

Memory, Forgetfulness, and Aging: What's Normal and What's Not?



Source: https://www.nia.nih.gov/health/memory-forgetfulness-and-aging-whats-normal-and-whats-not rany older adults worry about their memory and other thinking abilities. For example, they might be concerned about taking longer than before to learn new things, or they may sometimes forget to pay a bill. The good news is that these changes are often just signs of mild forgetfulness, which are a normal part of ageing, and are not serious memory problems.¹

What's normal forgetfulness and what's not?

Read and share the infographic from HERE to learn whether forgetfulness is a normal part of ageing. Is there a difference between normal, age-related forgetfulness and a serious memory problem? It's normal to forget things once in a while as we age, but serious memory problems make it hard to do everyday things like driving, using the phone, and finding your way home.

Please talk with your GP to determine whether memory and other cognitive problems, such as the ability to think and learn clearly, are normal and what may be causing them. Signs that it might be time to talk to a doctor include:

- Asking the same questions over and over again.
- Getting lost in places a person knows well.
- Having trouble following recipes or directions.
- Becoming more confused about time, people, and places.
- Not taking care of oneself —eating poorly, not bathing, or behaving unsafely.



Caution: No advice is implied or given in articles published by us. This guide is for general interest only - and should never be used as a substitute for obtaining advice from your doctor or other qualified clinician/medical practitioner or specialist. The facts are believed to be correct as at the date of publication, but there may be certain errors and omissions for which we cannot be responsible. The hyperlinks were active at the date of publication.

¹ https://www.nia.nih.gov/health/infographics/forgetfulness-normal-or-not

Tips for dealing with Forgetfulness

People with some forgetfulness can use various techniques to help them stay healthy and deal with changes in their memory and mental skills. Here are some tips:

- Learn a new skill.
- Follow a daily routine.
- Plan tasks, make to-do lists and use memory tools such as calendars and notes.
- Put your wallet or purse, keys, phone, and glasses in the same place each day.
- Stay involved in activities that can help both the mind and body.
- Volunteer in your community, at a school, or at your place of worship.*
- Spend time with friends and family.*
- Get enough sleep, generally seven to eight hours each night.
- Exercise and eat well.
- Prevent or control high blood pressure.
- Don't drink a lot of alcohol.
- Get help if you feel depressed for weeks at a time.

* During the COVID-19 pandemic, take precautions to protect yourself and others.



Picture Attribution: Drawing (16 July 2008) comparing how a brain of an Alzheimer disease patient is affected to a normal brain, Garrondo, Public domain, via Wikimedia Commons, Public Domain, File URL: https://upload.wikimedia.org/wikipedia/commons/5/5f/Brain-ALZH.png

Mild cognitive impairment²

Some older adults have a condition called mild cognitive impairment, or MCI. It means they have more memory or other thinking problems than other people of their age. People with MCI can usually take care of themselves and do their everyday activities. MCI may be an early sign of Alzheimer's disease ³, but not everyone with MCI will develop Alzheimer's.

Signs of MCI include:

- Often losing things.
 - Forgetting appointments or important events.
- Having more trouble coming up with desired words than other people of the same age.

If you have MCI, it's best to visit your doctor every six to 12 months to track changes in memory and other thinking skills over time. You can change habits and behaviours, and activities to help you maintain memory and thinking skills.⁴

Dementia and Ageing

Dementia⁵ is not a normal part of ageing. It includes the loss of cognitive functioning — thinking, remembering, learning, and reasoning — and behavioural abilities to the extent that it interferes with their quality of life and activities.

² https://www.nia.nih.gov/health/what-mild-cognitive-impairment

³ https://www.nia.nih.gov/health/what-alzheimers-disease

⁴ https://www.nia.nih.gov/health/cognitive-health-and-older-adults

⁵ https://www.nia.nih.gov/health/what-dementia

Memory loss, though common, is not the only sign of Dementia. People with Dementia may also have problems with language skills, visual perception, or in paying attention. Some people also have personality changes. While there are different forms of Dementia, Alzheimer's disease is the most common form in people over age 65. The chart on the next page explains some differences between normal signs of ageing and Alzheimer's.

Spot the Differences compared with Normal Ageing

Normal Ageing versus Alzheimer's: Key Differences

Dementia is a progressive disease that causes the cognitive function to break down abnormally, causing mental and physical symptoms that worsen over time. Normal ageing is much more minor, with changes resulting from a natural slowing or decrease in the efficiency in the body.

Differences between Normal Ageing and Alzheimer's Disease		
Normal Ageing	Alzheimer's Disease	
Making a bad or wrong decision once in a while.	Making poor judgments and decisions a lot of the time.	
Missing a monthly payment.	Problems taking care of monthly bills.	
Forgetting which day it is and remembering it later.	Losing track of the date or time of year.	
Sometimes forgetting which word to use.	Trouble having a conversation.	
Losing things from time to time.	Misplacing things often and being unable to find them.	

Some changes in the ability to think are considered a normal part of the ageing process. We develop many thinking skills that appear to peak around age 30 and, on average, very subtly decline with age. These age-related declines most commonly include overall slowness in thinking and difficulties sustaining attention, multi-tasking, holding information in mind and word-finding. Research indicates that age-related changes in brain structures such as decreased hippocampal, frontal and temporal lobe volumes are a common aspect of ageing that contributes to some thinking changes. However, not all thinking abilities decline with age. In fact, vocabulary, reading, and verbal reasoning remain unchanged or even improve during ageing.⁶

Key Facts about Alzheimer's Disease⁷

- The disease is named after Alois Alzheimer (1864-1915), who first described the pathology of the disease.
- Alzheimer's disease is the most common form of Dementia, responsible for at least 60% of cases.
- The first sign is short term memory loss, which develops to further symptoms, including more severe memory problems, confusion, disorientation, personality changes and problems with language and speech.
- Because it develops slowly, it can often be difficult to recognise.
- The disease affects the brain physically as proteins build up abnormally in the brain. Amyloid-b deposits known as 'plaques' build up around brain cells, and tau 'tangles' form inside brain cells. The result is damage to brain cells and a loss of connections between them. The brain becomes smaller than normal. The image on page 2 shows the difference.
- Alzheimer's is progressive (worsening over time).

Normal Ageing vs Dementia

While some mild changes in cognition are considered a normal part of the ageing process, Dementia *is not*. Normal age-related declines are subtle and primarily affect the speed of thinking and attentional control. In abnormal ageing, declines in cognition are more severe and may include other thinking abilities, such as rapid forgetting or difficulties navigating, solving everyday problems, expressing oneself in conversation or behaving outside of social rules. Abnormal ageing can also include the body's motor system resulting in excessive tripping, falls or tremour. Often, it is difficult to determine precisely when a person should be concerned with cognitive changes they may be experiencing. Symptoms vary from person to person – what is normal for one person may not be so for another, and contributes to doctors' challenges when determining whether what someone is experiencing is a significant *decline* for them or within normal expectations.

⁶ Source: https://memory.ucsf.edu/symptoms/healthy-ageing

⁷ Source: https://www.alzheimers-brace.org/alzheimers-disease-ad/

Information about Memory, Forgetfulness and Ageing

Haywards Heath & District Probus Club

Abnormal Ageing: Mild Cognitive Impairment vs Dementia

Mild cognitive impairment (MCI) and *Dementia* are broad terms that indicate that there is a decline in cognition greater than would be expected for that person's age, education or development. *MCI* means that the cognitive declines do not affect the person's ability to carry out everyday tasks (e.g., shopping, cooking, driving), while *Dementia* indicates those cognitive difficulties are impacting the person's ability to complete daily tasks. The terms MCI and Dementia only tell us the severity of the problem but not the cause; some of the most common causes of MCI and Dementia are Alzheimer's disease, vascular disease, frontotemporal degeneration and Lewy Body disease (where clumps of protein form in the brain).

Symptoms to Watch For

- Getting lost in familiar places
- Repetitive questioning
- Odd or inappropriate behaviours
- Forgetfulness of recent events
- Repeated falls or loss of balance
- Personality changes

Risk Factors for Cognitive Decline

There are several risk factors for Alzheimer's disease and other causes of Dementia. Research suggests approximately 50% of Alzheimer's disease cases may be related to these modifiable risk factors:

- Type 2 diabetes
- High blood pressure
- Midlife obesity
- Smoking

Maintaining Your Brain

Apart from avoiding smoking like the plague, research suggests that the combination of good nutrition, physical activity and mental and social engagement may help in promoting brain health.

- Exercise at a moderately high level of physical activity: exercise facilitates oxygen and growth factors in the brain and helps modulate the brain's immune responses.
- Get routine medical care. Illnesses in your body affect your brain's ability to function optimally.
- Maintain good cardiovascular health (e.g., blood pressure, cholesterol levels).
- **Build social support networks:** it helps reduce stress, challenge your brain, and share the ageing process with other people experiencing the same changes and joys of entering into the latter years of life.
- Keep doing the activities that challenge you and which you enjoy for as long as possible: trying new activities may be a great way to challenge your brain to make new brain connections. Gardening, playing bridge, walking, reading or other activities that are complicated enough to involve your mind but don't add stress to your life are great examples.

A decline in planning and organisation

Changes in language abilities, including

Changes in diet/eating habits

Changes in hygiene

Increased apathy

comprehension

Depression

Little or no mental activity

Little or no physical exercise

•

 Maintain a healthy diet: plan your meals around vegetables and fill in with other foods. Otherwise, as a general plan, eat a variety of foods as close to their natural state as possible.

How is Dementia different from Normal Ageing? 8

Many of us get a little more forgetful as we get older. Most people will need a bit longer to remember things, get distracted more easily or struggle to multi-task as well as they once did. This may become noticeable particularly from middle-age - usually taken as during our 40s, 50s and early 60s - onwards. These changes are normal, but they can be a nuisance (and sometimes frustrating). However, you may worry that these things are an early sign of Dementia. It is important not to worry too much about this. For most people, these changes will result from normal ageing and will not be due to Dementia at all.

⁸ This section is excerpted from information provide bt the Alzheimers's Society, HERE.

What is Dementia, and what are the Symptoms?

Dementia is the term for a group of symptoms that occur when diseases damage the brain. This includes Alzheimer's disease or diseases of the blood vessels that can cause a stroke. These diseases can cause a significant decline in a person's mental abilities or 'cognitive function' - our capacity for things like memory, thinking and reasoning. For a doctor to diagnose Dementia, a person's symptoms must have become bad enough to significantly affect their daily life and not be just an occasional minor irritation.

If a person has worse symptoms than would usually be expected for a healthy person their age, but are not severe enough to significantly affect their daily life, a doctor may diagnose mild cognitive impairment (MCI). MCI is not a type of Dementia, though some people who have it will develop Dementia.

The table on the next page shows some possible changes due to normal ageing and early Dementia. It is important to remember that everyone is different. Not everyone with Dementia will have all of these changes - other conditions may also account for some of them. For example, a person with depression can have problems making decisions, get confused easily and appear withdrawn or irritable.

Comparing the Signs

The table on the next page shows changes for the most common types of Dementia: Alzheimer's disease, vascular Dementia and mixed Dementia (which is usually a combination of these). Less common types of Dementia may lead to early changes that are not shown in the table. These changes could be visual hallucinations (seeing things that are not there) or very disturbed sleep in Dementia with Lewy bodies. Or they could be early changes in personality or behaviour, in frontotemporal Dementia.

CAUTION: Don't use the table to try to 'spot' Dementia in yourself or someone else. If, after reading it you are worried about yourself or someone close to you, visit the GP and talk about your concerns. Dementia can only be diagnosed by a qualified and experienced health professional.

Facts and Figures

Currently, there are approximately 55 million people worldwide with Dementia, with over 60% living in lowand middle-income countries. As the proportion of older people in the population is increasing in nearly every country, this number is expected to rise to 78 million in 2030 and 139 million in 2050. There are almost ten million new cases every year. Alzheimer's disease is the most common form of Dementia and may contribute to 60-70% of cases. Dementia is currently the seventh leading cause of death among all diseases and one of the major causes of disability and dependency among older people worldwide.⁹

Dementia often begins in people over 65 years of age, although up to 10% of cases are early-onset, affecting those in their 30s to mid-60s. It appears to affect women more often than men.¹⁰

Vascular Dementia accounts for at least 20% of all dementia cases, making it the second most common type. It is caused by disease or injury affecting the blood supply to the brain, typically involving a series of mini-strokes.

The symptoms of this Dementia depend on where in the brain the strokes occurred and whether the blood vessels affected were large or small. Multiple injuries can cause progressive Dementia over time, while a single injury located in an area critical for cognition such as the hippocampus, or thalamus, can lead to sudden cognitive decline. Elements of Vascular Dementia may be present in all other forms of Dementia.¹¹

⁹ Source: World health Organization, HERE.

¹⁰ Source: Wikipedia, HERE.

¹¹ Source: Weikipedia, HERE.

Ability	Possible changes due to Normal Ageing	Possible changes due to Dementia
'Short-term' Memory and learning new information	Sometimes forgetting people's names or appointments, but remembering them later.	Forgetting the names of close friends or family, or forgetting recent events - for example, visitors you had that day.
	Occasionally forgetting something you were told.	Asking for the same information over and over - for example, 'where are my keys?'
	Misplacing things from time to time - for example, your mobile phone, glasses or the TV remote - but retracing steps to find them.	Putting objects in unusual places - for example, putting your house keys in the bathroom cabinet.
Planning, Problem- solving and Decision- making	Being a bit slower to react or think things through.	Getting very confused when planning or thinking things through.
	Getting less able to juggle multiple tasks, especially when distracted.	Having a lot of difficulties concentrating.
	Making the wrong decision once in a while.	Frequently poor judgement when dealing with money or when assessing risks.
	Occasionally making a mistake when doing family finances.	Having trouble keeping track of monthly bills.
Language	Having a bit of trouble finding the right word sometimes.	Having frequent problems finding the right word or frequently referring to objects as 'that thing'.
	Needing to concentrate harder to keep up with a conversation.	Having trouble following or joining a conversation.
	Losing the thread if distracted or when many people are speaking simultaneously.	Regularly losing the thread of what someone is saying.
Orientation	Getting confused about the day or the week but working it out later.	Losing track of the date, season and the passage of time.
	Going into a room and forgetting why you went there, but remembering again quite quickly.	Getting lost or not knowing where you are in a familiar place.
Visual Perceptual Skills	Vision changes that are related to cataracts or other eye changes, such as misty or cloudy vision.	Problems interpreting visual information. For example, having difficulty judging distances on stairs, or misinterpreting patterns, such as a carpet, or reflections.
Mood and Behaviour	Sometimes being weary of work, family and social obligations.	Becoming withdrawn and losing interest in work, socialising or hobbies.
	Sometimes feeling a bit low or anxious.	Getting unusually sad, anxious, frightened or low in self-confidence.
	Developing specific ways of doing things and becoming irritable when a routine is disrupted.	Becoming irritable or easily upset at home, at work, with friends, or in comfortable or familiar places.

Source: https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/how-dementia-progresses/normal-ageing-vs-dementia

Worried about your memory?

If you are worried about the state of your memory, you can get a free booklet from Alzheimer's Society designed to help you understand more about memory loss. Download or order your booklet from HERE.

Information about Memory, Forgetfulness and Ageing

Haywards Heath & District Probus Club

Sources and Further Information

- https://www.theguardian.com/science/2020/oct/25/ the-dementia-that-can-be-cured
- https://en.wikipedia.org/wiki/Dementia
- https://www.dailyrecord.co.uk/news/health/alzhei mers-cure-breakthrough-jab-could-25460614
- https://www.medicalnewstoday.com/articles/likelycause-of-alzheimers-identified-in-new-study
- https://www.counsellingdirectory.org.uk/memberarticles/am-i-losing-mymind
- https://www.alz.org/alzheimers-dementia/10_signs
- https://www.fchp.org/caregiverblog/2017/May/Dementia-or-normal-memoryloss.aspx
- https://www.mayoclinic.org/diseasesconditions/alzheimers-disease/indepth/memory-loss/art-20046326
- https://alzheimer.ca/en/about-dementia/do-i-havedementia/I0-warning-signs-dementia
- https://www.nhs.uk/conditions/memory-lossamnesia/
- https://www.nhs.uk/conditions/dementia/
- https://www.nhs.uk/conditions/dementia/about/
- https://www.nhs.uk/conditions/dementia/cure/
- https://www.nia.nih.gov/health/memoryforgetfulness-and-aging-whats-normal-and-whatsnot
- https://www.webmd.com/brain/sudden-memoryloss
- https://www.webmd.com/brain/memory-loss
- https://www.hopkinsmedicine.org/health/wellnessand-prevention/memory-lapse-or-dementia-5clues-to-help-tell-the-difference
- https://www.healthline.com/health/memory-loss
- https://www.health.harvard.edu/mind-andmood/forgetfulness-7-types-of-normal-memoryproblems
- https://my.clevelandclinic.org/health/articles/11826
 -memory-problems-what-is-normal-aging-andwhat-is-not
- https://www.forbes.com/health/healthyaging/memory-loss-causes/
- https://www.alzheimers.org.uk/aboutdementia/symptoms-anddiagnosis/symptoms/memory-loss
- https://www.alzheimers.org.uk/memoryproblems

- https://www.verywellmind.com/what-causesmemory-loss-4123636
- https://medlineplus.gov/ency/article/003257.htm
- https://www.scie.org.uk/dementia/symptoms/diagn osis/early-signs-of-dementia.asp
- https://www.nidirect.gov.uk/articles/ten-commonsigns-dementia
- https://www.geisinger.org/health-andwellness/wellness-articles/2017/03/29/15/00/whento-be-concerned-about-forgetfulness
- https://www.helpguide.org/articles/alzheimersdementia-aging/age-related-memory-loss.htm
- https://www.ip-live-in-care.co.uk/7-stagesdementia/
- https://www.dementiauk.org/getsupport/diagnosis-and-next-steps/what-isdementia/
- https://www.dementiauk.org/aboutdementia/dementia-information/symptoms-ofdementia/
- https://www.ageuk.org.uk/informationadvice/health-wellbeing/conditionsillnesses/dementia/understanding-dementia/
- https://www.ucsfhealth.org/conditions/frontotemp oral-dementia/symptoms
- https://www.cdc.gov/aging/dementia/index.html
- https://www.who.int/news-room/factsheets/detail/dementia
- https://www.nia.nih.gov/health/what-is-dementia
- https://www.alzheimersresearchuk.org/dementiainformation/types-of-dementia/alzheimersdisease/symptoms/
- https://www.alz.org/alzheimersdementia/difference-between-dementia-andalzheimer-s
- https://www.alzheimers.org.uk/blog/differencebetween-dementia-alzheimers-disease https://www.webmd.com/alzheimers/guide/alzheim ers-and-dementia-whats-the-difference
- https://www.bupa.co.uk/newsroom/ourviews/differ ence-between-alzheimers-dementia
- https://www.elder.org/dementia-care/alzheimersrecognising-the-stages/
- https://www.dementiauk.org/aboutdementia/types-of-dementia/alzheimers-disease/

Caution: No advice is implied or given in articles published by us. This guide is for general interest only - and should never be used as a substitute for obtaining advice from your doctor or other qualified clinician/medical practitioner or specialist. The facts are believed to be correct as at the date of publication, but there may be certain errors and omissions for which we cannot be responsible. The hyperlinks were active at the date of publication.