

## P01-363 - DRUG TREATMENT OF MILD COGNITIVE IMPAIRMENT

**R. Martínez de Velasco Soriano**, E. Benítez Cerezo, C. Erasquin Sierra, I. Gobernado Ferrando, I. De la Serna De Pedro

*Hospital Universitario Ramon y Cajal, Madrid, Spain*

**Introduction:** Dementia is an acquired syndrome of organic nature, characterized by permanent impairment of memory and other intellectual functions, often associated with psychological and behavioral symptoms without impairment of consciousness. There are psychopathological manifestations. There are different subtypes of dementia. To determine a mild cognitive impairment, the average score of Minimental scale test must be between 21 and 26.

**Clinical evidence:** It has been shown that patients with cognitive impairment have a decreased activity of acetylcholine and increased activity of glutamate. Therefore there is a decline in cognitive ability with significant memory impairment and increased arousal. There is an impairment of cognitive function to perceive, process and use information, which contributes, along with the intelligence, plan and solve problems, learn from the experience, plan tasks and predict results.

**Hypothesis:** For this postulate two fundamental ways in the treatment by use of cholinesterase inhibitors using memantine that blocks NMDA receptors.

**Conclusions:** However in mild cognitive impairment there is no evidence that these treatments improve patient outcome. . Therefore we start treatment with cholinesterase inhibitors when Minimental score between 14 and 24. We'll use cholinesterase inhibitors in combination with memantine when the Minimental score between 10 and 14. We will use only memantine when the score between 3-14. It has been shown that only 30% of mild cognitive impairment progress to dementia. It is important to consider the use of these treatments because it is'nt shown a clear benefit in mild cognitive impairment and have side effects.