

Major Neurocognitive Disorder	Mild Neurocognitive Disorder
<p>A. Evidence of <i>significant</i> cognitive decline from a previous level of performance in one or more cognitive domains (complex attention, executive function, learning and memory, language, perceptual motor, or social cognition) based on (1) concern of the individual, a knowledgeable informant, or the clinician that there has been a <i>significant</i> decline in cognitive function; and (2) <i>substantial impairment</i> in cognitive performance preferably documented by standardized neuropsychological testing, or in its absence, another quantified clinical assessment.</p>	<p>A. Evidence of <i>mild</i> cognitive decline from a previous level of performance in one or more cognitive domains (complex attention, executive function, learning and memory, language, perceptual motor, or social cognition) based on (1) concern of the individual, a knowledgeable informant, or the clinician that there has been a <i>mild</i> decline in cognitive function; and (2) a <i>modest impairment</i> in cognitive performance preferably documented by standardized neuropsychological testing, or in its absence, another quantified clinical assessment.</p>
<p>B. The cognitive deficits <i>do interfere</i> with independence in everyday activities.</p>	<p>B. The cognitive deficits <i>do not interfere</i> with independence in everyday activities.</p>
<p>C. The cognitive deficits do not occur exclusively in the context of delirium.</p>	
<p>D. The cognitive deficits are not better explained by another mental disorder.</p>	
<p>Specify whether due to: Alzheimer’s dementia, Frontotemporal lobar degeneration, Lewy body disease, Vascular disease, Traumatic brain injury, Substance/medication use, HIV infection, Prion disease, Parkinson’s disease, Huntington’s disease, Another medical condition, Multiple etiologies, Unspecified</p>	

Adapted from American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders (5th edition). Washington, DC.