

Review Response

Is There More to Subjective Cognitive Impairment than Meets the Eye? Raising Awareness

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Accepted 20 June 2014

We are grateful for the supportive comments of the respondent [1] that highlight the need for greater attention being given to subjective cognitive impairment (SCI). This will not just maximize opportunity for prevention in those for whom SCI is the first sign of something more serious, but also help to more reliably reassure those for whom the condition will follow a more benign course. We do not promote 'diagnosis' of SCI, but rather greater recognition and attention being given to the legitimate concerns and frustrations of many older people, who may worry that any forgetfulness is synonymous with early Alzheimer's Disease (AD). Developments such as the Brainhealthregistry.org provide an ideal opportunity to push forward with developing an evidence-base to guide management of this common but largely neglected condition.

It is of course imperative that ethical issues are raised and addressed in relation to clinical assessment of SCI and indeed the extant ethical controversy surrounding mild cognitive impairment (MCI) can be expected, and indeed should be encouraged and expanded, to apply to

SCI [2, 3]. Arguably, however, such ethical considerations do not simply apply to the use of novel diagnostic techniques but are pertinent to diagnosis *per se*.

The major aim of our 'Perspective' was to raise awareness of the potential for deficits in a wide-range of information processing in SCI and their potential influence upon an individual's ability to efficiently and accurately process and interpret their surroundings and thus respond and behave appropriately and safely. Importantly, as described in our original perspective, both individuals and clinicians are unlikely to have considered or to be aware of such deficits in addition to those of memory and other neuropsychologically tested functions. Arguably this knowledge (albeit in its infancy) raises further ethical considerations, namely that if such potential dysfunction is not formally examined, it may remain unnoticed or unacknowledged, with corresponding risk to the individual and others. Such factors are likely to be pertinent not only to driving, but also to employment and other day-to-day activities.

Of course further research and test validation is required before this becomes a real life issue. However, what is to be done if, irrespective of whether a person with SCI develops dementia or not, abnormalities in a wide range of functions in addition to memory are

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discovered? Should individuals be informed of their performance, arguably providing some evidence that indeed there is some objective change in their brain function to 'back-up' their self-report (assuming perhaps that individuals are more likely to report changes in memory rather than co-existing functions such as attention) in the absence of an interventional strategy [3]?

While such general ethical debate continues within the scientific and medical community it is important also to consider individual choice. It is apparent that substantial numbers of people with MCI and SCI volunteer for both cross sectional studies examining brain function *per se* and longitudinal studies investigating dementia risk factors, in the absence of personal benefit and successful treatment. What may be of primary importance with respect to ethical debate on SCI is personal choice; i.e., the right to know or the right not to know [4] and the raising of awareness of this condition.

ACKNOWLEDGEMENT

GW was partly funded by the NIHR Biomedical Research Centre Programme, Oxford and with thanks to BRACE-Alzheimer's Research. Registered Charity Number: 297965.

DISCLOSURE STATEMENT

Authors' disclosures available online (<http://www.j-alz.com/disclosures/view.php?id=2402>).

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