

Mild Cognitive Impairment: From Anxiety to Hope

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Who am I? Where do I get this information?

- Clinical Psychologist (Geriatric Psychology aka Geropsychology)
 - Talk therapy
 - Specialize in helping people affected by a cognitive impairment diagnosis
- Training from a specialized memory center
 - Not always the same as what happens “in the general public”
- Recent research (2024 - 2026)
 - Full disclosure: Linda Fodrini-Johnson researched the research that I’ll talk about today

How does a cognitive impairment diagnosis get made?

Memory

History & report

Wife notices things, but unsure if it's "about the same as it's always been" or "different"

Organization

Slightly more forgetful (e.g., keys, names)

Slightly more disorganized (3 calendars instead of 1)

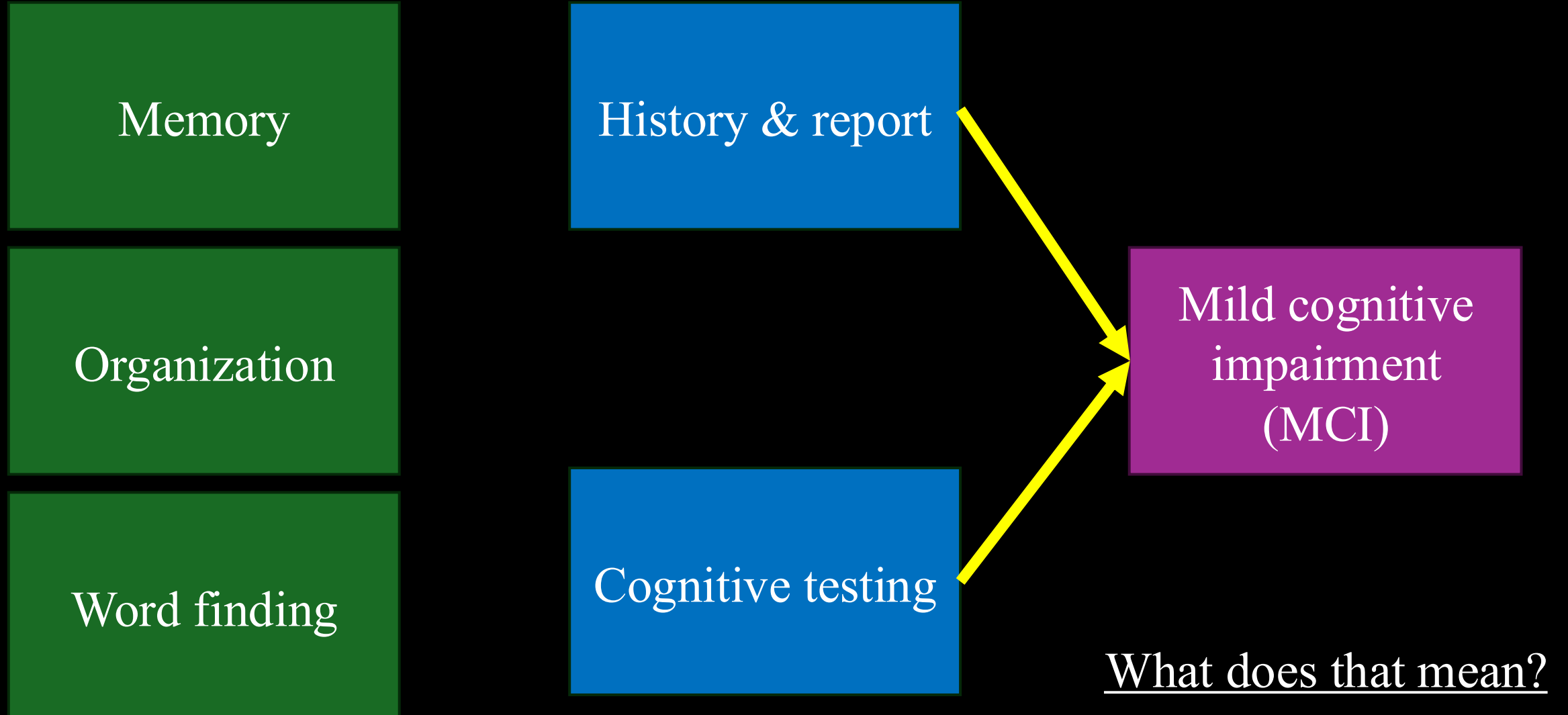
Word finding

Cognitive testing

Mild word finding difficulty

Cognitive screening score =
25 / 30

How does a cognitive impairment diagnosis gets made?



A term of symptom severity

- A diagnosis of Mild Cognitive Impairment means that the doctors believe you are experiencing more cognitive impairment than might be expected (for your age, gender, education, career...)
- Let's place Mild Cognitive Impairment appropriately in the spectrum of terms that describe the symptom severity of someone's cognitive impairment

Symptom severity

No concerns

Subjective
cognitive
impairment (SCI)

Mild cognitive
impairment
(MCI)

Dementia

Symptom severity

No concerns

Subjective
cognitive
impairment (SCI)

Mild cognitive
impairment
(MCI)

Dementia

“I’m slowing down a little and it bothers me, but I’m not concerned. My doctor says I’m fine.”

Symptom severity

No concerns

Subjective
cognitive
impairment (SCI)

Mild cognitive
impairment
(MCI)

Dementia

“I’m worried but no one else seems to be. My doctor says I’m fine.”

Symptom severity

No concerns

Subjective
cognitive
impairment (SCI)

Mild cognitive
impairment
(MCI)

Dementia

“I can still do things independently, but things are more difficult, and I notice real changes. My doctor is concerned.”

Symptom severity

No concerns

Subjective
cognitive
impairment (SCI)

Mild cognitive
impairment
(MCI)

Dementia

“There are many things I can no longer do independently. My doctor is very concerned.”

Questions that often follow a diagnosis of MCI

Mild cognitive
impairment
(MCI)

“MCI? Now what exactly is that?”

“Am I going to get dementia? When?”

“Do I have Alzheimer disease?”

“Is my license going to get taken away?”

“What should I tell my friends and family?”

The answer to those questions depends

- It depends on why your doctors think that you have mild cognitive impairment.
- Said another way – it depends on the cause of your impairment

What are the causes of mild cognitive impairment?

Mild cognitive
impairment
(MCI)

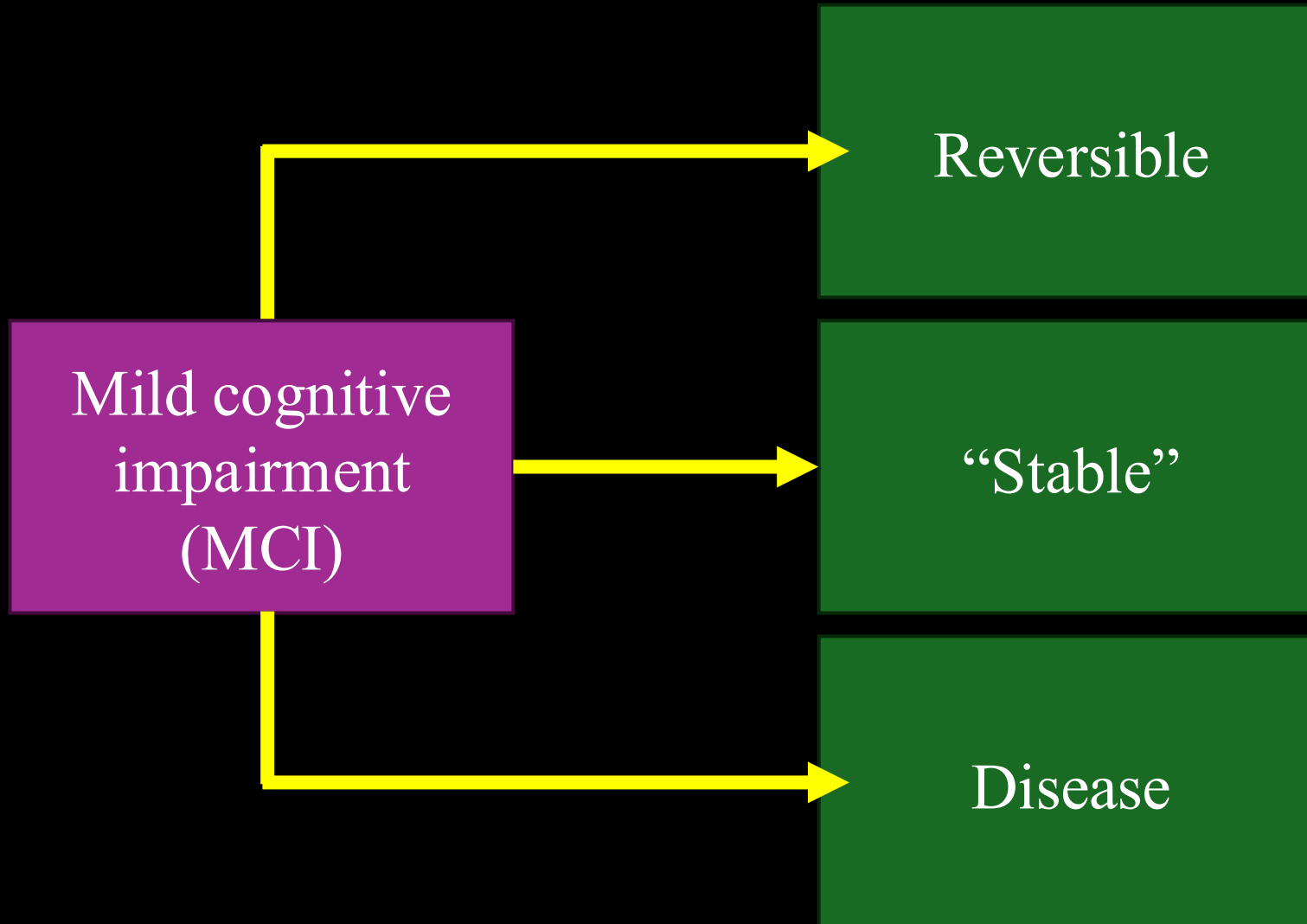


Reversible

Reversible causes of cognitive decline

- Labwork (complete blood count, thyroid, metabolic tests, B12, HIV)
- Medications (benzodiazepines, for example, or because of polypharmacy)
- Psychiatric conditions (depression, anxiety, stress)
- Substance use disorders (alcohol use, THC gummies, prescription drugs)
- Sleep disorders (sleep apnea, insomnia)

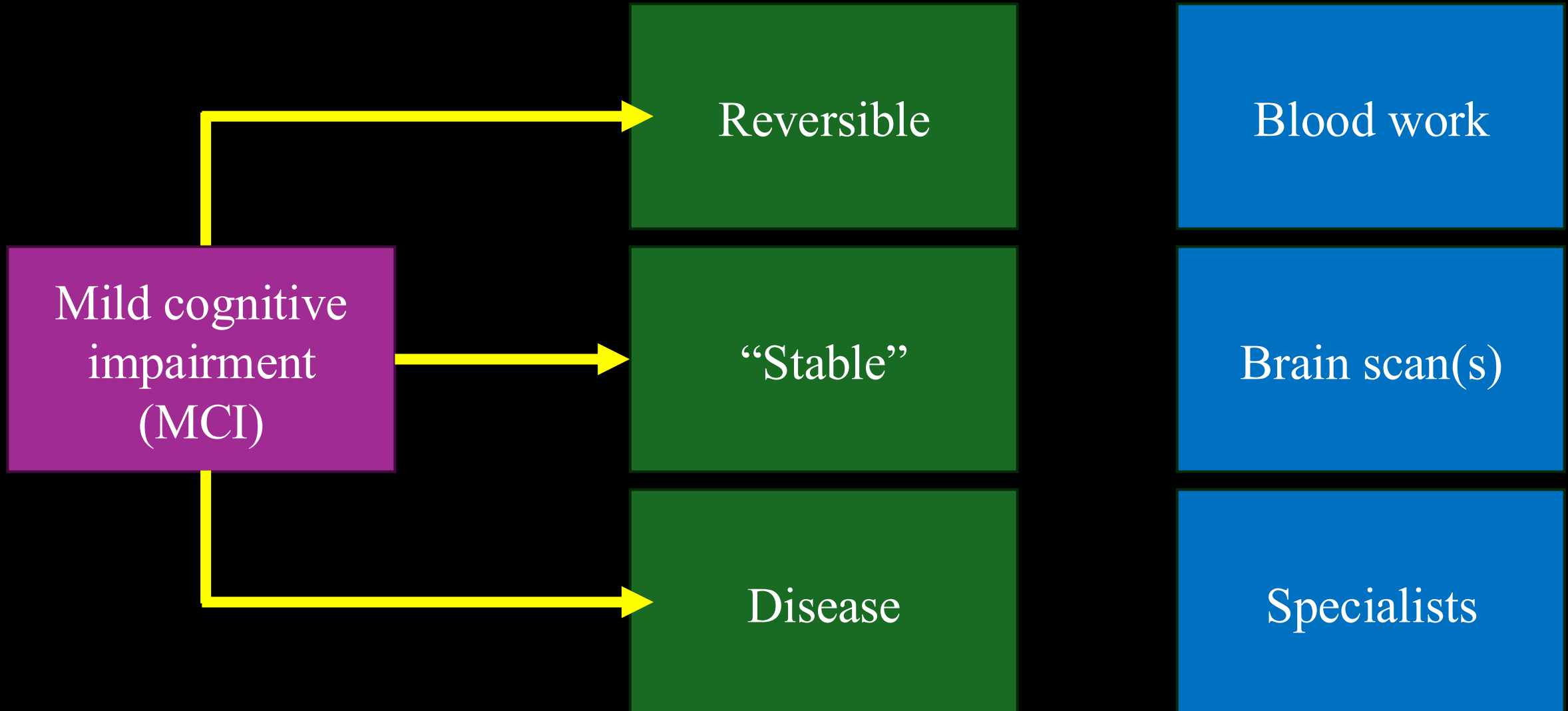
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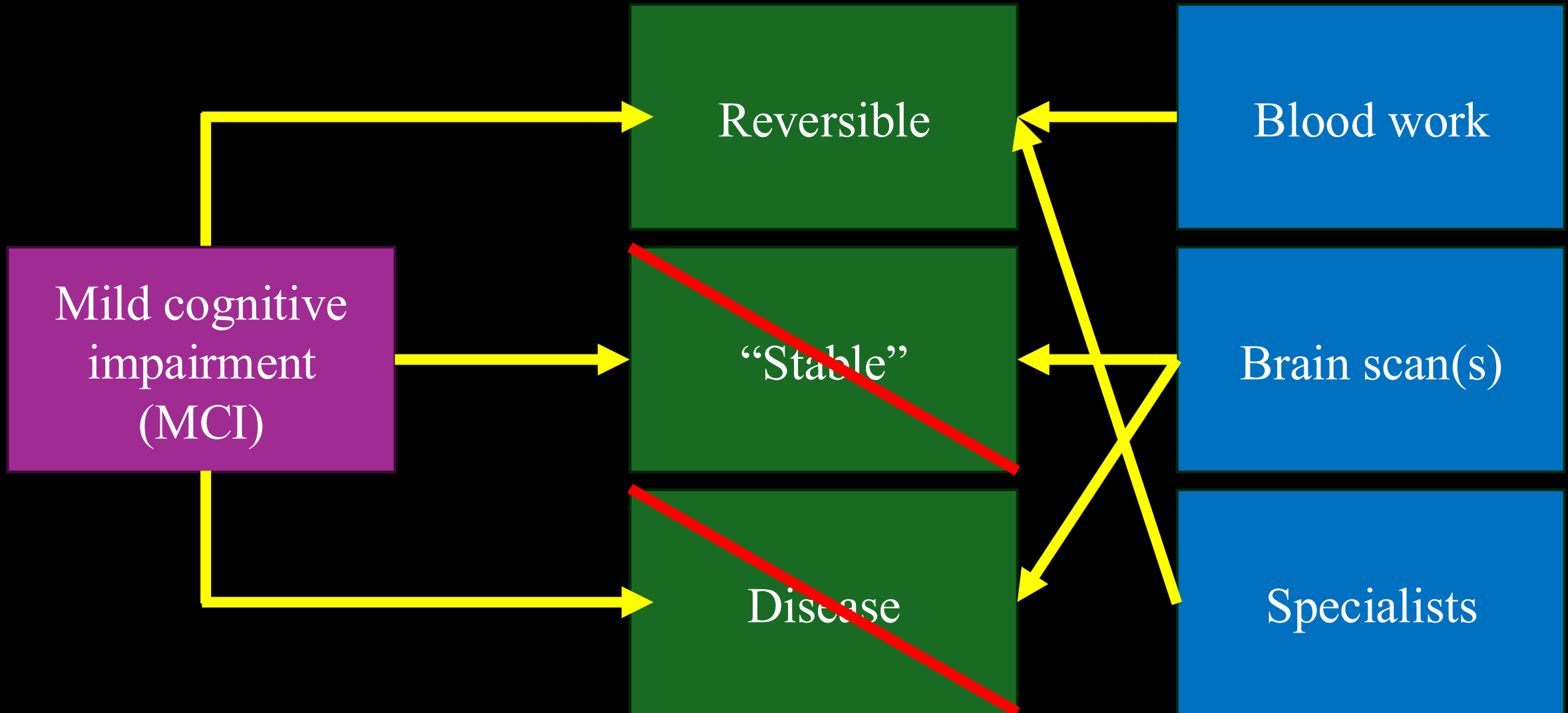
Diseases that cause cognitive decline

- Alzheimer disease
- Cerebrovascular disease
- Frontotemporal degeneration
- Lewy body disease
- Parkinson disease

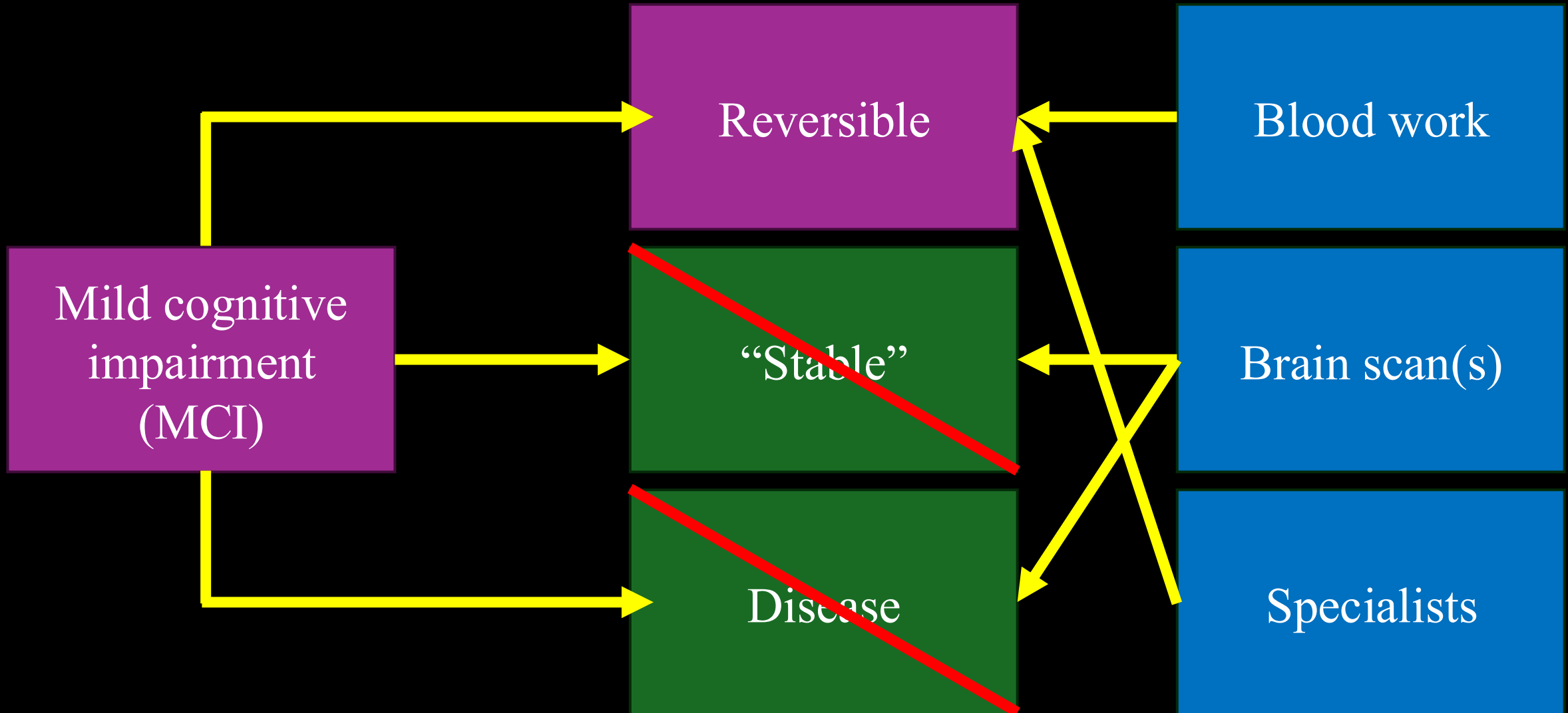
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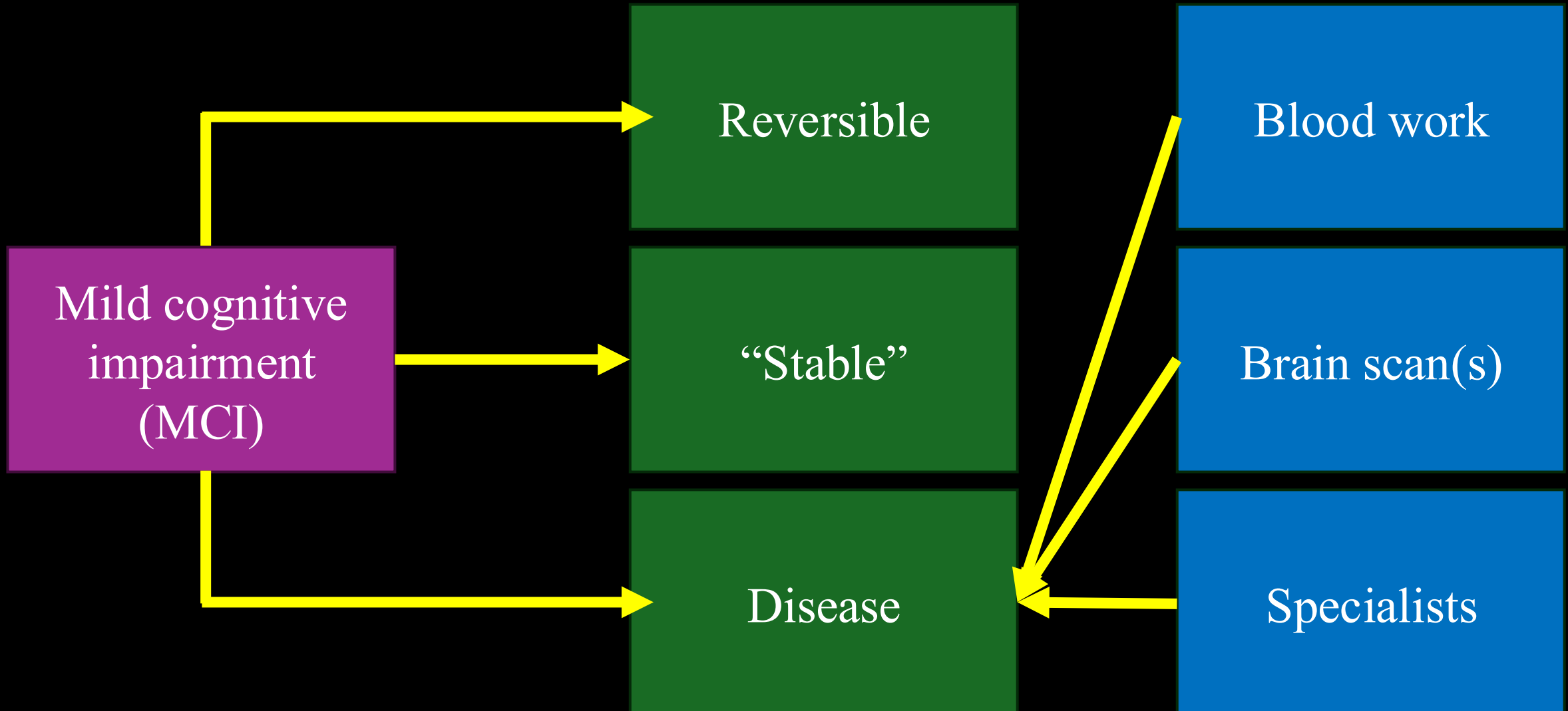
How do doctors determine the cause of your MCI?



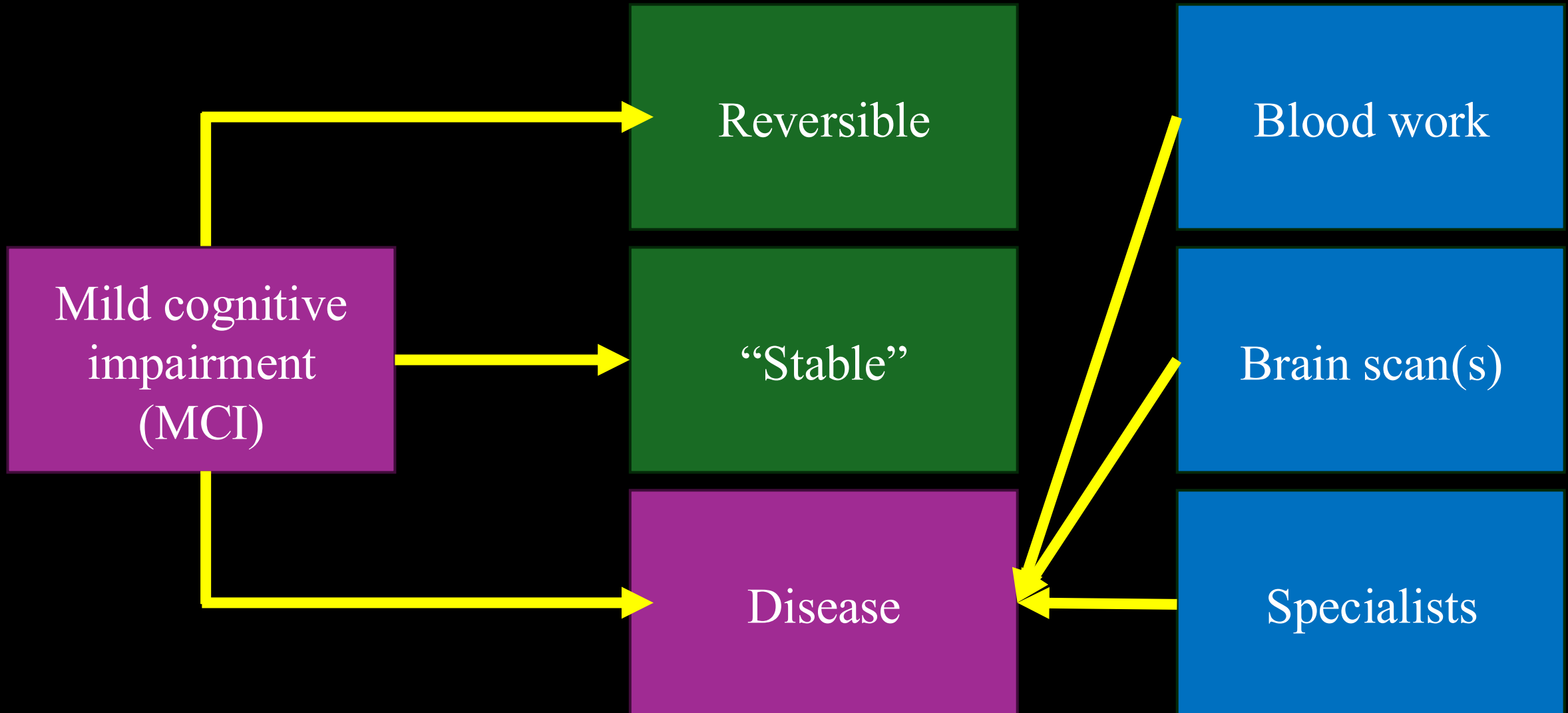
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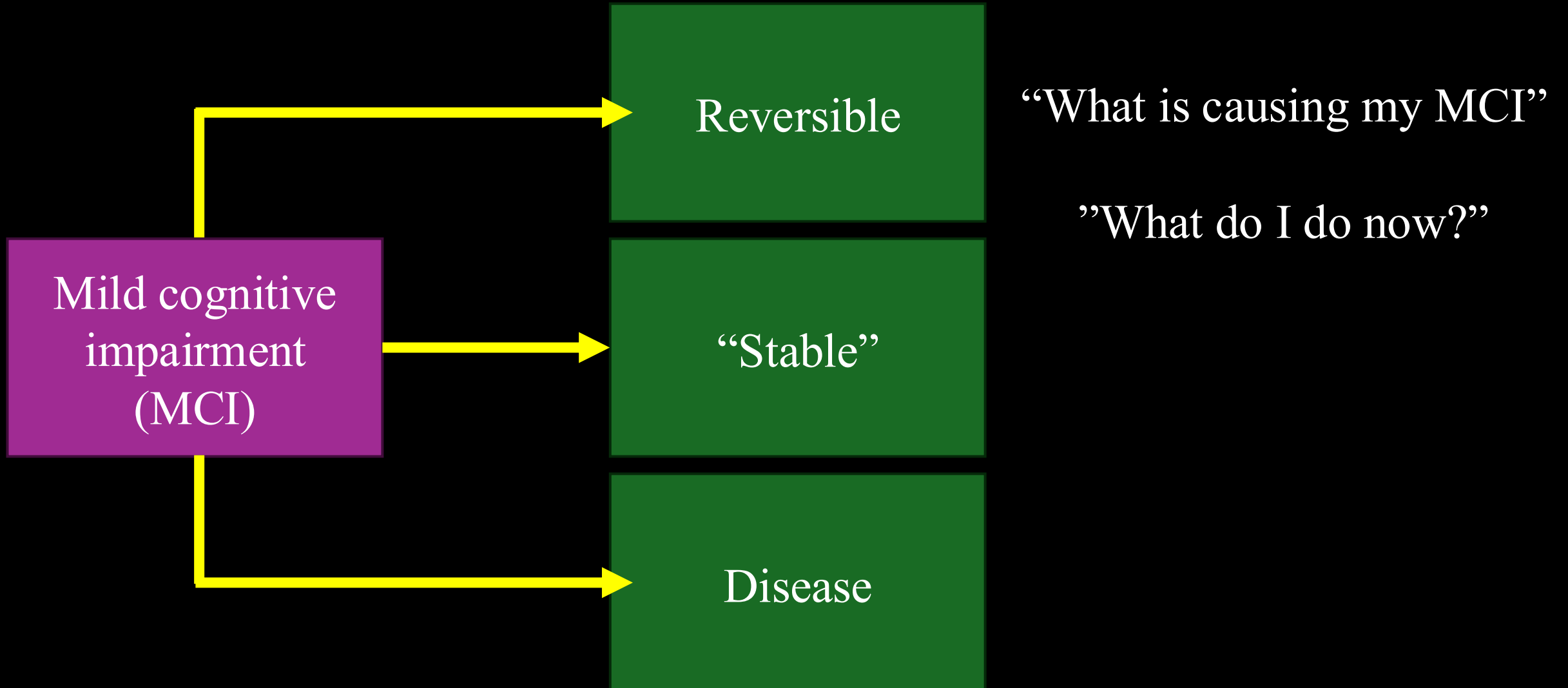
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How do doctors determine the cause of your MCI?



Questions that follow a diagnosis of MCI: Part II



Lifestyle Changes and MCI

What's new in MCI research?

- New treatments
 - Amyloid-clearing drugs (lecanemab, donanemab)
- New risk factors
 - High LDL Cholesterol, Untreated vision loss
 - Add those to the existing list of risk factors: low years of formal education, hearing loss, hypertension, smoking, obesity, depression, physical inactivity, diabetes, excessive alcohol, traumatic brain injury, air pollution, social isolation
- New research
 - The Ornish study (2024); the POINTER studies (2025)

To reinforce this lifestyle intervention, each patient and their spouse or study partner met three times/week, four hours/session via Zoom:²

- one hour of supervised exercise (aerobic + strength training)
- one hour of stress management practices (stretching, breathing, meditation, imagery)
- one hour of a support group
- one hour lecture on lifestyle

Additional optional exercise and stress management classes were provided.

To assure the high adherence and standardization required to adequately test the hypothesis, 21 meals/week and snacks plus the daily supplements listed below were provided throughout the 40 weeks of this intervention to each study participant and his or her spouse or study partner at no cost to them. Twice/week, we overnight shipped to each patient as well as to their spouse or study partner three meals plus two snacks per day that met the nutritional guidelines as well as the prescribed nutritional supplements.

Ornish et al., 2024, *Alz*
Research & Therapy

INTERVENTION DURATION: 2 YEARS



Structured lifestyle intervention: 38 facilitated peer team meetings over 2 years, with education, goal-setting, and accountability to support the health behaviors below

Physical exercise:

Aerobic, resistance, and stretching and balance exercise primarily at a community facility, with support through facilitated peer group meetings

Nutrition:

Encouragement to follow the MIND diet, with support through peer group meetings and telephone contacts with the interventionist

Cognitive and social challenge:

Computer cognitive training at home and regular participation in intellectually and socially engaging activities through peer group meeting support

Guideline-based health coaching:

Medical advisor appointments every 6 months to review monthly pressure monitoring results, blood laboratory results provided at clinic visits, and goal-setting

Self-guided lifestyle intervention: 6 facilitated peer team meetings over 2 years to provide the support below

Education Tangible tools to facilitate self-guided plans General support to encourage physical activity, a healthy diet, and cognitive and social stimulation

Blood laboratory results and blood pressure measurements are provided at clinic assessment visits.

Baker et al., 2025., *JAMA*

The “Big Six” of brain health (plus 2)

Exercise

Cognitive activity

Mindfulness

Diet

Social activity

Medication

Sleep

Mood

A note from a Psychologist

- Decades of behavioral research all say the same things
 - Small goals
 - Small expectations
 - Consistent effort
- Habit stacking
 - Combining, bundling, or “stacking” several of these activities
 - Going for a walk with friends while brainstorming and planning about what new hike you might want to try next
- Formal help, especially to get started, can be incredibly helpful

The “Big Six” of brain health (plus 2)

Exercise

Cognitive activity

Mindfulness

Diet

Social activity

Medication

Sleep

Mood

Mindfulness

- Meditation
 - Calm
 - Headspace
 - Insight Timer
- Breathing (like deep breathing or box breathing)
- The act of *trying* to bring your focus to *something* , noticing when the focus drifts, and *trying again (and again...and again...)* to bring it back.

Exercise

Best practice

Aerobic exercise
(30 min, 5 days / week)

Resistance and strength
training
(15 min, 2 days / week)

Flexibility and balance
(10 min, 2 days / week)

Habit stacking

Walking group
(Exercise + Social)

Mindful weight-
lifting (Exercise +
Mindfulness)

A tai chi class with a
friend (Exercise +
Social)

Formal help

A personal trainer
(just to get started)

Exercise classes at
the YMCA

Physical therapist

Diet

Best practice

MIND Diet

Mediterranean-DASH
Intervention for
Neurodegenerative Delay

High in vegetables, fruits,
whole grains, fish, nuts
legumes

Low in fatty meats, sugar,
sodium

Habit stacking

BYO-MED-DASH
potluck or monthly
dinner party

Mindful eating

Formal help

A dietician or
nutrition specialist
(especially one with
knowledge of
geriatric needs)

A psychologist or
other behaviorally-
trained therapist

Sleep

Best practice

Assess and treat
obstructive sleep apnea

Practice good sleep
hygiene

Habit stacking

Sleep diaries that you
try and share with
others in your friend
group

Mindfulness as part
of your wind-down
routine

Formal help

Sleep assessment
clinic

Psychologist /
therapist help to
improve sleep
hygiene

Cognitive activities

Best practice

Engage regularly in things that require organization, planning, cognitive effort above and beyond your usual

Development of compensation strategies to help your MCI (whiteboards, calendars, “hot zones”)

Habit stacking

Organizing and planning a large dinner party

Book club or movie club including stimulating discussion

Formal help

A psychologist or other behaviorally-trained therapist (Dr. Alexandra Apple)

Osher Lifelong Learning Institute

Social activities

Best practice

Research has shown social isolation or loneliness in older adults comes with a 50% increased risk of dementia, 30% increased risk of heart attack or stroke, and 26% increased risk of all-cause mortality

Habit stacking

“Future planning” parties

“Your city” walking tours

Mindful gratitude of special bonds

Formal help

The Lamorinda Village

MCI support groups or classes led by Dr. Fodrini-Johnson

Companion care

Mood

Best practice

Reducing symptoms of anxiety and depression is very helpful for brain health

Reducing stress (and it's associated inflammation) has also been shown to be beneficial

Habit stacking

All of it! If you are doing the previous activities “correctly” they should all have an additive effect on your mood

Formal help

A psychologist or other talk therapy

LOPC support group for MCI

A geriatrician or geriatric psychiatrist for medication options

Medications

Reversible-cause-altering

Mood (Lexapro, Prozac), Sleep (melatonin, trazodone), thyroid, B12, GLP-1 (obesity)

Symptom-altering

Aricept (donepezil), Exelon (rivastigmine), Namenda (memantine)

Disease-altering

Lecanemab, Donanemab

Can we zoom out on the timeline?

Memory

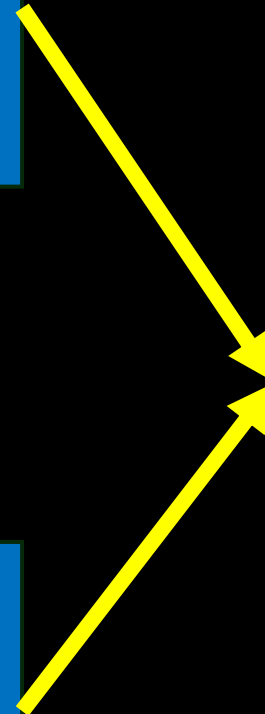
History & report

Organization

Mild cognitive
impairment
(MCI)

Word finding

Cognitive testing



The whole timeline

Memory

History

Blood work

Sleep

Exercise

Organization

Testing

Brain scans

Diet

Mood

Word
finding

Reversible

Social

Cognitive

Stroke

Mindfulness

Medication

Disease

MCI

Alzheimer

Treatment

Dementia

Death

2026

2027

2031 ?

2036 ?

Questions?

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