

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on screening for cognitive impairment in older adults. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from September 10, 2019, to October 7, 2019. The Task Force welcomes your comments.

## Screening for Cognitive Impairment in Older Adults

The Task Force issued a **draft recommendation statement** on *Screening for Cognitive Impairment in Older Adults*. Based on its review of the evidence, the Task Force found that there is not enough evidence to make a recommendation for or against screening for cognitive impairment in people who do not have any signs or symptoms. More research is needed to look at whether screening and early detection help patients, caregivers, and doctors make decisions about healthcare or plan for the future.

This recommendation statement applies to older adults, ages 65 and older, living independently, who do not have signs or symptoms of cognitive impairment. It does not apply to older adults living in an institutional care setting, such as a nursing home.

People who are having problems with memory or thinking, or family members who notice these signs or symptoms in a loved one, should talk to their doctor.

### What is cognitive impairment?

Cognitive impairment is when a person has trouble remembering, learning new things, concentrating, or making decisions that may affect their everyday life. It can range from mild impairment to severe dementia.

## Facts About Cognitive Impairment

Cognitive impairment is a serious public health problem that affects millions of Americans as they age. It ranges from mild impairment to severe dementia. When cognitive impairment starts and how it progresses varies from person to person.

People with mild cognitive impairment may notice changes in memory or thinking but are still able to carry out everyday activities. Dementia is more serious. People with dementia experience more severe loss of brain functioning, such as the ability to think, remember, and reason. Dementia can also interfere with a person's daily life and activities. There are many types of dementia; Alzheimer's disease is the most common type.

The main risk factor for cognitive impairment is getting older. As people age, their risk for cognitive impairment goes up. Other factors linked to cognitive impairment include diabetes, high blood pressure, and depression.

## Screening for Cognitive Impairment

Screening is usually done by asking patients a series of questions and having the patient do several tasks that test memory, language skills, attention, decision making, and other mental functions. The Task Force cannot recommend for or against the use of any screening test based on the current evidence. Patients and families should talk with their doctor if they have any concerns about memory, decision making, or other mental functions.

## Potential Benefits and Harms of Screening for Cognitive Impairment

The Task Force did not find enough evidence to determine whether screening older adults for cognitive impairment is beneficial. While some screening tools can successfully identify people who have early stage dementia, the Task Force did not find enough evidence on whether early detection helps patients, caregivers, and doctors make decisions about healthcare or plan for the future.

The evidence on harms of screening for cognitive impairment is extremely limited. One potential harm is the burden of labeling a person with a serious illness for which little can be done to change its course. Patients and their family members can experience depression, stress, and lower quality of life after learning about the diagnosis.

There are several types of treatments that have been studied to try to slow, prevent worsening, or reverse different signs or symptoms of cognitive impairment. Although some treatments can have small, short-term benefits, none of them have been shown to make a positive difference in the long term.

## The Draft Recommendation on Screening for Cognitive Impairment in Older Adults: What Does It Mean?

Here is the Task Force's draft recommendation on screening for cognitive impairment in older adults. It is based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. It is also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When there is not enough evidence to judge benefits and harms, the Task Force does not make a recommendation for or against—it issues an **I Statement**.

Before you send comments to the Task Force, you may want to read the [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

**1** The USPSTF concludes that the *current evidence is insufficient* to assess the balance of benefits and harms of *screening* for *cognitive impairment*. (**I Statement**)

### Notes

**1** *current evidence is insufficient*  
The Task Force did not find enough information in the studies to determine the overall benefits and harms of screening in older adults.

*screening*  
Briefly asking a person who does not have any signs or symptoms a series of questions and having them do several tasks that test memory, language skills, attention, decision making, and other mental functions.

*cognitive impairment*  
Cognitive impairment is when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life. It can range from mild impairment to severe dementia.

## What is the U.S. Preventive Services Task Force?

The Task Force is an independent, non-federal, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a [draft recommendation statement](#). All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force website](#).

USPSTF Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

## Click Here to Learn More About Cognitive Impairment

- What Is Mild Cognitive Impairment?**  
(National Institute on Aging)
- Mild Cognitive Impairment**  
(MedlinePlus)
- What Is Dementia? Symptoms, Types, and Diagnosis**  
(National Institute on Aging)
- Dementia**  
(MedlinePlus)
- Alzheimer's Disease**  
(Centers for Disease Control and Prevention)

## [Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between September 10, 2019 and October 7, 2019.



All comments will be considered for use in writing final recommendations.