The Memory Book

For dementia, stroke and traumatic brain injury

PAUL WHITBY

TABLE OF CONTENTS

INTRODUCTION	2
BASIC MEMORY FACTS	3
STAY FIT AND HEALTHY	5
BE ORGANISED	7
MENTAL EXERCISES	9
WORRYING ABOUT A FAILING MEMORY	10
MEMORY TECHNIQUES	
1. SPACED RETRIEVAL	12
2. VANISHING CUES	14
ROUTINES AND SPECIAL EVENTS	16
'THIS IS YOUR LIFE'	17
PERSONAL REMINISCENCE TAPES	20
SUMMING UP	22

Paul Whitby email: mailto:paul@caretolead.uk

INTRODUCTION

This short booklet is designed to help you get the most from your memory if you have suffered with head injury, a stroke or with dementia. It is also aimed to help those of you who are trying to help somebody in your family or one of your friends who suffer with any problems in this area. There are several sections in it and not all will apply to every reader. The reason for this is that memory difficulties come in all levels of seriousness. At one extreme we have the eighty year old who sometimes forgets why she went into the kitchen or who forgets people's names occasionally. On the other hand we have a younger person whose memory has become very much worse in a short space of time, who cannot remember recent conversations, cannot remember anything that has been in the news recently and is beginning to forget his children's and grandchildren's names.

The first case is probably just normal ageing, or it may be a case of what is termed Mild Cognitive Impairment (MCI). The second person may possibly have a form of dementia.

People with normal age related memory changes or MCI will benefit most from the sections on Stay fit and healthy; Be organised and Mental exercises. People with more serious memory difficulties will benefit from Routines and Special Events; Memory Techniques and This is Your Life. In these cases it may well be the carers or family members who are reading the booklet and applying the techniques.

BASIC MEMORY FACTS

To start off with here are a few facts about the human memory that you should know. The single most important point to know is that 'memory' is not one simple thing, that it is more like a whole system of interlocking parts. It is not often the case that all parts of a person's memory will be equally affected by an illness or injury. This is useful to know as when we are trying to help ourselves or somebody else we should always be looking for remaining strengths and abilities to build on.

Memory for the distant past generally is better than memory for recent events. This is something that many people will notice whether they have a memory problem or not. Schooldays are remembered with freshness and detail yet the same person may have to struggle to recall what was on the television the night before. The effect is usually even larger in dementia, stroke and brain damage. There may be huge difficulty in remembering anything from the past few weeks, months or years and at the same time that person can enjoy lengthy and specific memories from their youth and childhood.

Memory for facts (general knowledge) is different from memory for personal experiences. The kind of memory one has when answering the question 'What is the capital of France?' is very different from the memory one has when answering 'Have you ever been to Paris?' The latter will include all sorts of unique and personal details. This 'Episodic' memory is generally more strongly affected in serious memory problems.

Some of the information held in memory needs to be consciously called to mind, this includes general knowledge and personal experiences. This kind of memory is very vulnerable to the effects of brain disease and brain damage. Other types of memory are recalled effortlessly, automatically and sometimes even without conscious awareness. These are generally things like skills, *knowing how to* rather than *knowing that* and also emotional associations, for example knowing that you dislike somebody but not knowing exactly why. This kind of memory generally remains quite strong in dementia, stroke and brain damage.

Very short term memory of the type used to keep a telephone number in mind while you dial it can be quite resilient and remain strong even in quite serious dementia, stroke or brain damage.

Recognition is always easier than unaided recall. Being asked if you recall somebody's name may prove difficult but you may be able to pick it out of a short list. Similarly, you may not be able to describe a route that you have taken only once or twice, but you may well be able to follow it again since each section of road will be familiar and as it comes in to view will 'trigger' the correct memory for example of 'turn right at the crossroads by the shop'.

Therefore, when somebody with a memory problem is baffled by a straight question, make it easier for him or her by offering a choice. 'Did you watch the tennis or the football on TV last night?' is a lot simpler to answer correctly and with confidence than 'What did you watch on TV last night?' Also, it may help to give hints or cues to somebody who is struggling to recall some information.

Memory triggers often include pictures, smell, taste or music. In fact if you are trying to stimulate a conversation with somebody with a poor memory then simply talking to him or her may not be sufficient. Use your imagination and get out some old pictures, play some old tunes, find some old fashioned scent or something else that has a smell or taste associated with the person's past.

In short, people with memory troubles will, generally, be better with long term rather than short term (recent) memory, memory for general knowledge rather than personal experiences, remembering how rather than remembering what and their memory will be helped by cues or prompts that include words, pictures, tastes, smells or music.

STAY FIT AND HEALTHY, EAT WELL

Physical fitness is a great start to having a good memory. The reason for this is very simple, the brain is part of the body so staying healthy will ensure that the brain functions at its very best. The blood delivers oxygen and nutrients to the brain so it is important to make sure that, so far as possible, your physical condition is as good as it can be. A study in 2001 showed that people with Alzheimer's disease had a history of taking less exercise when younger than non-sufferers. It is never too late to start, but do take medical advice before commencing on a new regime of activity especially if it is at all strenuous.

Even in healthy adults over 60 it has been shown that those people who take regular exercise did better on tests of memory and the higher control of mental functions (planning, scheduling, monitoring etc.) than those who took little or no exercise.

When you choose your physical activity it would seem to make sense to avoid sports that carry a risk of blows to the head. Sports that involve head trauma, even though they may be mild, are associated with a risk of increased memory difficulties. So it would be best avoiding boxing, rugby or soccer (heading) and take the precaution of wearing a helmet if you go cycling.

Make sure you are receiving a good diet including vitamins and minerals. Eating well is important and the dietary advice from the NHS in England is fairly straightforward, eat plenty of fruit and vegetables, some fish and little meat, and cut down on saturated fats, sugar and salt. Clearly being overweight can be a problem. It puts you at risk for diabetes and high blood pressure that in their turn will raise the risk of multi-infarct dementia (where one suffers a series of 'mini-strokes').

In terms of the prevention of dementia the advice is pretty much the same. The recommendation is for a low-fat and high fibre diet with plenty of fresh fruit and vegetables. Salt and saturated fats should be avoided as they raise blood pressure. Alcohol in small amounts is fine and may even be beneficial.

Keep an eye on your general health also. All sorts of illnesses, diseases and infections can have a bad effect upon your mental performance. Chest and urinary tract infections are notorious for causing people to become muddled. If you notice that your memory is becoming very much worse then it is

always worthwhile getting a good physical check up from your doctor. Any textbook on memory problems and dementia gives a long list of physical ailments that can bring on impairments in mental functioning. Sometimes these can go undetected, often because the person themselves puts up with it, accepting it as part of growing old. Don't let this happen to you.

In a recent article summarising the field of prevention of dementia the authors stated that there are three areas in which people can act. The first concerns heart and blood vessel disease. Keeping your blood pressure down, keeping your cholesterol levels down, and avoiding developing diabetes are all important here. The risk of developing all these diseases can be reduced by sensible diets and adequate exercise. Another important factor is giving up smoking. True, there is some benefit to be had from nicotine and there have been some exaggerated newspaper reports about this. But any small benefit is more than outweighed by the enormous harm that cigarette smoking does to your heart and circulatory system.

The second area is the protection of your nervous system. This is particularly associated with folate and vitamin B12, vitamin C, the moderate use of alcohol (1 – 3 drinks a day) and long-term use of NSAIDS (drugs in the same family as ibuprofen).

The third area involves building up 'neuronal reserves' and relates not only to physical activity but also to mental activity. We shall say more about this second bit in the section on 'Mental Exercises'.

A final bit of advice may be a bit surprising at first but is actually very important and is relevant to many people. It is quite clear that poor hearing affects a person's memory. It seems that the effort put in to straining to listen to a conversation or whatever detracts from the effort available to concentrate and process what has been conveyed. As a consequence poorer memory traces are laid down. This leads to the very straightforward notion that anybody concerned about their memory should make every effort to ensure any hearing difficulties are dealt with as efficiently and thoroughly as possible.

BE ORGANISED

If your memory is beginning to fail then it is vital that you support it as much as possible. One way of doing this is to make sure that you get into routines and that you stick to them. A place for everything and everything in its place, as the saying goes. Get into the habit of putting all your keys on a key rack that is kept somewhere close to your front door. This way you do not have to remember where you have put your keys, they will always be in the same place. You have less to remember and less opportunity to fail. The same can go for shoes, clothes, books, gardening equipment, knitting and so on. All the usual procedures and tricks that everybody uses to keep their busy lives in order will come in useful for you.

Diaries

It is extraordinary that more people with memory problems do not use a diary. People at work with hectic jobs use diaries to keep track their appointments. In the same way you may find it useful to write down all the things that are going on in your life. The secret to success is to make this a habit. Put the diary in one place and keep it in this place. This may be on a desk, the kitchen surface or in your pocket or handbag. Then, get into a habit of referring to your diary regularly. Get other people to write in your diary if they are making a date or an arrangement. If you wish, you could use a wall planner or an electronic organiser instead.

Another idea is to write down all the events of the day as they happen. You can also get visitors to write in it too. This part of the diary can then serve as a memory for the recent days and weeks. It can be rewarding to complete in its own right and can also make for good reading later on. You may use a separate journal for this purpose or you can use your appointments diary if it is large enough.

Case Study

Mr K. lived with his son in the country. The son went out to work and left Mr K alone all day. Mr K became increasingly confused and began giving some baffling and chaotic accounts of what had happened to him during the day.

One day he chased the gardener off the property as he thought the gardener was an intruder.

He and his son set up a diary and a simple information file system using a large desk diary. This was always kept on the kitchen table. It contained details of where his son was each day, when he was returning and what was planned for the day. Importantly it also had a 'reference' section at the front in which Mr K could find his address, brief background to his move, his son's various contact numbers and general information about the house and village. Within a few days Mr K became more settled when alone and his odd accounts of the day's events ceased. He said that he considered the diary/ information file as'a rock'.

Alarms may be useful. You can easily use one of the large number of kitchen aids that can be purchased from shops. One of the common complaints is the failure to remember to do something like make a phone call or take something out of the freezer to defrost. When you think of the task to be done, make sure you set the alarm. If necessary put a note on the alarm to remind you why it is going off.

Write yourself notes. Little 'post-it' notes are very useful and can be attached to most surfaces without marking. Put one on the inside of the front door to remind you to take the shopping list, or put one on the 'phone to remind yourself to call a friend at a certain time.

You may like to put labels on cupboards or their contents. Sometimes a row of blank and similar looking cupboard fronts may be quite baffling. Discreet labels can help save time and reduce frustration.

I have known people record ideas and events onto a voice recorder on a smartphone or on the kind of small machine used for taking dictation.

MENTAL EXERCISES

There is a belief that if you should 'use it or lose it' with regard to your brain. This is a common expression in physiotherapy where it is quite clear that if you do not use a muscle it will shrink and wither.

Something similar may happen in our brains. It is clear is that mental stimulation in early life is important in building up complex and rich networks within the brain that make it resistant to the effects of ageing.

There is also some good evidence that keeping your brain stimulated in middle age and old age can have a beneficial effect. In a study in the USA 801 older people were followed up for several years. It was found that those people who kept their brains active at the beginning of the study were less likely to develop Alzheimer's disease over the next few years than those who did not. The brain-stimulating activities were – watching TV, listening to the radio, reading books, newspapers & magazines, playing cards, doing puzzles and visiting museums. None of these sound so difficult that you will not be able to squeeze one or two in to most days.

There is still some uncertainty about the benefits of mental exercises for people who already have dementia or have suffered a stroke or head injury. The human brain is remarkable in being able to physically change and respond when correctly stimulated. This is most easily seen in younger people and it is not clear how much of this ability remains in older people. However, there are a couple of promising approaches that have become available over the last few years. The clinical team that developed Reality Orientation have developed a new programme called Cognitive Stimulation Therapy (www.cstdementia.com). Secondly, group of neuroscientists in the USA have developed computer-based exercises (www.positscience.com). Both of these approaches are developing some sound scientific credentials and we shall be watching developments keenly.

WORRYING ABOUT A FAILING MEMORY

People can begin to worry about their memory from about their 40's or 50's onwards. Although most of us do not have any noticeable worsening of our memory abilities at that age it does appear that the memory mistakes we make, and have always made, begin to seem more threatening as we get older.

Nearly everybody is aware that failing memory can accompany old age and most people fear it because it can signal an undignified decline. There is a problem here because most people are very poor judges of just how good or bad their memory is. There can be a temptation to jump to the wrong, extreme conclusion that some memory errors are necessarily the start of a dreadful decline.

There is a further problem when people become so aware of their poor memory that they become focussed upon it. They find that, for example when they speak to a stranger they are paying more attention to whether they will remember this person's name than they are paying to what is being said. Consequently, their memory for the conversation is poor because their attention was distracted. This is the beginning of a possibly very unpleasant vicious circle.

People who have a genuinely poor memory have good reasons to worry and they can be in a difficult predicament. The fear of not being able to conduct a sensible conversation can be enough to make any social gathering terrifying. They prefer to stay in familiar places with people that they know well. This way it does not matter too much if they get lost in a conversation and they do not have a bewildering range of new and strange faces to cope with. It is not that they are becoming anti-social but they are being driven by the fear of making a spectacle of themselves.

In extreme cases the fear of their memory letting them down can result in the person with severe problems becoming almost a recluse or maybe even following a carer around, too fearful to let that person out of their sight. Again it is important to remember that these seemingly odd behaviours are being driven by fear. Fear of embarrassment, fear of becoming lost or even fear of being abandoned.

There is lots of evidence that people with even quite mild memory problems do worry themselves sick about it. They find that the self- doubts,

embarrassment and fears for their future intrude into their minds all the time. Every new little memory slip becomes a further humiliation for them. It is no wonder that many people begin to withdraw from society at this point, preferring the company of those close and familiar to them.

One common cause about having a poor memory is the presence of a persistent low mood, or even of depression. Middle aged and older people with depression frequently consider themselves to have a poor memory. Usually this is down to poor concentration, they are simply too busy thinking about their troubles to pay attention to what is going on around them.

While there is a lot of advice on how to stop worrying the simplest and most practical is to talk your worries over with somebody you can trust. This may mean a member of your own family but it could also mean a doctor or psychologist who has special knowledge about memory troubles. As we said above, people are often poor judges of their own memory capabilities. It may be very helpful to get a professional opinion.

MEMORY TECHNIQUES

1. Spaced Retrieval

With this memory technique you can get somebody with a poor memory to learn almost any small bit of information. Even people with huge memory difficulties can learn if you use this technique. A man I knew had an appalling memory problem following a stroke. He had been in hospital for about three months and had learned the name of only one member of staff in that time. He had learned her name because it was written on the board next to his name. All the other staff had been telling him their names many times a day, telling him where he was and what had happened to him. Despite this constant repetition nothing seemed to stick. Within five minutes I had taught him my name and one day later when the nurses checked he still knew my name. This is how it is done.

The secret is, you forget about repeatedly telling the person the bit of information, instead you get them to tell you. I initially said, "My name is Paul Whitby". I then asked him to actively recall this by following up quickly with the question "What is my name?" Because the man's very short-term memory was still working he was able to correctly respond "Paul Whitby". I then left it a few seconds and asked him again, "What is my name?" and again he could reply correctly. We now had two correct recalls or retrievals from his memory. The important thing in this technique is this getting the person to tell you the right information repeatedly. So, ten seconds later I repeated the question, then at twenty seconds, forty seconds, one minute and at two minutes. Asking somebody to tell you that bit of information is an extremely powerful way of getting it to stick in his or her memory. It is far more powerful than telling them repeatedly.

If the person makes an error, you gently correct them and then reduce the interval before you next question them to the one before they made the mistake. i.e. if the person makes an error after two minutes delay you tell them the correct answer and ask them again after one minute. If that goes well you ask again after two minutes, and so forth.

You should continue this process up to ten minutes delay initially and this will give you an idea of how well the person with a poor memory can learn.

With experience you should find out just how long the process needs to go on.

Case Study 1:

An American psychologist tells how a daughter used to get repeatedly questioned all the way to the Day Centre by her forgetful mother. "Where are we going?" was asked nearly every minute for the forty-minute trip. Then, one day before they got in the car, the daughter told her mother "Today we are off to the Day Centre. Where are we going?" Mother looked a bit puzzled but replied, "We are going to the Day Centre". The daughter repeated the question a few more times at slightly longer intervals. Very shortly mother knew the answer so well she was beginning to get annoyed with the repeated questioning from her daughter! The rest of the trip passed without mother asking again "Where are we going?" A small achievement but one that turned the car trip from a nightmare into a pleasant experience.

Case Study 2. Repetitive Questioning

We gave the following advice to a lady whose husband would repeatedly ask her what they were planning to do that day

On an index card write down what is happening this day, where you are going, who is coming to visit etc. You may like to indicate the time each of these events will occur.

Try to ensure your husband is wearing a shirt with a pocket.

1. In the morning, when he asks the first question, "What are we doing today?" You reply

"HERE IS A CARD THAT TELLS YOU WHAT WE ARE DOING TODAY SO YOU CAN REMEMBER. IF YOU FORGET, LOOK AT THIS CARD"

Then help him put into his pocket.

After 10 seconds say to him "WHERE IS THE CARD THAT TELLS YOU WHAT WE ARE DOING TODAY?"

If he shows you successfully then say "THAT'S RIGHT."

If he does not know point to the card in his pocket and say "HERE IT IS, HERE IS THE CARD THAT TELLS YOU WHAT WE ARE GOING TO DO TODAY".

Repeat this once or twice if necessary.

2. If at any time of the day he repeats his question, you say, "LOOK AT YOUR CARD".

If that is not sufficient and he indicates he does not remember about the card, say "DO YOU HAVE A CARD ABOUT YOU THAT TELLS YOU WHAT WE ARE GOING TO DO TODAY?"

And if necessary "A CARD IN ONE OF YOUR POCKETS?"

3. If you see that he does not know that it is in his pocket (or he does not have the card), give it to him and say, "HERE IS YOUR CARD THAT TELLS YOU WHAT WE ARE DOING TODAY".

Do not get into an argument about whether you have told him or not. Simply remind him where the card is when he needs to know something that you have written on it.

This last point is important. When using Spaced Retrieval it is important that the learning is enjoyable for the person with the memory difficulty. At no point should the process become unpleasant, if there is any hint of irritation, nagging or hectoring then it is likely to become aversive for the 'learner' and therefore ineffective.

2. Vanishing Cues

It is well known that it is easier to recognise something as familiar than to freely recall it out of your head. Many people would have some difficulty recalling the Chancellor of the Exchequer in 1980. Yet most of those people would have no difficult in saying that the name 'Geoffrey Howe' sounds familiar in that context

We can use this relative strength of recognition over free recall to help people with memory problems learn new bits of knowledge.

A lady I knew found it most distressing that she could not recall the names of her two granddaughters even though she had been told dozens of times. What we did was to teach one name at a time.

We got a photo of the youngest, Peggy, and wrote the name PEGGY on a piece of paper underneath it. “Who is this?” we asked.

“Peggy” was the reply. This was simple. So we removed one letter from the name underneath the photo. It now said

PEG_Y

Again we asked, “Who is this?” and the lady was able to reply “It’s Peggy”.

So we kept on removing one letter from the name under the photo, like this:

P_G_Y

__ G_Y

____ Y

and each time we asked the lady was able to get her granddaughter’s name correctly. When she was able to name the photo correctly as "Peggy" we used the method of Spaced Retrieval to make the memory stronger. We then went on and re-taught her the name of her second granddaughter.

This method can be used with people who have very serious memory difficulties. The focus is on helping the person to make a correct retrieval from their memory. It is this that seems to be so effective in helping lay down new memories.

All of these three memory techniques take up time and need to be administered in a friendly, patient and non-confrontational manner. It is important not to patronise or demean the person with memory difficulties. Although quite a bit of effort is required if you choose genuinely useful and meaningful bits of knowledge for the person to learn then the effort will be well worthwhile.

ROUTINES AND SPECIAL EVENTS

This means just getting organised in time. So, regular waking, mealtimes and bedtimes can often save the trouble of having to remember new information each day. These routines help to locate the confused person in time. The more that you can arrange for everyday life to happen almost automatically then the less you have to concentrate on what is happening. If your life is predictable you can attend to something else, hopefully something more enjoyable.

Because of the difficulty in learning new things people with serious memory problems do not respond well to complex and changing situations. Stability and predictability are most welcome. Familiar faces, familiar places and familiar routines all help to create a sense of security. Too much variation can easily become overwhelming and confusing.

But of course routines can become boring. If each day is indistinguishable from the last day and the day before that then people can become listless and apathetic. Furthermore, days indistinguishable from one another may make no mark on memory so never get retained at all. Rather than trying to make each day unique and different it seems to help to have a solid base of routine to your life punctuated with a few memorable events. The solid routine becomes a safe base; the special events can be planned for beforehand and recalled later. They become all the more memorable because they stand out from the background of routine.

Naturally, every person will have his or her own optimal proportions of routine and special events and it is a question of individual judgment how to achieve a correct balance.

THIS IS YOUR LIFE

Most people with memory problems complain about forgetting things from the fairly recent past. "I can remember my first day at school, or my wedding, but I cannot remember what I saw on TV last night," is a frequent comment. This is a well-known fact and even people who have no serious memory difficulties will say something similar. What we can do is use this preservation of Long Term Memory as a strength. It is one of the remaining good, healthy, strong areas that the person with memory problems has left. You can take advantage of this by making sure that the person has plenty of opportunities to talk about their past.

So, this means that it can be far more rewarding if you are caring for a person with memory difficulties to spend your time talking about the distant past than it is to try to talk about current affairs or the recent performance of a favourite football team. It is not only rewarding for you, it can be an enjoyable and rewarding experience for the sufferer too.

Sometimes it is enough to steer the conversation toward the past. Just chatting about old times may be sufficient to stimulate a good flow of pleasant and rewarding conversation that is meaningful and interesting to the person with memory difficulties.

Sometimes it may be necessary to use some sort of 'prompt' and these can be remarkably effective in stimulating ideas and responses. You could regard them as a key to unlocking a person's hidden memories. Get the 'key' right and you will be able to discover a wealth of knowledge and experience that would otherwise be hidden.

•A video or DVD of a film from the person's youth

•Look up some old family pictures

•Photos of past events or historical occasions like the Korean

War, or Kennedy's assassination.

•Old books or newspapers, even comics if you can get them.

•Music from the past brings back floods of memories.

•The smell of carbolic soap

•Old utensils like mangles or flat irons can be touched and handled. This can bring forth a rich stream of memories.

•The taste of certain foods may be especially powerful if they are associated with the person's youth

•Most bookshops have a section on local history which will have some photos of what life was like when this person was younger

This sort of reminiscing can go on for as long as you like and repeated many times. The prompts that you use are limited only by your imagination. The joy of reminiscing is that it allows the person with memory problems to take a main part in conversation, maybe even to lead it. For once they are competent and expert, something that does not happen too often when serious memory impairment strikes.

You may choose to make this a little more formal and organised by building up an album of the person's life. This can be done using a scrapbook or a photo album or a loose-leaf folder. You can insert as much information and as many pictures as you think is desirable. Generally, it is better to put in slightly too little rather than run the risk of overloading the person with too much detail.

A very simple album for somebody with moderate dementia would contain one photo and a little bit of explanatory text on each page. Page one could be a picture of the person as a baby with his or her parents. The text would say something like "I was born on 15th July 1937, my parents were Peter and Elaine Drury". The next page might be of a larger family photograph or of the person at school. Again, a short bit of text would explain where the photo was taken, who is in it and the date. You will know what are the most important parts of a person's life to include but it would be worthwhile thinking about including some of these:

•Family

•Schooldays

•Religious interests

•First job

•Military service

•Marriage or other significant relationships

•Children

•Other jobs and especially best ever position attained

•Achievements and hobbies

•Holidays

•Grandchildren

You can involve the person with memory problems in making up this album, ask them what they want to see included. Watch them, see what gets them interested and what leaves them cold.

When the album is completed you can use it as a conversation piece, as something that you can look at together and talk over. Or you can leave the person to look through it alone.

A very important use of these sorts of personal history albums is that they may be shown to professional staff, care assistants, nurses and doctors. By doing this you can show these professionals something of the individual person behind the illness. This really can be an eye-opening experience for some professionals. Too often people in the health and social services tend to see their clients and patients only as they are now. It is difficult to imagine how these people would have been when younger, fitter and more competent.

Sometimes one may stumble across events in a person's life that causes them to become sad or upset and tears may be spilled. Caution and sensitivity is called for here. On the one hand it is frequently the case that people appreciate the chance to talk about things that upset them and feel better for doing so, even if the listener is made to feel a bit uncomfortable. On the other hand few people like having to relive old traumas and should not be encouraged to do so. The golden rule is that if the person with a memory problem shows any signs of reluctance or resistance around any topic then you should respect that, follow their lead and take the conversation in another direction.

PERSONAL REMINISCENCE TAPES

An interesting variation is to make a recording of pleasurable personal memories on to a cassette tape. This can then be played back to the person with memory problems at a time of their choosing. This means that they can have something interesting to listen to at times when carers are not around. I have used this technique and have had great success when a close member of the sufferer's family makes the recording. This seems to make it more comforting.

All that is required is that a willing person speaks into a recording device; mp3 recorders, smart phones and personal computers can all be used. He or she should be somebody well known to the person with memory problems and should talk as if having a reminiscing conversation with that person. They should speak to the person they are addressing. For example, they could say 'do you remember when we went to Dartmouth?' The recording could cover any topics one thinks might be found interesting and the length of the taped conversation really is a matter of individual judgement.

Try to:

1. Use the best quality recording equipment available to ensure that what you record is clear and comprehensible. Speak clearly and at an appropriate pace.

2. Create 15 - 20 minute conversations by remembering out loud happy times and special occasions from our life together. Topics may include family anecdotes, favourite prayers, remarks about hobbies and interests and favourite songs.

3. Start off with a brief introduction, saying "*Hello (name), good to talk to you today, it's (name) here"*

Or, " *Hi Dad/Mum, it's (name)"*

- *"I was thinking the other day about…".*

- *"Do you remember that time when….".*

- *"We were talking the other day about…."*

- *"A funny thing happened to me yesterday and it reminded me about that time when…"*

4. Ask the listener to participate in the memories, for instance by using the phrase "Do you remember when.....", and leaving short pauses for the listener to respond.

5. Ideally the recording will be made by the person closest to the person with a memory problem. However, other members of the family or close friends may contribute and recount special memories they share together.

6. Use the usual personal terms of endearment and affection that would be used in a conversation with this person.

Try not to:

1. Speak too quickly or quietly.

2. Talk about topics that may cause anxiety or unhappiness.

3. Speak about events that have happened fairly recently as the person may be unable to recall these.

The tape is given to the person with a poor memory to use as and when he wants. In practice this may mean making it available to care staff in a ward or home to put on. The recording is usually played back via personal headphones to protect privacy.

It has to be said that in our experience many people have enjoyed and benefitted from these personal reminiscence tapes. Some people have found them uncomfortable and have appeared confused by hearing a disembodied voice of somebody familiar. Be aware that this may occur and discontinue using the recordings at the first sign of distress or upset.

SUMMING UP

PREVENTION

Look after your health. Keep your weight down

Take regular exercise and stay active (but avoid activities that carry a risk of head trauma)

Ensure you have a healthy diet with plenty of fruits and vegetables. Avoid excessive use of alcohol

Keep your mind active by engaging in stimulating and difficult puzzles, games and challenges

MANAGING A FAULTY MEMORY

Use your strengths, especially your good memory for the distant past

Make notes, use a diary, alarms, reminders etc. Get a Filofax or electronic PDA

Get into a routine so you don't need to remember too much

Prepare some good excuses, and use them

SOMEBODY ELSE'S POOR MEMORY

Use their strengths, talk about what they know best – often their past

Encourage them to repeat what you want them to remember, don't just keep telling them

Use 'Vanishing Cues' to help them learn

Make a personal tape

Make a personal 'life history album'