



Is it menopause or is it aging? Dr. Weinblatt explores the changes in memory that occur with age. He gives an excellent description of what is normal, what isn't and some simple things to do to improve/preserve memory.

— Beverly Vaughn, Director of the
“Menopause and You” Program



Fred M. Weinblatt, MD
Paoli Hospital Neurology
Paoli and West Chester
locations

Overview

In the not too distant past we knew certain facts regarding menopause, hormonal replacement therapy and aging as they relate to memory. Everyone knew that menopause makes women forgetful. Everyone knew that hormonal replacement therapy helped these forgetful post-menopausal women. Everyone knew that the actress Rita Hayworth suffered from a rare disease when she developed the symptoms of Alzheimer's disease at age 54. Everyone knew that it was perfectly normal to lose memory as we got older. We were wrong!

Menopause and Memory

It is a commonly held notion that women become scatterbrained and forgetful along with the other symptoms of menopause. This perception arose from cross-sectional scientific studies in which women self-reported increased forgetfulness in the transition to menopause. However two recent scientific studies examined memory function longitudinally over time. One study reported from Chicago in 2003 found that perceptual speed and working memory (manipulating two or more pieces of data simultaneously) actually improved slightly over time! How then do we explain the perception of memory loss in menopause? Other factors such as anxiety, depression, work and marital stress, distraction and an overload of things to remember likely contribute to what has been popularly called *menopause minutes*.

Hormones and Memory

Menopause involves the loss of the hormone estrogen. There are abundant estrogen receptors within the brain. When estrogen acts in the brain it can lead to production of nerve growth factors as well as enzymes that facilitate the transmission of nerve signals. It would therefore seem intuitive that estrogen replacement would improve memory function and protect against developing dementia. However this was not what the Women's Health Initiative Memory Study (WHIMS) found. WHIMS is an arm of the larger Women's Health Initiative (WHI) study that was started in 1992 to study the effects of estrogen and estrogen-progesterone combination therapy in protecting postmenopausal women from heart disease, breast and colorectal cancer and osteoporosis. The scientists of the WHI study stopped the combination therapy in July 2002 because women taking estrogen and progesterone had higher risks of heart attacks, breast cancer, strokes and blood clots (although lower risks of colorectal cancer and fewer fractures).

In May 2003 the scientists taking part in WHIMS reported that women over age 65 taking combination estrogen-progesterone were twice as likely to have symptoms of dementia compared to those women not taking hormones.

The study also found that combination therapy did not protect against the development of Mild Cognitive Impairment (MCI), a less severe form of memory loss. In February 2004 the women participating in WHI who were taking estrogen alone were instructed to stop estrogen due to an increase in stroke risk and no benefit for heart disease. Most recently a similar but slightly weaker trend toward an increased risk of dementia was found in the group of women taking estrogen alone. In the light of these studies, if you are taking hormone replacement therapy you should contact your prescribing physician to discuss the reasons that you have been prescribed menopausal hormones and your individual risk profile.

This is intended as an information resource providing guidelines for women. As always, check with your own healthcare practitioner with your specific concerns and questions.

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MCI Versus Alzheimer's Disease

Mild forgetfulness and slower mental processing may be a normal part of aging. Older individuals may need more time to learn a new fact or remember an old one. It may be perfectly normal to forget where you put your car keys; it is distinctly abnormal to forget what to do with them! Scientists are becoming increasingly interested in the condition known as Mild Cognitive Impairment (MCI). MCI is characterized by marked forgetfulness but no other manifestations of dementia. Scientists initially felt that MCI was benign and did not progress to Alzheimer's disease (AD). More recently, however, we believe that MCI is a very strong risk factor for Alzheimer's disease with 10% of MCI patients converting over to AD each year. We currently have medications that improve memory, behavior and functioning for Alzheimer's disease patients. Since scientists believe that the pathological changes of Alzheimer's disease begin 20 years prior to the onset of symptoms, it would be ideal to have some marker that would predict which individuals with MCI are destined to evolve into AD. This would allow physicians to decide which patients would possibly benefit from early intervention with medication.

The two strongest risk factors for Alzheimer's disease have been age and a positive family history in a first degree relative. Now scientists have reported the predictive value of testing smell in patients with MCI. The study reported in December 2004 found that MCI patients who failed to identify 10 particular odors (lilac, lemons, leather, pineapple, strawberry, smoke, soap, menthol, clove and natural gas) were more likely to develop Alzheimer's disease than people who could smell them. Additional studies are needed to confirm these important observations.

Recently one of the medications used to treat Alzheimer's disease was found to delay but not prevent the progression from MCI to AD. As noted earlier, the WHIMS study found no evidence that estrogen

with or without progesterone was of any benefit in MCI but did suggest that estrogen increased the risk of Alzheimer's disease. Since estrogen and estrogen-progesterone in combination have been shown to increase the risk of stroke in menopausal women it follows that they would also increase the risk of vascular dementia due to one or more strokes. We can control some of our risk factors but not others (such as age and family history).

What else can be done to help memory?

- Write things down; keep lists
- Put frequently used items in the same place each time
- Repeat important information over and over again
- Place objects in spots that trigger memory
- Review photo albums when you expect to see people after a long gap
- Stay active physically and mentally

What are the possible warning symptoms of Alzheimer's disease?

- Memory loss that affects job skills
- Difficulty performing familiar tasks
- Language problems
- Disorientation to time and to place
- Poor judgement
- Problems with abstract thought
- Misplacing things repeatedly
- Paranoid thinking
- Changes in mood, behavior or personality
- Lack of initiative

If you or a family member is concerned about your memory or thinking in general, make an appointment to see your doctor and take someone with you to help provide information that you may not remember. While only some forms of memory loss can be cured, many are treatable.

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For more information, please call toll-free, 1-888-876-8764, email whs@mlhs.org, or click on the “Links to Other Helpful Resources.”

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