

Clinical Approach to “I am Forgetting” in Older People

Dr. Anand P. Ambali^{1*}, Dr. Pranay Kumar R. P²

¹MD, PGDGM, FGSI, MSc, FICP, Professor of Medicine & Geriatric Clinic BLDE (Deemed to be University), Shri B. M. Patil Medical College Hospital and RC, Solapur Rd, Bangaramma Sajjan Campus, Vijayapura, Karnataka 586103, India

²Post Graduate Student, Department of Medicine & Geriatric Clinic BLDE (Deemed to be University), Shri B. M. Patil Medical College Hospital and RC, Solapur Rd, Bangaramma Sajjan Campus, Vijayapura, Karnataka 586103, India

DOI: [10.36347/sjams.2020.v08i07.014](https://doi.org/10.36347/sjams.2020.v08i07.014)

| Received: 06.07.2020 | Accepted: 13.07.2020 | Published: 16.07.2020

*Corresponding author: Dr. Anand P. Ambali

Abstract

Review Article

The older people suddenly become aware about their memory when they fail to recognise their relatives or forget where they have placed common items like keys. But after few minutes or hours they remember, this is part of normal ageing. The older person when forgets and does not remember what he has forgotten is a more serious issue and these moments of forgetfulness are noticed by family members over period of time and they too ignore thinking it as part of ageing! The older people consult the physician saying my “memory is weak” or “I am forgetting”. This is a tricky situation for the clinician and family members. A detailed analysis is required only if red flag signs are present. A brief test like “Three item recall test” can be done and depending upon the result, the older people can be rest assured that their memory is good. Some older people hide their memory problems fearing that they will be diagnosed having serious disorders due to which they will be isolated. A psychological disorder like depression is the main cause for loss of memory which is pseudo loss and also mimics dementia, which needs to be remembered. All older person presenting with memory issues should be screened for depression using a suitable scale. The memory loss that occurs over period of time usually suggests organic and chronic disease. While sudden onset of memory loss is seen in a condition called Delirium which needs immediate hospitalisation and evaluation. An attempt is done by the authors here for the benefit of students of medicine, sociology and nursing in approaching an older person when they say “I am forgetting”.

Keywords: Forgetful, Memory, Older people, Approach.

Copyright © 2020: This is an open-access article distributed under the terms of the Creative Commons Attribution license which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use (NonCommercial, or CC-BY-NC) provided the original author and source are credited.

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.

Often the older people visit the clinic and say, ‘look I am forgetting’. After joint pains, constipation, insomnia and breathlessness, memory loss is the most common symptom reported by older people in my geriatric practice. Memory impairment to some extent is common as we grow old.

This article concentrates only on the clinical approach to the older people who present with memory disturbance and not diagnosis of dementia.

The peculiarities of physiological memory loss of ageing 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 of “to do” things.
9. Getting confused about the day of the week but figuring it out later.

These changes are considered benign and these changes do not disrupt their ability to work and do not impair their daily productive function [1].

Memory is classified in to

- A. Immediate (Working memory), recent (Short term) and remote (Long term).
- B. *Episodic memory* refers to the system involved in remembering particular episodes or experiences.

- C. *Semantic memory* is the ability to recall concepts and general facts that are not related to specific experiences (e.g.- understanding that the clocks are used to tell time)
- D. *Procedural memory* is to tell how to do things.
- E. *Psychogenic Memory* loss is where in there is no recall of birth of children or being married [2].

As a person grows old the remote memory, procedural memory and semantic recall are preserved while learning and recall of new information declines.

Risk factors for loss of memory in older people

1. Post cardiac surgery
2. Hypertension
3. Diabetes Mellitus
4. Hypothyroidism
5. Nutritional Deficiency
6. Chronic Obstructive Pulmonary Disease
7. Sleep Apnoea
8. Alcohol, Medication and its side effects
9. Hearing loss
10. Old age
11. Tobacco use
12. Head injury in past

Aetiology

The causes of the memory loss are classified in to reversible and irreversible. The reversible causes are subdural hematoma, normal pressure hydrocephalus, alcoholism, depression, hypercalcemia, vitamin B12 deficiency, thyroid disorders, substance abuse and CNS neoplasms [2].

The irreversible causes or risk factors are stroke, epilepsy, head injury and use of drugs like antipsychotics and anti- cholinergic.

Manifestations

The memory loss can be one of the first or more recognizable signs of dementia. The history from a caregiver, friend or a family member is vital in recognizing memory loss.

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 and learn new things

The impact of these impairments are

The older people will have following difficulties in day to day life which affects quality of life too.

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 and procedural activities like driving, cooking, shopping and use of electrical equipment's.

Clinical Approach

The older people often complain that his or her memory is very weak. I do the detail workup only when the older person is accompanied by a care giver. If the older person has come alone, presenting with the symptoms like forgetfulness, it will not be reliable. Symptoms corroborated by relatives are likely to have more significance [3].

If the older person remembers what he has forgotten after few minutes or hours, then the memory loss is likely due to reversible causes. The history of difficulty in finding words is common and less serious.

People who hear less are prone for memory disturbances to such an extent that they develop behavioural disorders.

Few Screening tests are recommended in older people with memory loss by U.S. Preventive Services Task Force (2014) [4]. They are Mini Mental Status Examination (MMSE), Montreal Cognitive Assessment (MOCA) and Mini- Cog (Clock Draw Test + Three item recall). These tests can be carried in outpatient settings and requires 5 to 25 minutes depending up on the test. These tests are screening tools and when found positive, investigations mentioned below are recommended. These screening tests have their own pros and cons and all the tests need not be applied in a given person. The clock draw test cannot be used in older people residing in rural India. Most of the older people here have never used a watch and hence they cannot draw the time mentioned.

The Three item recall test is recommended in all the older person as first test and if found defective then proceed to MMSE or MOCA. Ask the patient to remember three words and then asking him or her to recall the words three minutes later. This helps in assessing learning, recall and recognition [2].

Two important neurological diseases mainly Delirium and Depression need to be ruled out. Delirium is of acute onset and usually secondary to acute diseases while Depression is chronic in nature.

The remote memory and procedural memory remain unaffected in healthy ageing.

The differences between physiological and pathological memory loss [5] is mentioned in Table-1.

Table-1: Differences between physiological and pathological memory loss. Health beat (2020)

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 them 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 the 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

Investigations

The basic and disease specific investigations are recommended in older people to identify likely cause of memory loss.

1. Complete blood count
2. Thyroid profile
3. Serum Vitamin B12
4. Computed Tomography Scan of Head
5. HbA1c
6. Electrolytes & Calcium levels
7. Human Deficiency Virus (HIV)
8. Venereal Disease Research Laboratory test (VDRL)

Red Flag Symptoms

Following are the red flag symptoms or signs that can be encountered. If they are present a detailed evaluation is mandatory [6].

1. Forgetting names 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
9. Occurrence of symptoms suddenly while visit to an unfamiliar place.³
10. Doing payment twice or more and forgetting to off the gas after cooking.

Treatment

There is no treatment of memory loss in older people of physiological origin. Counselling will help in addressing the issue. The reversible causes can be treated accordingly.

Promotion of memory in old age

There are many ways to keep memory intact in old age. One popular adage to older adults is "use it or lose it," meaning that one must continually engage in and practice an ability or risk losing it.

- The stress leads to decrease in cognitive performance. Cognitive resilience helps to overcome negative effects or stress on cognitive functioning.⁷
- 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 improves memory.
- 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) Sirs asana (headstand), 2) Batasan (Crane Pose) 3) Padma Sana (Lotus Pose) 4) Padahastasana (Standing

Forward Bend), 5) Sarvangasana (Shoulder Stand Pose) 6) Halasana (Plow Pose), 7) Paschimottanasana (Seated Forward Bend), 8) Tadasana (Tree Stand Pose) [8].

- Control of blood pressure, blood sugar and cholesterol levels will delay onset of memory loss. Cessation of smoking and alcohol consumption 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.

Communication with older people with forgetfulness [9]

The students when communicate with older people in community as part of research, are informed to follow communication tips as mentioned below.

1. The older person should not be hurried when trying to speak
2. They should be allowed sufficient time to consider what they want to say.
3. If the older person starts to forget what they are trying to say, the last words or sentence that they spoke should be repeated to give them the cue.
4. Short simple sentences and ones which can be answered by a yes or no should be used.
5. Instructions should be given one at a time.
6. Background noise and distractions should be avoided as far as possible.
7. Eye to eye contact to be maintained during conversation

CONCLUSION

Forgetfulness is not part of normal ageing. The older people's 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.

The clinical approach to "I am forgetting" is simplified here for the benefit of the students of nursing, sociology and medicine in their work related to community-based studies.

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, it is not disabling. Screening for memory impairment in older people when they complain forgetfulness, and providing necessary support and assistance leads to improved overall quality of life.

REFERENCES

1. Seeley WW, Miller BL. Dementia. In Harrison's Principles of Internal Medicine. 20th edition. Editors Jameson JL. 2018. McGraw Hill. USA. 153.
2. Galvin JE .Mental Status and Neurological Examination in older adults. In Hazzard's Geriatric Medicine and Gerontology.7th Edition. Editors Halter JB. 2017. McGraw Hill Medical.USA. 153-169.
3. Leach JP, Davenport RJ. Presenting problems in Neurological Diseases. Neurology. In Davidson's principles and practice of Medicine. 23rd Edition. Editors Ralston S. 2018. Elsevier. China. 1081.
4. U.S. Preventive Services Task Force. Screening for cognitive impairment in older adults. 2014. www.uspreventiveservicestaskforce.org / Page / Document / Recommendation
5. Healthbeat How memory and thinking ability change with age. Harvard Health Publishing. 2020. <https://www.health.harvard.edu/mind-and-mood>.Last accessed on 1/3/2020.
6. National Institute on Ageing. Memory, Forgetfulness, and Aging: What's Normal and What's Not? www.nia.nih.gov. Last accessed on 15/3/2020.
7. Radha M. Dementia Day Care Concepts. In. Principles and Practice of Geriatric Medicine. Editor. OP Sharma. 2015. VIVA publisher. New Delhi. 878-883.
8. Jenarius RG. Nine Yoga Asanas that can boost memory power and keep degenerative diseases at bay. 2018. www.indiatimes.com/health/tips-tricks. Last accessed on 01/3/2020.
9. Dey AB, Krishnaswamy B. Brain ageing and Cognitive Impairment. In. Ensuring Better Health Care for the Elderly, Training Manual for Physicians. Published by Ministry of Health and Family Welfare, Government of India, with financial support from the World Health Organization India Country Office. Developed under the GOI – WHO Collaborative Programme.2008-2009. <http://www.nrhmorissa.gov.in/writereaddata/Upload/Documents/PhysicanmanualforElderlyHealth.pdf> Statement Final/ cognitive-impairment-in-older-adults-screening. Last accessed on 15/02/2020.