

An article taken from the **Menopause and You** online program

Memory Disorders & Prevention



Dr. Charles Breish takes us through the memory concerns that affect us all. As a geriatrician, his perspective and insight is very valuable.

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The fastest growing segment in the Main Line Health area is the 65 and older population, according to the 2009-2010 community health assessment conducted by Main Line Health. In addition, more than 30 percent of adults care for an older adult with a long-term disability or illness. This statistic has a real impact on women, as many of them assume the role of managing both their parents' care and their children's. For women in their peri- and post-menopausal years, the stress of taking care of their family while potentially putting their own health needs last feels very real, and they themselves may complain of feeling memory loss.

As a geriatrician, I often hear memory complaints among this very aging population. Usually memory complaints fall within two categories: people who say they feel like their memory is going in passing and people who have memory problems that cause actual dysfunction in their lives. The memory problems that come

with normal aging have to do with processing, or the speed in which things come to you. For instance, it may take more time to recall a person's name or recent event. Pathologic memory problems, on the other hand, interfere with your ability to do routine tasks like balancing your check book or answering the phone.

There is no proven link between menopause and serious memory dysfunction. However, to many women, this phenomenon still hits home. Sometimes, cognitive function is rooted in the stress they experience in their daily lives. Other times, there are indicators of mild cognitive impairment or dementia.

Memory Disorders

Most memory problems encompass two main disorders: mild cognitive impairment and dementia.

Mild Cognitive Impairment: As we age, we can become more forgetful. This could take the form of not remembering a particular phone number, losing things often, forgetting certain words or having difficulty doing routine things that previously

were easy for you. People with mild cognitive impairment (MCI) tend to exhibit more memory problems than other people their age, however, the condition is not as severe as dementia.

Dementia: The National Institute on Aging defines dementia as the loss of cognitive functioning like thinking, remembering, and reasoning, as well as behavioral abilities that interfere with daily life. Signs of early stages of dementia include problems with word finding, vision and spatial issues, and impaired reasoning or judgment. A person with dementia may have troubles recognizing a stop sign, for example, or rearrange letters in their mind.

Alzheimer's: is the most common form of dementia and is more prevalent in women than in men. According to the National Institutes on Aging, Alzheimer's is an irreversible and progressive brain disease that slowly destroys thinking skills and memory. It impairs patients to carry out simple tasks and interferes with daily life and activities. Treatment for Alzheimer's include medications that give temporary improvement of memory loss that has already occurred.

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The best thing for dementia prevention or slowing down the progression of dementia is to keep your mind stimulated and mentally active.

The prevalence of dementia is increasing by virtue of fact that is a disease of aging, however, it is not a normal part of aging or the aging process. The prevalence of dementia doubles every 5 years after age 65. By the time you are 90, you have a 40 percent chance of developing dementia. It is very rare to impact someone younger than age 60, especially in menopausal women.

Cognitive Function Diagnoses

Patients with dementia may become more emotional or exhibit a mood disorder, such as depression. A mood disorder can both worsen dementia and lead to pseudo-dementia where they don't feel motivated enough to say they can remember things. The most sensitive indicator of developing dementia is having dysfunction in daily activities.

It is common for perimenopausal and post-menopausal women to take care of their aging parents, who may be exhibiting signs of dementia. If so, it is important to bring these things to the

attention of the physician who can counsel you through what to expect and the progression of the disease in your parent.

Dementia can be managed by a primary care physician, neurologist, or a geriatrician. There are medications out there that mildly help improve memory function in about a third of the patients who take them. A lot of people get some symptomatic relief when they get these medications.

If you are worried about your memory or memory loss within a loved one, talk to your physician. In addition to checking memory, problem solving, counting and language skills, the doctor may also review the patient's medicines and test blood and urine. The physician may prescribe a brain scan that will show normal and problem areas in the brain.

Prevention

The best thing for dementia prevention or slowing down the progression of dementia if diagnosed is to keep your mind

stimulated and mentally active. Activity that helps you stay stimulated will help your memory. Socializing is helpful as well because we get stimulation from interactions with other people. It also is helpful for your mind and memory to eat nutritious foods, exercising, stopping smoking and controlling your blood pressure. In addition to these, you can also try the following activities to exercise your brain:

- Doing a crossword puzzle
- Reading
- Writing an essay
- Cooking
- Volunteering
- Spending time with friends and family

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