



Mild Neurocognitive Disorder



The diagnosis of mild neurocognitive disorder in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) provides an opportunity for early detection and treatment of cognitive decline before patients' deficits become more pronounced and progress to major neurocognitive disorder (dementia) or other debilitating conditions. Its inclusion in the manual will help clinicians develop effective treatment plans as well as encourage researchers to evaluate diagnostic criteria and potential therapies.

Disorder Characteristics

Mild neurocognitive disorder goes beyond normal issues of aging. It describes a level of cognitive decline that requires compensatory strategies and accommodations to help maintain independence and perform activities of daily living. To be diagnosed with this disorder, there must be changes that impact cognitive functioning. These symptoms are usually observed by the individual, a close relative, or other knowledgeable informant, such as a friend, colleague, or clinician, or they are detected through objective testing.

Early Detection, Better Care

There is substantial clinical need to recognize individuals who need care for cognitive issues that go beyond normal aging. The impact of these problems is noticeable, but clinicians have lacked a reliable diagnosis by which to assess symptoms or understand the most appropriate treatment or services.

Recent studies suggest that identifying mild neurocognitive disorder as early as possible may allow interventions to be more effective. Early intervention efforts may enable the use of treatments that are not effective at more severe levels of impairment and may prevent or slow progression. Researchers will evaluate how well the new diagnostic criteria address the symptoms, as well as potential therapies like educational or brain stimulation.

Process for a New Diagnosis

New diagnoses were included in DSM-5 only after a comprehensive review of the scientific literature; full discussion by Work Group members; review by the DSM-5 Task Force, Scientific Review Committee, and Clinical and Public Health Committee; and, finally, evaluation by the American Psychiatric Association's Board of Trustees. Trustees approved the final diagnostic criteria for DSM-5 in December 2012.

DSM is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) will publish DSM-5 in 2013, culminating a 14-year revision process. For more information, go to www.DSM5.org.

APA is a national medical specialty society whose more than 36,000 physician members specialize in the diagnosis, treatment, prevention and research of mental illnesses, including substance use disorders. Visit the APA at www.psychiatry.org. For more information, please contact Eve Herold at 703-907-8640 or press@psych.org.