

# All forgetting is not dementia

FACT SHEET FROM THE SWEDISH DEMENTIA CENTRE

All glömska är inte demens • faktablad på engelska

## When brain function fails

Almost everything we do depends on functions associated with thinking. When we search our memory, learn new things or look for products in a shop, different *cognitive functions* are active. They are of great significance for our chance of living an independent life.

When one or more cognitive functions works noticeably worse than before, we are talking about *cognitive impairment*. This may manifest itself, for example, as forgetfulness, problems in finding our way or in planning or performing what are normally simple activities.

It is important to investigate cognitive impairment so as to be able to treat it in the best possible way. But the care services cannot always find an unambiguous explanation for the symptoms, especially if they are mild.

Cognitive impairment is usually divided into three sub-groups: acute confusion, mild cognitive impairment and cognitive diseases.

## Acute confusion is often reversible

When cognitive symptoms develop rapidly, over a short period of time, this is often acute confusion or an acute confusional state as it is called in the specialist language. In older people, it often stems from physical and mental exertion after surgery or because of pain. Acute confusion may also be due to constipation, infections and side effects of medication.

Acute confusion can be treated and symptoms are usually reversed, provided that the condition is investigated and that the underlying cause is overcome.

## MCI - the abbreviation for mild symptoms

Many people turn to the health care services out of concern that they simply don't function as well as they used to. The symptoms can be diffuse and weak but the people can still clearly feel that it is more difficult to concentrate and commit things

to memory or that it takes longer to perform various activities.

These are typical signs of *mild cognitive impairment*, often abbreviated to MCI. With MCI, cognitive impairment can be detected in neuropsychological tests. The symptoms can affect people's social life or work, but not as much as is the case with dementia.



## Many possible causes

MCI can have many causes. Untreated depression, stroke and side effects of medication are just a few examples. In some cases, these may be early signs of a cognitive disease, such as Alzheimer's disease or vascular dementia. Then the symptoms become stronger and more diverse over time. But ageing means that cognitive functions can deteriorate slightly without this necessarily being due to dementia. The degree to which this happens varies from person to person.

Anxiety, fatigue and depression are common with MCI and can intensify cognitive symptoms. A high workload and stress mean that people of working age can experience cognitive problems without this being demonstrated in neuropsychological tests.

## Follow-up is everything

Treatment of MCI assumes that the underlying cause is known, something that is not always the case. It is nonetheless important that the health services regularly follow up on those who are affected, regardless of whether the cognitive impairment can be read in test situations or is only self-perceived.

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