Missing memories, fading lives

Everyone has “senior moments” where we just can’t access something that we KNOW we know. As we and our loved ones get older, how do we know when we need to be concerned about memory or thinking?

First, let’s start with some definitions. Cognitive impairment refers to loss of memory and reduction in the ability to perform familiar tasks. As the decline becomes more severe, a person can be said to have dementia, which must also include the loss of ability to function in social, occupational or other settings. Alzheimer’s disease is a particular kind of dementia associated with a buildup of abnormal proteins, called plaques, in the brain.

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What are the risk factors for Alzheimer’s? First, it is age. The likelihood of developing Alzheimer’s doubles every five years after age 65 and reaches almost 50 percent by age 85. Another risk is the presence of Alzheimer’s in parents, brothers or sisters. Particularly if there is more than one family member with Alzheimer’s, there might be a genetic or common environmental exposure that increases risk. It is important, however, to understand that memory loss with aging is NOT normal. Equally important is identifying memory loss at its earliest stages because treatments are most effective when given early - more about treatment later.

Let’s start with what is normal compared with what might be a sign of cognitive impairment. Let’s face it; as we age it sometimes takes a little longer to access information from our memory banks. Forgetting names of people or things and sometimes forgetting appointments, but remembering them a little bit later, is normal. However, forgetting recently learned materials or asking for the same information over and over again is a particularly worrisome sign of memory change. Difficulty completing familiar tasks at home, at work or at leisure can signal cognitive decline. People with cognitive impairment might have trouble following or joining a conversation. They might repeat themselves or stop in the middle of a conversation and have no idea how to continue. People with dementia can lose track of dates, seasons and the passage of time. Sometimes they might forget where they are or how they got there. However, getting confused about the date or day of the week, but figuring it out later, is probably normal. People with dementia might develop poor judgment when dealing with money or suffer a decline in personal grooming. There might be problems with visual images or relationships in space. For example, they might pass a mirror and think someone else is in the room, not recognizing their own reflection. Misplacing things from time to time is normal, but putting things in unusual places or being unable to go back over their steps to find something that is misplaced might signal cognitive impairment. People with dementia might accuse others of stealing.

Withdrawing from hobbies, social activities, work projects or sports is a worrisome sign. Also important is a change in mood or personality, such as becoming confused, suspicious, depressed, fearful or anxious. People with dementia might be easily upset when they are out of their “comfort zone.” New-onset depression in older people who have never been depressed is associated with a higher risk of cognitive impairment and dementia.

Warning Signs of Alzheimer’s

1. Memory loss.
2. Difficulty performing familiar tasks.
3. Problems with language.
4. Disorientation to time and place.
5. Poor or decreased judgment.
6. Problems with abstract thinking.
7. Misplacing things.
8. Changes in mood or behavior.
10. Loss of initiative.
Letter from the director

Leslie J. Crofford, MD
Gloria W. Singletary Chair
Chief, Division of Rheumatology
Department of Internal Medicine
Director, Center for the Advancement of Women’s Health

The focus of this issue of “Advancing Women’s Health” is near to me and my family as Alzheimer’s disease has affected us greatly. I want to thank Dr. Gregory Jicha and the UK Sanders-Brown Center on Aging and its Alzheimer’s Disease Center (www.mc.uky.edu/coa) for helping us to prepare this issue and also for their ongoing commitment to understand memory loss and develop new treatments to prevent or delay its consequences. As you know, the Center for the Advancement of Women’s Health is focused on prevention and early detection of chronic diseases, so we hope you will be able to apply the information we have provided to improve the brain health of your family and friends.

Winter is a time of short days and cold weather that sometimes makes it more difficult to perform the healthy exercise that helps us to prevent chronic diseases such as high blood pressure, diabetes, heart disease, arthritis and even cancer. At this time of year, I often try to focus on another health-promoting activity – cooking. It is very clear that healthy eating is easier when we prepare our own meals rather than eating out or eating packaged or prepared foods. The cold winter months are a perfect time to spend time in the warmth of the kitchen. Last winter, I made the commitment to learn how to make new and different types of soups. I’ll admit that my mother did not enjoy cooking and that I have not been a terribly inventive cook - but I can learn. I had some really disastrous results last year, but I plan to build on those experiences to get better this year. As always, plenty of colorful vegetables, lean meats and whole grains make for healthy eating. A list of brain foods compiled by Mary Johnson appears on page 5 of this newsletter. These are foods that we can all try to incorporate into our meals.

Finally, I hope you all enjoy the graphics and format of our newsletters. They are designed by Kathleen Sauer of Lumins Associates. Kathleen has worked with the Center for the Advancement of Women’s Health and the Kentucky Women’s Health Registry since we began. She is responsible for our website (www.mc.uky.edu/womenshealth) as well as all our publications. You can find the current newsletter and all our past newsletters on the website. Please visit our website to stay informed about the activities of the center and for links to many other useful health sites. You can also stay informed about the registry (www.mc.uky.edu/kyhealthregistry) and complete your annual survey online. Many thanks to her for brightening up our communications. I hope you will share them with your friends and family.

WINTER/SPRING HEALTH AWARENESS DAYS

January is Cervical Awareness Month
February is National Heart Month
March 10 is National Women and Girls HIV/AIDS Awareness Day
April is Sexual Assault Awareness and Prevention Month
and Women’s Eye Health and Safety Month

If you want more information on these observances, view them online at www.cdc.gov/women/observances/index.htm.
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When assessing memory loss, don’t be fooled by long-term memory. People with dementia might have very clear recollection of things that happened years ago. Look for repetitive speech or problems remembering things that just happened. People with dementia forget that they forget.

Are women at higher risk for developing cognitive impairment or dementia?

The studies are a bit confusing. The diagnosis of mild cognitive impairment is made less often in women than in men, particularly in the oldest age groups (85-89). However, full-blown dementia is more common in women, particularly over the age of 80. Similar to heart disease, research studies suggest that prolonged hormone replacement therapy increases the risk for dementia. One striking fact from the UK Sanders-Brown Center on Aging is that women are more likely than men not to want cognitive impairment to be addressed. The reasons for this are unclear, but it is important for women to recognize that treatments are available, and more treatments are on the way.

Another issue to be addressed is caregiving for those with cognitive impairment and dementia. There are safety concerns about taking medications. Anyone with cognitive impairment should have a pillbox to organize medications. Driving might become difficult, and this is a very difficult discussion for a family. People with cognitive impairment will certainly fear a loss of independence, but there are concerns about a family member getting lost driving or being an unsafe driver. Women with cognitive impairment

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KEY QUESTIONS

Here are some key questions to ask if you suspect a family member or friend might have cognitive impairment. Does your family member:

1. Have problems with judgment (problems making decisions, bad financial decisions, problems with thinking, etc.)?
2. Show less interest in hobbies or activities?
3. Repeat the same things over and over (questions, stories or statements)?
4. Have trouble learning how to use a tool, appliance or gadget (computer, microwave, remote control)?
5. Forget the correct month or year?
6. Have trouble handling complicated financial affairs (balancing checkbook, income taxes, paying bills, etc.)?
7. Have trouble remembering appointments?
8. Have daily problems with thinking or memory?

If you answered yes to more than two of these, you should discuss possible cognitive decline with your family member’s physician. Why is this important? First, there might be medical problems causing cognitive decline that are treatable. These include vitamin B12 deficiency, thyroid problems or other brain problems that are not Alzheimer’s disease but reversible dementia.

ONE STRIKING FACT

from the UK Sanders-Brown Center on Aging is that women are more likely than men not to want cognitive impairment addressed.
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or dementia might have difficulty in the kitchen; forgetting about a stove or an oven can cause serious safety issues. Significant numbers of caregivers have to make changes in their lives, including adjusting their work schedules or even giving up work entirely.

What can be done?
For cognitive impairment and early Alzheimer’s, a group of drugs called cholinesterase inhibitors (Aricept, Exelon, Razadyne) can be used. These medications keep a brain chemical called acetylcholine high, which helps brain cells communicate better. They can delay memory worsening for six to 12 months in some people and are tolerated fairly well. For people with more advanced Alzheimer’s, Namenda is approved and is a different type of drug that works on a different brain chemical (glutamate). In addition to treatments specific for dementia, there are medications that can treat the psychiatric symptoms such as depression, agitation, aggression or sleep problems. It is important to know that research is ongoing to find treatments to delay or reverse the process of Alzheimer’s disease. In Kentucky, the UK Sanders-Brown Center on Aging is conducting clinical studies on dementia treatments. There are a number of other resources to learn more including the Alzheimer’s Association (www.alz.org) and the National Institutes of Health Alzheimer’s Disease Education and Referral Center (www.nia.nih.gov/alzheimers).

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**BRAIN FOOD**

The brain is a very intricate part of the human anatomy. It is the processing center for every single action that takes place on a daily basis. As with any other part of the body, it needs to be exercised, stimulated and rested in order for it to hit on all cylinders. But none of that can even be possible if the brain does not have the right nutrition.

**O mega-3s**
O mega-3 fatty acids are essential fats that the body is not capable of producing on its own, yet they are important for daily functions. The brain is highly composed of fatty tissue. That is what makes O mega-3 fatty acids a good brain food. They can be found in cold-water fish such as salmon, mackerel, herring and tuna. You can also get them from walnuts and flax seeds. As an added benefit, this type of fat can also reduce your risk for high cholesterol.

**Greens**
Greens are used in various ways such as for salads, juices and garnishes. One particular kind of green that’s healthy for the brain is spinach. Spinach is high in iron, fiber, vitamin A, vitamin K and folate, and it even has a generous amount of protein for a vegetable. If that’s not good enough, it also helps to reduce declines in brain function related to the aging process and to reduce oxidative stress.

**Eggs**
Eggs have faced quite a bit of scrutiny over the years for their high cholesterol content. But as time went on, they have been heralded as a superfood that should be eaten at least in moderation. When it comes to the brain, they have a couple of redeeming attributes. First, they are a complete protein because they have all the essential amino acids. Amino acids are pivotal for the proper functioning of all the cells in the human body. Secondly, they have a substance in them called “choline” that is beneficial to memory and brain motor function.

**Avocados**
Avocados are technically a fruit but are often mistaken for a vegetable. Regardless, they are shaped like a pear, and they pack quite a healthy punch when it comes to the brain. They are a source of monounsaturated fats. These fats, along with omega-3s, are healthy, and they promote blood flow and circulation to the brain. As an added benefit, they can also keep blood pressure regulated.

**Berries**
Blueberries are said to be the No. 1 antioxidant fruit. Antioxidants kill free radicals in the body that have a tendency to clump together and cause disease. They also help increase brain capacity; they improve motor skills and they help promote memory. Another thing they are known for is promoting healthy eyesight.

Read more: [www.livestrong.com/article/ 17696-list-brain-foods](http://www.livestrong.com/article/17696-list-brain-foods)

- Mary Johnson, Project Manager, Kentucky Women’s Health Registry

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Follow me to page 8 for ways to exercise your memory!
The Kentucky Women’s Health Registry needs about 1,500 women to reach our goal before March 2012.

As you know, this study collects self-reported health information from the women in the study. The survey can be completed online in about 20 minutes or on paper (for a paper survey call 1-800-929-2320 and leave your name and address). Joining the registry is free. We ask you to return each year to fill out a new survey to give researchers real insight into what sorts of problems, such as chronic pain and stress, affect health as you age.

Upcoming for registry participants

We are putting the finishing touches on age-specific health recommendations for women. Visit our website soon and print off the suggested screenings and preventions for your age! They will also be made available to you when you complete an online survey and mailed to you if you fill out a paper survey.

How many women in your Kentucky county have registered for the registry?

Check out our interactive online map at www.kywomensregistry.com to learn more. Encourage your friends, family and neighbors to participate in the registry and increase the number of participants in your county!

Your action can help researchers find answers to women’s health issues.
Clinical research studies are scientific investigations in which people participate as volunteers to test drugs, devices or medical procedures. Controlled, scientific studies are necessary to help answer specific health questions and to develop safe and effective therapies. Please consider taking part in any clinical trial that relates to you.

Have you been prescribed a new medicine for rheumatoid arthritis?

Researchers at the UK College of Nursing are conducting a research study to evaluate a process of decision-making used by patients with rheumatoid arthritis as they decide to take medications for this disease. Contact person and research coordinator: Elizabeth Salt, ARNP, PhD. Phone: 859-433-5393. Email: egsalt0@uky.edu.

The human biological clock and sleep and fatigue in healthy volunteers

Researchers at the UK Division of Rheumatology are conducting a research study to evaluate a process of decision-making used by patients with rheumatoid arthritis as they decide to take medications for this disease. Contact person and research coordinator: Elizabeth Salt, ARNP, PhD. Phone: 859-433-5393. Email: egsalt0@uky.edu.

For any of the previous studies, you can also call UK Health Connection (toll free) at 1-800-333-8874.

Clinical trials website links:

For more information on clinical trials at the University of Kentucky: www.ccts.uky.edu/RMatch/

For more information on clinical trials at the University of Louisville: www.clinicaltrials.gov/ct/search?term=University+of+Louisville

National listing of clinical trials: www.clinicaltrials.gov

Can I volunteer for a clinical study? What is involved?

Find the answers to these and other questions on our website: www.ccts.uky.edu/RMatch

Studies at the UK Clinical Research Organization:

Understanding the Emotions of Caregivers in Kentucky

Researchers in UK’s Gerontology Department are conducting a research study to compare treatments with medications on participants who have gout along with a history of cardiovascular diseases, stroke or diabetes mellitus. You might be eligible for this research study if you are 55 and older; have diabetes mellitus or a history of heart disease or stroke; and have a history of acute arthritis with redness and swelling over one or more joints. Please contact Mary Johnson at 859-323-1377 for further information.

Contact person and principal investigator: Adah Carter, M.A. Phone: 859-252-8212 or 859-537-6127. Email: adah.carter@uky.edu.

Gout study

Researchers in the UK Division of Rheumatology are conducting a research study to compare treatments with medications on participants who have gout along with a history of cardiovascular diseases, stroke or diabetes mellitus. You might be eligible for this research study if you are 55 and older; have diabetes mellitus or a history of heart disease or stroke; and have a history of acute arthritis with redness and swelling over one or more joints. Please contact Mary Johnson at 859-323-1377 for further information.
Exercise your memory

Whether you are working to keep your own memory sharp or are a caretaker looking for options to help someone maintain brain function, there are plenty of activities available that are fun and effective.

**ONLINE GAMES:**

1. AARP has free online brain games, as well as sudoku, word games, card games and sports games. There are even multiplayer games. Go to their website: [games.aarp.org](http://games.aarp.org).

2. Memory games online—play games to sharpen your brain: [www.minddabble.com](http://www.minddabble.com).


4. Designed by neuroscientists at Stanford University and Harvard University, Lumosity exercises improve core cognitive functions. There is a charge for membership, but you can track your progress with their online program at [www.lumosity.com](http://www.lumosity.com).

**OTHER GAMES**
