

# SINGAPORE EPILEPSY FOUNDATION *Newsletter*



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## Editorial

Remembering things, is central to our lives. When we don't remember, all sorts of things can go wrong! Memory disturbance is an important problem in epilepsy and is the centre issue of this newsletter. The article in this issue which deals with memory, first addresses the scientific basis of memory (which -please remember- is far from complete! ) and then interweaves practical issues with practical solutions. There are many useful hints and tips the reader can use to help develop and shape up memory to help us cope better!

Please enjoy this issue of the Singapore Epilepsy Foundation and don't forget to give it to someone who may benefit from its contents!

The Editor

### *Notice*

## *Design a Poster for IBE*

Here is your chance of winning a small price if your efforts are successful.

International Bureau for Epilepsy is organizing a public awareness poster competition. Further information on this competition can be found on the IBE website [www.ibe-epilepsy.org](http://www.ibe-epilepsy.org)

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## *Memory & Epilepsy*

# *Remembering to Remember*

### **INTRODUCTION**

It is well recognised that people with epilepsy are more likely to suffer with memory difficulties than those without epilepsy. A number of previous studies that have surveyed people with epilepsy universally report that respondents are likely to complain of decreased levels of attention and concentration, poor short term memory, slowness in thinking and lack of motivation. More recent studies, however, of people with epilepsy in remission report a much more positive psychosocial profile than people with frequent seizures and many people with the condition can lead a full and normal life without a significant intellectual and memory problems. Unfortunately for people with uncontrolled seizures, the combined effects of the underlying lesion that cause their epilepsy, uncontrolled seizures, and the continuous use of anti-epileptic drug treatment usually result in impaired memory functioning that can have a serious effect on day- to - day functioning. As a consequences, many people with epilepsy will report that in addition to the problem managing their epilepsy they have the additional burden of coping with there "falling memory." In this article the authors



will discuss that nature of memory disorders and how as neuropsychologists we help people with epilepsy cope with their memory.

### **WHAT IS MEMORY AND WHY IS IT IMPORTANT?**

Our memory is very important to us because it is the basis of the knowledge we have about ourselves, and the world around us. It registers, stores, and makes available information about our experiences, in our childhood. It is used for us to perform skills, recall factual information and even the recognition of odours,

tastes, and touch sensations. Nobody's memory is perfect. Some people are good at remembering people's birthdays than others, and some are better at remembering names. But what are good at often depends on what we are interested in. People who you think may have good memory may just be able to compensate for the poorer aspects of their memory by using coping strategies.

Memory consists of several different parts. For example, remembering what you had for tea yesterday is a different kind of memory compared to remembering how to ride a bicycle. In other words, memory is not just one thing that either works or doesn't work. Some aspects of memory simply work better than others. Forgetfulness (our inability to remember) can cause unpleasant feelings such as embarrassment, and anxiety. It can lead to a reduction in our self-confidence, as we may no longer trust ourselves to carry out certain tasks correctly. There is apprehension also when you are asked to remember something, as you might forget it again this time. This leads us all into a vicious circle of worry and stress, leading to more worry, which leads to an increased forgetfulness.

### **HOW DOES MEMORY WORK?**

When we try and remember something there are three areas, which the information can be classified: an **Action Memory**, for example riding a bike or a sprint start in athletics, or the actions to swim; **Visual Memory**, which is the memory of things in the visual form, such as faces, patterns whereas **Verbal Memory** is the memory for information in words, written or spoken. There are 3 Phases

of Remembering: the **Encoding Phase** is the learning phase. This is when we first concentrate on something and then register it. The **Storage Stage** is where the things that we tried to learn, are somehow stored in the brain. The **Recall Phase** is where we try and bring to mind what we have learned.

### **Encoding → Storage → Recall Phase**

All of these phases can have an effect on our memories. An analogy often used to illustrate difficulties in these stages is to imagine a library. If you are looking for a book that has not been entered into a library catalog then you will not be able to find it as there has been a problem registering it. If the book has been registered, but it was not filed away properly, you will not be able to find it in its place because it has been stored incorrectly. Or finally maybe you do not know how to use the library recalling system properly so you may not be able to find where the book is stored, even though it is there. While there is little that we can do to improve the storage stage of our memory there are things that we can sometimes do, to do something about the recalling and encoding stages. There are also different types of information that can be encoded and recalled.

### **EXAMPLES OF DIFFERENT TYPES OF REMEMBERING**

We could use our visual memory by trying to answer the question how many rooms are there in your house? You could do this by imagining yourself at your front door and slowly making your way into the rooms, and walking around the house. To learn a telephone number of a person's name you often find people repeat the name or number to themselves

once they heard it. You find that different people prefer visual memory over vice versa. For example some people can remember everything they read if in the newspaper that morning but have difficulties recalling what the picture was on the front, or perhaps what colour top their partner was wearing .

### **MEMORY AS FOUR STORAGE AREAS**

Memory is also divided up into four storage areas, where different types of memories are kept and the box alongside explains each area.

### **DAY TO DAY MEMORY EXPERIENCES**

Some people with epilepsy may find that their immediate memory is ok, but notice problems with there delayed, recent and prospective memory. Factual memories people find may also be ok, as well as rehearsed skills like driving and riding a bicycle. People may have difficulties recalling what they had for lunch but may be ok in recalling a personal experience from their childhood. So there are relevant stores therefore to hold the information received and there is a process of retrieving the information, storing the information and recall the information that can all pose difficulties for our memories.

### **WHAT FACTORS ARE LIKELY TO AFFECT OUR MEMORY AND WHAT CAN WE DO ABOUT IT?**

You may be more aware of memory lapses that you are having, but is important to realise that your memory was never perfect. Everybody forgets things from time to time, and what we keep in our memory often depends of how keen we are to remember

the things in question, and how interesting we think it is. You should not say negative things to yourself about your memory as you may make yourself think that the problem is worse than what it actually is, and it is good to keep a good sense of humor about it all.

There are many things that could affect your memory. If you are **under stress or anxiety**, maybe at work, or in your home life, and your consequently thinking about more than one thing at any given time then this is also likely to have a bad effect on your memory. Often if you are more relaxed about things your memory may improve. There are relaxation techniques that people can do, and people find activities like Yoga, and Tai Chi is often relaxing too.

**Concentration is the key** to many memory difficulties. Most are due to poor concentration, and trying to do too many things at once. Try moving to a quiet room, where the dog is not barking, or the kids aren't running around playing Cowboys and Indians. If you are interrupted while trying to remember something go back over it once your clear from further distractions.

**Organization is often also a very good key** to helping cope with memory difficulties. Your everyday routine should be organised and this may mean doing particular things at particular times of the day. Many people already have routines throughout their day, for example times for taking medication, and particular places where they keep things.

### **IN SUMMARY**

If you have epilepsy you are, unfortunately,

at risk of developing memory problems. How severe these memory problems are will depend on a number of factors including the type of epilepsy you have, how frequent your seizures are, the anti-epileptic drug treatment that you take and how much you take. In the neuropsychological service that I run for people with epilepsy it's the most often reported complaint associated with having the condition and I normally spend time assuring people that they are not suffering from dementia nor that they will lose their memory altogether. Finally here is some general advice over factors which may affect your memory are:

- Always have good night sleep.
- Don't do too many things at once.
- Stay Calm and avoid stressful situation.
- Be organised
- Keep a fixed routine
- Go over what you are trying to

remember.

- Make what you are trying to remember personal to you.
- If you are having difficulties recalling something, try to give yourself cues, hints, or use aids.

## ABOUT AUTHORS

Dr Baker is a Consultant Clinical Neuropsychologist in the Department of Neuropsychology at the Walton Centre for Neurology and Neurosurgery in Fazakerley, Liverpool. Suzane Clerk is an undergraduate student of psychology at the University of Plymouth who is currently on placement in the department. The Neuropsychology has a three-year history of running its own Memory Enhancement Group.

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*This article was first published in **Epilepsy Today** and can be retrieved at [www.epilepsy.org.uk](http://www.epilepsy.org.uk)*



[www.epilepsy.com.sg](http://www.epilepsy.com.sg).  
look out for more updated news and activities there.





## Activities and News

### Survey on 'Epilepsy and Driving in Singapore'

The Singapore Epilepsy Foundation is conducting a survey on "Epilepsy and Driving in Singapore." This survey is address to promote awareness on banned driving for people with epilepsy. Forms are available upon request at Singapore General Hospital, Specialist Outpatient Clinic E.

### Work Skills Training Programme (WSTP)

For the very first time SEF is conducting the Work Skills Training Program (WSTP). This program is given free of charge to members of SEF and applicable only to unemployed individuals. For further details of this program log on to [www.epilepsy.com.sg](http://www.epilepsy.com.sg)



## First Aid of Seizures

**A**t every SEF meeting we still hear the same sad stories about inappropriate treatment of seizures by the general public. The most common and most dangerous misperception of the general public is that during a seizure something should be inserted into the mouth. THIS IS A HORRIBLE MISTAKE and can cause severe injuries to the person suffering the seizure as well as to the person wrongly inserting the object. We now recommend that each person suffering from seizures should tell friends and relatives **Not** to insert anything into the mouth but to follow the below recommendations:

If you happen to witness a generalised convulsive seizures the most important thing is to make sure the person does not harm him/herself during or after the seizure.

- 1) Lie the person on his side in the recovery position.
- 2) Keep the airways free. Remove loosely fitting dentures and solid objects that may have been vomited up during the seizures.
- 3) DO NOT insert a spoon or any other object into the mouth as this will result in two things: Injury to the mouth and teeth of the person and potential injury to you! (the person will often bite as a reflex action and fingers may be severely damaged or even lost!! )
- 4) Do not restrain the convulsive movements as you may injure the person.
- 5) Call for medical help.

### First Aid Refresher Class

Singapore Epilepsy Foundation will be conducting a "First Aid Refresher Class" at our next support group meeting in September. For registration and further enquiries contact Ms Jamilah at 6334 4302.