



Life After Subarachnoid Haemorrhage: Memory and Cognitive Problems

Dr Lynne Aitkenhead, Clinical Neuropsychologist
National Hospital for Neurology and Neurosurgery

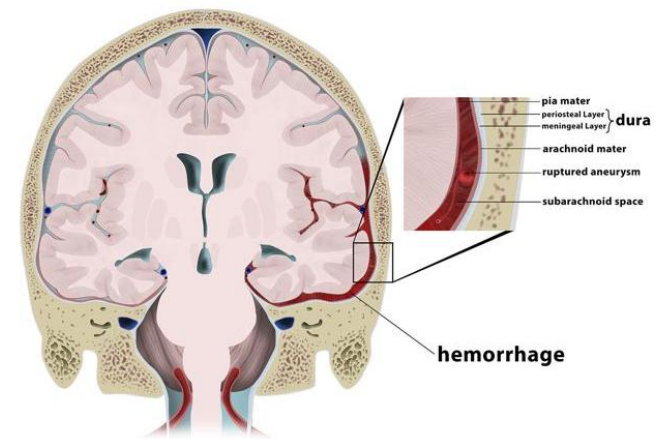
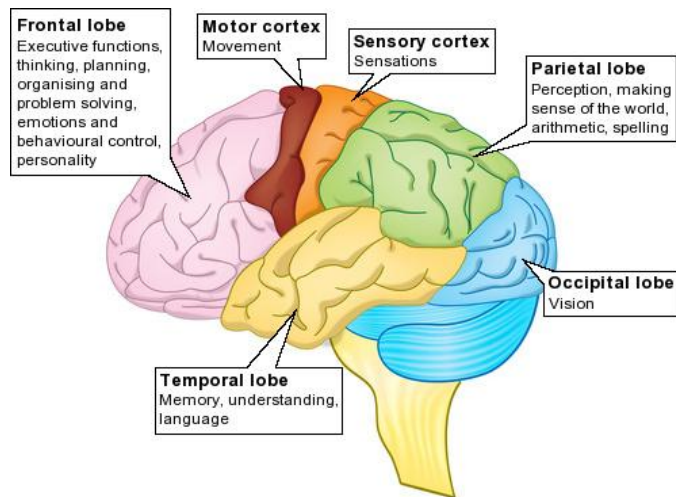


Outline

- Why talk about memory and cognition?
- Different types of cognition:
 - attention
 - memory
 - executive skills
 - processing speed
- What else affects cognition?
- What can help?

Why talk about cognition?

- Around half of people who have had an SAH have cognitive difficulties that affect their quality of life.
- The most common problems are associated with attention and processing speed.





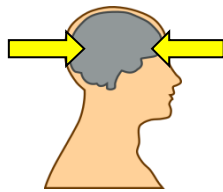
Attention

- The basis of all new learning and memory
- We use it to
 - concentrate on one thing for a long time
 - focus on one thing while ignoring others
 - focus on two or more things at a time
- Changes can result in
 - finding it hard to focus, easily getting distracted
 - missing details or making mistakes
 - more easily losing the thread, becoming muddled or confused



Memory

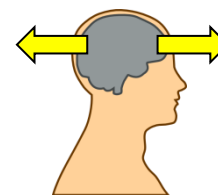
- Remembering information involves three stages:



Attending



Storage



Retrieval

- Changes can result in
 - losing things
 - forgetting names
 - missing appointments
 - not remembering information from conversations



Executive skills

- Complicated, higher-level cognitive skills that are important for planning, organising and problem-solving.
- A problem with executive skills can mean
 - running out of time and finding that you haven't got all the important things done
 - difficulty making decisions and prioritising
 - feeling overwhelmed at particularly busy or difficult times
 - finding it hard to consider alternatives
 - sometimes acting without thinking or misjudging social situations



Processing speed

- How quickly you can take in, understand and act on information
- Slower processing speed can mean
 - taking longer to complete a task, make a decision or think something through
 - difficulty learning new things
 - feeling confused or overloaded when there is a lot going on



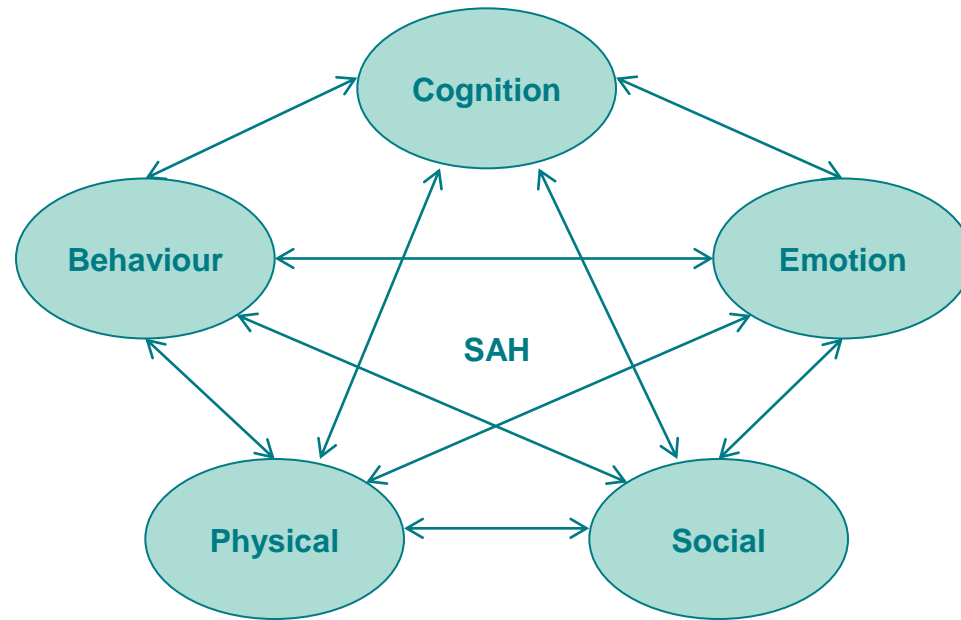


What else affects cognition?

- Mood
- Stress/anxiety
- Fatigue
- Lifestyle and life stage



A Cognitive Behavioural Model





What can help – tips and tricks

- Everybody forgets things sometimes and the same things that help everyone with memory work after SAH e.g. diaries, planners, calendars.
- Write information down or record it.
- Review what you are reading or listening to at regular intervals.
- Organise information into chunks.
- Allow more time, especially time to plan before starting something.
- Wherever possible, allow yourself to focus on one thing at a time.



What can help – adapting the environment

- Minimise distractions and interruptions e.g. turn off the radio, ask not to be disturbed.
- Stay organised and minimise clutter.
- Keep important things in the same place e.g. glasses, keys.
- Keep a notepad or post-its where you will need them e.g. by the telephone.
- Use prompts around house, leave things in a noticeable place e.g. letters to post



What can help – useful technology

- Online calendar
- Note taking and to-do list apps
- Apps for study e.g. flashcards
- Dictation and transcription software

...and many more!





What can help – other factors

- Managing symptoms of depression, anxiety and stress
- A healthy lifestyle with enough rest, sleep and activities that you enjoy and give you a sense of achievement
- Pace yourself – take regular breaks and work on difficult things when your energy levels are best.
- Educating other people
- Using assertiveness



Neuropsychological assessment

Neuropsychologists assess and support people in two areas:

- cognitive changes that can result from a neurological or neurosurgical condition, such as memory problems
- emotional impact of living with a neurological or neurosurgical condition such as low mood, anxiety and difficulty adjusting to life afterwards



What other people have said

“I have limitations and I have to do things differently.”

“It’s not the memory, it’s the speed or attention.”

“I’ve mainly taken away practical things, like routine and filling a diary.”

“You have a lot of ups and downs... good days and bad days.”

“I learned not to compare yourself with other people.”



More information

- Psychological therapies include counselling, Cognitive Behavioural Therapy (CBT), psychotherapy
- Support groups and organisations such as the Brain and Spine Foundation
- Self-help resources e.g.
 - ‘Overcoming’ series or www.moodgym.anu.edu.au – CBT self-help programmes for anxiety, depression
 - Booklets with tips for dealing with cognitive difficulties including memory and concentration are available from www.londonmemoryclinic.com or www.headway.org.uk



Any questions?

Contact neuropsychology@uclh.nhs.uk