

Memory Loss: What's Normal, What's Not?

By Susan Locke, M.D., Medical Director

Forgot where you put your keys? Can't recall where you parked your car in a busy parking garage? Is this normal? Many middle-aged and older adults become concerned that mild memory loss and forgetfulness are signs of dementia. The good news is that mild memory impairment is felt to be part of the aging process.

To find answers to the questions about memory lapses and more serious memory disorders, I asked Service Excellence Award Recipient and noted geriatrician, **Robert Palmer, M.D.**, to help us. Dr. Palmer is now the Director of the Glennan Center for Geriatrics and Gerontology at the Eastern Virginia Medical School.

What is considered "normal forgetfulness"?

Momentary lapses in memory (for example, the "senior moment") are usually the result of distraction due to another activity or thought. A delay in retrieval of stored memories is also normal: it takes longer to recall the name of a person you see on the street or on television. There is a delay in "reaction time." For example, in answering a question it might take a moment longer to recall the answer (think about a game show—it takes us longer to "hit the buzzer" when we know the answer).

Likewise, the processing and storing of new memory is slower or requires more effort. For example, with normal aging it may take several trials before one remembers a telephone number. More effort and perhaps more trials are required, but with normal aging the task is done well.

At what age, does "Age Associated Memory Impairment" (AAMI) typically begin?

There is no specific age when this occurs. Studies of populations (cohort studies) have shown that some people begin to be forgetful in the 40s, but most



studies suggest that memory impairment is most common after the ages of 55-60. There is a semantic issue here: memory impairment is different from forgetfulness. In memory impairment, despite effort to recall or process information the person fails to do so as they did when they were younger. As we conduct more research, we are learning that many of those people with AAMI are, in fact, in the earliest phases of a dementing illness. If a person is unable to remember new or old information; they probably have a condition that is not a normal part of aging and should seek evaluation.

What symptoms would make you concerned about Alzheimer's disease or other types of dementia?

These symptoms include: Loss of memory and "executive function" or loss of ability to organize and conduct a serial task. This functioning requires planning, ability to know when to stop, and ability to think abstractly. Think about the complex tasks, for example, in preparing for a vacation or family affair. There are so many steps that need to be thought about before and during the event (checking for flights, ordering tickets, finding a place to stay upon arrival, leaving the house in time to catch the flight, etc.).

Problems with short term memory and executive functioning are typically seen in the first year of

clinical dementia or Alzheimer's disease. As the disease progresses, difficulty with language and motor activity (praxis) and perceptual problems become evident. Patients might not be able to find the right word or their speech becomes less descriptive. They struggle to perform motor tasks, such as doing household chores, shopping or cooking. In time, they lose the ability to recognize common objects, such as a pen or watch, or even the names of family members. A change in personality is a red flag that a person is developing a dementia—especially frontal lobe dementia.

What type of screening tests/ workup do you do if a person presents with memory complaints?

First, a casual conversation can reveal whether there is a significant loss of memory. I ask patients to tell me about themselves: what they have done recently, their opinions about noteworthy news events (sports, entertainment, politics, disasters), how they got to the office today, etc. Incorrect answers or many "I don't know" makes me suspicious of a serious memory problem. In that case, I use a screening test. The Mini-Cog is a good test; it involves the patients repeating 3 objects 2 minutes after they first say them and a clock draw test. If the patient has a documented decline in memory compared to their normal baseline and they perform poorly on this test they probably have a dementing illness. This can be supported by the history of a decline in their cognitive function that is interfering with their social or occupational functioning.

Are there things we can do to help minimize Age Associated Memory Impairment?

Good cardiovascular health (treating high blood pressure, in particular) might help—based on some studies. For normal older people I often suggest exercise (such as walking) and intellectual challenges (such as card games and adult education) and social activities (such as socializing with family and friends or volunteering) to help prevent or delay loss of

memory. I recommend such activities to my patients. Diet is also likely to help preserve "brain health." The Mediterranean diet (high in polyunsaturated fatty acids and antioxidants, low in saturated fats) has been associated with lower risk of dementia. Prescription medications do not help prevent dementia, nor do herbal remedies, such as ginkgo biloba.

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If you are concerned about the memory issues of a loved one, please call the Healthnetwork team. We can help you find the answers you need.