

## HEALTH

Edited by Chris McLaughlin

# Now, what did I come in here for?

When your memory starts letting you down, don't assume it's the start of Alzheimer's. **Rachel Carlyle** investigates other common causes and cures. Illustration by **James Fryer**

**Two old men sit chatting** in a bar. Joe says to Charlie: "We ate in a great restaurant last week. Can't remember its name, but it sounds like... what's the name of that flower, the red one with the thorns?" Charlie replies: "A rose?" "That's it," shouts Joe. "Rose! Hey Rose! What's the name of that restaurant we ate in last week?"

It may be an old joke but it can still raise a chuckle – especially if you're worried about the increasing frequency of those "senior moments".

It's also a favourite of author Martha Weinman Lear, an American journalist who began to worry about her memory in her early sixties, when she would find herself sitting blankly at her computer, unable to organise her thoughts. "I would also be constantly shouting to my husband, what's the word for this or that? And nine times a day I would say, where did I put my damn glasses?"

"The only thing that kept me from getting truly panicked was that the same thing seemed to be happening to all my friends and we couldn't all be getting Alzheimer's."

After exhaustive tests, she was told nothing was wrong – just "normal age-related memory loss". Not aware there was such a thing, she set out on a two-year quest, interviewing dozens of specialists, which culminated in a book, *Where Did I Leave My Glasses?*

Memory is a horribly complex topic; scientists use the analogy of a huge tree with many branches. Several things happen as we age: the first is that from our late twenties our brain physically shrinks by about 0.5 per cent a year. Current thinking is that shrinkage begins in the frontal lobes, which is the bit that retrieves information. This could explain the difficulties some people experience in remembering names. The second is that the rate of connections between brain cells slows down as we age.

"Many specialists told me that this kind of normal memory loss is not really a loss at all," says Lear. "It's just a slowing; one used the analogy that the flypaper in the brain that holds on to new information isn't as sticky as it used to be. The thing is, we expect our bodies to age, but are surprised when it happens to our minds. In fact it's as normal as your hair going grey."

Her specialists helped her compile a table of what's normal: occasionally forgetting where you parked the car, forgetting names of acquaintances and asking: "What did you say we were doing tonight?" are all fine. But if you get lost on a familiar route, forget close relatives' names and ask, "What are we doing tonight?" twice in an hour, there may be a problem.

Of course, that problem doesn't have to be dementia. GP Dr Rob Hicks is used to seeing older patients worried about their failing memories. Much of the time, he thinks it's down to not concentrating. The ageing brain isn't good at multi-tasking and finds it more difficult to screen out irrelevances – so if we're going to remember something, we have to concentrate.

"First you have to establish what kind of memory loss it is: are they losing their keys? Forgetting people's names? Can't remember why they just walked into the kitchen? All these things are much less likely to be dementia than the kind of memory loss where you have forgotten a chunk of the conversation you were having just a few minutes ago, leading you to ask exactly the same question again," he says.

There are many physical conditions that cause memory loss, and most are treatable. The most common in the over-50s is an **underactive thyroid**, the gland in the neck which makes the hormones that regulate metabolism. It's estimated

that five per cent of the over-60s have an underactive thyroid, and one of the key symptoms is memory loss, often described by sufferers as a "fogginess of the brain".

You'd get a similar feeling if you had a **vitamin B12 deficiency**, another quite common problem as we age. B12 is vital for insulation of the nerve cells, and studies show that older patients with low levels suffer twice as much shrinkage of the brain as those with normal levels. Both conditions are treatable: underactive thyroid with a daily dose of the missing hormones and B12 deficiency with a supplement. Drinking two glasses of milk a day also helps, according to

### **There are many physical conditions that cause memory loss, and most are treatable**

research at Oxford University.

The **menopause** is another possible culprit, because oestrogen has a protective effect on the brain. A study of women whose oestrogen supply was temporarily "switched off" found that their memory worsened during that time, and was restored when levels rose.

Another cause could be the demon **drink**. You don't have to be an alcoholic either; one study showed that people downing more than 100 drinks a month (three a day) showed signs of "quasi alcoholism", symptoms of which include memory loss and reduced mental agility.

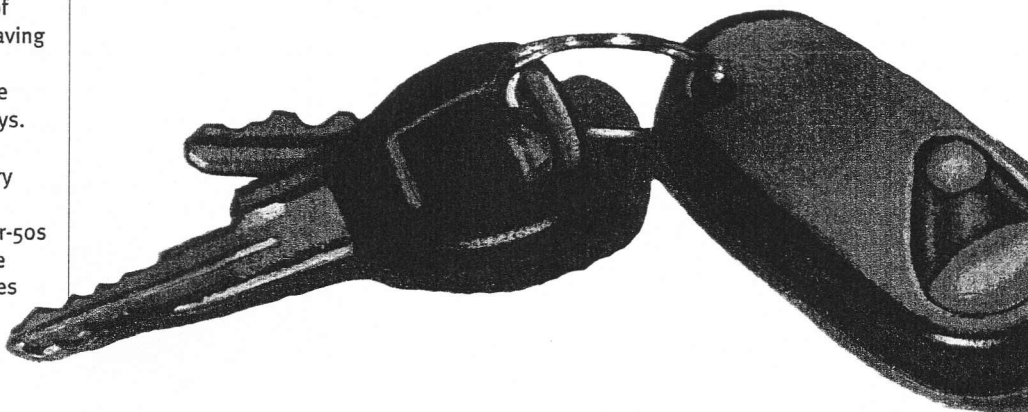
All kinds of medication can also cause memory loss: the worst offenders are sleeping tablets, statins, drugs for Parkinson's and depression, plus allergy medication.

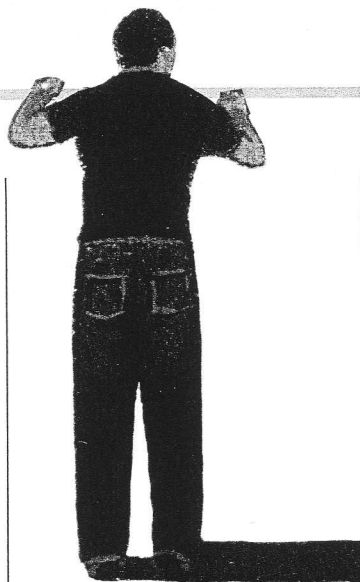
Less common is **Hughes Syndrome**, a disorder thought to affect one million people in the UK. It causes the blood to become too sticky, which can lead to symptoms including fatigue, stomach cramps, giddiness and memory loss. The "brain fog" that patients describe is because the brain is being starved of its blood supply (see case study, overleaf).

Dr Hicks says his first act for someone worried about their memory would be to do a blood test for B12 deficiency and thyroid function. He'd also run a Gamma GT blood test to check for alcohol consumption (known in the profession as the Gin and Tonic test). Then he would check for infections – which can cause confusion and even hallucinations – and look at kidney function.

It's also important to screen for depression, which causes memory loss – partly because the brain has less serotonin and partly because a depressed person is not storing memories effectively. The symptoms can be scarily similar to dementia, although Professor Robin Eastwood, a consultant psychiatrist who runs the memory clinic at the Nuffield Hospital in Plymouth, reckons he can tell within 15 to 30 minutes whether it's dementia or not.

"Often they are just depressed, so their concentration is not as ►





◀ good as it should be,” he says. At the clinic he gives a number of tests for dementia, including the Mini Mental State Examination (also given by some GPs). Normal people would score 29 or 30 out of 30, those with mild cognitive impairment might score 25-27 and those with dementia 23 or 24.



For more about your mind and how to look after it, go to

[www.saga.co.uk/memory](http://www.saga.co.uk/memory)

There is a telling part of MMSE. “The person is given three objects and told to repeat their names back,” he says. “Then they’re given another test – such as spelling World, then spelling it backwards. Then they’re asked to repeat the names of the three objects given to them five minutes ago. Those with early dementia may remember only one, or none – or perhaps not remember the objects at all. Those who are fine

will probably remember them all.”

Quite how the Joe in our joke would fare is a moot point; once you forget your wife’s name – which should be indelibly carved in the tree branch known as semantic memory – it’s usually a sign of trouble. It’s time he saw a GP. **Where Did I Leave My Glasses?** by Martha Weinman Lear is published by JR Books at £12.99, or buy it post-free through Saga Books for £11.49, see page 168

**HOW TO IMPROVE YOUR MEMORY**

- **Stop multi-tasking: the ageing brain isn’t good at it. To remember something later you have to store it effectively first. So concentrate on the thing you want to be able to recall.**
- **Be an active learner: listen hard, take notes if necessary, even invent acronyms or mnemonics if it helps. Give yourself time to absorb new information.**
- **Take exercise. Studies show aerobic exercise increases the levels of a chemical (BDNF) that helps you learn something new.**
- **Use repetition and association; associate people’s names with places or with images (Mary Smith becomes marry a blacksmith).**
- **Don’t force it; memory can’t be forced and anxiety harms the process.**
- **Make lists, the ageing frontal lobes’ best friend.**
- **Eat wisely. The heart-healthy diet (low in saturated fat, high in fruit, vegetables and pulses) is also brain-healthy.**
- **Be sceptical about dietary supplements; there’s no decent evidence for them.**

**CASE STUDY**

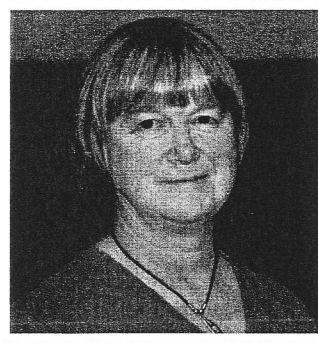
Nightmare for a woman who mistakenly believed she had early onset Alzheimer’s

**Paediatric physiotherapist Ann Sumra, 59, from south west London, was convinced she had early onset Alzheimer’s when her memory began to fail, but the reality turned out to be very different.**

“I’d had periods of what I can only describe as ‘brain foginess’ since my forties, but I put it down to looking after three teenage children and working too hard in my job at a school for children with learning disabilities. But it really began to get bad in 2004, when I was struggling to write reports because I couldn’t remember the children. I was also finding it really hard to add up.

“I remember one day at my sister-in-law’s, we were playing a card game where you’d score by adding in fives and I simply couldn’t manage it, even though I have A-level maths. In the

**Ann Sumra: ‘I was only 54 but I had to give up work’**



end I burst into tears and told her I just couldn’t do it.

“Driving became hard work: I’d set off then forget where I was going and why. Conversations were difficult to follow because I couldn’t process what people were saying. Amid the tears, I said to my husband that either I was going mad or I had early onset Alzheimer’s. I was only

54, but I had to give up work and became very depressed.

“Then in 2006 I started getting visual problems and because I’d had a blood clot once before I was put on warfarin to thin my blood – which is measured on a scale from zero upwards. A normal person might have a measurement of one, which means it takes one second for their blood to clot. But in my case, the doctors were aiming for level 2 or 3. Once, I went up to 4 by mistake and it was like a miracle: suddenly the brain fog cleared.

“It turns out I have Hughes Syndrome, where antibodies in the blood make it too sticky, which was causing this foggy brain. I now get three or four good days in seven and feel very blessed that I don’t have Alzheimer’s and can live a fairly normal life.”

For more details, see [www.hughes-syndrome.org](http://www.hughes-syndrome.org)