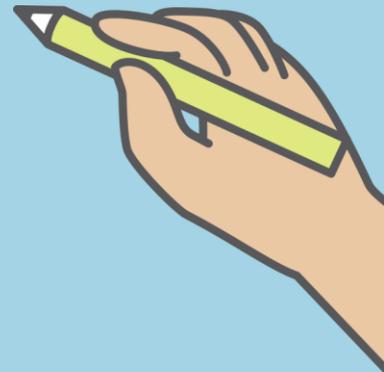


# A GREATER MANCHESTER APPROACH TO MILD COGNITIVE IMPAIRMENT

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VERSION 1.1  
JANUARY 2021



Version 1.0	November 2018	
Version 1.1	February 2021	Amended to replace 'Lived Experience Barometer' with Greater Moments

## Purpose

The purpose of this document is to describe what Greater Manchester recommends as a recommended pathway for patients once diagnosed with mild cognitive impairment (MCI). It purposefully does not describe who might deliver the pathway and where it might be delivered, as this may vary from site to site aligned to local commissioning arrangements. It is also recognised that further work is needed to look at potential capacity and demand issues. Currently, in some areas across Greater Manchester there are no pathways for MCI and in other areas, pathways vary, some embedded in the community, others within specialist mental health trusts. This is a new and emerging area, energised by exciting evidence demonstrating impact in the prevention or delay of dementia by adopting lifestyle changes and the promise of new treatments which may prevent or delay dementia in the future.

## Background and evidence

MCI definition: onset and evolution of cognitive impairments beyond those expected based on the age and education of the individual, which are not significant enough to interfere with their daily activities <sup>[1]</sup> but for some patients may be prodromal phase of Alzheimer's dementia, akin to prediabetes and diabetes.

MCI may be a clinical syndrome defined by:

1. Concern regarding a change in cognition
2. Impairment in one or more cognitive domains (e.g. complex attention, executive function, learning and memory, language, perceptual motor, social cognition, thinking and judgment)
3. Preservation of independence in functional abilities
4. Not meeting the criteria for diagnosis of dementia

The signs and symptoms of MCI may sometimes be quite subtle and may require close cooperation between various specialties including neurology, psychology, memory assessment services and community mental health teams.

## Why is identification and diagnosis of MCI important?

It is estimated that MCI affects 6-36% of people over 60 years of age.

Estimated prognosis:

- 6 -15% of patients with MCI will go on annually to develop dementia (those with amnesic symptoms or biomarkers are more at risk)
- 40% may improve. However, for many (65%) this is only temporary
- Some patient's condition will remain static

People with MCI and those close to them will be concerned that they may develop dementia and currently in many areas there is a lack of a structured approach to support and help them plan ahead and self-manage the symptoms of the MCI.

There is also an opportunity for people identified to adopt lifestyle changes to prevent or delay dementia. Many of the lifestyle changes would also impact on preventing cerebrovascular and heart disease (a 'healthy heart, healthy mind') and so an integrated 'whole system' approach is important.

JAMA Neurology reported that engaging in mentally stimulating activities, craft activities, computer activities or social activities once or twice weekly reduced the risk of developing MCI by up to 22%.<sup>2</sup>

A recent review looked at modifiable and non-modifiable factors in dementia. It quantified 35% modifiable (8% education in early life, 9% hearing loss, 2% hypertension and 1% obesity in midlife and in later life 5% smoking, 4% depression, 3% inactivity, 2% social isolation and 1% diabetes).<sup>3</sup>

Greater Manchester is a national and international centre for dementia research, and this gives people an opportunity to engage in research studies.

## Key recommendations

1. Raising awareness to the population and the health and social care systems
  - Greater Manchester Health and Social Care Partnership, locality commissioners and providers should consider identifying and managing MCI as a priority
  - Greater Manchester should obtain patient/carer feedback to raise awareness and to ensure needs are addressed
  - MCI should be an integral part of existing workstreams and current campaigns such as diabetes, cardiovascular/stroke prevention and health checks and also be championed by Dementia United and healthy ageing work programmes. It should be integrated into a wide variety of health and social care education and training schemes

- MCI is not a well-recognised condition and there is a need to work with stakeholders (including Public Health and Health Education England) and patients to develop a multi-media awareness raising campaign aimed at the public and health and social care practitioners about the diagnosis and prognosis of MCI. This should incorporate the concept of Promoting Healthy Brain Health
  - Greater Manchester should collate and share diagnostic data for MCI by Clinical Commissioning Group and provider as part of the Dementia United dashboard
2. Clinical pathway following initial diagnosis
- Patients with MCI should be informed of the diagnosis as early as possible. The diagnosis should include a formulation of those factors that may be modifiable.
  - All patients should be coded on clinical systems to aid further identification, target appropriate resources and arrange reviews. Greater Manchester Health and Social Care Partnership and Clinical Commissioning Groups should promote a recommended group of codes
  - All patients with MCI on diagnosis should receive:
    - Appropriate and timely information regarding the condition, its prevention and where possible prognosis. This should be supported with culturally sensitive material. Patients may particularly need emotional support and/or information regarding the condition and how to prevent further deterioration
    - A lifestyle review focusing on diet, exercise, smoking, alcohol, blood pressure and lipid management
    - Advice regarding peer support, 'social activity' sessions, 'memory strategies' and 'brain training' to promote a healthy brain
    - Support to plan ahead (e.g. power of attorney, advance care planning, living wills) and access to social care if needed
    - Signposting to register with [Join Dementia Research](#)
    - Information for 'family/significant other/carer' support
    - A follow-up plan which might incorporate a risk stratification too
3. All patients with MCI should be **reviewed on an annual basis** (people with MCI are more at risk of converting to dementia e.g., amnesic type who should be seen more frequently). Reviews should include:
- A clinical review of their cognitive function including an evidenced based tool e.g. GPCOG, 6CIT, MOCA (Patients who appear to have deteriorated will re-enter the local dementia referral pathway)
  - A lifestyle review including risk factors
  - Signposting to local support services
  - Check has registered with [Join Dementia Research](#)
  - Information for 'family/significant other/carer' support
  - A follow-up plan
  - A process to identify patients who have failed to attend their review

Care and support of people with MCI should be personalised, taking into account cultural, personality and life experiences and their potential for promoting wellbeing. It is also important to recognise the needs of family/significant other/carers.

#### 4. Resources

- Commissioners and providers should work together to ensure there is adequate resources locally to provide:
  - An MCI register and a recall process
  - Patient specific information regarding the condition, prevention, prognosis, and forward planning in a variety of formats such as leaflets, audio/visual
  - Post diagnostic support
  - 'Lifestyle advisors' to provide targeted and regular support on the prevention/risk reduction of dementia in relevant suitable places
  - Opportunities for patients with MCI to access evidenced based peer support, social 'social activity' sessions, 'memory strategies' and 'brain training' to promote a healthy brain
  - Adequate community provision of lifestyle interventions such as diet, exercise smoking, lipid management, blood pressure control
  
- Commissioners and providers should ensure explicit pathways for people with MCI exist in each locality with responsibility and accountabilities well defined. Commissioners should have an assurance framework to ensure services are in place

### Impact and evaluation

Collation of both qualitative data and quantitative data

Data reported as part of the Dementia United dashboard/locality profiles to include:

- Numbers of patients with MCI recorded on GP clinical systems versus expected prevalence
- Numbers of patients recorded with smoking (and possibly other 'lifestyle' data) recorded and diagnosis of MCI
- Number of people registered with [Join Dementia Research](#)
- People with MCI should be signposted to the Greater Moments app: <http://www.greatermoments.org.uk/>

A one-page summary of the recommendations above is included as Appendix A.

### References:

1. Petersen RC, Smith GE, Waring SC, Ivnik RJ, Tangalos EG, Kokmen E (1999). "Mild cognitive impairment: clinical characterization and outcome". Arch. Neurol. **56** (3): 303–8. doi:[10.1001/archneur.56.3.303](https://doi.org/10.1001/archneur.56.3.303)
2. Krell-Roesch et al Association between mentally stimulating activities in later life and the incident of Mild Cognitive Impairment JAMA Neuro 2017;doi:10.1001/jamaneurol.2016.3822: <https://pubmed.ncbi.nlm.nih.gov/28135351/>

3. <http://www.thelancet.com/commissions/dementia2017>

Greater Manchester East Cheshire Strategic Clinical Networks and Dementia United gratefully acknowledge the use of the South Eastern Strategic Clinical Networks MCI guidelines as a basis for the development of these guidelines.

## Diagnosis

A diagnosis of MCI is made and the relevant clinical coding applied to patient records

## Pathway following initial diagnosis

Patients with MCI should be informed of the diagnosis as early as possible. The diagnosis should include a formulation of those factors that may be modifiable.

At diagnosis, all patients should receive/be offered:

- Information incorporating culturally sensitive material
- Prognosis where possible
- Emotional support including information on how to prevent further deterioration
- Lifestyle review focusing on diet, exercise, smoking, alcohol, blood pressure and lipid management
- Peer support and healthy brain advice
- Access to social care if needed
- Support to plan ahead such as power of attorney and advance care Planning
- Information for carer/family support
- Signposting to [Join Dementia Research](#)
- Follow-up care plan which might incorporate a risk stratification tool

## Annual review

All patients with MCI should be reviewed on an annual basis.

Reviews should include:

- Clinical review of their cognitive function including an evidence-based tool such as GPCOG, 6CIT, MOCA (Patients who have deteriorated will re-enter the dementia referral pathway)
- Lifestyle review including risk factors
- Signposting to local support services
- Check has registered with [Join Dementia Research](#)
- Information for carer/family support
- Follow-up plan

NB For patients who fail to attend their review, a process should be in place to identify them and rectify this

## Commissioners and providers should work together to ensure there are adequate resources locally to provide:

- A MCI register and recall process
- Patient specific information regarding the condition, prevention, prognosis and forward planning in a variety of formats such as leaflets and audio/visual
- Post diagnostic support
- 'Lifestyle advisors' to provide targeted and regular support on the prevention/risk reduction of dementia in relevant suitable places
- Opportunities for patients with MCI to access evidenced based peer support, social activity sessions, memory strategies and brain training
- Adequate community provision of lifestyle interventions such as diet, exercise, smoking, alcohol, lipid management and blood pressure
- Explicit pathways for people with MCI in each locality with responsibility and accountabilities well defined
- An assurance framework to ensure services are in place

## Measurement of impact and evaluation:

Collation of both qualitative and quantitative data, with the following to be reported as part of the Dementia United dashboard:

- Patients with MCI recorded on GP clinical systems vs expected prevalence
- Patients recorded with smoking and other 'lifestyle' data who have a diagnosis of MCI
- Patients registered with [Join Dementia Research](#)
- People with a diagnosis of MCI to be signposted to the Greater Moments app: <http://www.greatermoments.org.uk/>

# GET IN TOUCH

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