



**SENIOR  
CROSSROADS ...**

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## Dealing With Memory Loss: Part 1

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Ever have one of those days when it felt like your brain went on vacation and forgot to take the rest of you with it? Or you walked from one room to another to get something and when you got there you couldn't remember what you had gone to get? Or how about the classic case of looking all over for your glasses, only to find them on top of your head?

Many of us can laugh away those moments by blaming them on being preoccupied, stressed or simply not paying attention. For those folks, these moments are the exception rather than the rule. But what happens when the reverse happens - when it becomes the rule rather than the exception?

### **Memory loss is no joke**

The thought of having dementia or Alzheimer's disease is one of our main fears as we age. In our younger days, we may joke about the momentary memory lapses and say "I'm just losing my mind." But the reality is that it's no joking matter. Although there are many different causes of memory loss, it is still memory loss.

Cognitive decline is common as we age, but at what point should there be cause for concern? How do we know whether it is age-related cognitive decline, dementia, Alzheimer's or due to other medical issues? A visit to your primary care provider is the first step. Your doctor will ask specific questions to aid in making a diagnostic decision.

Mild Cognitive Impairment (MCI) is a condition in which a person has problems with memory, language or another function severe enough to be noticeable to others, but not serious enough to interfere with daily life. Because the problems do not interfere with daily activities, the person does not meet the criteria for being diagnosed with dementia.

Dementia refers to significant problems with memory and at least one other cognitive ability such as language or reasoning. It is a progressive brain dysfunction which results in a restriction of being capable of performing daily activities. Many diseases or medical events can result in dementia such as strokes, Parkinson's disease, Huntington's disease, a traumatic brain injury due to an accident, heavy alcoholism, just to name a few. Not everyone with who is diagnosed with dementia has Alzheimer's, but everyone with an Alzheimer's diagnosis has dementia.

Alzheimer's disease is the most common cause of dementia with the loss of intellectual and social abilities severe enough to interfere with daily functioning. In Alzheimer's disease, healthy brain tissue degenerates causing a steady decline in memory and mental abilities. Alzheimer's disease is not a part of normal aging, but the risk of the disease increases with age.

### **Habits for cognitive health**

While there are no known treatments or medications that can prevent Alzheimer's or other dementias, there are some things that we can do to help maintain "cognitive health" throughout life. Some suggestions for better mental health (physical well-being may be an added bonus as well) are being socially active, intellectually stimulating activities, regular exercise, healthy diets rich in unsaturated fats such as vegetable oil and fish oils, reducing stress, good sleep habits and regular visits with your primary care provider.

### **Warning signs**

What are some warning signs that a loved one may be having a cognitive decline? It's completely normal for an older person to walk into the kitchen and occasionally wonder, "Now, why was I coming in here again?" But if that same person were to come home from the grocery store empty-handed because he couldn't "find anything" on his grocery list, or if she keeps cleaning supplies in her refrigerator, there is cause for concern.

If a loved one is normally social and outgoing, but starts to remove himself from social activities, hobbies, sport, and maybe family gatherings, there is cause for concern. If your family member keeps misplacing things and can't retrace her steps and locate the item, or if the items show up in unusual places, there is cause for concern.

If a loved one always was well-dressed or well-groomed and now it's hard to be near him due to the odor, there might be cause for concern. If you discover unpaid bills, unopened mail, or large amounts of money missing from their checking/savings account that can't be accounted for, there is cause for concern. If your loved one has a difficult time retaining recently learned information or events, asks the same question(s) repeatedly, relies heavily on memory aides, or forgets important dates or events, there is probably cause for concern.

So ... what's next? I've probably created a whole host of unanswered questions by now such as, "How do I plan for my loved ones cognitive impairment?" "How do I plan for my own future decline?" "How do I talk to a loved one about it before it becomes a concern or issue?" "What can I do at this point for my loved one who is showing signs of cognitive decline?" Next month I will discuss ways to have those difficult discussions with your aging loved ones or with your younger family members who will be your future eyes and ears.

Next month: Dealing With Memory Loss - Part 2. For more information and resource assistance, e-mail Pam Scott at [info@discovery-mc.com](mailto:info@discovery-mc.com) or call 683-7047. Scott is the Community Relations Director for Discovery Memory Care in Sequim.