What is mild cognitive impairment (MCI)?

Alzheimer's Society

It will take a society to beat dementia

Mild cognitive impairment is when a person starts to have problems with their memory or thinking. These may cause difficulties, but not so much that they interfere with doing everyday tasks.

For some people MCI is an early sign of a disease that will eventually cause dementia. However, MCI is not dementia. It can be caused by other health problems, such as sleep disorders or the side effects of medicines.

This factsheet explains what MCI is and the health conditions that cause it. It discusses the differences between MCI and dementia, and ways to cope with symptoms.

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1 What is mild cognitive impairment (MCI)?

Some mental abilities, such as memory and concentration, can become less reliable as a person gets older. This often becomes more noticeable around age 60 and older. It can be frustrating, but it rarely stops a person from doing normal everyday activities. However, some people feel these changes more quickly, and may become worried that something is wrong with them.

If a person regularly has difficulty doing certain mental tasks they used to do very easily, it may be a sign that they have 'mild cognitive impairment'.

Mild means that, although symptoms may be troubling, the person is still able to manage themselves well and do most everyday activities.

Cognitive roughly means 'thinking' but also includes the abilities to learn, remember, understand, pay attention, communicate, or process sensory information.

Impairment means not working as well as expected for the person's age and background.

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2 Possible signs of MCI

Many people struggle with their memory or thinking from time to time. This can easily happen when a person is feeling tired, unwell or stressed. It can happen more often as they get older. However, if problems with thinking skills continue for more than a few months, it could be a sign that they have MCI.

MCI may involve mild problems with one or more thinking skills. For example:

- **memory or learning** – difficulties remembering recent events and/or learning new things
- **reasoning** – finding it more difficult to make decisions or work through everyday problems
- **attention** – finding it more challenging to focus on a task or filter out distractions
- **language** – occasionally having difficulties finding the right word in conversation
- **loss of interest or motivation** – less interest in usual activities or hobbies.

People with MCI often have difficulties remembering things as well as they once did. Others describe more of a 'brain fog' where they feel unable to think clearly.

Having dementia is different from MCI. A person with dementia has:

- symptoms caused by diseases that damage the brain
- problems doing everyday tasks without support – for example, following a conversation, or getting lost in familiar places
- a progressive condition that always gets worse over time.

3 Causes

For some people MCI may get better

About four in ten people with MCI will get better. However, there's no guarantee that their recovery will be permanent. Many people who get better from MCI have similar problems again later.

Sometimes MCI is caused by a health condition that's treatable. These include:

- sleep disorders – for example, not being able to sleep (insomnia) or not breathing easily while asleep (sleep apnoea)
- side effects of medicines that cause confusion or drowsiness
- having low blood pressure
- mental health problems, such as depression, anxiety or long-term stress
- sight or hearing loss
- infections, including the after-effects of COVID or other viruses
- severe constipation
- regularly drinking too much alcohol
- high or low levels of vitamins, minerals, hormones, or sugars in the body.

The effects of these may be worse if the person is also frail, tired, or in pain.

If MCI is being caused by one or more of these problems, it may get better once they've been identified and treated effectively. For example, a person may have MCI that is caused by depression or anxiety. This may get better once they have access to treatment.

Some people with MCI get better over time even without medical treatment. This may be the case if they are recovering from a very stressful period, such as a bereavement or a viral infection. Recovery can often be made easier with help from counselling, peer support groups or rehabilitation services.

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For some people MCI doesn't get better

MCI may be a sign of a change to the health of the brain. When this happens, a person's condition could be:

- stable – memory and thinking don't improve, but also don't get worse
- progressive – the condition gets worse over time and eventually leads to a diagnosis of dementia.

Stable MCI can happen when a person is living with a long-term health condition that causes minor problems with thinking, but rarely leads to dementia. Conditions that can do this include heart failure, epilepsy, lung or kidney disease, and some types of stroke.

A person with MCI caused by a stroke or other brain injury may remain stable for many years or they could decline more quickly and develop dementia. It's very difficult to predict what will happen to any individual person.

When MCI is being caused by a progressive brain disease like Alzheimer's or dementia with Lewy bodies, it will get worse over time. Eventually MCI turns into dementia, although the time it takes to get to this stage varies a great deal from person to person.

4 Who gets MCI?

Anyone can develop MCI at any age. However, the risk increases greatly as a person gets older. For example, about 1 in 4 people in their early 80s has MCI.

Having any of the health conditions listed in the previous sections can increase the risk of problems with memory and thinking.

Many of the long-term risk factors for MCI are similar to those for dementia. These include genes linked to Alzheimer's disease and other types of dementia. For more information, see factsheet 405 **Genetics of dementia**.

There is also a close link between people having certain health conditions in middle age and having MCI or dementia later in life. These include:

- high blood pressure
- diabetes
- stroke
- heart problems
- high cholesterol
- being overweight in mid-life
- a history of depression
- physical injuries to the brain (known as 'traumatic brain injuries').

It's important to make sure these health problems are recognised and managed well. People can also reduce their long-term risk by making positive changes to their lifestyle as early in their life as possible.

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5 What are the chances of MCI becoming dementia?

About one in seven people diagnosed with MCI by their memory service will develop dementia over the next 12 months. However, only around four out of ten people diagnosed with MCI will have dementia after five years.

The risk of progressing to dementia may be greater for some people than for others.

Age: If a person is older, they are more likely to develop dementia. The majority of people with MCI who are younger than 65 do not develop dementia.

Symptoms: If a person has problems with their memory, rather than other aspects of thinking, they are slightly more likely to develop dementia. This also happens if they have problems with several different types of thinking skills.

Other health conditions: Some long-term health problems increase the risk of MCI getting worse and becoming dementia. These problems include depression, diabetes, high blood pressure and being very overweight.

Being frail also increases the risk of MCI becoming dementia. Frailty is when a person is more vulnerable to illness or injury. This is because of a combination of old age, declining physical strength and other long-term health problems.

Physical evidence of risk: If a scan shows clear evidence of changes to the health of the brain in a person with MCI, this might mean they have a higher chance of developing dementia. Occasionally, a person may also have spinal fluid tests, which can show evidence of brain disease.

Can a person reduce their risk of developing dementia?

There is some evidence that a person with MCI may be able to lower their risk of developing dementia by:

- not smoking
- limiting alcohol
- being physically active, ideally several times each week
- staying mentally active and keeping up with hobbies, crafts and other interests, ideally several times each week
- eating a healthy diet
- staying socially active, such as seeing friends and family. Interacting with other people is a great workout for the brain.

It's also important to try to manage long-term health conditions, such as diabetes, heart disease or high blood pressure. This can involve regular monitoring of the condition, taking medicines and making healthy lifestyle changes.

Staying mentally active doesn't necessarily mean doing 'brain training' games. The main thing is to try doing challenging yet enjoyable activities every day.

Not all dementia is preventable. Even if a person does all of these things, some risk will always remain.

For more information about reducing your risk of dementia, see booklet 35 **Dementia: Reducing your risk**.

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6 Diagnosis and treatment

What are the benefits of knowing you have MCI?

Many people are relieved when they are told that they have MCI because it means that there is still a good chance that their symptoms won't get worse.

A diagnosis of MCI can be helpful for anyone struggling to convince people around them that they have a problem and need help or support.

It can prompt health professionals to explore treatable causes of MCI. This could be hearing loss, mental health or sleep problems, which otherwise might have gone unnoticed.

A diagnosis can sometimes help to get access to support such as practical strategies to help with memory and thinking. It can also be an opportunity to make positive changes that could reduce the risk of the condition progressing to dementia.

How are problems with thinking assessed?

At the GP

When a person goes to their GP with concerns about their memory or thinking, the GP will ask them about their symptoms. This includes when they started and how they are affecting their daily life. The GP will review the person's physical health and any medicines they are taking. They will also briefly test the person's thinking skills.

If the GP thinks there may be a problem with memory or thinking they will normally refer the person to their local memory service for a specialist assessment. They will also request some routine blood tests to check for treatable causes, such as physical health problems.

At the memory service

A specialist clinician will ask about problems with memory or thinking and how they have been causing difficulties with everyday activities. They may also ask about other health problems or what's going on in a person's life.

They will then ask questions that are designed to test memory and thinking. Once this is done, they will try to explain what they think the cause of these problems could be.

They may request a brain scan to check that symptoms aren't being caused by a brain injury or tumour. A brain scan isn't always necessary, but for many people it can provide useful information to get a more accurate diagnosis.

Sometimes they may ask to do more assessments if they don't feel able to give a diagnosis.

A diagnosis of MCI is usually given when a person's memory or thinking is worse than would be expected for their age, but it's not affecting their ability to do everyday activities.

For more information on the assessment process, see booklet 78DD **Diagnosing dementia: A practical guide to assessment**.

How is MCI treated?

There are currently no medicines that are licensed to treat MCI or which reduce the chances of developing dementia. Symptoms can sometimes improve when a health problem that's contributing to the condition is treated effectively. This might involve a referral to another specialist clinic, such as a sleep clinic or mental health service.

However, for many people it's not clear what is causing their MCI and so the best option may be to wait and see. Waiting for a diagnosis can be emotional, and lots of people find it affects their wellbeing and day-to-day life. Looking after physical and mental health is especially important during a difficult time like this. For more support, visit our Dementia Support Forum at **forum.alzheimers.org.uk**

Once a person has been told they have MCI, they will often be referred back to the care of their GP. If their condition gets worse, the GP will refer them back to the memory service for a follow-up assessment.

The memory service should also direct a person with MCI to local sources of support, where these are available.

When to get another check-up

Some memory services ask a person with MCI to come back in 6 or 12 months for a routine follow-up appointment. If symptoms continue to get worse before then, contact the GP. The GP can refer a person back to the memory service for further assessment. This is particularly the case if their symptoms are making it difficult to do everyday activities without help.

If MCI has developed into dementia, then the memory service may be able to help with medicines and other support.

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7 Living with MCI

Tips for living with MCI

Some people with MCI develop useful strategies to cope with their symptoms, which can help to make everyday tasks easier and less frustrating. For example:

- Try to do just one thing at a time and remove distractions. If you are trying to concentrate on something, turn off the television or close the window if there is noise coming from outside.
- Get into a routine of putting belongings in the same place so they are easy to find – for example, always put keys on a hook, or keep a wallet or purse in the same drawer.
- Declutter the home as much as possible. Label drawers and cupboard doors to show what is inside.
- Use a calendar, diary or reminders on a phone or tablet to help remember appointments and important events. Keeping a notebook handy can be very useful.
- Set an alarm for when a medicine needs to be taken and then tick it off on a daily or weekly checklist once done.
- If there are lots of medicines to be taken at different times, make an appointment to have a medication review. GP surgeries often have a pharmacist who can help to make medicines easier to manage.
- Explore ways to reduce stress, anxiety and depression as this can improve thinking and memory. Be as kind to yourself as you would be to others you care about.
- Try to get enough sleep, ideally at least seven hours each night. Get help from a health professional for any sleep disorders, such as insomnia or breathing problems.
- Ask a GP or dementia adviser about memory support groups in the local area. These can help people develop strategies to cope with memory problems and stay independent for longer.

Booklet 1540 **The memory handbook** also has lots of practical tips about coping with memory loss.

“I have MCI ... This affects my motivation, and memory. I struggle to communicate this to close friends and relatives who deny that my memory has any particular problems... I guess that what I hoped they would say is ‘tell us what your tests have found out, and we will try and help accordingly’.”

A person with MCI

Driving and MCI

Most people with MCI are able to carry on driving. However, some may have specific symptoms, such as difficulty working out distances or making quick judgements, which affect their ability to drive safely. In these instances, the DVLA (Driving and Vehicle Licensing Authority) should be notified in England and Wales. In Northern Ireland, the DVA (Driver and Vehicle Agency) should be notified.

It may still be possible for the person to continue to drive, but they might need to take a driving assessment to show that they can do so safely. If in any doubt, ask the local memory service for more guidance.

Employment and MCI

Many people who have MCI are of working age and may worry about being able to keep doing their job. For some types of jobs it may be possible to keep working as normal, but for others it may be necessary to make changes. These could include:

- reducing the number of hours worked per week
- having closer support or supervision from colleagues
- finding an alternative role that is less mentally demanding.

Ideally a person's employer will be willing to make adjustments to accommodate the needs of an employee with MCI. However, some may either not want to or be able to. When this happens, it's important to know about employment rights. These include:

- the right not to be treated unfairly because of a disability
- the right for someone with a disability to have reasonable adjustments made to help them at work.

For a person's employment to be protected by law because they have a disability, they need to show that their physical or mental condition:

- has a substantial negative effect on their ability to do normal daily activities, and
- is likely to last for a long time (at least 12 months).

There are no definite rules about MCI being a disability. Each person's situation will be different.

Free initial advice about employment issues is given by the Advisory, Conciliation and Arbitration Service (ACAS) – **www.acas.org.uk** – in England and Wales or the Labour Relations Agency in Northern Ireland – **www.lra.org.uk**

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Other useful organisations

Age UK
0800 678 1602 (advice line, 8am–7pm every day of the year)
www.ageuk.org.uk/social-activities

Age UK's website has a directory that you can use to search for social events, groups for older people and leisure activities in your local area.

Wales – Age Cymru
0300 303 44 98 (advice line, 9am–4pm Monday–Friday)
advice@agecymru.org.uk
www.agecymru.wales/our-work/in-your-area

Northern Ireland – Age NI
0808 808 7575 (advice line, 9am–5pm Monday–Friday)
advice@ageni.org
www.ageni.org

University of the Third Age
020 8466 6139 (9.30am–4.30pm Monday to Friday)
info@u3a.org.uk
www.u3a.org.uk

The University of the Third Age (U3A) promotes lifelong learning among people in their 'third age', when they are no longer in full-time employment or raising a family. There are over 1,000 local U3A groups across the UK. Search for your local group on the U3A website.

Factsheet 470
Last reviewed: September 2023
Next review due: September 2026

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This factsheet has been reviewed by people affected by MCI and dementia.

To give feedback on this factsheet, or for a list of sources, please email **publications@alzheimers.org.uk**

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At Alzheimer's Society we're working towards a world where dementia no longer devastates lives. We do this by giving help to everyone who needs it today, and hope for everyone in the future.

We have more information **About dementia**.

For advice and support on this, or any other aspect of dementia, call us on **0333 150 3456** or visit **alzheimers.org.uk**

Thanks to your donations, we're able to be a vital source of support and a powerful force for change for everyone living with dementia. Help us do even more, call **0330 333 0804** or visit **alzheimers.org.uk/donate**

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