, to understand and produce language, to process visuospatial information, and to remember. There are changes in cognition that are “normal” aspects of the aging process. However, as we age we are at a higher risk of experiencing cognitive changes associated with abnormal processes, such as diseases that cause dementia. ‘

Dementia is a clinical condition that can be caused by a variety of diseases or conditions of the brain that affect cognitive functioning in a drastic manner. When an individual is diagnosed with dementia, their cognitive impairment is so severe that they can no longer look after themselves or maintain day-to-day functioning.

Pathological changes in cognition sometimes come on suddenly and unexpectedly, as can occur with a stroke or following traumatic brain injury. Often, however, the changes are more subtle, occurring bit by bit over time, or perhaps in a step-wise manner. Recent developments in research and clinical practice have involved attempts to identify individuals who may be undergoing abnormal cognitive decline, but decline that is not drastic enough to be considered dementia. Mild Cognitive Impairment (MCI) is an example of such a category that is diagnosed when an individual meets the following conditions: there is a concern expressed by the individual (or by someone who knows the individual well) about cognitive functioning; there is objective evidence of abnormal cognitive functioning (while general cognitive functioning is nonetheless preserved); and the person is generally able to look after themselves and function in their day-to-day life.

The concept of mild cognitive impairment was developed in order to try to identify individuals who might be at risk of developing full-blown dementia in the future. For example, one study followed a group of individuals with mild cognitive impairment in the domain of memory and a normal control group over a period of 7 years. They found that of those within the group with MCI at the beginning of the study, approximately 10% per year ended up with Alzheimer’s dementia. In contrast, over the entire study period, only 5% of those in the normal control group at the beginning of the study were subsequently diagnosed with Alzheimer’s dementia.

Progressive deterioration is not assumed with MCI. It is important to recognize that while a diagnosis of MCI may mean that there is an increased risk of developing dementia in the future, this is not necessarily the case. In fact, it is possible to be diagnosed with MCI at one time, and to be assessed as normal one to two years down the road. In addition, like dementia, MCI can be caused by a number of different diseases. It could result from the build-up of the pathology that causes Alzheimer’s dementia. Alternatively, it might be caused by an accumulation of brain damage caused by mini-strokes, or some other factor. Therefore, depending on what is causing the cognitive problems, a different course over time might be expected.



When abnormal cognitive changes are suspected, seeking help, particularly through a thorough cognitive assessment, can be beneficial for a number of reasons. First and foremost, an assessment can clarify whether or not the cognitive changes that are of concern are normal changes (e.g. like the ones that accompany aging) or, are abnormal changes, such as those characterized by MCI. If MCI is diagnosed, clarification can often be made regarding underlying causes. Is this MCI with a high risk of future Alzheimer's disease, or are these cognitive changes likely suggestive of some other kind of problem? Such clarification can assist in guiding next steps, not only with respect to possible treatments, but also with important life and ministry decisions.

A comprehensive cognitive assessment can also clarify cognitive strengths and weaknesses. Just because an individual may have experienced some decline doesn't mean that they cannot contribute in ministry or community in a meaningful manner. However, it may be important to adjust ministry and life demands in accordance with one's cognitive capabilities. Knowledge regarding one's cognitive capacity may assist in optimizing functioning by identifying areas where assistance or compensation for weaknesses is needed.



It is understandable that fear, avoidance, and denial may accompany concerns regarding cognitive changes associated with aging. Recent advances that allow clinicians to identify cognitive deterioration when it is mild provides the opportunity to respond in a manner that can facilitate aging with grace.

Changes in Memory and Cognition: Indicators of potential concern

- Leadership or those in regular contact are concerned about cognitive functioning .
- The cognitive problems represent a change or are out of keeping with the individual's previous functioning .
- The problems are out of keeping with others of a similar age.
- The problems are getting progressively worse.
- The problems are frequent .
- Forgets significant events (e.g. attending a funeral of a significant relation).
- Problems with familiar or routine activities or situations (e.g. forgetting name of family member, gets lost navigating familiar environment).
- Severity of the consequences (e.g. forgetting important appointments, forgetting medications several times or within a 24 hour period).
- Problems are noted by multiple people.
- The cognitive problems are beginning to interfere with ability to perform activities related to day-to-day functioning that the individual does or previously did (work-related activities, shopping, banking, driving).