Guide to Memory Loss and Aging
by the Editors of Johns Hopkins Health Alerts

Special Report
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# Guide to Memory Loss and Aging

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12 Ways to Protect Your Memory: Introduction

A certain amount of forgetfulness is to be expected with age. The difference between normal forgetfulness that increases with age—known clinically as age-associated memory impairment (AAMI)—and serious dementia is that the former is not disabling. The memory lapses associated with AAMI are most likely to occur when a person is tired, sick, distracted, or under stress. Under better, less stressful circumstances, the same person is usually able to remember the necessary information with ease. Indeed, studies repeatedly show that older people who do poorly on timed tests actually do as well as or better than their college-age counterparts when permitted to work at their own pace.

Worrying about memory loss, in fact, makes it much more likely that no serious conditions are responsible for the lapse: People with serious memory impairment tend to be unaware of their lapses, don’t worry about them, or attribute them to other causes. However, if the memory lapses interfere with normal daily functioning, or if close friends and relatives of the individual believe that the lapses are serious, some more complex cause may be at fault.

Although AAMI is common and is not a sign of a serious neurologic disorder, it can be frustrating and socially embarrassing. While there is no way to eliminate completely the minor memory lapses that occur with age-associated memory impairment, a number of strategies can improve overall memory ability at any age.
As people age, many become concerned with “senior moments,” that is, brief lapses in memory, such as forgetting a name or where you placed your keys. Such moments of forgetfulness may increase with age, a condition called age-associated memory impairment. But these deficits are often part of the aging process and do not necessarily indicate that a person has a more serious disease. The chart below can help you better distinguish everyday forgetfulness from the type of deficits characteristic of dementia.

### Typical Age-Related Lapses vs. Symptoms Indicating Dementia

<table>
<thead>
<tr>
<th>Typical Age-Related Lapses</th>
<th>Symptoms Indicating Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independence in daily activities preserved</td>
<td>Person becomes dependent on others for daily living activities</td>
</tr>
<tr>
<td>Complains of memory loss but able to provide considerable detail regarding incidents of forgetfulness</td>
<td>May complain of memory problems only if specifically asked; unable to recall instances where memory loss was noticed by others</td>
</tr>
<tr>
<td>Person is more concerned about alleged forgetfulness than are close family members</td>
<td>Close family members are much more concerned about incidents of memory loss than person</td>
</tr>
<tr>
<td>Recent memory for important events, affairs, and conversations not impaired</td>
<td>Notable decline in memory for recent events and ability to converse</td>
</tr>
<tr>
<td>Occasional difficulty finding words</td>
<td>Frequent pauses and substitutions while trying to find words</td>
</tr>
<tr>
<td>Does not get lost in familiar territory; may have to pause momentarily to remember his or her way</td>
<td>Gets lost in familiar territory while walking or driving; may take hours to return home</td>
</tr>
<tr>
<td>Able to operate common appliances even if unwilling to learn how to operate new devices</td>
<td>Becomes unable to operate common appliances; unable to learn to operate even simple appliances</td>
</tr>
<tr>
<td>Maintains prior level of interpersonal social skills</td>
<td>Exhibits loss of interest in social activities; exhibits socially inappropriate behaviors</td>
</tr>
<tr>
<td>Normal performance on mental status examinations, taking education and culture into account</td>
<td>Abnormal performance on mental status examination not accounted for by education or cultural factors</td>
</tr>
</tbody>
</table>

Age-associated memory impairment is common and is not a sign of a serious neurological disorder. But it can be frustrating and socially embarrassing. Although there is no way to eliminate completely the minor memory lapses that occur with age-associated memory impairment, these strategies can improve overall memory ability at any age.

1. **Stay mentally active.** Staying mentally active is a key part of maintaining memory, as well as other cognitive skills. According to a study of 801 Catholic nuns, priests, and brothers published in the *Journal of the American Medical Association*, people who engaged in the highest rates of cognitively stimulating activities were 47% less likely to be diagnosed with Alzheimer’s disease 4-1/2 years later than those reporting the lowest rates of mental activity. In addition, a 21-year study of 469 healthy people (age 75 and older), published in *The New England Journal of Medicine*, found that those who frequently engaged in leisure activities were at reduced risk for developing dementia. Experts recommend such activities as doing crossword puzzles, playing Scrabble, studying a foreign language, learning to play a musical instrument, starting a new career or hobby, reading, volunteering at a hospital, and maintaining regular social interactions.

2. **Stay physically active.** An adequate blood supply to the brain is necessary for all mental functions, including memory. Regular physical exercise helps get more blood to the brain and therefore facilitates better mental functioning. The U.S. Surgeon General and the American College of Sports Medicine agree that at least 30 minutes of moderate activity on most days of the week is a way to reap health benefits. And for people who like to exercise an hour on most days of the week, all the better: A report by the Institute of Medicine says about 60 minutes of activity a day will help adults maintain a healthy body weight.

3. **Rule out other causes of memory loss.** If you suspect you have memory difficulties, consult your doctor. Many medical conditions and other factors can cause reversible memory problems; these include depression, hearing or vision loss, thyroid dysfunction, certain medications, vitamin deficiencies, and stress. Treating these problems may improve memory.

4. **Do not smoke.** Smokers are at greater risk for mental decline than nonsmokers, and smoking cessation may reduce this risk. One study showed that current smokers over age 65 were 3.7 times more likely to experience mental decline over a one-year period than people who did not smoke or smoked only in the past. Smoking may impair mental function by damaging the blood vessels that supply nutrients to the brain.

5. **Limit alcohol consumption.** Heavy alcohol consumption can interfere with proper memory function, but people who drink moderately have a smaller risk of mental decline than either heavy drinkers or nondrinkers. Although no optimal
level of alcohol consumption has been established, experts recommend no more than two drinks per day for men and one drink per day for women.

6. Place commonly lost items in the same spot. If you are prone to losing certain items, such as keys or eyeglasses, choose a place to leave them, and always put them in that spot when not using them.

7. Write things down. If you have trouble remembering phone numbers or appointments, write them down and place the list in a conspicuous spot. Making a daily “to do” list can serve as a reminder of important tasks and obligations. In fact, the mere act of writing notes and making lists reinforces memory.

8. Say words out loud. Saying “I’ve turned off the stove” after shutting off the stove will give you an extra verbal reminder when you later try to recall whether it is still on. Incorporating people’s names into the conversation just after you have met them will serve the same purpose. For example, saying “Very nice to meet you, Jennifer” will help consolidate the memory of this name.

9. Group items using mnemonics. A mnemonic is any technique used to aid in remembering. For example, when memorizing lists, names, addresses, and so on, try alphabetizing them, grouping them using an acronym (a word made from the first letters of a series of words, for example, NATO).

Another mnemonic technique is called an acrostic. Acrostics use the first letter of each item to create new words that form a sentence or phrase (for example, “Every good boy does fine” helps you remember the order of the treble-clef line notes on sheet music: E, G, B, D, F). Using rhymes ("The car is not a plane; it’s parked on Main") or creating stories that connect each element to be remembered are also helpful. The more compact or meaningful the mnemonic or story, the easier it will be to remember the information.

10. Use memory aids. Use a pocket notepad, personal digital assistant, wristwatch alarm, voice recorder, or other aids to help remember what you have to do or to keep track of information.

11. Use visual images. When learning new information, such as someone’s name, create a visual image in your mind to make the information more vivid and, therefore, more memorable. For example, if you have just been introduced to a Mr. Hackman, imagine him hacking his way through a dense jungle with a machete.

12. Group items using memory games. When memorizing lists, names, addresses, and so on, try alphabetizing them, grouping them using an acronym (a word made from the first letters of a series of words, for example, NATO), or creating a story that connects each element. The more compact the acronym or the more meaningful the story, the easier it will be to remember the information.

And don’t forget to concentrate and relax! Many environmental stimuli compete for your attention at any given time. To remember something, you need to concentrate on the items to be remembered. Pay close attention to new information that you need to remember, and try to avoid or block out distractions. Have you ever forgotten information during a test that you know you learned well beforehand? Anxiety and stress can inhibit recall, so slow down and relax when trying to remember information. Learning a relaxation technique, such as deep breathing or muscle-relaxing exercises, may help.
Further Resources

Rely on Expert Health Advice From Johns Hopkins

*Ranked America’s #1 Hospital for the 18th year in a row by U.S. News & World Report*

**Memory White Paper**
A dramatic increase in the number of people affected by Alzheimer’s disease has heightened the urgency of the research into Alzheimer’s and other dementias. The Memory White Paper brings you state-of-the-art information on how to tell the difference between Alzheimer’s, another form of dementia, or ordinary age-related memory loss, and the best ways to keep your memory sharp as you get older. You will also learn about important new research in identifying, treating, and preventing memory disorders, as well as new drugs for Alzheimer’s and other dementias that can help slow memory decline.

The Johns Hopkins Memory Bulletin
Edited by Dr. Peter V. Rabins, Professor of Psychiatry at the Johns Hopkins University School of Medicine and co-author of the best-selling guide for caregivers, *The 36-Hour Day*, The Johns Hopkins Memory Bulletin brings timely, in-depth information for anyone facing Alzheimer’s disease, dementia, or another memory problem. In each quarterly issue, you’ll read about the latest scientific breakthroughs, research findings from the world’s foremost medical journals and conferences, medications, caregiver support and relief, plus breakthrough medical discoveries for safeguarding your brain against aging and memory loss. Subscribe today at the special web-only discount and get 4 FREE special reports to download instantly.

The Johns Hopkins Prostate Bulletin
The Johns Hopkins Prostate Bulletin is an indispensable quarterly journal for men with prostate cancer, and the other prostate health concerns: Benign Prostatic Hyperplasia (BPH), prostatodynia, and the various forms of prostatitis. It also deals with side effects and related conditions, such as Lower Urinary Tract Symptoms (LUTS), overactive bladder (OA), and erectile dysfunction (ED). Written by Dr. Jacek L. Mostwin and his esteemed colleagues at the world-renowned James Buchanan Brady Urological Institute, The Johns Hopkins Prostate Bulletin goes beyond the basics to report on the latest therapeutic treatments, advanced news of clinical trials, in-depth reports, new medications, plus detailed answers to subscribers’ concerns about all aspects of your prostate health.

The Johns Hopkins Medical Letter: Health After 50
Since 1988 this acclaimed monthly newsletter has delivered cutting-edge information on treating the major medical conditions affecting those over 50. Each eight-page issue delivers important news and research on women’s health, men’s health, nutrition, weight control, arthritis, COPD, colon cancer, dementia and much more. Friendly, easy-to-read, and written in plain English (without any advertising), Health After 50 speaks directly to your personal health concerns.

For more information, or to order, go to: www.JohnsHopkinsHealthAlerts.com/bookstore/index.html
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500 Fifth Ave
Suite 1900
New York, NY 10110