

Master of Memory

Relevance

Studies show that 80 percent of older adults complain about memory problems, but only 15 percent report them to their health professional. People of all ages complain about forgetting, but older people tend to worry more about forgetting and memory loss.

Many things may diminish memory. Increased anxiety about memory loss may interfere with the hippocampus, which puts together new memories and processes them for storage as long-term memories. Regardless of age, memory losses are increased by factors such as inattention, anxiety, or depression. Living alone, stress, illness, adapting to the loss of relationships, and the negative stereotypes of society all may affect the older person and their memory. Biological and psychological factors may also affect memory. Hearing and vision loss are examples of biological factors that may affect the mind. Also, medical conditions such as hypertension or high cholesterol may play a role in memory function. Physical activity combined with proper nutrition may be able to impact high blood pressure and high blood cholesterol. In addition, higher levels of physical activity may increase blood flow to the brain, which is integral to brain function.

While there are changes in memory as people grow older, most people can improve their memory with training and practice. Improving memory, however, requires a belief that change is possible. Studies have shown that older adults were less likely than younger adults to attribute memory function to controllable factors such as using effective strategies.



Those elders who did make attributions to these factors demonstrated better performance than their peers who did not see memory as being under their control. Other research demonstrates that older adult memory performance can be improved through external and internal strategy training.

Though it is relatively hard to estimate the incidence of negative attitudes among older Texans regarding their memory, we are able to draw some conclusions based on the numbers of older adults in the state. Texas has the fourth largest population of adults over age 65 in the nation. The fastest growing segment of this population within Texas and across the U.S. is those adults over age 85. Too, most of the older adults within the state are community dwelling, which means that it is in their interest, indeed essential, for a high level of memory function. While more than 2 million Texans – almost 10 percent of the state's population – are over 65, only 5 percent of that number live in residential care facilities.

Response

The goal of the Master of Memory program is to improve participants' memory function. Master of Memory encourages participants to recognize they can impact their memory function, evaluate their own memory function, identify factors that may enhance or detract from their memory function, and find ways that may help address some of those factors. The six-lesson series includes presentations on memory and learning, memory strategies, nutrition, medications, medical conditions, and exercise for the body and mind.

More than 120 persons, including county Extension agents – Family and Consumer Sciences and volunteers, have received training to deliver the Master of Memory program series.

In 2008, The Master of Memory program series provided more than 3,600 educational contacts throughout the state.

Results

In 2008, an evaluation study was conducted with 344 participants who completed the Master of Memory series. Significant differences from pre to post were noted in three primary outcome areas related to memory function: confidence in ability to improve memory, understanding controllable risk factors associated with memory loss, and understanding actionable steps that can be taken to improve memory.

As a result of attending the educational series, participants demonstrated higher confidence levels in their ability to take steps to improve their memory functioning. Similarly, respondents indicated a reduction in negative attitudes related to memory and aging (62 percent held negative stereotypes regarding aging and memory function pre-series vs. 29 percent post-series). Data also indicated that respondents had a significant increase in their understanding of risk factors that may be controlled to help memory function, including diabetes, depression, hearing loss, and vision loss. Lastly, respondents indicated an improved understanding of proactive steps they could take to improve their memory (72 percent pre-series vs. 88 percent post-series).

Regarding concepts presented in the lessons, attendees were asked whether or not they learned a new memory strategy. Eighty-one percent of respondents indicated that they learned a new memory strategy. Ninety-eight percent of respondents indicated they felt more confident with their ability to remember or improve their memory.

Retrospective-post evaluation was used to garner understanding of essential concepts presented in each lesson. Changes in knowledge can be seen in the following table:

Item	Pre	Post
I am aware that memory loss is not a “normal” part of aging.	38%	71%
I am aware that medications may affect my memory.	91%	100%
I understand the difference between delirium and dementia.	20%	99%
I am aware that social isolation may affect my memory.	64%	100%
I am aware that many memory problems are treatable and may be reversible.	72%	100%

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