



Mild Cognitive Impairment and Dementia

Mild Cognitive Impairment (MCI) is thought to be pathological aging, possibly a transition state between normal and dementia. It is sometimes considered to be pre-clinical dementia. Most individuals with MCI develop overt dementia within 10 years.

In MCI, there is difficulty in one or more cognitive areas—or there is a mild decline in function that is greater than expected for the individual's age and education.

Dementia is difficulty in multiple cognitive areas. It always includes memory impairment and at least one of the following:

- Impairment in occupational or social functioning that is a decline from previous level of function or
- Presence of one or more medical conditions that are known to cause dementia (*hypothyroid, vitamin deficiency, substance abuse or toxin exposure*).

Examples of early memory impairment are things such as losing valuables, forgetting food cooking on the stove, or becoming lost in familiar neighborhoods. Other early signs are difficulty with learning new material or forgetting previously learned material. More severe memory impairments are evident with dementia such as a person forgetting his occupation, schooling, birthday, family members, or name.

In testing, memory is commonly divided into short-term and remote. An example of short-term testing is memorization of a list of words. For remote memory assessment, questions are asked about ability to work, pay bills, shop, return home without getting lost, etc.

Causes of dementia include Alzheimer's disease, vascular disease, alcohol, head trauma, HIV, Parkinson's disease, Huntington's disease, Pick's disease, Creutzfeldt-Jakob, and others. Dementia can be fixed or progressive. Fixed dementia can occur after head trauma or a single stroke, and it may remain stable indefinitely (*a more favorable situation*). Progressive dementia is more common—as seen with Alzheimer's disease or multiple strokes.

Alzheimer's Disease (AD) is the most common form of dementia. The second most common form is vascular dementia (*also called multi-infarct dementia*) which comprises 15% of dementia cases. The incidence of cognitive impairments and dementias is rising. The risk increases with age and there is an increasing elderly population causing an increased prevalence of dementia.

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Alzheimer's Disease (AD) patients initially present with symptoms of mild memory complaints and progress to more severe memory loss, personality changes, depression and need for assistance with daily functions such as cooking or dressing. In the final stages of AD, patients become completely incapacitated, disoriented, and have total loss of verbal and motor skills. The rate of progression is related to age, gender, and the presence of comorbidity factors such as hypertension, coronary artery disease and diabetes. Death is usually due to total debilitation or infection.

The initial diagnosis is usually made based on mental status testing and observations of family members and the patient. Also important is the patient's functional status as determined by assessment of Activities of Daily Living (ADL). The ADLs are bathing, toileting, dressing, continence, transferring and self feeding.

There's currently no effective treatment for AD, although there's been some success slowing progression in mild to moderate cases with the use of medication such as Aricept. More effective treatment is expected in the future when the causative factors for AD are isolated.

Prognosis in dementia depends on the rate of progression as well as the duration of the disease and the age at onset. All cases of dementia and cognitive impairment receive individual consideration in underwriting. Most will be declined for individual life insurance.

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