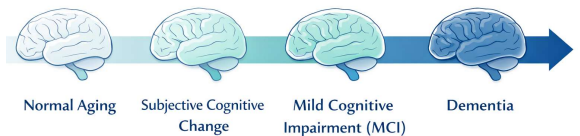


Ochsner Neurocognitive Program

Understanding Cognitive Impairment

What is *cognitive* impairment?

Cognitive impairment refers to changes in how the brain remembers, thinks, plans, speaks, or understands information. These changes exist on a **continuum**, ranging from normal aging to mild cognitive impairment and, in some cases, dementia. Importantly, not all cognitive changes represent disease, and not all cognitive impairment progresses.



Cognitive change exists on a spectrum. Not all change progresses.

What is *normal* aging?

Normal aging includes mild, occasional changes in memory or processing speed that do **not** interfere with daily life. People experiencing normal aging remain independent and capable of managing finances, driving, work, and social relationships.

What is Subjective Cognitive Impairment (SCI)?

Some individuals notice changes in thinking despite normal cognitive testing. These concerns are commonly associated with stress, sleep disturbance, mood, medical illness, or medication effects. Many individuals improve when factors are addressed.

What is Mild Cognitive Impairment (MCI)?

Mild Cognitive Impairment represents objective change on cognitive testing while independence is preserved. Individuals may rely more on reminders, struggle with complex activities, yet continue to manage daily responsibilities.

What is Dementia?

Dementia is diagnosed when cognitive impairment interferes with independent daily functioning. This may include difficulty managing finances, medications, cooking, driving, or personal care. Dementia is a clinical syndrome with multiple causes, including Alzheimer's disease, vascular disease, Lewy body disease, and frontotemporal disorders.

Why does early identification matter?

- Early identification allows for accurate diagnosis and timely treatment of reversible contributors.
- Earlier stages provide greater opportunity to preserve cognitive function, independence, and quality of life.
- Identifying cognitive change early also allows families to plan, access resources, and consider emerging therapies when appropriate.

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How Cognitive Disorders Are Diagnosed

Cognitive disorders are not diagnosed by a single test or scan. Doctors use a stepwise clinical process that looks at symptoms, thinking skills, and daily function together.

Clinical History: Understanding the Changes

Evaluation begins with listening.

Your care team asks when changes began, how they have progressed, and which areas of thinking are affected. Sleep, mood, medical conditions, and medications are reviewed, often with input from family or close partners



Cognitive Testing: Measuring Brain Function

Cognitive tests measure how the brain is working.

They assess memory, attention, language, and problem-solving, and are compared to what is expected for age and education. These tests are not pass-fail and help identify patterns and track change over time.

Functional Assessment: Measuring Functional Decline

Daily function is central to diagnosis.

Doctors assess whether thinking changes interfere with activities like managing finances, medications, driving, work, or personal care. Loss of independence—not memory alone—defines dementia.



Additional Testing: Imaging & Biomarkers

Additional tests may be used when helpful.

Brain imaging and biomarkers can clarify the underlying cause, but they never replace clinical evaluation and are interpreted in context.

Putting It All Together

Your care team integrates clinical history, cognitive testing, daily function, and targeted testing to understand what is happening and what it means for you. This process may be revisited over time as symptoms change or remain stable.

Learn More?



Ochsner Neurocognitive Program

Understanding Mild Cognitive Impairment (MCI)

What is Mild Cognitive Impairment (MCI)?

Mild Cognitive Impairment is a clinical condition in which measurable changes in thinking or memory are present while independent daily functioning is preserved. These changes are greater than expected for age and education and do not meet criteria for dementia.

How is MCI Different from Normal Aging?

In normal aging, cognitive testing remains within expected limits and daily function is unaffected. In MCI, formal testing demonstrates objective changes in one or more cognitive domains—most commonly memory.

How is MCI Diagnosed?

MCI is diagnosed through clinical history, cognitive testing, and functional assessment. Additional studies such as brain imaging, laboratory testing, or biomarkers may be used to evaluate contributing causes and better define risk.

What Causes MCI?

MCI can arise from multiple factors. In some individuals, it reflects early neurodegenerative disease such as Alzheimer's disease. In others, it is related to potentially reversible contributors, including sleep disorders or vascular disease. Identifying contributing factors is central to management.

What Can Be Done for MCI?

There is no single medication approved specifically for MCI. Management focuses on addressing contributing conditions, optimizing brain health, and monitoring cognitive change over time. Attention to sleep, physical activity, cardiovascular risk factors, cognitive engagement is essential.

Key Points



- Mild Cognitive Impairment involves measurable cognitive change while daily independence is preserved.
- MCI increases the risk of dementia, but progression is not inevitable.
- Longitudinal studies show approximately 10–15% of individuals with MCI progress to dementia each year.
- Risk of progression depends on the underlying cause and is higher with neurodegenerative disease and lower when driven by reversible factors.
- Early identification and monitoring may improve outcomes and quality of life.

Want to Learn More?

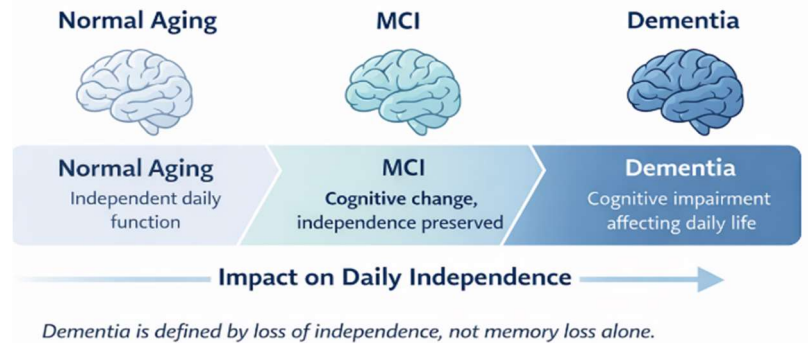


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Understanding Dementia

What is Dementia?

Dementia is a clinical syndrome characterized by cognitive impairment that interferes with independent daily functioning. It involves decline in one or more cognitive domains—such as memory, judgment, or visual-spatial skills—and is not a normal part of aging.



How Is Dementia Diagnosed?

Dementia is diagnosed through clinical history, cognitive testing, and assessment of daily functioning. A defining feature is loss of independence due to cognitive decline. Brain imaging and biomarker testing may help identify the underlying cause.

What Causes Dementia?

Dementia has multiple possible causes. Alzheimer’s disease is most common, but vascular disease, Lewy body disease, frontotemporal degeneration, and mixed pathologies are frequent contributors. Identifying the cause informs prognosis, treatment, and care planning.

What Can Be Done for Dementia?

There is currently no cure for most causes of dementia. Management focuses on safety, symptom control, and quality of life. Medications may help cognition, mood, or behavior in selected cases. Non-pharmacologic strategies—including routine, environmental structure, caregiver education, and treatment of sleep or mood symptoms—are essential to care.

Key Points



- Dementia involves cognitive impairment that interferes with independent daily functioning.
- Dementia is a **syndrome, not a single disease**, and may have multiple causes.
- Alzheimer’s disease is the most common cause, but other neurodegenerative conditions are frequent contributors.
- Dementia typically progresses over time, though the rate varies
- Early diagnosis allows for planning, treatment of contributing factors, and access to support and resources.

Learn More?



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Staging Cognitive Decline and Dementia

	Characteristics	CDR	CDR-SB	FAST	
Normal Aging	No subjective or objective deficits	0	0	1	
Possible Mild Cognitive	Impairment Subjective functional deficit	0.5	0.5	2	
Mild Cognitive Impairment	Objective cognitive deficit interferes with a person's most complex tasks based on age and education		1.0	3	
			1.5		
			2.0		
Major Cognitive Impairment without interference of ADLs	Objective cognitive deficit with borderline interference in complex daily tasks	2.5	3		
		3.0			
		3.5			
Mild Dementia^a	Objective cognitive deficit interferes independent adult activities of daily living such as bill paying, cooking, cleaning, traveling, etc.	1	4.0	4	
			4.5		
			5.0		
			5.5		
			6.0		
			6.5		
			7.0		
			7.5		
Moderate Dementia Moderately Severe Dementia	Needs help selecting proper attire	2	9.5	5	
	Needs help putting on clothes		10.0		6a
			10.5		
			11.0		
			11.5		
	Needs help bathing	12.0	6b		
	Needs help toileting	12.5	6c		
		13.0			
	Urinary incontinence	13.5	6d		
		14.0			
Fecal incontinence	14.5	6e			
	15.0				
	15.5				
Severe Dementia	Speaks 5-6 words during day	3	16.0	7a	
	Speaks only 1 word clearly		16.5	7b	
	Can no longer walk		17	7c	
	Can no longer sit up		17.5	7d	
	Can no longer smile		18	7e	
	Can no longer hold up head		18	7f	

Key Points

- This staging table is a guide, not a precise measurement.
- Stages are defined by daily function, not memory alone.
- People may remain stable at one stage for long periods, or progress at very different rates.
- Stage does not define a specific diagnosis, prognosis, or timeline.
- The goal of staging is to support planning, safety, and shared understanding, not to assign labels.

Want to Learn More?

