

MEMORY AND AGING:

What's Normal, What's Not, and What You Can Do About It

What's Normal and What's Not

Forgot where you put your keys? Have someone's name on the tip of your tongue? Worry whether you have a real memory problem? You're not alone. This is why it is important to know which memory slips are a part of normal, healthy aging, and which are signs that something more serious may be going on.

Not all aspects of memory are affected by aging. We continue acquiring new knowledge and improve our vocabulary as we get older, although accessing specific information when we want to use it becomes trickier. And the more you practice physical skills like playing an instrument or cognitive skills like playing bridge or doing cross-words, the better you'll get.

However, it does become more difficult to lay down new memories as we get older. Many older adults will complain about their "short term memory", but what is really going on is short term memory works well in old age, but getting that information to long term memory is more difficult.

So how does this play out in real life? What's normal and what's not?

- ◆ It is perfectly normal to get stuck for a person's name, but it is not normal to forget your spouse's name.
- ◆ It is perfectly normal to get lost in unfamiliar places, but it is not normal to get lost in a place you go to frequently.
- ◆ It is perfectly normal to get home from the store and realize

MYTH:
It's all downhill with age.

TRUTH:
Some cognitive abilities are affected by aging, but not all of them.

that you forgot to buy an item or two, but it is not normal to get home and forget that you even went to the store.

- ◆ It is perfectly normal to tell someone the same story on two different occasions, but it is not normal to repeat a story within a single conversation.
- ◆ It is perfectly normal to not know the exact date (to be off by a day or two), but it is not normal to be completely disoriented in time (e.g., think that it is 1963).

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Factors Affecting Memory

A wide variety of factors can affect how well our memory is functioning. Dementias are progressive diseases that cause cognitive dysfunction and difficulties with activities of daily living, like dressing oneself and managing finances. There are many types of dementia, but the most common are **Alzheimer's disease** and **vascular dementia**. Approximately 1 in 13 people over the age of 65 and 1 in 3 people over the age of 85 have dementia. These are sobering statistics, but it is important to remember

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Factors Affecting Memory continued...

that most older adults do *not* develop dementia and live cognitively healthy lives.

Risk factors for Alzheimer's disease include a family history of the disease, cardiovascular problems (which seem to accelerate disease progression), and prior head injury. Studies

but is otherwise cognitively intact and is able to function independently. So if you know someone with serious memory lapses, you might encourage them to see their doctor. There are also **protective factors**. People with higher education, broader social networks, and who are more physically and mentally active are less likely to develop dementia, or develop it later.

Milder memory difficulties can be caused by other **treatable physical and mental health conditions**, such as thyroid disruptions, pain, diabetes, depression, and anxiety and so it is important to see your doctor regularly to keep those in check. Maintaining a balanced diet that is low in saturated fats is also better for your cognitive functioning. Finally, stress affects

memory. A little bit of stress helps raise us to our challenges, but too much stress, too often impairs memory. The good news is that these effects can be reversed. Try to mitigate your stress levels by taking a yoga or meditation class, or less formally by taking walks or naps.

The more **physical and cognitive activity** we include in our daily routines, the healthier and more robust our brains are. People who have larger **social networks** also function better than those who lead more lonely lives. **Time of day** has powerful effects on memory. We all have a time of day when we are generally most alert, and typically (but not always) that is in the morning for older adults. Use your 'peak' time to do more demanding tasks like your taxes, and save the easier tasks for other times of day.

MYTH: If I have a relative with Alzheimer's I am sure to get it.

TRUTH: A family history of Alzheimer's does increase your risk of getting the disease, but you still have a good chance of remaining cognitively healthy.

suggest that women are more likely to develop the disease than men. Another risk factor is called mild cognitive impairment, which describes someone who has memory impairment,

What You Can Do About It

What can you do to help your memory? **External aids** such as lists, notes, and pill organizers are helpful. Other useful external aids are other people ("Hey, honey, remind me to pick up the dry cleaning") and a

"memory place", a place in your home to keep things that you need everyday, like your keys, wallet, and glasses. Finally, use a planner (Day Timer) that is portable (so you have it with you when your doctor makes a new

MYTH:
Using external aids will make my memory weaker.

TRUTH:
Using external aids make our memories stronger.

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What You Can Do About It continued...

appointment).

Internal strategies are also very helpful. Make **associations** between something you are trying to remember and something you already know. For example, when you meet someone new, think about who else you know with that name or think about what the name means.

MYTH:

My brain is full! There is no room for more information.

TRUTH:

The more we know, the easier it is to learn new things.

Use **visual imagery**—make a mental picture of something you are trying to remember. For example, use “see it and say it”—say out loud; “I’m going to get my book” and picture your-

self picking it up from your night stand table.

Repeat the information, but be sure to do so at multiple, spaced time points—repeating it over and over without a break won’t help. For example, if someone introduces himself as David, say “Nice to meet you David”. That’s one repetition. A little later on, use his name in conversation, such as “How do you know Susan, David?”. Do this a few more times and his name will stick.

Organize yourself. For example, instead of spending 10 minutes every day looking for the remote control, always keep it in a logical place.

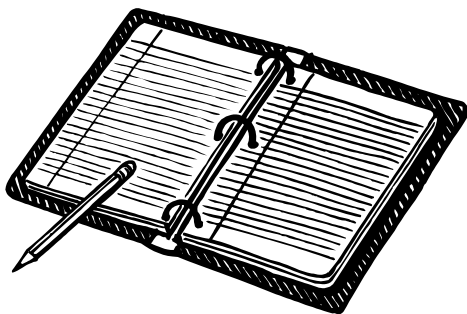
Finally, develop good **memory routines**. Check your planner every day at breakfast and at every transition point (when leaving the doctor’s

MYTH:
Memory is a muscle—you just have to exercise it.

TRUTH:
Being cognitively active helps memory in general, but memorizing a poem won’t help you remember what to buy from the store.

office) during the day.

Memory does decline with age, but there are things we can do to minimize the loss. Get your physical and mental condition into shape, use external memory aids and internal memory strategies, and you should notice improvements!



**Baycrest offers a 5 weekly session course called the
Memory and Aging program. Fee: \$140.
To register or get more information, call
Ruby at 416-785-2500 x2445**

www.baycrest.org

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Get Involved !!!

Receive FREE instruction to help maintain brain health!

We are currently recruiting for two studies in the Canadian Consortium on Neurodegeneration in Aging.

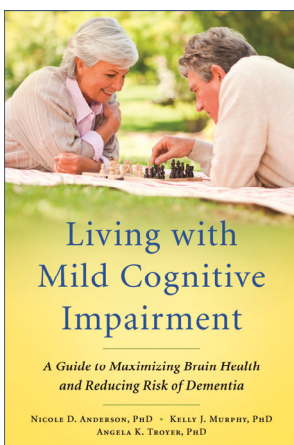
- **ENGAGE** is a 4-month cognitive training and stimulating leisure activity intervention
- **LEAD** is a 6-month exercise and nutrition intervention

Both studies include a comprehensive medical assessment.

If you meet the inclusion criteria below, and want to find out more information, please call: **(416) 785-2500 x3315**.

Inclusion Criteria

- 60-80 years old
- Fluent in English
- Concerned that your memory or other thinking abilities are getting worse
- Willing to have an MRI scan



Living with mild cognitive impairment: A guide to maximizing brain health and reducing risk of dementia, by Nicole D. Anderson, Kelly J. Murphy, & Angela K. Troyer (Oxford, 2012)

The first book written specifically for people living with mild cognitive impairment, their loved ones, and the health care professionals who treat them.

Available at bookstores, public libraries and online!