

SYMPTOMATIC APPROACH IN GERIATRICS

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Editor



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Loss of memory

Anand P. Ambali

Introduction:

Memory is one of the domains of cognitive function. The memory process is complex in nature. The five domains of cognitive function are language, orientation, attention, concentration and executive function.

After pain in the joints, constipation, insomnia and breathlessness, memory disturbances / loss is the most common problem reported by older people in my geriatric practice. Memory impairment to some extent is common as we grow old.

The peculiarities of memory loss in older people are

- 1) Perform slower on timed tasks
- 2) Reaction time is slower
- 3) Remember the things after some time
- 4) Either exacerbate or hide the memory deficiency
- 5) Does not lead to functional impairment
- 6) Learning is intact
- 7) Forget the name but recall later
- 8) Keep record "to do" things.
- 9) Getting confused about the day of the week but figuring it out later.

These memory related changes are manageable and do not disrupt their ability to work.

Classification

Memory is classified in to

The memory impairments are in following forms

- 1) Forgetting names
- 2) Misplacing things
- 3) Deficits in recall and recognition
- 4) Deficits in verbal and nonverbal new learning
- 5) Inability to perform complex tasks

The impact of these impairment is:

- 1) Difficulty in finding right words in conversation
- 2) Loss of personal belongings
- 3) Forgetting appointments
- 4) Not taking medications correctly
- 5) Forget newly learnt information
- 6) Getting lost in unfamiliar surroundings
- 7) Difficulties in handling finances. The common example that w
across is paying salary twice.
- 8) Procedural activities like driving, cooking and use of ele
equipment's.

Screening tests

The Screening tests which are recommended in older people memory loss are Mini Mental Status Examination (MMSE), Mo Cognitive Assessment (MOCA) and Mini- Cog (Clock Draw Test + item recall).

The remote memory and procedural memory remains unaffected healthy ageing.

Investigations

- 1) Complete blood count
- 2) Thyroid profile
- 3) Serum Vitamin B12
- 4) C T Scan of Head

- 5) HbA1c
- 6) Electrolytes & Calcium
- 7) Human Deficiency Virus
- 8) VDRL

Red flags

Following are the red flags that can be encountered. If they are present a detailed evaluation is mandatory.

- 1) Forgetting a name of close family members and unable to recognise himself.
- 2) Repeat themselves in conversation, like asking the same question even when it had previously been answered.
- 3) Difficulty in ability to perform everyday tasks
- 4) Social withdrawal and apathy
- 5) Getting lost in familiar places
- 6) Keep things in inappropriate place – Keeps car key in refrigerator
- 7) Declining sense of smell.
- 8) Incontinence and immobility

Treatment

There is no treatment of memory loss in older people of physiological origin.

The reversible causes can be treated accordingly.

Prevention

There are many ways to keep memory intact in old age.

The stress leads to decrease in cognitive performance. Cognitive resilience helps to overcome negative effects or stress on cognitive functioning.

Brain exercises like cross word puzzle, solving sudoku, acquiring a new skill, playing chess, cards, learning new things like language, operating computer enhance memory skills.

Measures like using left hand for daily chores such as brushing teeth and drinking tea keeps brain active.

Regular exercise in form of walking is found to be protective in retaining memory. Consumption of fruits and vegetables regularly prevents memory loss. Volunteering at a local school or community organization will keep the mind active. Adequate sleep delays memory loss. Clapping for five minutes daily will also help keep brain active.

The yoga asanas that are found to be beneficial in improving memory are 1) *Sirsasana* (headstand), 2) *Bakasana* (Crane Pose) 3) *Padmasana* (Lotus Pose) 4) *Padahasthasana* (Standing Forward Bend), 5) *Sarvangasana* (Shoulder Stand Pose) 6) *Halasana* (Plow Pose), 7) *Paschimottanasana* (Seated Forward Bend), 8) *Tadasana* (Tree Stand Pose).

Control of blood pressure, blood sugar levels and cholesterol levels will delay onset of memory loss. By stopping smoking and alcohol consumption, it prevents further loss of memory.

Maintaining social interactions helps keep memory intact.

Hearing aids and spectacles need to be used regularly. It is difficult to gain knowledge if you can't see or hear well.

Conclusion

The older people descriptions of their memory failures are poor indicators of the objective abilities. Early intervention and diagnosis may help improve understanding of the impacts of neurocognitive disease on patients and families, and thus improving their quality of life.

Memory loss is not synonymous with dementia. The older people adapt to memory impairment and being unaware by relatives till a major problem of hiding memory loss surfaces.

The loss of memory either subjective or objective causes immense anxiety in older people.

The age-associated memory loss does not impact day-to-day life chores and though it is annoying but not disabling.

Differences between physiological and pathological memory loss. (Harvard Medical School, WHO, AIIMS, MOFW).	
Age related memory loss	Need consultation
Sometimes search for words.	Use the wrong words — "stove" instead of "table," for example.

It takes a little longer than normal to complete tasks at work but can still finish them.	Struggle to perform job responsibilities. Have trouble following a series of steps or instructions.
Can't find car keys.	Can't remember how to drive.
Have to focus a little more on conversations in a noisy environment.	Cannot follow conversations at all when there is background noise or other distractions.
Lose temper a little more easily during an argument.	Scream at their partner often, and for no reason.
Misplace house keys from time to time.	Always seem to be losing keys and other everyday items, and they turn up in strange places — such as in the refrigerator.
Forget what they ate for dinner last night but remember as soon as someone gives you a hint.	Forget what they ate for dinner last night and no reminders can jog their memory.
Have trouble deciding which entree to choose at a restaurant, but ultimately make their choice.	Find it impossible to decide what to eat, choose what to wear, or make other daily decisions.
Drive a little slower than used to.	Very slow to react behind the wheel, and often miss stop signs or red lights.
It takes a little longer to answer the phone.	Don't recognize when the phone is ringing, and that need to answer it.
Usually able to use notes	Gradually unable to use notes
Able to care for self	Gradually unable to care for self
Able to follow written or spoken instructions	Gradually unable to follow instructions

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