

***When do you say something?  
How to discuss the problem of not remembering***

After not seeing her mother for several months, Lucy went home for a weekend visit. The visit went well and was busy filled with shopping, talking, meals together and visiting other family close by. It wasn't until Lucy began driving home late Sunday night that she began to reflect on several conversations that she had with her mother during the visit. "I bet she told me about Uncle Charlie's bad knee at least three times," Lucy thought. "How many times have I heard that story?" The similar train of thought continued. "She kept forgetting the new neighbor's name and they've lived there for almost a year. It's not like Mom. She used to remember everything without any trouble. She forgot to turn the potatoes on to cook until I reminded her too. I wonder what's going on?"

Lucy decides to talk to her sister about her visit and her mother's troubling behavior. Her sister who sees Mom more frequently agrees that her mother's memory is bad. She even talked to her father about it but he just dismissed it as forgetfulness. "She's fine, just getting older like me," he said. "Don't worry about it." No one has yet found the courage to talk to Mom about it. What should this family do?

Memory loss can occur for a variety of reasons and is common for everyone at one time or another. We all have reasons we forget. A busy, stress-filled life can make one forget an appointment or go to the appointment on the wrong day. Having an illness, a fever, a bladder infection or even malnourishment can affect a person's ability to remember. Medication can affect memory particularly if it has been prescribed for pain and you're feeling a little woozy. It's also common for the individual herself not recognizing the change in behavior or memory. Unless someone takes it upon herself to bring the subject up, the conversation may go all around her and never be discussed with the person.

So, early recognition of a memory problem also means the problem needs to be addressed timely. It can be a sensitive issue particularly if the individual herself does not recognize the repeating behavior or the funny questions out of the norm. While the adult children or the spouse are trying to decide how to tactfully bring up the issue, the person's memory may continue to deteriorate. Think how to approach the person. If you're not the best person to bring it up, talk to someone in the family who is. Don't hesitate because it may be a health condition that can be resolved.

The Alzheimer's Association commissioned a recent Gallup poll that found that 1 in 10 Americans said that they had a family member with Alzheimer's. Even when the situation reveals a cognitive impairment such as dementia or the diagnosis of Alzheimer's disease, it is very possible that the earlier diagnosis, the sooner the client can begin taking medication such as Aricept, Exelon or Nemanda which in many cases help slow down the deterioration of the brain. There is no positive diagnosis possible but by eliminating other contributing factors such as physical health issues along with a brain imaging (MRI), a neurologist can diagnosis with a good degree of accuracy, the presence of a dementing illness. If the presenting symptoms are unclear that it is Alzheimer's disease, a PET scan may help clarify the diagnosis.

It's an unusual behavior that first gives the rest of the family a clue that something is going on. The person may or may not be aware of the worsening memory. It's common for the person to have depression, delusions and even hallucinations that they may or may not talk about with someone else. In the earlier stages, it may even feel like "just a bad day" or a bit of forgetfulness to people around them. It can be easy to dismiss particularly when only seeing the person periodically. It really is the spouse or a daily contact that will notice the difference first.

The hesitancy of admitting the problem can be a problem unto itself. It won't go away because no one talks about it. It probably will get worse left untreated. What is annoying behavior during the early years may be intolerable behavior without medications to help. Behavior management is helpful i.e., setting a routine to follow during the waking hours but as the dementing disease progresses, control through only behavior management may be difficult perhaps even impossible.

Once the decision is made to discuss the issue, it is just as important to describe the behaviors and scenario for the doctor so she understands the symptomatic behavior exhibited by the person. Different types of dementia affecting different parts of the brain are affected differently by various medications prescribed to treat the behavioral problem. An accurate diagnosis with appropriate medication to slow down the disease process and adequately support the patient can make the difference between continuing to live productive lives at home and nursing home placement because the patient's behavior is out of control and no one can care for them. Once the diagnosis has been made and the individual is responding positively to the medication, the family with support from outside professionals develop a regular routine with family respite to allow the individual to remain in his own home.

*Carol S. Heape, MSW, CMC is Executive Director, Elder Options, Inc., Placerville & South Lake Tahoe, CA.*

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