

Make sure you get all the right care

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Your MCI treatment checklist

New guidelines have just been issued for the treatment of MCI, outlining the highest standard of care now available. That's what you want and deserve. But are you getting it?

Use this checklist to find out. Ideally, you should be able to answer "Yes" to all that apply to you. If the answer to any of these is "No," talk with your doctor to make sure all aspects of your care are being properly addressed.


Yes
No

When my doctor was screening me for MCI, he or she gave me a test that's been validated for accuracy in detecting cognitive impairment.*

Yes
No

I understand that a diagnosis of MCI puts me at higher risk for dementia, but it does not necessarily mean I will develop dementia. (Some people with MCI remain stable or improve.)

Yes
No

I'm being seen by a medical professional who has expertise in cognitive impairment, because my doctor either has that expertise or has referred me to a specialist.

Yes
No

My doctor has explained to me that MCI is sometimes caused by health problems that can be treated and reversed — such as sleep apnea, a vitamin deficiency or depression — and has evaluated me for any problems like that.

Yes
No

My doctor or a specialist has reviewed all medications I'm taking, including over-the-counter medications and supplements, to see if an adverse reaction to medication or a bad mix of medications may be causing my cognitive problems.

Yes
No

If my doctor has a concern about any medication I'm taking, we have talked about the possibility of weaning me off that medication, if it's feasible.

****Valid tests for detecting MCI include the General Practitioner Assessment of Cognition (GPCOG), Memory Impairment Screen (MIS), Mini-Mental State Examination (MMSE), Montreal Cognitive Assessment (MoCA), or the Mini-Cog test.***

Yes No

I understand no medication used to treat the symptoms of Alzheimer's has been approved for people with MCI, but my doctor has the discretion to prescribe one of those drugs to me "off-label" and has educated me about that option.

Yes No

I understand that Alzheimer's medications known as "cholinesterase inhibitors" have not been shown to reduce the progression from MCI to dementia and can have serious side effects, so my doctor may choose not to offer them to me.

Yes No

I understand that it is quite common for someone diagnosed with MCI to experience feelings of apathy, anxiety or depression.

Yes No

I understand that anxiety or depression can be brought about by chemical changes in the brain, so they are not a sign of personal weakness, and not something I can just "shake off" or "snap out of."

Yes No

If I'm experiencing apathy, anxiety or depression, I've talked to my doctor about it; my doctor has assured me that current treatments for these conditions can be quite effective and has referred me for treatment.

Yes No

My doctor has talked to me about the possible benefits of taking part in a clinical trial, if I'm interested and there's one I'm eligible for.

Yes No

My doctor has suggested that I exercise at least twice a week.

Yes No

My doctor has talked to me about other non-medical approaches that can potentially help protect against cognitive decline, such as cognitive training.

Yes No

My doctor has discussed how frequently he or she will monitor my cognition over time for further changes. I understand an annual evaluation is fairly normal, but my doctor may want to see me more often, such as every six months.

Yes No

I understand that cognitive decline typically occurs in a slow, gradual manner, and that if I — or people around me — see a rapid, dramatic deterioration in my memory or thinking skills, I should let my doctor know right away.

This checklist is based on the new guidelines for treatment of MCI issued by the American Academy of Neurology in December 2017. To learn more about these recommendations, click on the link below:

[Practice Guideline Update: Mild Cognitive Impairment](#)