

PD Talk: Navigating Memory Changes in Parkinson's Disease

Judy Jenner, MS, CCC — Parkinson's Association of Southwest Florida

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PD Talk: Navigating Memory Changes in Parkinson’s Disease (PD)

Presented by: Judy Jenner, MS, CCC (Master of Science; Certificate of Clinical Competence) **Date:** March 14, 2025 **Presented for:** Parkinson’s Association of Southwest Florida

About this transcript: Timestamps are estimated based on the pacing of the recording and are intended as a navigation aid; they are not exact video timecodes. “Judy Jenner” identifies the presenter throughout. “Moderator” identifies the association staff member who manages the session and questions. “Participant” identifies a brief audience reaction that could not be attributed to a specific individual. During the question-and-answer segment, individual audience members are identified in the order they ask questions as “Audience Member 1,” “Audience Member 2,” and “Audience Member 3,” rather than by name.

Welcome and Introduction (Estimated 00:00)

Judy Jenner: Good afternoon, and thank you all for coming today. I hope to give you some good information, first generally about memory changes we all experience, and then some specific information about memory issues in Parkinson’s disease.

Before we get started, does anyone have questions? Everybody set and ready to go? All right, here we go.

We’re going to be talking about navigating memory changes in Parkinson’s disease. I’m a speech-language pathologist, and speech-language pathologists do work with memory issues. We work with speech and communication problems, swallowing problems, and cognitive or memory problems as well.

Understanding Short-Term Memory (Estimated 00:02)

Judy Jenner: Let's talk about what memory is, starting with short-term memory. Short-term memory is exactly what it sounds like: short. It is the capacity to recall small amounts of information for a very short period of time — even just seconds to minutes. If you don't rehearse that information or pay extra attention to it, it may only stay in your brain for a couple of seconds.

Short-term memory can only hold about seven items at once, plus or minus two. Think about a telephone number: how many digits does it have? Seven. That's exactly why — that's about the limit for your brain.

Short-term memory is very susceptible to distraction or interference, and new memories take the place of old ones. If something goes into my short-term memory right now, an hour later something else may take its place, and what I knew a moment ago is probably gone, unless I actively try to remember it.

We use short-term memory all day long. It's what lets us participate in conversations and solve problems — I have to be able to focus and remember what people are talking about and what they've said. Short-term memory loss can be very frustrating and debilitating, because it interferes with daily living and independence.

Understanding Long-Term Memory and How Memories Are Formed (Estimated 00:05)

Judy Jenner: Now let's look at long-term memory. There are many different types of memory; today we'll focus on short-term and long-term memory.

You use your long-term memory all day long — even more than your short-term memory. Long-term memory allows you to recall things like the steps to make coffee, how to get to work, and past events that moved from short-term memory into long-term memory. You really do use long-term memory much more than short-term memory.

So how does information move from short-term to long-term memory? First, it goes into short-term memory, which is temporary storage. If you pay attention to that information, it's transferred to long-term memory, or permanent storage.

For example, when you meet someone new and hear their name — say, “Judy Jenner” — that information sits in your short-term memory for just a few seconds or a minute. But

if you attend to it and think, “Judy Jenner, she’s the speech therapist who works with the Parkinson’s Association, I’ve heard her name before,” that attention is what transfers the information into long-term memory, or permanent storage. Does that make sense? Any questions about that?

There is no limit on how much information your long-term memory can hold, or for how long.

Why We Forget: Common Causes of Memory Lapses (Estimated 00:08)

Judy Jenner: So why do we forget things? Good question. The biggest problem is decreased attention. If you do not pay attention to something, you will not remember it — you simply will not.

As we leave the workforce and get older, we stop paying attention the way we used to. Think about when you were working full time: you had a very good attention span. As we age, we pay less attention to things, and that attention span gets a little rusty. Doing things that help focus and maintain your ability to attend is very important.

Other reasons we forget include alcohol, poor sleep (which we know affects everything), certain medications, and stress — we forget things when we’re very stressed. Medical factors such as blood clots, tumors, and infections in the brain, as well as any neurologic disease like Parkinson’s disease, can also affect memory. Depression, if you’ve experienced it or know someone who has, can affect our ability to recall. Age itself plays a role — as we get older, we don’t remember things as clearly, quickly, or completely as we used to.

Vitamin deficiencies, particularly vitamin B12, are responsible for some types of memory loss, and thyroid, kidney, and liver disease can also impact memory.

Types and Causes of Memory Disorders (Estimated 00:11)

Judy Jenner: There are different types of memory disorders. Brain injuries, such as concussions or head injuries, can cause memory problems. There are treatable illnesses that can cause memory problems, like depression. And there are chronic conditions, like Alzheimer’s disease, that impact memory.

Memory disorders are usually classified based on their duration: they can be temporary — for example, after a concussion, memory issues often clear up — or they can be progressive or permanent.

Normal Age-Related Memory Changes vs. Serious Memory Problems (Estimated 00:13)

Judy Jenner: As we age, changes occur in how the brain functions. You may notice that you don't remember information as well or as quickly as you used to, and you may temporarily misplace things or forget an appointment. These are not usually signs of a serious memory problem — just mild forgetfulness.

Serious memory problems are different: they interfere with your ability to do everyday activities, such as driving, using the telephone, learning new things, or finding your way home.

Warning Signs of Serious Memory Problems (Estimated 00:15)

Judy Jenner: What are some symptoms of serious memory problems? Asking the same question over and over. Getting lost in places you used to know well — something we commonly see in people with Alzheimer's disease, who can become disoriented and lost in familiar places, and have trouble finding their way home.

You might have trouble following recipes or directions, or trouble learning to use something new at home. There's often much more confusion about time, about who people are, and how they're related to other people and places.

Another sign of more serious memory problems is not taking care of oneself — poor attention to eating well, not bathing, or behaving unsafely, such as being impulsive. You might also see someone dressing inappropriately for the weather, for example wearing many layers of clothing when it's very warm. This, too, is typical of a serious memory issue.

Understanding Dementia (Estimated 00:17)

Judy Jenner: What is dementia? Everybody worries about this. Dementia is the loss of thinking, remembering, learning, and reasoning to the point that a person can't complete daily activities or live independently.

Although memory loss is common in dementia, it is not the only sign. People with dementia also have difficulty with language, with visual-perceptual skills, and with paying attention, and they typically experience changes in behavior or personality as well. Dementia covers a lot of different areas — it's not just memory.

Understanding Mild Cognitive Impairment (Estimated 00:19)

Judy Jenner: You may have heard another term in the news: mild cognitive impairment, or MCI. MCI is not as severe as Alzheimer's disease or dementia. People with MCI don't have the personality changes or other problems characteristic of Alzheimer's disease, and they're still able to take care of themselves and carry out their normal activities.

Some signs of MCI include frequently losing things, forgetting events or appointments, and having more trouble than other people coming up with words — that “tip of the tongue” feeling. Movement difficulties and problems with the sense of smell have also been linked to MCI.

People with mild cognitive impairment can still live at home. Many of our relatives, perhaps parents, had or have MCI but are still able to manage well, sometimes with “distant supervision” from family members — someone who helps with bills, reminds them about doctor's appointments, or reminds them to take medications. But they are still basically able to be on their own.

Age-Related Memory Loss (Estimated 00:21)

Judy Jenner: So we've gone from dementia, to mild cognitive impairment, to age-related memory loss. Age-related memory loss involves only occasional difficulties with memory, without interrupting daily life — bills still get paid, your driver's license doesn't expire without notice, the electricity doesn't get shut off. You're still able to complete tasks as usual: laundry, bathing, dressing, grooming. You can still learn and remember new things, though it may take a little longer or feel a bit more challenging. There is also no underlying medical condition causing these memory changes — it's simply the memory change that comes with getting a little older.

I'd be surprised if any of you haven't experienced some memory changes as you've gotten older. I certainly have.

Types of Forgetting (Estimated 00:23)

Judy Jenner: Let's talk about the different types of forgetting. There's failure to store — you simply forgot to “push save,” just like on a computer. For example, I might tell my husband, “Don't forget, you have a dental appointment on Friday at 10:00 a.m.,” and he may simply forget to push save on that information; he didn't attend to it or recall it at all.

Over time, things can also just be forgotten — that's called decay. Sometimes there's interference, where other memories take priority: “Oh, I'd forgotten about that; it happened a while ago, and other memories have taken first place.” And sometimes we're motivated to forget things because they were traumatic.

Why Memory Is Affected in Parkinson's Disease (Estimated 00:25)

Judy Jenner: So why is memory affected in Parkinson's disease? This is really what we want to get to. Cognitive impairment affects many people with Parkinson's disease. The brain changes that lead to motor symptoms can also result in slower memory and thinking. Stress, medication, and depression also contribute to these changes — and we know that Parkinson's disease often involves stress, medication regimens, and depression, which can accompany any chronic medical condition. So it makes sense that memory could be affected in Parkinson's disease.

Attention and Mental Processing Speed in Parkinson's Disease (Estimated 00:27)

Judy Jenner: What areas are affected? As mentioned, attention — simply being able to focus. There can be difficulty completing complex tasks that require sustained attention or quickly shifting attention.

In speech groups, we talk fairly often about multitasking. Multitasking was once considered a wonderful skill we were all supposed to master — cooking dinner, talking on the phone, and monitoring the grandkids all at once. We now know that's not actually a good thing to do. With Parkinson's disease, people have more and more difficulty managing complex tasks, particularly when they have to pay attention to several things at once, do mental calculations, or concentrate during a task. There are a lot of attentional issues.

The speed of mental processing also slows down. This slower thinking can be associated

with changes due to Parkinson's disease, and also with depression. Signs of this slower mental processing include a delay in responding to something someone said, taking longer to complete tasks, difficulty retrieving information from memory, and a general slowness in mental processing.

Problem-Solving Challenges in Parkinson's Disease (Estimated 00:29)

Judy Jenner: Problem solving is another area affected in Parkinson's disease — trouble planning and completing activities, and difficulty generating, maintaining, shifting, and blending different ideas and concepts. Think about everything you used to manage in your job or in running a household — more and more difficulty can show up in those kinds of activities.

It helps to approach things in a more concrete, basic way. Loved ones can really help people with Parkinson's disease by providing cues, reminders, and greater structure in activities — that's a big help.

Language Changes in Parkinson's Disease (Estimated 00:31)

Judy Jenner: There are also language problems associated with Parkinson's disease. I want to clarify the difference between speech, language, and voice. In Parkinson's disease, people may have a soft voice or some slurring of words — that's speech and voice. Language is something completely different: it's our ability to form thoughts and put them into words.

People with Parkinson's disease often have word-finding difficulty, sometimes called “tip of the tongue” — they can't come up with the word they want to use. This isn't unique to people with Parkinson's disease; we all have more trouble finding words as we age. It's often more pronounced when a person with Parkinson's disease is under pressure or stress, which describes many communication situations — trying to be loud, trying to think about what they're saying, and trying to process what others are saying to them, all at once. That added pressure and stress can make it harder to organize thoughts and get sentences out.

There can also be more difficulty understanding long, complex sentences. Last week, I

gave a presentation on how to improve communication with people who have Parkinson's disease, and one point we discussed in detail was making things more concrete, shorter, and to the point, to help with that language and mental processing.

Slurred speech can occur because of muscle weakness, and there can be problems with naming or misnaming objects — this is more common in the later stages of Parkinson's disease.

Visual-Spatial Changes in Parkinson's Disease (Estimated 00:34)

Judy Jenner: In Parkinson's disease, you can also see visual-spatial changes. This is difficulty in how a person visually perceives the world — it's not about visual acuity but about visual perception. There can be more difficulty judging distance and depth, which can interfere with parking a car, navigating steps, or remembering exactly where the car is parked in a lot.

During advanced Parkinson's disease, if dementia is also present, there can be significant difficulty processing information about the environment — really understanding where and what's going on. Sometimes people may have visual misperceptions, rather than true hallucinations — they look at something and interpret it as one thing when it's actually another, for example mistaking a shadow for a car. These visual problems are more prominent in low-light situations, so it's very important for people with Parkinson's disease to have well-lit environments.

Overall, in Parkinson's disease, cognitive changes tend to involve mental processing speed, language, problem solving, and visual-spatial skills more than short-term memory itself, though there are many areas where changes can appear.

Neuroplasticity: The Brain's Ability to Change (Estimated 00:36)

Judy Jenner: The good news is that our brains have something called neuroplasticity — throughout our lives, the brain can change and rewire itself in response to new learning and experiences. If you're experiencing any of these challenges, you can actually help your brain change and adapt.

A few examples of neuroplasticity: learning a new language requires the brain to create new neural pathways in areas responsible for language processing. Learning a new mu-

sical instrument has been shown to increase brain activity and cause structural changes related to motor control, auditory processing, and memory. And taxi drivers, who constantly navigate unfamiliar routes, have been found to have a larger hippocampus — the area of the brain responsible for navigation — compared to bus drivers who follow the same set routes every day.

In other words, constantly navigating new routes stimulates the hippocampus, while following the same route repeatedly does not provide the same stimulation. So a good way to build your own neuroplasticity is to change up your routine: drive to the store a different way, or even change the order you walk through the grocery store. I typically go to produce, then meats, then canned goods — but changing that route stimulates new neural connections. Even changing the order of your morning routine (doing tasks B, D, A, C instead of A, B, C, D, for example) is good for your brain.

Memory Strategies: Repetition, Visualization, and Note-Taking (Estimated 00:39)

Judy Jenner: Besides neuroplasticity, we also have memory strategies we can learn to help us recall things — and many of us already use these.

Repeating and rehearsing strengthens neural pathways in the brain. Just like studying material over a long period in school fires the same neurons repeatedly, making it more likely you'll learn and recall the information. If someone tells me, "You have a dental appointment at 10:00 a.m. on Friday," and I repeat to myself, "Dentist, Friday, 10:00 a.m., dentist, Friday, 10:00 a.m.," that repetition strengthens the neural networks and improves my chances of remembering it. This is similar to how, in the past, if someone gave you a phone number — say, the digits 9-8-2-1-9 — you would keep repeating it to yourself until you could get to a pencil and paper to write it down.

Visualizing works well because our brains prefer the visual mode over the verbal mode. If you visualize a target — a number, a route, or the steps in a recipe — it helps you recall it. For example, if I need to pick up three items from the grocery store, visualizing myself carrying those three items out of the store, or seeing them in my grocery basket, makes it much more likely I'll remember them when I walk in.

Taking notes, or writing things down, is very helpful for recalling information. I know writing can be a challenge for people with Parkinson's disease, so verbal note-taking on your

phone is a good alternative, and technology keeps making this easier.

Memory Strategies: Association and Chunking (Estimated 00:42)

Judy Jenner: Association means connecting new information with something you already know — for example, remembering someone's name by associating it with a physical characteristic or a celebrity with the same name. You try to link the new information (their name) with something old that's already in your memory.

Let's test your memory right now. Take a quick look at a list of words, and then I'll see how many you can recall after about a minute. [Anyone want to try?] Let me show you an easy technique: the words can be grouped into categories — for example, golf, tennis, track, and baseball; sun, moon, stars, and planet; bathroom, bedroom, kitchen, and living room; water, juice, coffee, and soda.

If you look at those words and organize them into categories, you should be able to remember all of them — that's a technique called chunking, where we group information to make it easier to learn and recall. Instead of trying to learn sixteen separate words, organizing them into four categories makes the task much easier.

The same idea applies to numbers. A ten-digit phone number, for example, is much easier to remember broken into chunks — such as 914-597-8219 — than as one long, unbroken string of digits.

Memory Strategies: Mnemonic Phrases, Alarms, and the Method of Loci (Estimated 00:44)

Judy Jenner: Mnemonic phrases are easily remembered phrases or abbreviations that help move information from short-term memory into long-term memory. A few common examples: "Roy G. Biv," which helps you recall the colors of the rainbow (red, orange, yellow, green, blue, indigo, violet); "i before e, except after c," as in "neighbor" and "weigh"; and "Thirty days hath September," for remembering the number of days in each month. Phrases like these can be very helpful for moving information from short-term into long-term memory.

Alarms — on watches, clocks, or devices like Alexa — are also very helpful for recall.

One strategy I've personally never used, though it's quite popular, is called the method of

loci. It dates back to around 500 BC (Before Christ), not BCE (Before Common Era). This method involves mentally placing items you're trying to remember around a room — say, your living room — putting one item on the sofa, another next to the plant, another on the window seat. To recall the information, you visualize yourself moving from the sofa, to the plant, to the window seat, triggering your memory of each item. I've never used it myself — it sounds complicated — but I know people who do.

Lifestyle Strategies to Improve and Maintain Memory (Estimated 00:47)

Judy Jenner: So how do we improve memory? Along with the strategies above, and the good news that our brains have neuroplasticity, here are some additional approaches.

If memory problems are interfering with your daily life, speech therapy is an option. In speech therapy, you can learn memory strategies, how to use alarm systems, and more.

Other ways to improve or maintain memory include good diet and nutrition, which are very important for brain, mind, and body health, and regular exercise. We're seeing more and more evidence that exercise is important for the brain and for recall. I encourage all of you to exercise regularly — we know exercise is the one thing that's truly effective for Parkinson's disease, so do it for Parkinson's and for your brain. Our association offers many exercise options, in person and through Zoom, at different levels.

Regular sleep is very important for memory, because memories are consolidated while we sleep — the brain does a lot of work during sleep. If your sleep is disrupted, for example by sleep apnea, that can significantly impact brain function and memory.

Socialization is very important for memory, and it's important to challenge yourself. Many of us don't want to anymore — we feel we've been challenged enough — but sometimes you have to put yourself out there and try something new: figuring out a new appliance, or reading through a new agreement for something like a health club membership.

It's also important to control chronic health conditions like hypertension, decrease alcohol use, and treat sleep apnea — very important, since snoring at night that goes untreated deprives the brain of oxygen, which is not good for brain health.

Find a doctor you feel you can have a real relationship with. Get creative about how you handle problems as they come up, and seek credible resources — for instance, ask your

doctor where to find reliable information if you're starting to notice memory problems, since there is a lot of unreliable information out there.

Try to learn a new skill, no matter how simple — a new recipe, or a new device or appliance in the kitchen. Following a daily routine is good, but mix it up now and then. Plan your tasks: make to-do lists, write things down, and use calendars. Keep your wallet, keys, phone, and glasses in the same place every day so you don't lose them.

Stay involved in activities that engage both mind and body — volunteering, spending time with family and friends. Ask for help when you need it, and accept it when it's offered. Be patient with yourself, and plan ahead for the possibility of future memory problems. Staying involved in activities that stimulate both mind and body, and spending time with friends and family, remain very important.

Brain Games and Brain Training: What the Research Shows (Estimated 00:51)

Judy Jenner: A lot of people are interested in commercialized brain-training products. Brain games generated over eight billion dollars worldwide in 2021 alone. Here are the key findings from a review conducted by Eat, Speak, and Think:

There is solid evidence that brain training improves performance on the trained task itself — in other words, you'll definitely get better at the specific brain exercise you practice. There is less evidence that this improvement transfers to closely related tasks, and even less evidence that these brain games improve everyday task performance. For example, doing Sudoku is not going to help you navigate your community without getting lost — you might get better at Sudoku, but it doesn't necessarily translate to everyday tasks.

Meaningful Real-World Activities for Cognitive Stimulation (Estimated 00:53)

Judy Jenner: What can you do instead? Try to modify activities you already enjoy. Good, meaningful, real-world activities for cognitive stimulation include simple household projects — not building a deck, but simple things like cleaning out drawers or straightening cupboards. Arts and crafts are very good. Try learning a new skill, making a new recipe, following current events, listening to or reading a new book, or watching short videos like

TED Talks. Creating a life timeline, scrapbooking, journaling, and genealogy research are also good options.

If you enjoy puzzles like crosswords, try a jigsaw puzzle or Sudoku instead every now and then — a different kind of puzzle. Some people love sitting down after breakfast with a cup of coffee and a crossword, and that's fine — just try adding something different now and then. I've seen people with moderate to fairly severe dementia still able to work through a crossword quickly, because it becomes a well-learned skill.

Making TV Watching and Downtime More Interactive (Estimated 00:55)

Judy Jenner: What about those of us who spend a lot of the day watching TV or sleeping? We're all in that category sometimes. The key is to make it interactive and social. For example, you might pause or mute the TV after a news story or commercial and summarize it — that's better for your brain than just sitting and watching passively.

For TV shows or movies, if you're with a partner, ask for their opinions or predictions, or reminisce about something the story brings to mind. Anything that promotes thinking and talking about what's on TV is more beneficial than simply watching. For example, if your spouse is cooking dinner while you watch the news, try to recall a news story to share with them later — that's a good brain exercise.

Tips for Supporting a Loved One with Memory Challenges (Estimated 00:57)

Judy Jenner: What can we do to help someone who is memory challenged? First, both people should wear their glasses and hearing aids. Offer help, generally only when it's asked for. Be very specific when prompting someone — instead of asking, "Did anybody call?" ask, "Did Linda call? Did Susan call?" Use the person's name, and make eye contact when you speak with them to get and hold their attention.

Use reminder notes and lists, and place them somewhere prominent. During my career doing a lot of home health work, I'd often see a very prominent calendar with all the appointments posted on the refrigerator — but the individual never actually went over to the refrigerator, so they never saw it. Make sure reminders are placed somewhere the person will actually see and use them, and keep things in routine, organized places.

There have been incredible advances in medication dispensers with built-in alarms that can alert a family member if a dose hasn't been taken. You can also use photos on a cell phone, or even a landline, to help identify contacts by picture instead of needing to recall a number, which also reinforces face-to-name association.

If someone is having trouble finding a word, you can offer a cue, such as, "The word you're looking for begins with the letter D." Don't finish the person's sentence for them — if they need more time, give them more time; remember the slower mental processing we discussed, and allow for it. When presenting someone with a list of actions, verbalize it and write it down for them. You can also ask questions to help move a conversation along and reinforce information for someone with memory issues, so they can keep up with the pace of the conversation.

Finally, remember that it's okay to walk away or redirect if you find yourself in a situation where one or both of you are becoming angry or frustrated over a memory issue.

Participant: So that never happens here anyway.

Judy Jenner: Any questions about all of that? That was a lot of information.

Question and Answer Session (Estimated 01:01)

Audience Member 1: Measuring Progress and Medications for Cognitive Impairment

Judy Jenner: Yes, do you have a question? You're muted — is someone able to unmute everybody?

Moderator: Yeah, I think I can unmute them.

Judy Jenner: Okay.

Audience Member 1: First of all, I wanted to thank you, and I'm glad the person who's with me could join as well, so the two of us are here together. What about measuring progress toward — not a cure, but there are drugs out there. Over the last eight years, I've taken part in two cognitive impairment studies. How good are they, in terms of tracking progress?

Judy Jenner: How good are the studies, the evaluations — is that what you mean?

Audience Member 1: That, and there are also drugs on the market now, both over-the-counter and prescription. Are they any good?

Judy Jenner: I did not focus my work in that area, so I'm not really the right person to comment. Your neurologist would be the one to speak to that. There are some prescription medications that, from what I've read, have been very promising and helpful. My understanding is limited, but they don't cure a memory problem — they may hopefully delay the progression of the memory issue. As for non-prescription medications, I really can't address whether any of those are beneficial. I honestly don't know.

Audience Member 1: Thanks.

Judy Jenner: Definitely discuss it with your neurologist, because while we don't have a cure, we hope to help prevent things from getting worse as quickly. Good question.

Participant: Thanks for that.

Judy Jenner: Are there any other questions, concerns, or challenges I might be able to help with?

Audience Member 2: Macular Degeneration and Lighting

Audience Member 2: I just have a question. Under the visual-spatial section, near the bottom of the page, there was something about macular degeneration. I don't think I heard you mention it, or I didn't read it fast enough.

Judy Jenner: Let me find it in my paper copy.

Participant: Very last line.

Judy Jenner: With regard to lighting: you want to make sure lighting is good, because there's an increased chance of visual misperception or illusions in low-light situations, such as nighttime, and especially if someone is also experiencing other visual problems like macular degeneration. So if you have a vision issue, it's very important to keep the area well lit, because there could be more misperceptions or illusions otherwise.

Audience Member 2: Okay — I'm a candidate for that myself. I don't have Parkinson's disease; my husband does. I just wondered, since I noticed it right away.

Judy Jenner: Right, it's important for all of us — as we get older, having more light really helps.

Audience Member 3: Using Storytelling as a Memory Strategy

Audience Member 3: One approach I've worked on with a neurologist for memory is making up a story using the things you're trying to remember — and the more outlandish the story, the better. So if you have a long list of things you need to do, or things to buy at the grocery store, make up a story using those items, and you'll be amazed at what you can actually remember.

Judy Jenner: That's very true, and I'm glad you brought that up — it's a very good strategy. You're right that the more outlandish you make it, the easier it will be to recall.

I do something similar that works well for me. When I travel, I'm always worried about leaving something behind, since I'm usually carrying several items. So I count what I'm carrying — for example, a sweater, a hat, a purse, and a carry-on: one, two, three, four, five — and every time I move somewhere, I recount to make sure I haven't left anything behind.

Does anyone else have questions, concerns, or challenges?

Closing Remarks (Estimated 01:07)

Judy Jenner: Memory definitely gets more and more challenging as we get older — for sure. So keep in mind all the good things you can do: diet, socialization, exercise, and good mental stimulation. All very important for us.

Moderator: Judy, thank you so much. Once again, you've provided us with an excellent program that's important for all of us — we greatly appreciate everything you do.

Judy Jenner: My pleasure. I hope it's been helpful.

Audience Member 2: It's very interesting.

Audience Member 3: Thank you very much, Judy.

Judy Jenner: If anyone has questions later on, get in touch with Sally, and write your questions down — she can pass them along to me.

Audience Member 1: Bye-bye.

Judy Jenner: All right, bye-bye. Thank you. Bye-bye.

Moderator: Take care, everyone. Thank you. Thank you, Judy.

[The recording provided for this transcript ends at this point.]