

Memory and Dementia

- Where on earth did I put my keys? You haven't taken them, have you?
- What am I doing in this room? I came here for something - whatever was it?
- We're going to the - er - the - what's its name -
- Well, I'm sorry I didn't pass on Pam's message: usually you say I keep repeating myself!
- The reason I didn't introduce you was because at that moment I couldn't remember his damned name. Well, actually he was the club secretary - I've known him for 12 years.
- No, I don't read novels any more. I have to keep going back over the story to remember what was happening!
- Yes, it was a lovely evening. Now - where, oh where, did I leave the car?

It's normal to forget

We all forget. Our memories are remarkable - faster than the most advanced computer - but we still forget things. We usually forget those things we don't really need to remember. What were you doing at exactly this time last year? or last month? or last week? Unless those were very special days, like Christmas or anniversaries, you probably won't remember. If you go back as far as your childhood, you can certainly remember some things, but only a few. You may remember your first day at primary school and your 7th birthday, but not every day at school or all the other birthdays. We often don't bother to remember things when the information is usually to hand. For example, what's the date today? Most people look at their newspaper or watch. We even forget some of the things we really need to remember. Most of us have spent frustrating minutes (or hours!) searching for our keys, documents or a vital tool.

It's normal to forget.



Most of the time we can live comfortably with our limitations, including the fact that we forget. We accept that we can't usually see things clearly a mile away, hear the movements of insects, or lift a car. We don't mind that we can't remember every detail of our past life. But as we grow older, the time comes when we start to forget more than we used to. This is annoying, but can also make us worry.

Even so, if we suddenly can't remember something, we don't start by worrying about it. We sort out the problem at hand, such as finding those keys or that purse. However, if this starts to happen regularly, we may start to worry about what it could mean for the future. Could it, for instance, be the start of Alzheimer's disease?

Obviously, if we are worrying about our memory, it could be that our memory is actually getting worse. On the other hand, we could just be worried and latching onto our memory as something to worry about. This is one of many problems that may affect our memory.

Common problems

Depression

When we are depressed, we tend to see only the bad things about ourselves and the world. We may condemn ourselves unfairly for relatively unimportant human failings. We tend to withdraw into ourselves and may not notice what is going on around us. So, we may not remember things because we didn't notice them in the first place.

People who are depressed may also become **agitated** and this will make it hard to concentrate. If the depression is particularly bad, our thinking may actually slow down (**retardation**). Both **agitation** and **retardation** make it difficult for depressed people to remember as well as they normally would. Sometimes the memory problems caused by depression will show up on tests. They can be so bad that other people may actually think that the sufferer has dementia - this is known as '**pseudo-dementia**'.

In spite of this, depressed people are usually no more than normally forgetful. However, older depressed people often think they are 'going senile'. In fact, older people who complain to their doctors of bad memory are much more likely to be suffering from depression than dementia.

Anxiety

If we are very anxious or worried, we may not be able to concentrate. We may panic when we really need to remember something. This often happens in exams or interviews. Anxiety can affect memory at any age.

Age

Most of our powers weaken as we get older, and memory is no exception. This makes it harder to learn new skills in later life, although not impossible. Many people over 65 don't let this put them off, and are able to finish university courses. However, many older people do gradually find it harder to remember. This is called **Age Associated Memory Impairment (AAMI)**.



The main problem seems to be that, the older we are, the longer it takes us to get the information from our memory when we need it. This may be partly because we have more memories than we did when we were young. It may be like looking for a book in a library. It is easier to find a book on a single shelf than if it is hidden somewhere in the middle of hundreds of others in a large bookcase. Another common problem is difficulty in putting a name to a face. This affects most of us, to some degree, from around the age of 50. Another problem can crop up when we remember that something happened, but do not know when it did. Ordinary memory tests may not demonstrate '**AAMI**', but it may be uncovered by tests which measure the time taken to give a correct answer.

Other Psychological Factors

Boredom, tiredness or sleepiness can also make it hard to remember.

Physical Health

Memory may be affected by poor hearing and sight, alcohol and tranquillisers, chronic pain, and head injuries. It may also be affected by a number of medical conditions, such as:

An under-active thyroid gland - this slows the whole body, including the brain.

Severe heart or lung disease - these starve the brain of oxygen.

Diabetes - this produces a high level of sugar in the blood, while **insulin**, a treatment for diabetes, can make it dangerously low. Both high and low levels of sugar interfere with the way the brain works.

Infections of the body (like pneumonia in an old person or a child) or the brain (like meningitis and encephalitis) can also cause memory problems.

Dementia

This is the most serious cause of memory problems. It affects very few people under the age of 65. However, the scare about the new variant Creutzfeld-Jakob disease (nvCJD) arising from bovine spongiform encephalitis (BSE) has made everyone aware that although rare, it does happen.

Dementia mainly affects older people. After the age of 65, the risk of developing it doubles every 5 years. Over the age of 80, about one in five people suffer from some degree of dementia. Having said this, it's important to remember that four out of five people over the age of 80 are not suffering from dementia. There are several causes, but the commonest is **Alzheimer's disease**.

As well as the forgetfulness, several other problems may occur:

- difficulty in finding the right words. At its worse, the sufferer's speech will become completely incomprehensible. It works both ways - he or she will no longer be able to understand other people's writing or speech
- difficulty with skills learnt early in life, like dressing and using a knife and fork
- failure of intelligence, judgement and logic (e.g. giving one's mother's age as the same as one's own, saying it is summer when it is snowing)
- personality change: becoming irritable, withdrawn, rude, scruffy, idle, uninterested
- suspiciousness
- anxiety and depression (arising from the sense of 'losing one's mind')
- refusing to accept that something is wrong, even though it is so obvious to others. This may mean that the sufferer refuses the help they clearly need
- uncharacteristic behaviour, including reluctance to wash or to change clothes, wandering, becoming incontinent and aggressive
- becoming unable to look after themselves.

Sooner or later the forgetfulness of dementia becomes a serious problem. If a person with dementia is taken away from familiar surroundings, on holiday for example, they may start to get lost. It is common to forget what time, day, date, month or year it is, or where they live or where they are now. He or she may lose things, or leave them behind, and may start to believe that someone is stealing their possessions. They may forget to pass on messages, or may repeat them in a rather scrambled way. They may say the same things again and again, because they can't remember what they have just said. As the condition worsens, someone with dementia may get lost in familiar surroundings - even in their own homes. Most distressingly, they may fail to recognise their nearest and dearest.

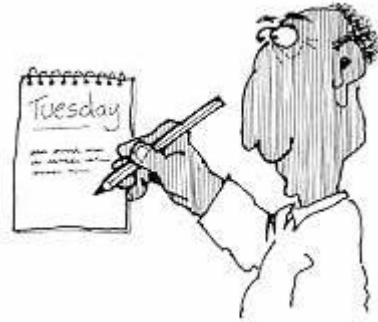
Dementia nearly always gets steadily worse. It may take a few months (as in the case of classical CJD) or a few years (as in Alzheimer's starting in a person over-65). It may happen quickly, but more often it is gradual. Sometimes a series of small strokes, one after another, may cause dementia. They produce sudden, small worsenings of the dementia.

There may be a period of a year or so between them when there is little change. This type of dementia may run in the family.

Some people, while they have insight, realise their limitations and adapt to them. They are able to accept that they have to depend more on others, and so can have a say in the arrangements that relatives have to make for them. Others, however, vigorously refuse to admit that there is anything wrong with them - they can be particularly hard to help.

What Causes Dementia?

The exact causes of most dementias are unknown, but there are some clues. It may run in families, as Alzheimer's sometimes does. It is very common in sufferers from Down's syndrome. A severe head injury at some point in your life may increase the risk.



High blood pressure and cholesterol, diabetes, smoking, drinking, and being over-weight may all increase the risk of dementia, because they all cause problems with the blood supply to the brain. One particular type of dementia happens to people with Parkinson's disease. **Korsakoff's syndrome** is a type of dementia that can happen in younger people. It mainly affects the memory for recent events. This is caused by lack of vitamin B1 (thiamine) and, in the UK, is most often due to drinking too much alcohol. Lastly, there are infections such as Creutzfeldt-Jakob syndrome and AIDS.

Helping yourself

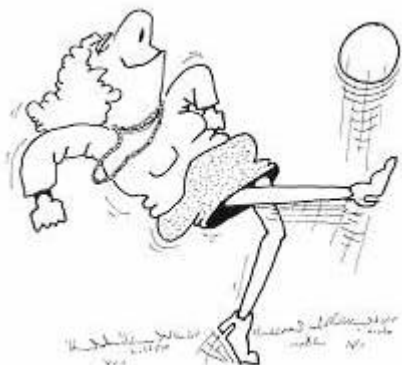
- Take notice - and notes
- Get organised
- Use a diary
- Keep fit
- Regular health checks - don't miss them!
- Use your mind, don't lose it
- Memory aids
- External aids
- Remember - nobody's perfect!

Take notice: You can't remember what you never heard or saw in the first place. So you need to keep yourself alert and make yourself notice the things that you need to. For instance, you may find it helpful to repeat the name of a person you have just met. If you don't want to lose something, tell yourself aloud where you are putting it.

Taking notes can be useful. Writing down messages will help you to remember. It also gives you something on paper with which to remind yourself.

Get organised: You are more likely to remember things if you are organised. For instance, if you are tidy, you are more likely to know where you have put things. If you have a regular routine you are more likely to remember what you are supposed to be doing. This doesn't mean that you have to be obsessed with tidiness and routine, but it does mean that you may have to take a bit more time over it to organise yourself.

Use a diary: If you keep a diary of what you've been doing, you can look up what happened yesterday or last week. If you are busy, you really need to keep an appointments diary - but you do have to remember to look at it! It's particularly embarrassing to have missed something when it was in your diary all the time.



Keep fit: It's easier to have a healthy mind if you have a healthy body. This means getting regular exercise, eating and drinking moderately, and not smoking. If your eyesight is poor or you are a bit deaf, make sure you have the proper spectacles or hearing aids. This will help you to be aware of what is happening and will help you to hear what other people are saying. It will certainly help you to keep up to date. Try not to use sleeping tablets and tranquillisers - you'll be more alert.

Regular health checks: Many doctors do regular health checks of their elderly patients every year. These can help you to sort out any problems with your physical health, but can also help to diagnose Alzheimer's early. There are some new treatments which may hold back the disease for a year or so, and they're most likely to be effective if they are used early. If you are depressed, your doctor will be able to start you on antidepressants. Your memory will often improve as your depression lifts.

Use your mind: If you don't use your body, it weakens. If you stay in bed for weeks, your leg muscles shrink and you are likely to find it difficult to walk. It may be that if you don't use your mind, a similar thing may happen. We know that intelligent, well-educated people seem to experience fewer memory problems as they get older. This may be because they have a better memory in the first place and so take longer to develop problems. It may also be that, being in the habit of using their minds to study, learn and solve problems, they don't 'switch off' after retirement. So hobbies such as quizzes, crosswords, reading, learning passages or poems, and card games, may help to offset the effects of ageing. Endless snoozing, putting your feet up too much, and being a 'couch-potato' may make them worse.

Reality orientation is a means of helping people with dementia remember where they are, the day, date and time and what is happening. This is done by constantly telling them these things and getting them to repeat what they have been told. It is a bit tedious but, up to a point, it works.



Mnemonics are tricks to help us memorise particular things. A useful one is '30 days hath September' - for the lengths of the months, or 'Richard of York gained battles in vain' - the first letters of each word standing for the colours of the rainbow from red to violet.

You can remember a list of objects by placing them, *in your imagination*, in the rooms of a house - eggs on the front door mat, bacon on the hall table, sausages on a coat hook, butter melting over the radiator, milk dripping down the stairs, tea and coffee in the living-room, soap on the back door step on which someone might slip - absurd or appropriate places can both serve as reminders. On the other hand, it may well be easier just to make a list!

Mnemonics may help to put a name to a face - e.g. Fred Bloggs the accountant you might imagine being loud - **F**, **red**-faced, blowing on his hands as he makes paper **logs** from old account books to heat his chilly office; Alison Jones, schoolteacher, might be **Alice** (s) in Wonderland **on** her own (Jack **Jones**) in a deserted classroom. Such elaborate tricks often work, but require time and ingenuity.

External aids: Most of us check what day it is by looking at a calendar or the day's newspaper. We regularly use alarms to wake us, but can also use them to remind you of things to do. We can even use the traditional method of tying a knot in our handkerchief. Leave things you will need to take out by the front door or where you are unlikely to miss them. Put your pills by your toothbrush, this can remind you to take them when you clean your teeth. Pills are now often packaged so that you can check whether you've taken today's or not.

Nobody's perfect: Most people who think their memory is going have a normal memory that isn't perfect. Younger people will explain their memory lapses saying that they are hung over, in love, too busy or 'scatty' - they won't think they have Alzheimer's disease. If this happens to older people, they tend to think they have dementia, even when they haven't.

Getting help

If your memory seems to be getting worse, go and see your general practitioner first. He or she can examine you and may run some tests. They can see to any medical or psychiatric problems, and reassure you if there's nothing to worry about. Depending on the problem, they can refer you to a specialist neurologist, old age psychiatrist, physician in geriatric medicine or psychologist.

Every health authority in the UK has an *old age psychiatry service*. These services are responsible for people over the age of 65 with troublesome dementia. There are a number of *memory clinics* specialising in memory problems of all kinds.

Social Services departments are responsible for helping people with dementia (and their carers). They can help dementia sufferers to stay at home by providing home helps, meals on wheels and day care. They can also arrange a move into sheltered housing or a residential or nursing home if someone can't cope at home any longer. Social security may make extra benefits available if the sufferer is so disabled that he or she cannot be left alone.



A great deal of advice and practical help is available from charities, especially the *Alzheimer's Disease Society*, which gives an enormous amount of support to carers.

Further reading

Your Memory: a user's guide. Alan D Baddeley. Prion £8.99

Understanding Forgetfulness & Dementia. Dr Christopher Martyn & Catherine Gale. Family Doctor Series, BMA. £2.49

Mind Mapping & Memory: powerful techniques to help you make better use of your brain. Ingemar Svantesson. Kogan Page. £6.99

Helpful organisations

Age Concern: 1268 London Road, London SW16 4ER. Helpline: 0800 009966 (7 days per week 7am-7pm) Tel: 020 8765 7200 Fax: 020 8765 7211 Website; www.ace.org.uk
Provide information and advice to older people and their carers. Promotes a positive attitude to older people.

Alzheimer's Society (Formerly Alzheimer's Disease Association): Gordon House, 10 Greencoat Place, London SW1P 1PH. Helpline: 0845 300 0336 Tel: 020 7306 0606 Fax: 020 7306 0808 Email: info@alzheimers.org.uk Website: www.alzheimers.org.uk
Care and Research organisation for people with Alzheimer's disease and other forms of Dementia.

Alzheimer's Society of Ireland: 43 Northumberland Avenue, Dun Laoghaire, Co. Dublin, Ireland. Tel: 00 353 1 284 6616
Gives support to families and provides information on Alzheimer's Disease and dementia.

Help The Aged: 207-221 Pentonville Road, London N1 9UZ
Tel: (020) 7278 1114 (Monday-Friday 8am-6pm then answerphone)
Help line: 0808 800 6565 (Monday-Friday 9am-4pm)
Fax: 020 7250 4474 Email: info@helptheaged.org.uk Website: www.helptheaged.org.uk
Provides practical support and help for older people to live independent lives, particularly those who are frail, isolated or poor.

Carers National Association: Ruth Pitter House, 20-25 Glasshouse Yard, London, EC1A 4JT. Tel: 020 7490 8818 Helpline: 0808 808 7777 (Monday to Friday 10am-12 noon & 2pm-4pm)
Fax: 020 7490 8824 Website: www.londonhealth.co.uk/carersnationalassociation.asp
To help anyone who is caring for a sick, disabled or elderly frail friend or relative at home.

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