



Patient Information

Fighting Memory Loss

Just about anyone over the age of 50 probably will say that his or her memory isn't what it used to be. The fact is that even a healthy human brain tends to become somewhat "worn" after several decades of use, resulting in more frequent instances of minor forgetfulness, such as failing to recall an acquaintance's name. Major memory loss, on the other hand, is not a normal part of aging and can signal any of a number of conditions that require medical attention.

Memory problems that are relatively minor, though still more severe and persistent than would be expected with normal aging, may indicate a type of mild *cognitive impairment* (**kahg**-nut-ihv im-**pare**-muhnt), or MCI. This condition, called *amnesic* (am-**nes**-tick) MCI, affects the memory while usually leaving other mental abilities intact. It does, however, increase the chances of developing *dementia* (dih-**men**-chuh). Dementia involves more serious memory loss and gradually causes a steep decline in the abilities to think, speak, reason, and move.

The most common type of dementia—*Alzheimer* (**ahhts**-hi-muhr) disease, or AD—is characterized by a buildup of protein deposits and tangled bundles of fibers in the brain. Also common is *vascular* (**vas**-kyuh-luhr) dementia, in which problems with the brain's blood vessels have the effect of depriving brain cells of oxygen and nutrients.

Other causes of memory loss in older adults include medication side effects, sleep disorders, alcoholism, emotional trauma, depression, head injury, thyroid

disorders, vitamin and mineral deficiencies, and dehydration.

How do I know if I'm at risk?

The risk of amnesic MCI or dementia increases after the age of 65. Other risk factors include having a relative who has had one of these conditions; getting poor nutrition; and having high blood pressure, high cholesterol, heart disease, diabetes, or a history of stroke.

What are the warning signs?

Any memory problems that affect your day-to-day life or that worsen over time are serious and should be investigated by a doctor. These include problems that interfere with routine tasks, such as driving or cooking; that cause you to misplace objects repeatedly or get lost in familiar places frequently; or that hinder your ability to follow conversations.

The symptoms of AD usually begin slowly. In addition to memory problems, these include changes in personality, mood, and behavior; difficulty with communicating, abstract thinking, understanding time and place, and making judgments; and a loss of initiative.

Signs of vascular dementia include weakness; exaggerated reflexes; and problems with thinking, language, walking, bladder control, and vision. These signs usually occur more abruptly than do those of AD and often are preceded by a stroke.

What tests do I need?

To investigate the cause of your memory loss, your doctor will ask about your past

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and current medication use, illnesses, surgeries, general health, and diet. He or she also might want to talk to a close relative or friend about details of your health and behavior. To check your mental functioning, your doctor may have you complete problem solving, language, and counting tests. He or she also may order blood or urine tests or a brain scan to look for physical problems.

How can I avoid the problem?

To help keep both your brain and body fit, exercise regularly, get enough rest, and eat a balanced diet. Avoid drinking large amounts of alcohol and smoking, since both can impair memory. Working with your doctor to maintain healthy cholesterol and blood pressure levels also can decrease your chances of developing AD or vascular dementia.

Research suggests that engaging in activities that stimulate your brain may be helpful in combating memory loss as you age. Taking classes (to learn a new language or skill, for example), developing new hobbies, and volunteering are all great ways to exercise your mind. These activities also encourage stress release and social interaction, both of which can lessen feelings of loneliness or depression.

If you are experiencing moderate memory problems, there are some steps you can take to help you remember things better. These include trying to personalize new information, such as by connecting it to a familiar song or associating it with a mental picture; keeping “to-do” and appointment lists on a readily available calendar or in a planner; and consistently putting important belongings, such as reading glasses, in the same place.

How is it treated?

At present, there are no medical treatments for amnesic MCI available, although some potential therapies are being researched.

While the effects of AD or vascular dementia usually cannot be reversed, there are medications that can help in some cases. *Cholinesterase* (koh-luh-nes-tuh-race) inhibitors, which support communication between the nerves in the brain, may help delay or ease AD symptoms for a limited amount of time. The drug *memantine* (muh-man-teen), which regulates a brain chemical involved in learning and memory, can prolong the ability to maintain daily functioning in a person with AD. In vascular dementia, treatment is focused on those conditions—such as stroke, high blood pressure, high cholesterol, diabetes, and heart disease—that worsen dementia by slowing the flow of blood in the brain.

Memory loss caused by depression, thyroid disease, sleep disorders, or nutritional deficiencies often can be reversed by treating the underlying condition. When a medication side effect is the likely cause, your doctor may be able to solve the problem by adjusting your dosage or switching you to a different drug.

For more information about age-associated memory loss, visit the web site of the National Institute on Aging (<http://www.nia.nih.gov>). ●

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Parsippany, NJ 07054-4609

