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Can Extension Programs Help Communities Educate Older Adults About Age-Associated Memory Loss?

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Can Extension Programs Help Communities Educate Older Adults About Age-Associated Memory Loss?

Abstract

As the percentage of older adults in the population increases, age-related memory difficulties become more prevalent. Assisting individuals, families, and communities in understanding and managing memory-related challenges and differentiating simple forgetting from something more serious may be an informational role for Extension educators. Workshop materials developed in southern Oregon have received strong community interest. There are reports of significant knowledge gains for the participant. The workshop, *Memory Difficulties: Should I Be Worried?*, received the 2005 MetLife Foundation MindAlert Award.

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Introduction

It may happen as early as age 30, but it usually begins a decade or two later. Age-associated memory difficulties are a reality for older adults. Some amount of forgetting is present in at least 50% of people over age 50 (Harvard Health Publications, 2000).

Memory loss is demonstrated when an older adult has difficulty recalling a familiar name or remembering the location of a personal item. Problems range from short delays in retrieving information to a complete inability to recall facts. These memory difficulties are unsettling and even frightening for aging adults. They have an impact on activities of daily living and cause individual and familial distress (Rabins & Margolis, 2004).

Oregon State University Extension faculty has developed educational materials that can assist in making the distinction between simple forgetting and substantive memory difficulties. A 90-minute workshop, *Memory Difficulties: Should I Be Worried?*, has been offered to over 1,000 people in southern Oregon. In 2005, it was awarded the MetLife Foundation MindAlert Award, one of five such awards given in the nation.

Identifying the Problem

Acquiring information about age-associated memory loss is not always easy. Much of the existing material on memory impairment focuses on dementia, rather than age-related forgetting. Health literacy plays a role. Low health literacy, the limited ability to read and/or understand health-related materials, is present in almost half the population. Older adults are twice as likely to have these difficulties (Sanders, 2005).

Problems are further exacerbated because aging adults may be reluctant to talk about memory problems other than a quick joke about "senior moments." Aging individuals sometimes hesitate to reveal memory difficulties because it's seen as a threat to personal well-being or an admission that opens the door to discussion of a possible diagnosis of dementia (Schmall & Bowman, 2000).

Posing a Solution

In southern Oregon, community interest in understanding and managing age-associated memory loss is strong. A local hospital's community education administrators requested that Extension faculty design educational materials focused on age-related memory challenges. The result was the development of a workshop, *Memory Difficulties: Should I be Worried?*, a 26-slide PowerPoint presentation with easy-reference fact sheets and a memory road map. Participants in the workshops are given materials identifying the seven most common memory problems, with specific ideas about how to manage them (Schacter, 2001). A brief memory recall test, used mid-workshop, allows the participants to self-assess their own memory ability (Sizer & Whitney, 2000).

Understanding the Role of Lifestyle

Memory Difficulties: Should I Be Worried? focuses on the practical aspects of simple forgetting. It challenges participants to look closely at their activities of daily living and overall lifestyle as a possible explanation for memory loss (Rabins & Margolis, 2003). Figure 1 shows the lifestyle factors that may affect memory.

Figure 1.
Lifestyle Factors That May Affect Memory

Fatigue	The average adult requires seven to 8 hours of sleep each night to assure a well-functioning memory (Small, 2002).
Exercise	Our brain needs an adequate blood supply and sufficient oxygen to function optimally; exercise can improve mental abilities by an average of 20-30% (Gordon, 1995).
Medications	The average older 65-year-old takes five prescription medications; a common medication side effect is disorientation, confusion, and memory difficulties (Small, 2002; Schmall & Bowman 2000).
Alcohol	Moderate alcohol use has been shown to improve memory function; excessive alcohol use exacerbates memory difficulties (Rabins & Margolis, 2003).
Smoking	Smokers are 3.7 times more likely to exhibit memory loss (Rabins & Margolis, 2002)
Nutrition	Antioxidant eating and the presence of colorful fruits and vegetables in the diet are important in maintaining a well-functioning memory (Small, 2002; Sizer & Whitney, 2000).
Stress	A body's response to threat, challenge, or unexpected change can affect brain function and the ability to recall information; repeated stressors over time are particularly debilitating (Small, 2002).

The workshop materials introduce alternatives or accommodations to assist individuals in modifying specific memory-related problems. For example, in response to stress-related memory issues, deep breathing and relaxation exercises are explained and briefly practiced. In response to nutrition-related memory problems, information is provided about the role of fruits like blueberries and vegetables like spinach and kale. (Snow, 2002)

Recognizing the Use of Social Supports and Memory Aids

Factors such as social engagement and mental aerobics also play a role in the ability to recall information (Snow, 2001; Margolis & Rabins, 2002). Individuals who participate in these workshops are introduced to memory aids that range from talking to your keys, "Car keys, I am hanging you on the hook by the back door," to the use of mnemonic devices, "I will remember the name Mary Decker by envisioning her in a wedding dress on the deck of a boat" (Harvard Health Publications, 2000).

Recognizing When Memory Loss Is a Significant Problem

The workshops draw from current research on age-associated memory loss. The educational messages encourage older adults and their family members to think about memory-related difficulties from a practical and solution-oriented perspective.

The workshops acknowledge some memory problems can be precursors to dementia. The question is posed, "When is memory loss a significant problem?" Four possible responses are put forward for discussion (Harvard Health Report, 2000; Rabins & Margolis, 2004)/ Figure 2 shows four memory problems that indicate that memory loss may be a problem.

Figure 2.
When Is Memory Loss a Significant Problem?

"You don't remember what you forgot"	Example: You meet a friend on the street and arrange to have lunch the following week. When the day arrives and you are not at the restaurant, the friend telephones you regarding your absence. You have no recall of having met her on the street, let alone making a lunch date.
"Activities of daily living do not easily respond to change"	Example: You live with your spouse who has a tendency to be forgetful. Introducing an environmental change (a new routine, house guests) is not tolerated well, and memory problems increase dramatically.
"Constructing new memories is difficult"	Example: Your friend is talking on the telephone and is totally engaged in the conversation. When he hangs up you ask what the conversation was about. He responds with a blank look, saying, "I don't know."
"Operating common appliances is difficult"	Example: Your 80-year-old father, who has eaten buttered toast for breakfast every day of his entire life, is visiting you. He sees the family toaster on the counter and asks, "What's that thing for?"

The workshop instructor prompts the participants to think about the above-identified situations in terms of a "rule of three." If three people, from different areas of the individual's life identify a memory problem, there is a need for further intervention. For example, if concerns about your spouse's memory difficulties are expressed by your neighbor, a daughter who lives at a distance, and the pastor of your church, there are multiple indications of the need for clinical referral.

Evaluating the Impact of Memory Workshops

The Memory Difficulties: Should I Be Worried? workshops have been evaluated in terms of quality of content, relevance of content, and quality of presentation/format on a 1-5 scale, with 5 being excellent. The workshop evaluations were consistently rated in the 4.8-5.0 range in each category.

In 30% of the workshops, a retrospective self-evaluation tool was used to assess knowledge gains. Evaluation responses were sought in four areas: 1) understanding of age-related memory loss, 2) factors that affect memory, 3) how to relate to a person with memory loss, and 4) how to recognize when memory loss is significant. Completed evaluations identified statistically significant knowledge gains in all four areas.

Continued use of the same evaluation tool with a larger sample of workshop attendees is in process. It is to be coupled with postcard follow-up 2 months after the date of the workshop to determine continued application of the knowledge gained.

Conclusion

Educating older adults and their family members regarding age-associated memory difficulties will become increasingly important as the percentage of aging adults in the population continues to increase. Oregon State University's experience with Memory Difficulties: Should I Be Worried? demonstrates that clearly presented, easy-to-understand information on age-associated memory loss can be beneficial to individuals and families.

The PowerPoint version of this nationally award-winning workshop is available by contacting the author <s.johnson@oregonstate.edu>. It is designed for easy replication. The goal is to assist Extension educators in responding to older adults in their communities who want practical, research-based information about age-related memory difficulties.

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