

# Memory Problems



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This handout is based on a chapter from *Eldercare at Home*, a publication of The AGS Foundation for Health in Aging (FHA). Visit [www.healthinaging.org](http://www.healthinaging.org) for more information on the workbook and presentation kits, as well as access the full text of *Eldercare at Home* (without illustrations).

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# **There are five parts to this Booklet**

## **Understanding the problem**

Defines the problem, who is likely to have it, and what kinds of things can be done to deal with it.

## **When to call for professional help**

Explains when to call for help immediately or during office hours as well as lists of information you should have before you call.

## **What you can do to help**

What you can do to help with the problem and to prevent it.

## **Carrying out your plan**

How to deal with problems in carrying out your plan, how to check on progress, and what to do if your plan isn't working.

## **Booklet summary**

Summarizes what you can do to manage this problem. You can use this section to get a quick overview of what you can do.

**Each action you can take is in bold and has a picture illustrating the action**

## Understanding the Problem



***Philip is reading about his aunt's memory problems so that he can help her.***

In our busy lives, all of us forget things at one time or another. As we age, this can happen more frequently and can be a natural part of the aging process. Some older people have little or no change in their memory, but, in others, forgetfulness can begin to interfere with their lives in a noticeable way. This might involve leaving bills unpaid, stoves on, or doors open—all of which can create serious safety concerns.

Short-term memory (remembering recent events) is the aspect that becomes impaired most often with aging. This might include planning, organizing, and following through with current events and activities. Often long-term memories of childhood or young adulthood remain vivid, even in the case of Alzheimer's disease, so it is short-term memory that is important to assess when there are concerns about a possible decline.

Often memory changes develop gradually over time. In the case of Alzheimer's disease there might be many years of gradual change such that spouses and family members slowly take over responsibilities or daily duties (for example, paying bills or making meals) that the individual had previously managed. When it becomes evident that the person is no longer able to do these tasks, an evaluation for possible Alzheimer's disease or other memory disorder is needed.

On the other hand, many people notice memory loss but are able to continue to manage their household and monetary affairs without difficulty. While it is always good to seek an evaluation for someone if there are worries, in this group it is likely that the person simply has mild memory loss that is normal with age. Many robust older people do not have any significant changes in their memory as they age. While slower retrieval of information is the constant feature in these people (such as the "her name is on the tip of my tongue" phenomenon), they otherwise keep good memory function.

**A dramatic change in daily functioning, such as a new episode of confusion, is important to recognize as it could signify a new medical problem.** An abrupt change in mental status is called “delirium” which is different from dementia. Delirium is a state of confusion that can happen over just a few days. Causes of delirium might be a urinary infection, pneumonia, dehydration, heart attack, or a response to medicine. Persons with delirium have trouble paying attention. They might not be oriented to the place and time, and they can have trouble carrying on a logical conversation. Older persons with delirium might appear excessively sleepy and confused.

It is important to recognize delirium since persons with memory problems are especially prone to having episodes of delirium if they become ill. The doctor or nurse should be notified immediately. Once the medical problem is treated, the delirium might improve and the person will be less confused, but his or her memory problems from the underlying dementia will still be there.

**Memory problems can be due to many other conditions besides Alzheimer’s disease.** These conditions include Parkinson’s diseases, large and small strokes, depression, and medical problems such as thyroid disease. A detailed review of medicines is essential, since prescription, over-the counter, or herbal remedies can contribute to memory problems.

Some of these conditions can be treated or managed so that symptoms improve or stabilize. This is why it is important to schedule a medical check-up for the older person if you notice memory problems, particularly if they go along with other problems such as a change in weight, loss of appetite, gait instability, loss of urine control, or other new physical symptoms.

## **Your goals are to:**

- Be alert for signs of short-term memory loss
- Be aware that memory changes often turn up as changes in daily functioning such as planning, organizing, and making decisions
- Make sure that memory changes are thoroughly evaluated by a doctor and that all appropriate treatments have been considered
- Keep a detailed record of all medicines the older person is taking, including prescription, over-the-counter, and any herbal remedies. This will help the doctor to decide whether these could be contributing to the problem.
- Understand that delirium might occur in persons with dementia.
- Learn techniques for helping reduce the stress and burden of memory loss.

# When to Get Professional Help

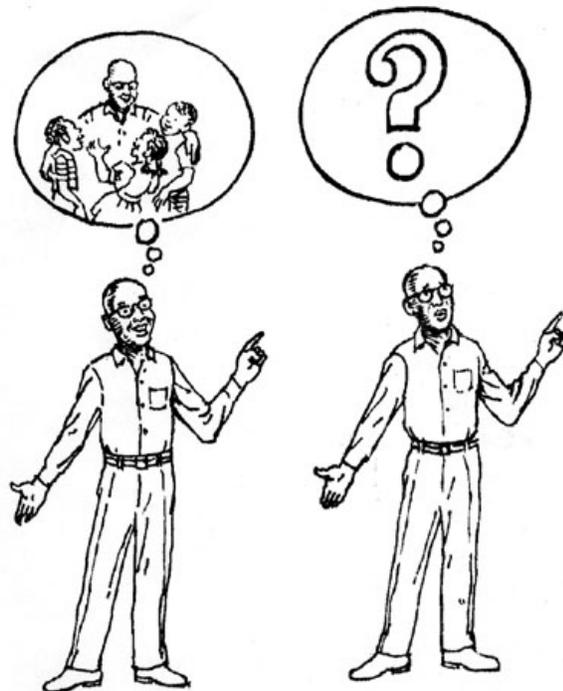
## Symptoms that should be reported immediately – day or night



*Marcela is calling the doctor right away – at any time during the day or night.*

## Abrupt memory loss or confusion

Sometimes a sudden memory loss is the result of a stroke, which might be accompanied by other stroke symptoms such as paralysis or confused or slurred speech. It is important to get medical help immediately if a stroke has happened. Any other new episode of confusion that changes quickly over a day or a few days must be evaluated as soon as possible.



*Bill used to have a good memory but, suddenly, he can't even remember talking to his grandchildren yesterday. So his daughter calls for help right away.*

## Symptoms where you should call the doctor to make an appointment

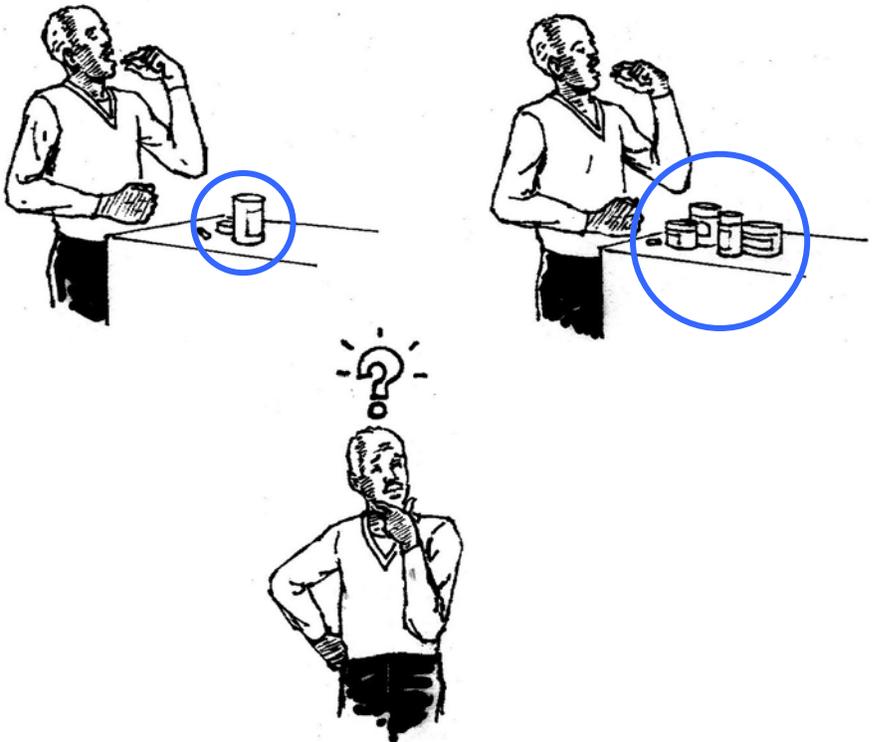


*Janice is calling the doctor's office during regular office hours.*

The following symptoms should be brought to the doctor's attention soon. You should call and make an appointment for the older person to be seen.

### **Significant memory loss or confusion following a change in medicines**

Often older individuals take several different medicines, sometimes prescribed by several doctors. It is important to always review the list of medicines with the doctor at each clinic visit and to check with the pharmacist to be sure that the combination is safe. If there is a change in memory, sleepiness, gait unsteadiness, or any other change after starting a new medicine or a new dose of medicine, notify the doctor as soon as possible.



*The doctor changed Anthony's medicines and now he has trouble remembering. So he calls the doctor during office hours.*

## Symptoms where you should call the doctor to make an appointment

### Memory loss combined with other symptoms of decreased functioning

As discussed above, most often memory loss progresses over time such that the ability to manage daily affairs, self-care such as grooming, and other daily activities becomes more impaired over time. When these things have occurred, and there are persistent difficulties with memory loss as well as trouble with planning, decision-making, word-finding, and other brain functions, there is a good chance that a dementia such as Alzheimer's disease is present. It is important to have an evaluation by a medical doctor or psychologist to establish the diagnosis and make recommendations about continuing care.



*Phil is having trouble remembering things. He has other problems such as being confused, repeating what he says, being messy and needing a bath. So his daughter, Myral, calls the doctor during office hours.*

### Memory loss combined with depression

People with dementia often experience sadness, anxiousness, tearfulness, or a condition called apathy where they have very little interest or emotion. Sometimes it is helpful to have an evaluation for depression, as treatment with antidepressant medicine can help a person function better and avoid other symptoms such as irritability, sleeplessness, or anger.



*Martha has trouble remembering and she also feels sad and depressed. So her family called the doctor during office hours.*

## Symptoms that should be reported at the older person's next regular appointment with the doctor



*Carmen and her mother are talking about her mother's memory problems during her mother's regular check-up appointment.*

### **Repetition.**

With greater memory loss, people are unable to remember what they just said. As a result, they may ask the same question or make the same statement over and over within a short period of time.



*Angelina tells her son John the same thing over and over again. So John tells the doctor about this at Angelina's next regular appointment.*

### **The older person can remember events that took place in the past better than recent ones.**

Short-term memory loss does not allow the brain to make new memories. The older person may talk often about the old memories which were well stored before the memory problem began.



*Ruth can remember things that happened in her childhood, but forgets what her daughter said this morning. So they tell the doctor about this at Ruth's next regular appointment.*

## Symptoms that should be reported at the older person's next regular appointment with the doctor

### Frequent reminding doesn't seem to help

With more serious memory loss, frequent reminding does not help very much. You may find yourself making the same request or remark several times within a short period of time without much success of the person's remembering what you have said.



*Ida reminds her aunt several times to take her medicine, but her aunt still forgets. So they tell the doctor at her aunt's next regular appointment.*

### The older person does not think he or she has a memory problem

Sometimes people with serious memory loss have trouble realizing the extent of their loss. They seem to forget that they forget. They may deny the memory loss or play down the number of times that it has been happening.



*Arthur says he doesn't have trouble remembering. But he really does. So his son Bill tells the doctor during Arthur's next regular appointment.*

## Know the following facts before calling the doctor



*Frank is callthing the doctor's office.  
He has a list of facts ready to answer  
the doctor or nurse's questions.*

Is there any new loss in mental function such as difficulty in paying attention, finding words, making decisions, telling time, remembering people, or remembering one's own name?

Are there any new emotional symptoms such as a change in emotional state or personality, such as irritability or suspiciousness, that is unlike the person's usual self? Is there sadness or loss of interest in usual activities?

Are there changes in the ability to function physically such as trouble sleeping, eating less, having urinary control, or walking with a steady gait?

How often does the memory trouble show up? Daily?

Is there trouble recalling recent events?

Have grooming or other daily habits changed for the worse?

Are simple tasks hard to organize and perform?

Does the older person get lost in familiar places?

Are words forgotten, misused, or mispronounced?

Does the older person become easily angered or agitated?

Does the older person have difficulty in counting and managing money? Does he or she make unsafe decisions?

Are there other symptoms the person is having, such as changes in mood, changes in sleep-wake routines, and loss of interest in things he or she used to enjoy?

## Here is an example of what you might say when calling

"Hello, this is Linda Xavier. I am worried about my mother Antonia Xavier. She seems to be having memory loss that I have noticed for about a month. I also see that she is not able to take care of herself in the same way, since I have noticed that she's not been buying groceries or paying her bills, and last week she left her stove on."

## What You Can Do To Help



*Russ wants to help his uncle with his memory problems.*

**Be supportive.** Help the older person see the humor in situations and assure him or her that being forgetful is normal and that your love and support has not changed. In the case of Alzheimer's disease or other forms of dementia, it can be difficult to work with the older person, so discussing coping strategies with your doctor can be helpful

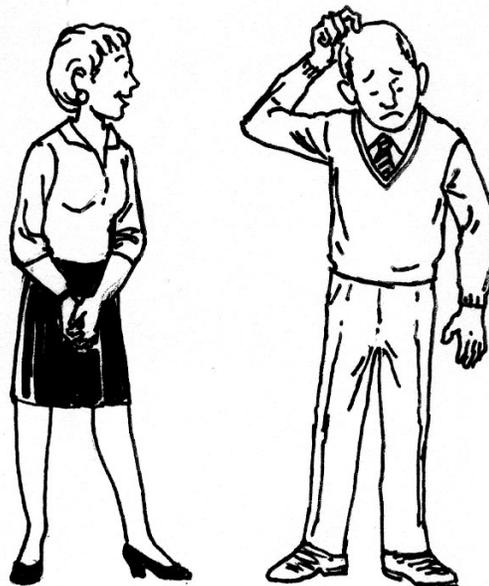
Be helpful and non-judgmental. Do not quiz the person. Often it is natural to want to "test" to see how the older person's memory is functioning. Being questioned, "Do you remember this or that," can be very anxiety-provoking, does not help improve memory in a person with memory loss, and can upset the person. Instead, be unconditionally supportive.



*Ken is telling his grandfather that people still love and care about him even though he forgets many things.*

## What you can do to help

**Be patient.** Memory loss is frustrating for everyone. If the older person is trying to explain something to you and forgets a word, help him or her if you know the word. If the person loses something, look for it rather than asking him or her to remember. If there is a little memory slip-up, show the humor in it. Keep in mind that the problem isn't that older people won't remember to do things; they can't remember.



*Pat waits patiently while her father tries to remember what he wanted to tell her. She also helps him by saying the word that he can't remember.*

**Avoid long activities, too much commotion, and unfamiliar settings.** Be aware that changes in surroundings are confusing to the person with memory loss, and they can tire easily. This can lead to irritability and behavior problems when they are over-stressed. Short outings to familiar settings are best; avoid long trips, large groups, or loud chaotic settings.



*Thelma is encouraging her Dad to do things that he enjoys and with people he knows. She does not take him on long trips to strange places.*

## What you can do to help

**Use reminding strategies.** When memory loss is obvious, try these reminding techniques:

**Encourage carrying a memo book** in the shirt pocket to write down significant events or people's names.



*Charles carries a memo book with him where he writes down things we want to be sure to remember.*

**Use neck chains** for glasses or keys.



*Maria has a neck chain that holds her glasses and Sarah has a neck chain that holds her keys. This way they won't lose their glasses or keys.*

**Keep the person active with “over-learned” tasks.**

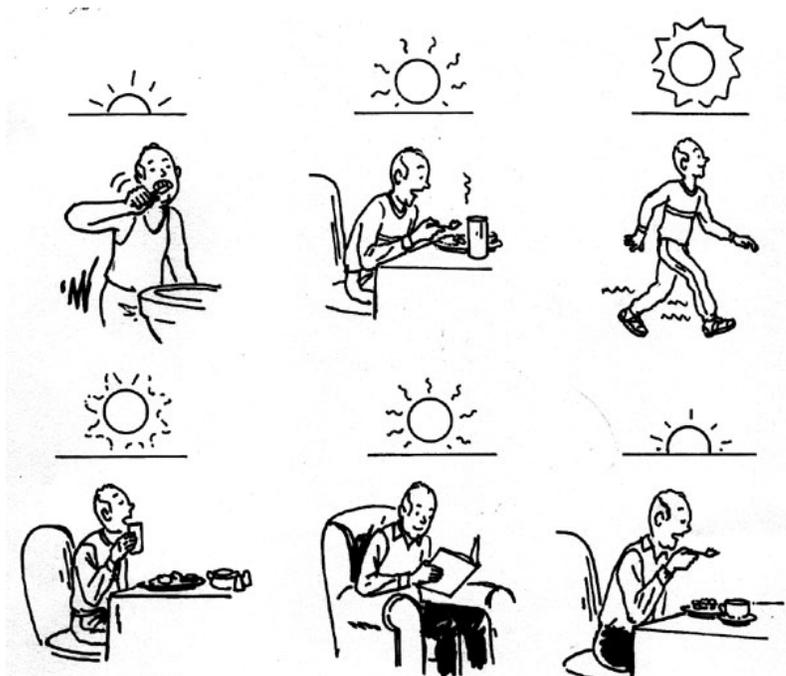
There are many activities that an individual might have over-learned through repetition during his or her lifetime. These might include playing an instrument, doing puzzles, crocheting, or other handicrafts that their hands can almost “do by themselves.” These activities, especially those involving music, can be especially therapeutic.



*Charlotte is encouraging her mother to do knitting because she has knit many things in the past and can do it without thinking.*

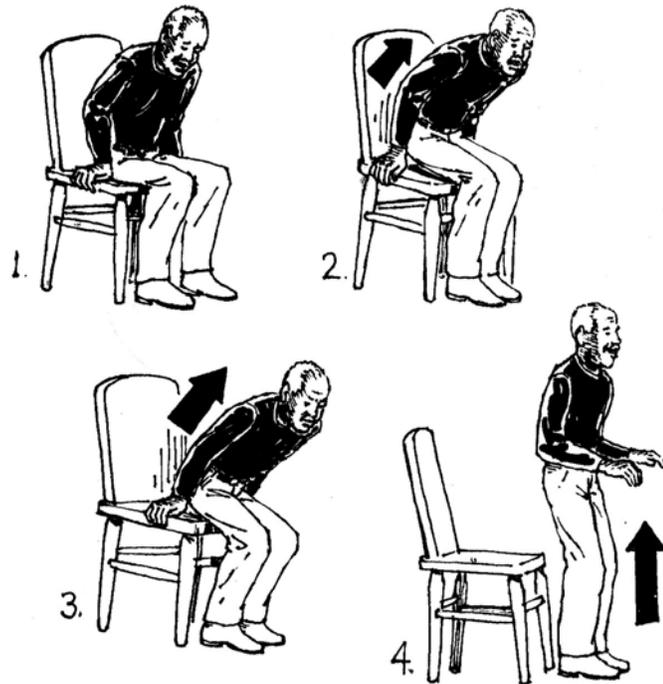
**Encourage regular routines.**

Important activities, such as eating, exercising, or washing should be tied to a particular time of day and place, to be remembered more easily.



*Each morning Tom gets up, eats breakfast, and goes for a walk. At noon he eats lunch. Later he eats supper. He does these things at the same time every day. This helps him to remember what he should be doing.*

**Make your instructions  
simple and break tasks down  
into simple steps.**



*Casey is practicing getting up from a chair by doing it in small steps. This helps him remember how to get up without becoming dizzy.*

# Carrying out Your Plan



***Mary and her mother are working together to carry out their plans.***

## Problems You Might Have Carrying Out Your Plan

### ***Problem:***

**“My mother doesn’t realize—or doesn’t care—that she is very forgetful.”**

***Response:*** It is frustrating when the person with memory problems does not recognize the problem or does not seem interested in doing anything to improve it. Be gentle and constructive in your approach. Try to work with the older person. Make your reminding strategies simple and clear. In cases where there has been major memory loss, such as with Alzheimer’s disease, other behavioral problems may develop which can make the older person uncooperative and even aggressive. In such cases, you will need professional assistance. Most importantly, do not argue or confront the person, since persons who do not have this insight into their problem will not gain insight no matter how much evidence is presented to them.

Be sure that memory problems aren’t interfering with taking medicines as prescribed. You might want to consider weekly pillboxes and a system of daily reminders. Typically it is best to have someone other than the person with memory problems responsible for dispensing the medicines to be sure they are taken properly.

## Think of Other Problems You Might Have Carrying Out Your Plan

What other problems could get in the way of doing the things suggested in this chapter? For example, will the older person cooperate? Will other people help? How will you explain your needs to other people? Do you have the time and energy to carry out this plan?

You need to make plans for solving these problems.

## Checking on Progress

Keep notes of what you have tried and what the results were. This will give you a written record of what works and what doesn't and also is something to show the doctor and nurse so that they understand what you have done and can make recommendations.



**Keep notes of what you have tried and what the results were.**

## What to Do If Your Plan Isn't Working

First, be sure that the memory problems are not caused by a medicine or a physical illness. Changing medicine might significantly improve memory. If the memory problem was due to a physical illness or depression, treatment is likely to improve memory. There are also medicines available called “cholinesterase inhibitors” that can help to stabilize memory somewhat for persons who are diagnosed with Alzheimer’s disease. These medicines act by slowing down the natural breakdown of one of the brain’s memory chemicals called acetylcholine. These medicines are not able to change the loss of brain cells that occurs with Alzheimer’s disease but it is thought that they might be able to slightly reduce the rate at which a person loses memory. Your doctor can describe the risks and possible benefits of the various medicines with you if a diagnosis of Alzheimer’s disease is made.

Unfortunately, in many cases even with medicines, little can be done to improve memory, and memory loss related to illnesses such as Alzheimer’s disease can continue to worsen steadily no matter what you do. In this situation, your task is to help the older person live the fullest possible life even with memory problems and to manage problems that result from memory loss. This will take creativity, patience, time, and constant support from family and caregivers.

Ask for help. Your local hospital or medical center may have professionals who specialize in memory problems. The Alzheimer’s Association also has much useful information and may be able to help you find help.

### **For additional information:**

Alzheimer’s Association  
1-800-272-3900  
<http://www.alz.org>

# MEMORY PROBLEMS SUMMARY



**When to call the doctor immediately**



**Sudden memory loss**



**When to call the doctor during office hours**



**Significant memory loss following a change in medicines**



**Memory loss with other problems such as being messy, confused, and not taking baths**



**Memory loss with depression**

## MEMORY PROBLEMS SUMMARY



**Symptoms that should be reported at the older person's next regular appointment with the doctor**



**Repetition**



**Remembers past events better than recent ones**



**Frequent reminding doesn't seem to help**



**The older person does not think he or she has a memory problem**

## MEMORY PROBLEMS SUMMARY



**Be supportive.**



**Be patient.**



**Do things he enjoys and avoid strange, confusing places.**



**Encourage carrying a memo book .**

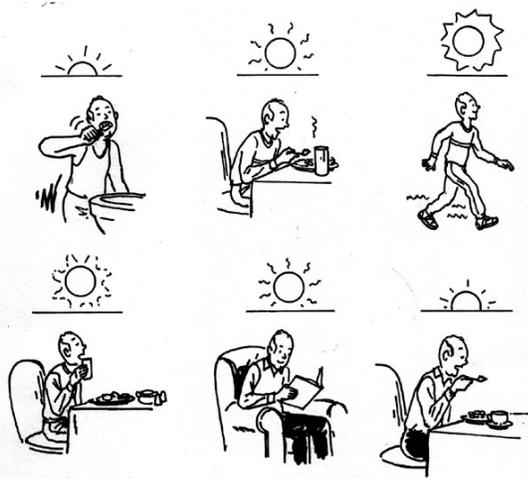


**Use neck chains for glasses or keys.**

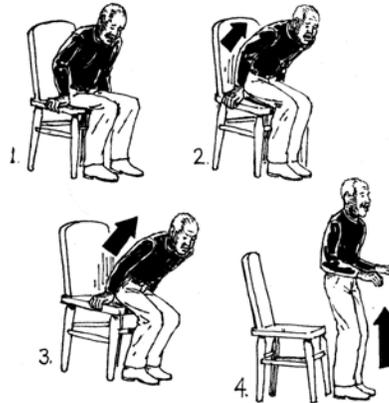


**Encourage doing things the older person knows very well.**

## MEMORY PROBLEMS SUMMARY



**Encourage regular routines.**



**Make your instructions simple and break tasks down into simple steps.**



## Carrying Out And Adjusting Your Plan



**Keep notes of what you have tried and what the results were.**



### ***The AGS Foundation for Health in Aging (FHA)***

Established in 1999 by the American Geriatrics Society, the AGS Foundation for Health in Aging (FHA) builds a bridge between the research and practice of geriatrics health care professionals and the public. FHA advocates on behalf of older adults and their special needs: wellness and preventive care, self-responsibility and independence and connections to the family and community through self-responsibility and independence and connections to the family and community through public education, clinical research and public policy.

### ***Eldercare At Home***

*Eldercare At Home* is part of a comprehensive effort by the AGS Foundation for Health in Aging to provide support and guidance to those of you caring for older people at home. The FHA has created a series of Powerpoint® slide presentations that cover each of the 27 chapters found in *Eldercare At Home*. Accompanying each slide presentation is a fully illustrated handout that can be used as handouts, or as stand-alone resources for caregivers who are dealing with only one or two issues.

The major goal of this initiative is to make *Eldercare at Home* materials available to all caregivers. To this end, the plain text version (without illustrations) of *Eldercare at Home* is available free of charge online at [www.healthinaging.org](http://www.healthinaging.org).

*Eldercare at Home* Workbook is also available for purchase through the FHA. Each of the twenty-seven chapters in the *Eldercare at Home* books cover the most common problems that family caregivers face. The *Eldercare at Home* Workbook can be used just as you would a cookbook. Read a chapter before you start dealing with a specific problem just as you would read a recipe before beginning to cook. Reading the chapter allows you to understand the problem and take action before it becomes severe. *Eldercare at Home* can even help you to prevent some problems from happening. It offers you advice on developing care plans, which will give you a sense of purpose and hope in coping with the challenges of providing care.

For more information on *Eldercare at Home*, or the AGS Foundation for Health in Aging, visit [www.healthinaging.org](http://www.healthinaging.org), or call 1-800-563-4916.

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