Comments on My Life with Mild Cognitive Impairment

By David Shay

Editor’s note: David Shay is a retired business management consultant who has advised large corporations both nationally and internationally. Two years ago, he was diagnosed with Mild Cognitive Impairment (MCI). He resides in San Diego, California.

When did you (or someone else) become aware that you were having memory problems?

In fall of 2008, I met with a neurologist, Dr. Mike Rafii. I still have my notes from that meeting. I told him that my wife, Maria, thought I was making too many entries on my daily “To Do” list, and she wondered how many I was completing. Also, when others (mostly my wife) would ask me about my forgetfulness, sometimes I would get agitated and if pressed, I could get angry which was leading to heightened tensions.

What adaptations have you made to help you cope with memory loss?

I still write “To Do” lists, but often note who wants it (e.g. “pay Citibank”); what the expected content & outcome should be; and why, when, and where (if appropriate). I also now use a datebook, which has ample room per day to write the time as well as pieces of who, what, why, when, and where, as needed. If it is a doctor’s visit, I often write the assistant’s name so I can be more cordial. I carry that date book in my pocket ALL day, so that I can make appointments if someone calls and not double book myself.

Every time I open my datebook, I deliberately look at the visible 7 days. That way, I am reinforcing what I’ll be doing for the next several days so I won’t be surprised that I have 2 appointments tomorrow. I’ll remember the times and the person much better that way. As the close of the week creeps in, I’ll start to look at next week’s schedule, too.

What is the hardest part about having MCI?

If someone puts me under pressure to remember an appointment, issue, or location of an item, it can almost become impossible to retrieve the information. I will ask the person to give me some time (not under pressure) and then I can generally respond rather quickly.

Has anything good come out of having MCI?

I have always enjoyed helping others and now that I’m in a support group and being recognized for my contributions, I am fulfilling my “social service” needs again.

(continued on page 2)
Managing Life
(continued from page 1)

You recently joined a support group for persons with MCI or early-stage Alzheimer’s. What has been your experience with the group thus far?

I enjoy the meetings in which I interface with some folks with deep Alzheimer’s issues, and we laugh a lot and have solid social interactions. I don’t fear getting Alzheimer’s as I did before.

You’ve recently volunteered to participate in research. How do you hope to benefit from this?

I may not benefit in my lifetime, but it is important to me that I contribute to the body of knowledge that may help me and others.

What advice would you give to others living with MCI or early-stage Alzheimer’s?

Get a good doctor who participates actively in current studies, who continually follows the promising studies out there, and is constantly on the outlook for new studies to track or involve you in – studies that may benefit yourself and/or others by adding to the body of knowledge. Join any research study you can, whether it will benefit yourself or not. You will feel much better if you do.

Also, join a support group with folks having similar problems. Contribute to your support group in any way you can. In one of our weekly meetings I tracked that during one five-minute period, our group members (there were 12 that week) shared deep feelings about themselves 15 times and also laughed 25 times!

Unfortunately there are few support groups for people with memory loss around the country. In our local listings of support groups in the San Diego County area, there are approximately 60 groups for caregivers, but only two (or 3%) for the person with MCI or early Alzheimer’s. I suggest immediate action!

What advice would you give to friends and family about ways to assist a person with memory loss?

Avoid circumstances that put us under pressure! Also, friends of the person with memory loss should be encouraged to give their name when they make a phone call or meet on the street because the person with memory loss may not be able to remember your name. My wife and I wrote a letter to friends and family keeping them up to date on what is going on. It was the best way to request that friends or family members identify their name when communicating with me.

Friends and family need to recognize that they can’t control the course of our memory condition, but they can team with us rather than attempting to control us. My wife used to come to me and say, “Where is the bill from Macy’s? I need to see it (now)!” She is learning not to put me under pressure. She allows me more time to find things or follow through with a request. This helps me to function much better and I can find things more promptly.
The Center for Gerontology at Virginia Tech has available a helpful 6-page pamphlet on Mild Cognitive Impairment (MCI) that provides concise information for those diagnosed with MCI and their loved ones. Topics briefly addressed include: defining and diagnosing MCI; recognizing signs and symptoms; reactions to MCI; strategies for compensating for memory loss; planning for the future; and caring for the care partner.

The pamphlet is based on interviews with 99 families in which one member was diagnosed with MCI. Although the pamphlet was originally published in 2006, the material is certainly still timely and relevant. To download a copy of the PDF free-of-charge, go to: http://www.gerontology.vt.edu/docs/Gerontology_MCI_final.pdf

You may need to manually enter this address in your web browser to access the PDF.

A number of brief messages from persons with dementia at the end of the booklet provide meaningful reflections on living with Alzheimer’s.

This free-of-charge booklet is available online at the website of the Northern California/Northern Nevada Chapter of the Alzheimer’s Association. Go to http://www.alz.org/norcal/in_my_community_14292.asp and click onto the Help and Hope downloadable link to access the PDF.

**Online Resources**

**Help and Hope**

*For persons diagnosed with Alzheimer’s disease and related disorders*

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**Mild Cognitive Impairment**

*What do we do now?*

This 15-page booklet is published by the Northern California/Northern Nevada Chapter of the Alzheimer’s Association and is written for the person with Alzheimer’s or a related dementia. The booklet’s basic and practical information includes helpful summaries about important topics including: getting a diagnosis; talking to others; taking care of yourself; acknowledging feelings; safety; planning for the future; the unique needs of younger people with dementia; and helpful resources.

A number of brief messages from persons with dementia at the end of the booklet provide meaningful reflections on living with Alzheimer’s.
**HABIT**

*Healthy Action to Benefit Independence and Thinking*

By Angela Lunde, MA

“I remember the day that we were given the diagnosis of mild cognitive impairment - it’s as if somebody kicks you right in the solar plexus. It’s like, oh my gosh, you know, life as I have known it just ended.”

Shortly after he received his diagnosis, Bob and his wife Shirley made the decision to participate in Mayo Clinic’s new HABIT (Healthy Action to Benefit Independence and Thinking) Program. The ten-day (50-hour) HABIT program enrolls both the person with early-stage memory loss and a program partner and involves daily memory compensation training, brain fitness activities, supportive therapy, wellness education, and a yoga program.

HABIT is based on the understanding that people with early cognitive impairment can develop new habits. “We all have ‘habit memory’, otherwise known as procedural memory. This type of memory is preserved even as other aspects of your memory decline,” says Glenn Smith, PhD, Program Founder and Director. “So, in the program, we capitalize on ‘habit’ memory to compensate for the losses associated with mild cognitive impairment and early-stage Alzheimer’s.”

Participants in the program receive training on how to use a daily memory tool which offers them greater independence and less reliance on others. This can reduce stress for loved ones, as well. “The tool I learned in HABIT helps me with everything,” says Bob, “It’s a daily reminder of who people are, the kinds of things I do, what I need to do and important current events. I can even tell you where the Twins baseball team is at. I can’t say enough about the skills that I learned in HABIT and the support I received.”

HABIT benefits the support partner just as much as the person with memory problems. Many spouses are starting to face the emotional challenges of accepting the diagnosis and moving through the process of adapting to a new normal. Participation in HABIT can help support partners gain both a sense of empowerment and an appreciation for living fully in the present.

In addition, persons with memory loss gain a renewed sense that they are beautifully complete individuals with rich experiences and accomplishments. And a diagnosis of memory loss doesn’t strip that away.

“I find memory loss is in some way very freeing. You don’t have to remember yesterday or tomorrow, you just live today,” says a former HABIT participant.

HABIT includes the following five components in the program:

**MEMORY COMPENSATION TRAINING**

Participants learn to incorporate a memory tracking and organization tool into their daily routine and learn habits that can minimize memory loss and improve independence.

(continued on page 5)
HABIT
(continued from page 4)

BRAIN FITNESS
Participants sample a computerized brain fitness program and learn about dozens of brain-training books, computer games, and websites that are now available that may help to improve focus, speed of processing, and memory.

SUPPORTIVE THERAPY
Group discussions provide a safe and confidential setting for persons with MCI and their partners to express concerns, meet others, and gain insights into the changes and challenges of memory loss.

YOGA
Research suggests that a regular exercise routine can help to prevent memory loss. In addition, yoga and meditation can reduce stress and anxiety, lower blood pressure, and improve flexibility and balance.

WELLNESS EDUCATION
Overall wellness education is also a focus of the program. Topics include: brain healthy diets and supplements; exercise; and sleep hygiene. Participants are given information about the benefits and limitations of brain fitness products and an overview of new technologies that can offer greater independence.

If you are interested in learning more about the Mayo Clinic HABIT program, contact Angela Lunde at 507-284-1324 or lunde.angela@mayo.edu.

Angela Lunde, MA, is a dementia education specialist in the Mayo Clinic’s Alzheimer’s Disease Research Center in Rochester, Minnesota. She delivers the supportive therapy and yoga sessions for HABIT participants.

RESEARCH UPDATE
The Importance of a Good Night’s Sleep

A ample and uninterrupted supplies of oxygen are essential for brain health. Oxygen to the brain is reduced by “sleep apnea” a condition whereby an individual has abnormal pauses in his or her breathing during sleep. Although the heart does not stop pumping, the flow of oxygen to the brain is interrupted. Common symptoms of sleep apnea include loud or chronic snoring and abrupt awakening from sleep with associated gasping for air. Persons with sleep apnea may also have increased daytime fatigue, irritability, or difficulties with memory or concentration.

CPAP (continuous positive airway pressure) is a common treatment for persons with certain forms of sleep apnea. This device worn during sleep provides continuous oxygen flow to the brain. Previous research findings (Ancoli-Israel, 2008 and Cooke, 2009) suggest that CPAP treatment may slow or improve cognitive (thinking) problems in persons with Alzheimer’s.

Kristine Yaffe, MD and colleagues recently reported findings in the Journal of the American Medical Association suggesting that the oxygen loss associated with sleep apnea during nighttime sleeping may be linked to increased risk for mild cognitive impairment (MCI) or Alzheimer’s. These findings support the importance of evaluation and treatment of sleep apnea for healthy brain function.
Protecting Yourself from Financial Neglect and Abuse
By James Lugannani

This article is Part 2 of a two-part series on managing and protecting your finances. For Part 1, see the Volume 16, Number 3, Spring, 2011 issue of Perspectives newsletter at http://adrc.ucsd.edu/news.html

People with early-stage dementia are especially vulnerable to financial neglect or abuse, including:

• **Fraud**: Theft or embezzlement by family, friends, or strangers
• **Neglect or Incompetence**: Someone you trust to handle your money is neglectful or incapable.
• **Forgetting**: Losing track of your property. If you forget you have a bank account, it’s as good as lost.

All of these risks can result in significant financial loss. It is crucial to have a plan to address these concerns. In this article, we’ll focus on steps you can take in advance to reduce these risks. Please discuss your ability to make these decisions with your physician first.

I. Get Organized!

The first step to protect yourself from financial neglect or abuse is to get organized:

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**Assemble your Finance Team**

Choose several trusted individuals who work well together, who will help you watch over your finances, and who you trust. Assign different responsibilities to each person – e.g. bookkeeping, check preparation, check signing, and financial statement review – so that no individual can control your entire financial life. By having these ‘checks and balances’ in place, it makes it harder for someone on your team to commit fraud or neglect.

**Diversify your accounts**

Having multiple bank accounts makes it harder for any “bad guy” to access all your money at once.

**Practice good “financial hygiene”**

Take your time making financial decisions. Make it a policy to say, “I can’t decide by myself. I have to check with my [accountant, son, wife, etc.].” Abuse can occur when the “bad guys” press you to make an immediate decision. Making it clear you won’t make a snap decision, and that you have others watching out for you, will send the “bad guys” away.

**Keep track of your finances**

In last quarter’s article, we asked you to prepare a list of all your financial relationships – bank accounts, brokerage accounts, insurance policies, bills, income (pension, Social Security, etc.). Ask your Finance Team to keep track of the list, so as not to lose any accounts.

II. Setting up Your Financial Relationships

Enable your Finance Team to work with your financial relationships (banks, brokerage accounts, etc.). Here are some of the tools you can use. Choose the tools that are right for your situation. Ask your Finance Team to assist you. Your attorney should be consulted for legal advice.

(continued on page 7)
Protecting Yourself  
(continued from page 6)

Powers of Attorney
You can authorize another person to act on your behalf. The power can be limited (another person can only do some things, defined by you), or the power can be general (another person can do anything). If you are not comfortable granting Power of Attorney for your entire financial life, many financial institutions have forms that apply to just a single account. For example, you may want someone to help you with a single checking account, but not all your accounts.

Extra Signer
You can give someone else the right to sign checks on a specific account. Extra signers can sign checks, but that’s all. They don’t share ownership in the account and they can’t open a new account or close the account. (This also works with credit cards.)

Right of Inquiry
You can permit people to inquire about your account (e.g. ask about a balance, or if a check has been deposited), but not authorize them to take action (e.g. check signing, selling securities, etc.). This can be handy if, for example, you want your bookkeeper to be able to make inquiries about your account.

Duplicate Statements
You can authorize certain people to receive duplicate copies of statements. For example, you may want one of your Finance Team to receive copies of your bank and credit card statements so that they can review the statements and make sure income and spending are OK.

III. Early Detection
Your Finance Team should help protect you from neglect and abuse. Some warning signs are:

- Sudden changes in your accounts
- Unexplained changes in your will
- Large payments or transfer to others
- Telephone calls from banks or brokerage companies investigating unusual or suspicious activities
- Your or anyone’s suspicions about neglect and abuse

Discuss this with your Finance Team and everyone who cares about you! Tell them to speak up if they ever suspect abuse!

IV. What Should Someone Do if They Suspect Abuse or Neglect?

- Discuss their concerns with you or a member of your Finance Team
- Contact a local elder abuse agency. In the United States, [www.ncea.aoa.gov](http://www.ncea.aoa.gov) provides many resources.
- Contact the police.

V. Conclusion
There is no perfect way to prevent financial abuse and neglect, but these steps will make it harder for any “bad guys.” To supplement this article series, we are happy to provide you with a step-by-step guide and sample worksheets free of charge.

You can request them by email at james.lugannani@ubs.com, or you may call me at 415-954-5956.

James Lugannani is a Financial Advisor at UBS Financial Services in San Francisco. He is proud to work with families and individuals with cognitive and physical disabilities.

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