

SAVE YOUR MEMORY! STAY-SHARP SECRETS



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Memory Problems: A Stay-Sharp Guide

Many memory problems can be reversed -- if you know what to do. Here's your stay-sharp guide.

By Regina Nuzzo and Karen Ravn

From [Reader's Digest](#)

If you ask Cheryl McBride of Sedalia, Missouri, about the time she stopped breathing -- long enough to make her lips turn blue! -- she'll tell you it was a stroke of good fortune.

Really.

Not that she's fond of near-death experiences. But this one turned her life around.

McBride had been feeling anxious, exhausted, and headachy. On top of everything, her memory was going.

It wasn't just that she was forgetting her keys or leaving her purse behind. McBride had taught school for nearly three decades, but a few times in the past several years, she'd gone blank in the middle of a big presentation about her teaching style, even though she'd given it countless times and knew it backward and forward. "It was unnerving," she says.

Everyone past the first blush of youth knows what it's like when a word won't come or a neighbor's name vanishes. An occasional glitch is irritating. More than that can set off a twinge of concern, and a run of significant lapses may have you terrified that you've got [Alzheimer's disease](#). But Alzheimer's is not the only memory marauder around. A surprising number of disorders can leave your steel-trap mind rusty and toothless. That's important to realize, experts say, because many of these problems can be cured and the memory damage reversed -- yet doctors often fail to diagnose them.

Sometimes that's because a sufferer is unaware of key symptoms. McBride, for instance, told her doctor she was concerned about her forgetfulness. But she'd just begun caring for her elderly parents, and her doctor thought the problem might be due to stress; he suggested antianxiety medication. About to leave town for a trip with an old friend, McBride wasn't interested.

In the hotel the first night, Nina Freed quickly learned something new about her longtime pal. "Cheryl snored," she says. "Very loudly. She just snored and snored and snored."

But one night, the snoring stopped. "I looked over at Cheryl, and she wasn't breathing," Freed says. "She was very pale -- blue around the lips. My heart just dropped. I was getting ready to shake the dickens out of her, but then she let out this huge snort."

With that, McBride woke herself up. She was unaware of what had happened until her friend described it, but at Freed's insistence, she recounted the incident to the doctor at her next checkup. The moment she did, the doctor knew what was causing McBride's problems. Like about 24 percent of men and 9 percent of women between the ages of 30 and 60, she had obstructive [sleep apnea](#). Periodically as she slept, the soft tissues at the back of her throat were collapsing and blocking off her airway. Apnea sufferers can experience these episodes hundreds of times a night yet, like McBride, have not a clue.

"You're suffocating," says Carol Ash, DO, medical director of the Sleep for Life program at Somerset Medical Center in Somerset, New Jersey. "But even in your sleep, your brain is aware of this emergency. So it interrupts you and starts you breathing again."

Those starts and stops deprive you of sleep, which is enough to make you forgetful. Even more damaging is the lack of oxygen. According to research published last year, some memory-related parts of the brain are about 20 percent smaller in sleep apnea patients, possibly because brain cells die during nightly apnea episodes.

Luckily, there's an effective treatment. Most often, patients get a continuous positive airway pressure (CPAP) device, which blows air into the nose to prevent the throat tissues from sagging shut. Some users say it makes them feel like a dog with its head out the window, but it does the job: In a 2006 study, nearly 70 percent of patients who used the gadget more than six hours a night found their memory back to normal after three months. McBride has used a CPAP unit since 2007. "I feel so good now," she says. "I've almost forgotten how bad it used to be."

Pushing for a Diagnosis

Donna Nammar of Cottonwood, California, doesn't let anything get in her way. She'd never been much for bike riding, but at age 43, she decided it was a good way to get fit. Soon she was pedaling 25, 35, 50 miles a day, keeping track of every mile. And on December 31, 2000, at age 58, Nammar logged her 100,000th bike-riding mile.

In a picture from that day, she's standing at the top of a small hill, her arms flung skyward in exhilaration.

She looks invincible, but the wheels soon started coming off her life. She took several falls on her bike. Then she began having "accidents." And she kept getting lost -- in the middle of a sentence, or at the end of a hall, clueless about where she was headed. Was her memory bad? "She didn't have any," says Nammar's husband, Ross.

Then her feet started sticking to the ground, almost literally. "I walked with a strange sort of shuffle," she says.

Nanmar, who was in her 60s by then, saw specialist after specialist, with no success. But she doggedly kept going; she even tried an acupuncturist. He had nothing to offer, he told her, but he gave her a piece of cryptic advice: "Go home and look up normal pressure hydrocephalus."

Remarkably, Nammar had gone to the one acupuncture office in town -- in the universe, perhaps -- where the receptionist's father-in-law had a condition called normal pressure hydrocephalus, or NPH.

In NPH, for unknown reasons, excess spinal fluid collects in small pockets in the brain. Experts believe the enlarged pockets interfere with the brain's normal circuitry. Sitting in front of her computer, Nammar read about NPH's classic trio of symptoms: feet that will barely move, incontinence, and memory loss. "Oh my God," she said. "That's me!"

The most common treatment is to install a shunt in the brain to drain the excess fluid, usually into the abdomen. All Nammar needed was an official diagnosis, but when she went back to her doctor, he pooh-poohed her, saying the syndrome was so rare, she certainly didn't have it.

In fact, NPH is probably more common than many doctors think, experts say. "There's not a lot of awareness about NPH even in the medical community," says Laura Paré, MD, a professor of neurosurgery at the University of California, Irvine.

Nammar persisted, though, getting a referral to a neurologist, who quickly vindicated her self-diagnosis. She pushed again when the specialist suggested she delay treatment until her symptoms worsened; Nammar's own research indicated immediate surgery was a better approach.

"Good for her," says Marvin Bergsneider, MD, neurosurgery professor at the University of California, Los Angeles. "The longer you have symptoms, the less improvement you're likely to see."

In January 2008, Nammar got her shunt. She's back on her bike and ready to get going. "This summer, I plan to ride 25 miles a day," she says. And she's not a bit worried about getting lost along the way.

The Cures That Can Cause Big Problems

When the doctor told Billy J. Reeves he had dementia, he felt like the bottom was falling out of his life. He'd lost his wife to Alzheimer's disease just a few years before, so he knew his future was grim.

Reeves, 78, had been forgetting the names of his customers at Reeves Cleaners in Griffin, Georgia -- customers he'd known for as long as 50 years. But his failing memory was only the latest in a long line of ailments. He was already being treated for [high blood pressure](#), high cholesterol, sinus problems, stomach complaints, unexplained pains in his arms and legs, anxiety, insomnia, and depression. The drugs his doctor prescribed for dementia brought his total to 21.

Not that they were doing him much good. "I didn't feel right," he says. "I couldn't function."

Reeves doesn't sound like a particularly lucky guy, but he was very fortunate in this respect: A longtime customer of his, Armon Neel Jr., was a certified geriatric pharmacist. Dr. Neel offered to take a look at Reeves's medications. He had a strong hunch that he could help: Studies show that polypharmacy -- taking multiple drugs -- is particularly risky for older people, who often need treatment for a number of medical conditions but whose slowing systems are less efficient at processing drugs. The liver is crucially important in drug metabolism, for instance, but it shrinks by as

much as 35 percent between young adulthood and old age, and its ability to clear some categories of drugs takes a proportional tumble.

Of the 37 million people 65 and older in this country, Dr. Neel says, "probably 80 percent have drugs on board that are causing side effects. And many of those are having memory problems."

Dr. Neel found that a number of Reeves's medications had been prescribed to treat side effects of other drugs that he was taking, a phenomenon known as a prescribing cascade. For instance, his stomach problems were probably caused by the pain relievers he took for the aches in his limbs; the limb pains had probably been caused by the drugs he was taking to lower his cholesterol. Most important, several of his medications were known to cause memory loss in some people.

So Dr. Neel wrote a report for Reeves's doctor, noting the drugs that were likely to be causing problems and suggesting safer substitutes. It was 29 pages long, and every page offended the physician. Reeves needed the drugs, he said.

Reeves found another doctor.

Today he takes just six medications, which keep his blood pressure and cholesterol under control. Some of his other complaints have simply vanished. He recently headed up a successful drive to raise \$90,000 for a statue of his hometown's founding father. And he still runs his dry cleaning business, where he greets his customers by name.

Memory Thieves: Spot Them, Beat Them

Want to keep all your marbles? Watch for these nine signs that you're being stalked by a memory thief.

- **Your blood sugar is high.** Memory lapses may be in your blood -- or, more specifically, in your blood sugar. MRI scans of volunteers' brains suggest that high blood sugar might damage parts of the brain that deal with memory.

Protect yourself: If there's a history of high blood sugar or diabetes in your family, have your blood sugar tested regularly. Eat well and stay active -- brisk walks are an effective diabetes preventive.

- **You're pushing too hard.** Our brains seem to rely on [sleep](#) to cement new memories. You needn't pull all-nighters to get into trouble: In one study, volunteers who slept six hours nightly for two weeks didn't feel sleep-deprived, yet they performed substantially worse on tests of short-term memory.

Protect yourself: Make adequate rest a priority. If you can't? Micro-naps of six minutes were enough to boost volunteers' short-term performance in one study. Simply falling asleep might be enough to trigger the crucial memory process in the brain, researchers suspect.

- **You snore.** You may have sleep apnea, in which your airway gets blocked during sleep, cutting off oxygen for seconds at a time and starving brain cells. Men are more likely than women to develop apnea. Extra risk factors: being overweight or over 40.

Protect yourself: If you're a loud snorer who feels constantly fatigued, ask your doctor if you should be tested for apnea. You may need to wear a device while sleeping that delivers a constant stream of air to your nostrils through a small hose, preventing the dangerous interruptions in oxygen.

- **You feel manic -- or sluggish.** You may have a thyroid problem. Thyroid hormones control your metabolism, but too much or too little can disrupt the normal chatter between brain cells. An overactive thyroid creates so much static, it's hard for the brain's messages to get through, while a sluggish thyroid slows brain messages to a crawl.

Protect yourself: Talk to a doctor about bothersome symptoms (especially if you're a woman -- you're at higher risk for hypothyroidism). An underperforming thyroid can leave you fatigued; with a hyped-up thyroid, your heart may race and you may feel manic or anxious.

- **You're over 65.** It gets harder to absorb vitamin B12 from food as you age, and a serious deficiency can look a lot like Alzheimer's disease. Up to 20 percent of people over 65 are low in B12.

Protect yourself: If you're older and feeling fuzzy, ask your doctor if you should have your B12 level checked; you may need a supplement. Also consider a test if you're a strict vegetarian -- you avoid the top food sources of the vitamin.

- **You're depressed.** People with severe depression lose brain cells. And the longer the depression lasts, the more cells are lost in areas critical to memory.

Protect yourself: Early treatment may be key. A 2008 study suggested that people who had longer episodes of depression were less likely to show memory improvement after their mood lifted.

- **You take an allergy drug or a sleeping pill.** Many drugs commonly prescribed for things like insomnia, incontinence, [allergies](#), and gastrointestinal cramps also interfere with a crucial brain chemical. If you're elderly, these drugs, called anticholinergics, can cause mental foginess and forgetfulness.

Protect yourself: If you're over age 65, you're more vulnerable to side effects from diphenhydramine, an anticholinergic used in many over-the-counter sleep aids and allergy drugs. Mental fuzziness after starting these or any meds should prompt a talk with your doctor or pharmacist.

- **You shuffle when you walk.** Doctors call it a magnetic gait because your feet seem to stick to the ground. It could signal normal pressure hydrocephalus, in which pockets in the brain swell with too much spinal fluid.

Protect yourself: A shuffle, incontinence, and memory problems are the classic symptoms, but not everyone has all three. Prompt treatment gives you the best chance of memory improvement.

- **You're taking a lot of medications.** If you're on five or more drugs (polypharmacy), you're at high risk for [problematic interactions](#). And yes, over-the-counter remedies count.

Protect yourself: Make sure your doctor knows all the drugs you're taking. If a pharmaceutical commercial seems to be speaking directly to you, ask your doc -- but don't push for a prescription.

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