

4. Mind health

Memory

How does memory change for people ageing with a traumatic brain injury?

After a brain injury, people can have trouble remembering things that are happening day-to-day. Luckily, knowing “how” to do things and facts about the world tend to be unchanged after a brain injury.

It is normal for you to forget things more often as you age. However, changes in memory that are a normal part of ageing are usually small and shouldn't make it harder for you to do things you are already doing on your own.

Memory is made up of different steps like creating (encoding), keeping (storing), and finding (retrieving) information. Older adults with a brain injury may have trouble:

- Making new memories
- Putting memories into long-term storage when you are distracted or overloaded and haven't processed the information at a deep level.
- Accessing memories from long-term storage

Strategies for people with mild to moderate difficulty with memory

Here are some strategies that might be helpful if you have mild to moderate difficulties remembering things. People with severe memory difficulties will probably need different strategies and should see a health professional.

- Get rid of nearby distractions (for example, go to a quiet place, put your phone on silent, turn the TV off).
- Remind yourself to focus and listen carefully before seeing and hearing information.
- Try breaking information down into smaller parts – making it as simple as possible.
- Ask people to slow down when giving you information (giving you one part at a time) or ask for things to be repeated or explained more simply.
- Try summing up and repeating what you have heard back to the person who said it straight after hearing it.
- Ask people to make information more personally meaningful or structured (put it into context, present it so that it flows logically).

- Keep a record of information as soon as you hear it (try writing in a notepad/diary/calendar, taking photos or recording voice messages in your mobile phone).
- Look back at a written copy of key information – don't rely on yourself to take it all in (this can be helpful when you are given lots of details).
- Re-read and reword key information more than once and come back to it again through the day.
- Use reminders on your phone (try setting alarms for upcoming events and appointments).
- Keep a whiteboard or calendar at home in an easy-to-see place and write things down (to-do-lists, messages, and weekly events).
- Check with family and friends (or your whiteboard or calendar) to make sure your memory is right. Ask a family member or friend to go to important meetings or appointments with you so that you can have an extra set of ears and someone to discuss things with afterwards.
- To reduce the chances of remembering things incorrectly, write down the “who, what, where, when, and why” of information when you first hear it to make more related links within your memory.

Where to get help

A GP or rehabilitation physician can give you a referral for a neuropsychologist. A neuropsychologist will assess your strengths and weaknesses and some will make a tailored program to help you to regain lost skills by learning new ways to compensate for those skills. An occupational therapist can also make a tailored program for you.

Cognition

Changes to cognition as you age with a traumatic brain injury

The term cognition means ‘thinking skills’. It is normal for some parts of your cognition to get a little worse with age, particularly after 65 years of age. However, changes to your cognition that are a normal part of ageing are usually small and shouldn’t make it harder for you to do things you are already doing on your own.

You may also notice changes to your cognitive skills after your brain injury. A brain injury can also make cognitive decline, that is a normal part of ageing, happen sooner or faster. But a brain injury itself does not always cause cognitive decline.

What are some strategies that might help with certain cognitive skills as we age?

Some areas of your cognition may be affected by a brain injury and may also get worse with age:

Speed of thinking

You may not be able to process information and give a response as quickly as you used to. You may also need to take more time to complete simple tasks.

Strategies you can try:

- Allow more time to complete tasks and respond in conversation.
- Allow yourself time to prepare for meetings and appointments by writing lists of the things you would like to discuss.
- When seeing a health professional ask for longer appointment times.

Attention and concentration

- You may have trouble filtering out irrelevant information
- You may find it more difficult to multi-task than you used to
- You may notice yourself forgetting names or losing your train of thought

Strategies you can try:

- Minimise nearby distractions
- Break information/tasks into smaller parts and focus on one at a time
- Don’t try to do more than one thing at a time

Language and word-finding

You may have trouble finding the right words to say (feeling like the word is “on the tip of the tongue”).

Strategies you can try:

- Describing the meaning of the word
- Visualise spelling the word – run through the letters of the alphabet to try to work out what it starts with

I’d never heard of a neuropsychologist (before)... and they were just such a big change in my life. They helped me make decisions myself and laid out a few ideas on how to deal with different situations and then work on which one’s the best for me. That was very helpful.

Raylene, lived experience of traumatic brain injury



Planning and organisation:

You may find it hard to solve new problems, make decisions, plan or organise things, or remember to do things in the future.

Strategies you can try:

- Get into a regular routine – do important tasks around the same time each day and in the same order each time
- Use calendars and set alarms to remind you to do things in the future
- Get help to break down tasks into small steps and make checklists you can refer back to
- Ask someone to watch you while you complete a task and give you feedback at regular periods.
- Keep a folder with all important documents such as health documents and specialist referral letters.
- Talk to your GP or pharmacist about options for medication management – Webster packs, pill organisers, e-scripts.

Where to get help

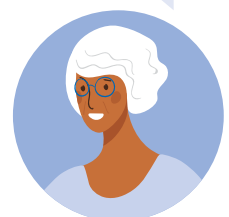
Depending on your individual difficulties, a GP can give you a referral to one or more allied health professionals:

- An occupational therapist can help with functional tasks and put in place strategies to compensate for cognitive difficulties.
- A speech pathologist can help with language and communication difficulties.
- A neuropsychologist can do a neuropsychological assessment to get a profile of your cognitive strengths and weaknesses. This can help them to make a program that will help you to regain lost skills by learning new ways to do things.



I was losing things, missing appointments, forgetting people and that's how we came up with my board. I've got tools. Before we dealt with this I would walk to the shop and walk out without paying or walk out without things and I would get home and have to go back.

Raylene, lived experience of traumatic brain injury



Dementia

How does a traumatic brain injury impact dementia?

Dementia is a disease that causes a greater level of cognitive decline than what is expected with normal ageing. Alzheimer's disease and vascular dementia are the most common types of dementia.

Dementia onset usually occurs after 65 years of age, and the risk increases as you get older. Genetics and family history can also affect your chance of getting dementia. There is also some evidence of a link between moderate and severe brain injury and the risk of developing dementia later in life, although this is still only a small risk.¹⁷

Dementia usually affects short term memories, making it hard to make new memories or remember things that just happened. People can usually remember long term memories or old memories until the disease reaches advanced stages.

However, dementia can affect more than just memory. In the initial stages, Alzheimer's disease can affect your ability to plan and organise, reduce your interest in daily activities, and cause personality and behaviour changes and changes in language.

It is important to be aware that some symptoms of a brain injury can be the same as symptoms of dementia. These similar symptoms may include:

- Problems with concentration and attention
- Impaired memory
- Speech and eating problems
- Balance and coordination problems
- Behavioural problems
- Changes in personality or mood

So, if you are worried that the symptoms you are experiencing could be signs of dementia, you will need to talk to a doctor.

Can I reduce my risk of developing dementia?

There are some lifestyle choices you can make to help reduce your risk of developing dementia.

Physical health

- Engage in regular physical activity at a moderate level (a level where you are a bit puffed out)
- Eat a balanced diet
- Adopt healthy sleeping practices
- Stop smoking, avoid excessive alcohol use
- Get regular medical check-ups

Mind health

- Keep socialising with friends and family to keep your mind active and share the journey with others going through the same stage of life
- Keep your mind active by taking part in lots of different activities – especially new activities that you haven't done before that will challenge your brain, such as cooking, woodworking or learning a new language
- Depression can make it feel like your cognition is getting worse, similar to dementia. See a doctor to determine if your cognitive decline is a symptom of dementia or depression

Where to get help

There are a number of specialists that your GP can refer you to if you have dementia. These include neurologists, geriatricians, and neuropsychologists. These health professionals can diagnose dementia and if you do have dementia, they can offer information and advice on how to treat and manage your symptoms. This may include prescribing medication.

Organisations:

Dementia Australia <https://dementia.org.au>

See *page 71* for more details on how to contact some more organisations.