Title: A QUANTITATIVE DESCRIPTION OF UNCERTAINTY WITH MILD COGNITIVE IMPAIRMENT
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Abstract

Purpose and Background/Significance: Mild Cognitive Impairment (MCI) is viewed as a pre-dementia condition and defined as functional impairment affecting mental processes, such as memory or executive functioning, that is more than what is expected for normal aging (Petersen, 2011; Petersen, 2003). MCI can be broken into two subtypes classified by the presence of memory impairment (aMCI) or the lack thereof (naMCI), both of which are increasingly a target for early diagnosis and intervention to prevent dementia. MCI is often referred to as an uncertain condition in qualitative studies of the experiences of older adults with MCI, and within attempts to conceptualize, diagnose, and define MCI (Dean & Wilcock, 2012; Lu, Haase, & Farran, 2007; Portet et al., 2006; Werner & Korczyn, 2008). Uncertainty from MCI stems mainly from inconsistencies in MCI diagnosis and variability in MCI trajectories. Although the findings of qualitative studies document the presence of uncertainty, it has not been described quantitatively in the MCI population. A quantitative description of uncertainty for older adults diagnosed with MCI is vital to design effective nursing interventions to assist older adults in coping with the diagnosis. The purpose of this study is to quantitatively describe uncertainty reported by older adults diagnosed with MCI.

Theoretical/ conceptual framework: Uncertainty is defined as an emotional state that occurs when a person is unable to assign definite value to events or objects and/or is unable to predict an outcome (Mishel, 1983). Sjostedt’s conceptualization of MCI guided the study, and purports that MCI is a diagnosis which generates uncertainty.

Setting/Methods: A cross-sectional descriptive design is being used and all older adults with a diagnosis of MCI attending a neurology clinic in an academic medical center are being invited participate following their routine appointment. After consent is obtained, the Montreal Cognitive Assessment, Uncertainty Stress Scale, and a demographic questionnaire are administered to the older adult.

Results: Enrollment is ongoing; to date, 23 subjects have completed the study with roughly even gender (52% male, 49% female) and diagnosis distributions (57% aMCI, 43% naMCI).

Conclusions: Findings will provide a basis for designing nursing interventions to reduce older adults’ uncertainty.