

HEALTHY MINDS
A WEEKLY COLUMN ALL ABOUT MENTAL WELLNESS
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Memory Loss and Dissociative Identity Disorder



There are many causes of memory loss; memory lapses commonly increase as we age. Sometimes we worry about our memory, such as occasionally remembering word or names, but we are usually aware of such normal lapses and they are not a concern of friends and families. More serious losses can mean getting lost while driving or walking, frequently pause when trying to find words, forgetting important things, becoming dependent on others for daily living because of these losses, and not even remember that we are having these losses; this type of serious memory loss is usually a concern for loved ones.

There are many causes for memory loss. The most common is Alzheimer's disease, and is caused by the deposit of a protein (beta-amyloid) in important parts of the brain; certain drugs may ease or slow the progression of symptoms, and some over-the-counter supplements are thought by many to boost memory (DHEA, vitamin E, and Ginkgo biloba – which I take daily), although there is controversy about these supplements (some of it generated by large pharmaceutical corporations – 'Big Pharma' – which of course wish to promote their patented products).

The second most common cause of memory loss is Vascular Dementia, brought on by the blockage of small arteries in the brain. Other causes are Lewy body disease (where abnormal structures, called Lewy bodies, build up in areas of the brain); this is difficult to distinguish from Alzheimer's disease and from Parkinson's disease (which is caused by a genetic defect) and Huntington's disease (an inherited disease).

Memory loss can be a side effect of chemotherapy in the treatment of cancer, alcohol and other drug abuse, traumatic brain injuries (such as a concussion), or certain infections. There are also certain types of mental illness that show memory loss as an important symptom. There are several: PTSD (posttraumatic stress disorder) which occurs a month or more after severe trauma (such as a person might experience in war), where the person may not remember certain facts about their own history; acute stress disorder is similar but it occurs immediately after such an event; substance-induced disorders, mentioned above, is a diagnosable mental-health condition, and can be characterized by the person remembering facts learned while under the influence, only when they are once again under the influence; somatization disorder is one where a person with a long history of unexplainable symptoms can also forget certain aspects of their own personal history; sleepwalking disorder is very similar to the category of dissociative disorders (which we shall discuss, below) and is characterized by complete amnesia of the event, and malingering, which is when some patients purposely make up symptoms of memory loss (or other disease symptoms) in order to get on disability or avoid punishment or obtain drugs. Finally, there are the Dissociative Disorders which I shall discuss below.

Dissociative Amnesia, often stress related, is characterized when a person can't remember important personal information. Dissociative Fugue is when a person suddenly travels away from their home and then cannot remember important details about their past life. Dissociative Identity Disorder occurs when one or more additional or new identities suddenly take control of a person's behavior and very life; it used to be called "multiple personality disorder". Depersonalization Disorder is not exactly a memory loss episode, but the person observes his or her own behavior as if from outside of themselves.

For those of you who have access to computers, you may view several short online videos about these disorders, such as the story of David Fitzpatrick, who suffered from dissociative identity disorder in the United Kingdom. See "The man with no past" at <http://www.youtube.com/watch?v=QajubDsCcrw&feature=related>. Two other videos are: <http://www.youtube.com/watch?v=7iHJfIH20TY&NR=1> and <http://www.youtube.com/watch?v=x4EOw8wPBN8&feature=related>.

TIP OF THE WEEK: I have two tips this week. Firstly, in the journal "Alcoholism: Clinical and Experimental Research (2008), studies have shown that there are certain benefits of moderate drinking for those that already drink moderately (one to six drinks per week). Long exposure to low alcohol levels help brain cells survive other stresses and may reduce the risk of dementia. Warning: there are still dangers in higher levels of alcohol consumption; furthermore, if you don't drink at this point, it will not serve you well to start now.

Secondly, now that the dangers of second-hand smoke have gained credibility, researchers have discovered more dangers from the toxins left on surfaces after the smoke settles; these residues are poisonous to children and can harm the health of children that crawl and play on these surfaces, or touch and mouth them. This phenomenon, in the current (January 2009) edition of Pediatrics, is called "third-hand smoke".