Loosening

Cognitive Problems

BY ROSS MYLES

A quandary at home

climb the 16 steps to the second floor of my house, walk along the hallway, enter our bedroom, and, standing in the middle, look around, wondering why I made the effort to go up. Only moments before, sitting in the kitchen, my brain had made a decision to go up to retrieve something. Now, I cannot recall what.

Shortly after returning downstairs, I remember what I was seeking: a document I'd brought home a day earlier. This is frustrating. If it was so important to get the paper, why did I forget when I went upstairs?

Now, a quandary. Do I quickly go back up, with the risk of repeating this up-and-down trip again and again? Good exercise, perhaps, but it does seem to be a bit of wasted time. Alternatively, I could

write myself a quick note on a small piece of paper to pull out if necessary. These days, more often

than not, I am choosing the

latter.

This is happening in completely familiar surroundings, my own home. Although my MS symptoms are mainly numbness in my hands and feet, and I am not impaired physically, I'm wondering whether it would have been better to buy a house with the master bedroom on the first floor.

A nuisance on shopping trips

This apparent short-term memory loss also occurs—with increasing frequency outside my home. For a long time my supermarket expeditions were quick and focused, and done with no prepared lists. A shopping list seemed to unnecessarily slow down the process. I would go up and down aisles, grabbing items that I instinctively knew we needed. But, in recent years I have needed a more organized approach. I arrive with as full a list as possible, usually grouped by section. It makes for a more efficient outing, and significantly reduces my chances of forgetting something.

Even so, there is often a need to run out in the evening to replenish milk, orange juice, or bread, or to get items for guests soon to arrive. Do I really need to make a written list? After engendering

> some disappointment from my family when I returned home absent a couple of needed items, I've realized an easily accessible pad and pencil are essential.

And, despite the fable about men never asking for driving directions, I now ask in advance or print them out from the Internet. At a recent family gathering, I insisted on following another car to the bar mitzvah reception rather

than assume that I would remember the verbal directions. Purchasing a GPS device for our car is becoming attractive.

Some say with age, long-term memory becomes stronger than short-term. Indeed, the incidents I mentioned are experienced by many people who are not dealing with chronic illnesses. But I'm only 50 years old, and my primary-care doctor says I'm in great health. So, if early Alzheimer's or other illnesses that may affect cognition can be ruled out, can I surmise that my short-term memory loss is definitely associated with my MS? Health-care professionals generally acknowledge that MS can impair cognition, although the impact, as with other MS symptoms, varies widely from person to person.

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A serious challenge on the job

Forgetting to bring home ice cream

from the mini-mart can be unsettling, but unreliable memory is a more serious matter in the workplace. The constant barrage of e-mail, telephone and face-to-face encounters tests everyone's ability to organize, remember, respond, and produce.

I cannot take for granted, as I did before my MS, that I can easily retain basic requests and deal with them later. Now, after completing a phone conversation in which I agree to do something, I immediately make a detailed note to myself.

There was a time when note-taking in meetings seemed to be superfluous, especially when I'm among others of similar age or slightly older. Some have enviable capacities to retain incredible amounts of information and rarely take notes. It could be embarrassing at work

if my information retention weakness became apparent. Instant recording is essential—and, happily, it has made work more productive.

The frustration of forgetfulness that accompanies short-term memory loss does affect lifestyles. Most important is developing strategies to ensure that tasks continue to

be handled effectively and efficiently.

Fortunately, technology provides
solutions better than plastering
Post-it notes all over one's
desk and computer.

Tools for the forgetfulness factor

The BlackBerry, an essential tool for my work, has become crucial for dealing preventatively with short-term memory loss. Sending myself thoughts and reminders via e-mail, or leaving myself

voice-mail messages, is also useful. Many others not dealing with MS are using similar techniques in our increasingly complicated world. At times we all may feel besieged by information overload.

Research has indicated that competing messages and multiple stimuli coming at those of us with MS can add to the burden. Accepting that one can adjust and that no MS-related condition is

overwhelming, and using the available technological tools to manage personal and professional affairs, makes it easier to forget the for-

getfulness factor. ■

Ross Myles (a pseudonym) is a public relations executive in New York. Although his employer knows he has MS, he is careful about what he says in public.

What the Clinicians See BY JO STRATMOEN

A National MS Society task force has been looking at the cognitive deficits in MS. According to Nancy Holland, EdD, RN, vice president of Clinical Programs at the Society, cognitive problems appear to be present in more than half of people with MS.

"Learning, memory, speed of information processing, and cognitive flexibility are among those functions most commonly impaired," Dr. Holland said. "Deficits in these areas can affect the ability to work and may also have an impact on relationships, everyday activities such as driving or cooking, and adherence to medication and treatment regimens," she added.

Health-care providers should consider periodic screening or assessment for cognitive problems, because their patients may not always be aware of them or may not discuss cognitive issues with their doctor or nurse.

Compensation makes a difference

"People can use a learned, practice approach and create routines for their cognitive tasks," Dr. Holland said. "External aids and substitution strategies are very useful. The compensatory approach also involves learning to use intact cognitive abilities to circumvent or bolster problem areas.

"Memory strategies include using lists, or specific memory aids, such as clustering. Visualization can substitute visual memory for impaired verbal memory. Other strategies include using recording devices and making a habit of scheduling.

Creating a structured environment can be key," Dr. Holland concluded. "Conducting conversations and serious activities in quiet places will minimize distraction."

Do drugs help?

The Society's medical advisors note that worsening cognitive impairment, as indicated by testing, is a sign of active disease and should be viewed as justification for starting or changing disease-modifying therapy. Sleep problems, fatigue, and depression may also be evaluated for contributions to cognitive symptoms.

A recent trial with Aricept® suggested it provided some benefits for people with MS. Small studies of amantadine produced mixed results; some showed no beneficial effects while others did.

In a small, controlled trial funded in part by the National MS Society, Dr. Dennis Bourdette and colleagues at the Oregon Health & Science University showed a significant difference between a group taking ginkgo biloba and those receiving placebo in just one area: performance on the Stroop Test, which measures learning and memory. The finding suggests that further study of this extract from leaves of the ginkgo tree is warranted but can't be taken as evidence of efficacy. Detailed information on ginkgo biloba and MS, including important cautions and information on side effects, can be found on www.ms-cam.org.

Jo Stratmoen is a science writer who often reports on MS.

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