

Mild Cognitive Impairment due to Alzheimer's Disease, Cerebrovascular disease and Other Causes: Case Examples and Why Early Diagnosis Matters

This document presents real-world examples of mild cognitive impairment (MCI) and early cognitive decline associated with Alzheimer's disease. It illustrates how symptoms may first appear, how families often interpret them, and why timely, accurate diagnosis can improve quality of life, support planning, and guide early intervention. The cases are organized by presentation so readers can move from early warning signs to caregiving lessons and then to the practical implications of diagnosis.

Case Examples Organized by Presentation

Early warning signs and family concern

1. Three generations: grandfather, age 88, with moderate dementia due to Alzheimer's disease; father, age 63, with significant forgetfulness; and son, age 38, already worried about familial risk.
2. A 71-year-old woman became unusually confused during airport boarding and packed in a chaotic way that was starkly different from her usual meticulous habits, raising concern for MCI and mild behavioral impairment (MBI).
3. A daughter recognized something was wrong when her 71-year-old mother forgot to pick her up from the airport and was later found living with paranoid and erratic behaviors, including covering windows, foiling outlets, and smashing a new laptop.
4. A 74-year-old pharmacist, still working part-time, noticed increasing forgetfulness, word-finding difficulty, and missed meetings, prompting concern that this was more than normal aging.
5. One caregiver described years of suspecting dementia before an MCI diagnosis, only to later learn through further workup that the underlying condition was mixed dementia, underscoring the importance of complete evaluation.

Misdiagnosis, Diagnosis, adaptation, and living with early disease

1. Dr. Rebecca Chopp was diagnosed with early Alzheimer's disease at age 67 and reshaped her life around exercise, diet, creative work, advocacy, and selected safety adjustments, illustrating how diagnosis can prompt intentional adaptation rather than immediate loss of purpose. After six years, she underwent reassessment and was found to have single-domain non-amnesic MCI and negative Alzheimer's

biomarkers. The cognitive and functional changes that contributed to the earlier diagnosis were subsequently thought to be related primarily to work stress and insomnia.

2. One family sought additional testing immediately after an MCI diagnosis and was grateful to confirm Alzheimer's disease early enough to begin disease modifying treatment (DMT) such as lecanemab and donanemab discussions while options were still available.
3. Another caregiver described an MCI diagnosis following specialist evaluation after persistent difficulty with simple apps and instructions, highlighting the emotional mix of relief, validation, and fear that often follows formal diagnosis.
4. Clinical experience, published research, and patient-reported accounts suggest that progression varies considerably: some individuals remain within the MCI range for years, while others decline more quickly. This variability makes early planning important even when the timeline is uncertain.

Caregiving lessons and practical support over time

1. Caregivers repeatedly described the value of structure: weekly task lists, large calendars, written reminders, pill organizers, password management, and routines that reduce stress and preserve independence.
2. Families highlighted legal and financial planning early, including power of attorney, estate planning, fraud prevention, and preparation for future medical decision-making.
3. Supportive environments were frequently described as beneficial. Assisted living, social engagement, exercise, occupational or cognitive rehabilitation, and help from friends or hired caregivers were noted as improving day-to-day functioning and helping families manage visible decline.
4. Progression narratives varied widely—from four to five years of noticeable worsening to a decade of slow decline—reinforcing that uncertainty itself is part of the caregiving burden.
5. The most consistent caregiving principle was preserving dignity: replacing expectations with patience, simplifying the environment, and building a wider circle of support before crisis points arise.

Why Early Diagnosis Matters

Taken together, these examples show that diagnosis does more than assign a label. It can create opportunities for safety planning, treatment consideration, family education, and practical support while the individual is still able to participate in important decisions.

1. Reduce harm from financial mistakes and vulnerability to fraud.
2. Enable advance care planning while the person can still express preferences.
3. Address driving safety, work performance, and retirement decisions earlier.
4. Improve day-to-day functioning through structure, routines, medication support, fall prevention, password backups (and sharing with family), online logins (including for emails), and follow-up care.
5. Create opportunities to slow progression through lifestyle measures, treatment discussions, education, advocacy, and peer support.
6. Identify and treat contributing conditions such as anxiety, depression, insomnia, or other medical problems.
7. Prepare families through education, social care assessment, and caregiver assessment before needs escalate.
8. Support better long-term planning for living arrangements, supervision, and caregiving responsibilities.

Resource: [When Memory Fades: What to Expect at Every Stage, from Early Signs to Full Support for Alzheimer's and Dementia] by Dr. Nathaniel Chin, M.D. Published by St. Martin's Essentials, June 2, 2026. This volume offers practical, stage-by-stage guidance for individuals, families, and caregivers navigating memory loss, Alzheimer's disease, and related dementias, with attention to early recognition, medical evaluation, family planning, daily care, and long-term support.

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