# Memory and cognition

**Dr Sarah White:** I'm joined today by Dr Marita Long, who's the Honorary Medical Advisor for Dementia Australia, University of Melbourne lecturer, and also a GP with a special interest in women's brain health. So Marita, that's a long list of interests.

**Dr Marita Long:** Yeah, I suppose I've been accumulating an interest starting out in general practice and seeing lots of women. So it's a natural progression, I guess, to go from women's health to now think about cognitive health.

**Dr Sarah White:** And you're also a board member of the Australasian Menopause Society.

**Dr Marita Long:** I am.

**Dr Sarah White:** So we've worked together on that.

**Dr Marita Long:** Yeah.

**Dr Sarah White:** That's great. Now we're actually talking about memory and cognition today. So I think most people understand what memory is, but how do you explain cognition really simply to people?

**Dr Marita Long:** So if we think about the broader ranges of cognition, social cognition is a really important one. So that's ability to socialise, to connect with people. Attention is something that is really important. So being able to multitask or follow a story, a conversation, a movie, for example. Then we've got perception. So that's, I guess, putting things together, in a sense. So what's coming in, what we're making sense of. And that can also involve doing things, like being able to do tasks that we've been familiar doing. Language is another part of cognition, really important part of communication. So we can see some changes in people's fluency or ability to initiate or participate in a conversation. And then you've got learning, so that's the ability to take on new information and learn new things. And then executive functioning, so that refers to that higher order thinking, so judgment and planning. You can see there's a broad range.

**Dr Sarah White:** That's very broad. So it really is how the brain is working in your everyday, every day, right? So when you talk about brain health, as I've heard you talk about, you're really talking about that ability to keep cognition going and happening properly. Is that kind of, in a really, sort of, bad explanation?

**Dr Marita Long:** No, that's exactly it. It's being able to keep your brain nice and healthy so you can participate in life, really. I think the important message is that for cognitive health, it's more than memory. So someone's memory might actually still be intact, but other areas of their cognition might be failing. So we have to think of it more broadly.

**Dr Sarah White:** And that's really interesting because sometimes I think women, particularly at menopause, get worried because you, I, miss a word every now and then, or like, 'Where did I put my car keys?' That is about cognition, right? So how do you know if it's something that's situational, you know, I've got a lot going on at work, or I'm stressed, or something like that, versus normal ageing? So I presume our cognitive function, like our physical abilities, decline as we get older. How do you know when something is not right?

**Dr Marita Long:** And there's the sort of million dollar question, isn't it? So I think when we think about normal ageing, and that does happen to everyone, that starts actually in our third decade of life, believe it or not.

**Dr Sarah White:** Thirties, really?

**Dr Marita Long:** So our memory starts to lapse a little bit, our processing speeds start to slow down, but our skills and knowledge and life experience allows us to keep up with those cool kids still. But about 50, we do start to notice that things are changing, and that will be forgetting someone's name, for example, forgetting the name of that book you want to recommend for someone you just can't get. It's on the tip of your tongue, but you just can't get it out. Sometimes things becoming a little bit more difficult to manage, things that you've been doing very easily might just become a little bit harder. You've got to pay a little bit more attention. I often think about doing a flat pack. So when you got—

**Dr Sarah White:** Flat pack furniture?

**Dr Marita Long:** Yeah. You know how challenging flat pack furniture is?

**Dr Sarah White:** Right, yeah.

**Dr Marita Long:** So it might be that you're doing that and you're finding it, it takes you a little bit longer and it's more difficult than it once was.

**Dr Sarah White:** Okay.

**Dr Marita Long:** So that's kind of normal, but you're still able to work and socialise. It's not impacting your ability to perform your duties at work or to maintain your social connectedness and your, I guess, enjoyment in life. You're not having to withdraw from things because it's becoming harder. So everyone goes through that.

**Dr Sarah White:** Men and women, it's not just this menopause thing that everyone talks about.

**Dr Marita Long:** Yeah, men and women. And it's a sort of a very slow change. There's nothing dramatic. You don't see dramatic changes. So that's normal.

**Dr Sarah White:** Okay. So if we all get forgetful as we get older, asking for a friend, what are your top tips for remembering things?

**Dr Marita Long:** Okay. So I think when we're thinking about normal ageing, I think the first thing is that we do need to normalise it. That some of these changes are happening. You don't need to be fearful that that's a sign of something more serious. So it's really simple things, actually, like making sure you get good sleep, making sure you're out exercising, keeping your body—

**Dr Sarah White:** That's important for brain health as well?

**Dr Marita Long:** Very important. The thing I love about exercise, too, is that it often involves social connectedness, doing things outdoors with other people.

**Dr Sarah White:** Sure. Really important as we get older.

**Dr Marita Long:** Eating well. So your brain can't work well if you're not eating well. So it's going to be harder to remember if you're not eating well. And of course not drinking too much. So we know that drinking has a big impact on people's brain function.

**Dr Sarah White:** So all of the things that we kind of talk about for good physical health, good mental health, is also about good brain health.

**Dr Marita Long:** Absolutely.

**Dr Sarah White:** So we've talked about sleep, getting sleep, nutrition, physical activity, not smoking, not drinking too much. Are there any other things that we can do for reducing our risk of dementia, these modifiable risk factors? What else was there?

**Dr Marita Long:** So in fact, there's 14 modifiable risk factors.

**Dr Sarah White:** That is way too many to remember, even if your cognition is super.

**Dr Marita Long:** So I think we think about them basically in terms of vascular risk factors. So when I refer to that, I mean things like high blood pressure, high cholesterol and diabetes.

**Dr Sarah White:** So they're the things that, if you're going to see your GP about your annual health check, that's what they'll be checking for your heart. So that's a pretty automatic thing if you're going to have those annual health checks.

**Dr Marita Long:** Yep.

**Dr Sarah White:** That's helpful.

**Dr Marita Long:** We've just got to start thinking about them around the brain as well. And then we have other things like brain injury, so the importance of wearing helmets and seat belts so that you can limit any brain injury. And then we've got things interesting like hearing and vision.

**Dr Sarah White:** Hearing and vision are a bit surprising. Why do we need to worry about our hearing and vision as we get older?

**Dr Marita Long:** So it's an interesting one. And it's partly to do with, could that be, I guess, a sign that there could be something going on neurologically, or is it because we have less input? So if we're not hearing well, we tend to not engage in conversation, we tend to not go out if it's a noisy place because it's difficult hearing. So that might then predispose you to being a bit more isolated, perhaps predispose you to getting depression. So hearing's really important, and it's a one thing people don't like doing anything about.

**Dr Sarah White:** Oh, I think I might be guilty of that myself. Yes, going to see an audiologist and having your hearing checked can be expensive, but really important.

**Dr Marita Long:** Really important. And then vision, the same thing. So if you're not seeing well, we're going to be less likely to feel confident to go out, walk around, perhaps go to the movies.

**Dr Sarah White:** That's true. Yes.

**Dr Marita Long:** Again, engage in that social interaction, which is so important.

**Dr Sarah White:** And if we're talking about using our brain and we're not reading because our vision is reduced, that's also going to be really tricky to exercise your brain.

**Dr Marita Long:** Absolutely.

**Dr Sarah White:** Okay. Really interesting. And is it a case of just recognising the need to be a little bit more organised? You have those task lists, use your diary, just to not expect that you can just juggle it all mentally. Because I know, myself, you get to midlife, it's got the child thing, you've got family things, you've got more work things, and I just wonder whether it's me forgetting things or it's also just, there's just so much more to juggle now.

**Dr Marita Long:** And I think, when you were younger, you could sort of keep in your mind what social events you had coming up and what the work deadlines were, much easier. As you get older, it does get harder. And I think it is just owning that and saying, right, well now I do have to start relying on that diary. We're lucky now we have electronic diaries. It's a lot easier, isn't it, than lugging around a big black book.

**Dr Sarah White:** So if I can no longer expect to run 10 K in a certain amount of time, I can no longer expect to remember everything I have to remember. That's reassuring in some ways, really.

**Dr Marita Long:** Yeah.

**Dr Sarah White:** Now the challenge of course is dementia. The rates of dementia are increasing, and in fact it's now, correct me if I'm wrong, it's now the leading cause of death for Australian women?

**Dr Marita Long:** Yep.

**Dr Sarah White:** When do we need to start worrying about dementia, I guess, or what are some of the signs? What are some of the first signs you might notice if you have dementia?

**Dr Marita Long:** And I guess this is again the take home message, just to remember it is more than memory, but memory is often the first thing people notice or what's being noticed about people. So you just talked beautifully about the fact that using a diary is something that can be really helpful. So you are recognising you need to rely on a diary and you are using your diary. If someone had dementia, their memory would be changing, but they wouldn't have that, I suppose, metacognition to be using the diary effectively.

**Dr Sarah White:** So they don't realise there's a problem along with the loss of memory. They're not recognising there's a problem?

**Dr Marita Long:** Potentially. Or they may not have the ability to put those supports or those structures in place to remember that they've got a doctor's appointment, or to remember that they've got a bill coming up. So you'll start to see that there is some change in function. So you are making some errors or some omissions, and that's probably that, sort of, first sign.

But we can see other things as well. If we think about, I'm going to think about my dad, for example. He had dementia, so he used to love going out to Chinese restaurants. That was his favourite restaurant from when we were kids. That was our treat, we'd go to a Chinese restaurant. All of a sudden, he didn't like going to Chinese restaurants and he would say, 'I don't like Chinese food.' So it was a very strange change in him, because that was his love. And really what it was, he didn't feel comfortable anymore in a noisy environment, in a place that was busy, where he might have struggled to remember the process of ordering, paying. So that was what was going on for him. So it's those changes that should pique people's curiosity to think, 'This isn't normal behaviour.'

**Dr Sarah White:** Right. That's really interesting. So I guess one of the myths or the classic perception of dementia is, oh, suddenly someone's forgetting everything. But it sounds like it's a lot more than that. It's not being able to have those conversations with people.

**Dr Marita Long:** Yeah.

**Dr Sarah White:** Yeah okay, right.

**Dr Marita Long:** So it might be that someone's picking up a book and they're reading a couple of pages and then all of a sudden they've lost that book. Or it might be the person who used to love watching series on television, but would be asking a housemate or a partner, 'Oh, what just happened?' 'Oh, what are we up to?' 'Oh, which episode are we watching?'

**Dr Sarah White:** So is it often the people around you who will notice some of these signs before you'll notice them yourself?

**Dr Marita Long:** Yeah, yeah. That's often what we find. Often we find, in clinical situations, the people who are presenting, telling us they're worried they might have dementia, are often having more dementia worry or anxiety around it. It's often when someone else is bringing the patient in saying, 'I've noticed that there's some changes' with mum or dad or partner.

**Dr Sarah White:** Very interesting. So in your work with Dementia Australia, what are some of the most surprising things that you've learned about brain health and ageing?

**Dr Marita Long:** I suppose the first thing is really understanding that dementia is a collection of symptoms, not a disease.

**Dr Sarah White:** Oh, I don't think I knew that.

**Dr Marita Long:** And there's lots of different causes of dementia, but dementia really refers to the symptoms. So in Australia we have Alzheimer's as the leading cause of dementia. So that was probably, I guess that's been one of the big things because we don't think, we're not taught about it.

**Dr Sarah White:** No, I did not know that myself. How interesting.

**Dr Marita Long:** So that's one take home. I guess the other thing is that although there's no curative treatments for dementia, working with Dementia Australia has really highlighted there is so much that we can do to help people who have been diagnosed with dementia, and people who are worried about their risk for dementia. So there's a lot we can do to prevent dementia now.

**Dr Sarah White:** Now that's what I'm really interested in, that prevention. What are some of the things that people can do, if they're really worried about dementia, what are some of the things they can do to reduce their risk?

**Dr Marita Long:** So, great question, and I guess we go back to basics. So we go back to smoking, nutrition, alcohol.

**Dr Sarah White:** Not smoking.

**Dr Marita Long:** Not smoking, not drinking too much, having a healthy diet. And I don't know that we have to particularly be fussy about what diet, but just having a broad, healthy diet that includes all the food groups, and keeping yourself physically active. So they're the basic things. Sounds easy, doesn't it?

**Dr Sarah White:** Well, that's right, it does. But actually they're often the harder things to do, aren't they? We'd love the pill that we could just take.

**Dr Marita Long:** That would be lovely.

**Dr Sarah White:** Now tell me a little bit more about physical activity. I think one of the things we've learned from a lot of women that we've spoken to, Jean Hailes crew, is that physical activity is a phrase that we throw around a lot, but a lot of women don't actually know what that means. If we're thinking of a group of women who are 60 plus, say, 65 plus, when we're talking about really good physical activity, what are we talking about for that age group?

**Dr Marita Long:** I mean, really for me, my thing would be finding a physical activity you enjoy, that might be walking, that might be gardening, that might be going to Pilates, and doing it every day.

**Dr Sarah White:** And ideally with someone, because social connection, am I right? That's also really important for dementia risk?

**Dr Marita Long:** Absolutely. And the beauty of walking with someone else is you actually have to multitask. So you have to walk, you have to talk, so you have to be navigating a whole lot of things. So it's really good for your brain to be walking and talking. And walking's pretty easy, doesn't cost much, pair of runners, go around the block a few times, walk around the garden. So I don't think we need to get too caught up on 'you have to be doing this or that'.

**Dr Sarah White:** So it's not, you know, 30 minutes of really high physical activity. It's just keeping active?

**Dr Marita Long:** I think if you went into all the breakdown of research and you'd get some people saying it should be HIIT, some people saying it should be strength. I just think if you can do anything that you enjoy, you're going to be more likely to do it, so it's going to be beneficial.

**Dr Sarah White:** Now, my mother does crossword puzzles all the time, or Sudoku, to keep her brain healthy. Is there any truth to that?

**Dr Marita Long:** Well, what we know is if you do a crossword every day, or Sudoku every day, you get very good at doing crossword and Sudoku.

**Dr Sarah White:** I can attest to this.

**Dr Marita Long:** But it doesn't necessarily improve or optimise your brain function. So what we know, really, is you need to challenge your brain. Just like with physical activity, you do need to challenge yourself. It does have to get a little bit harder. It's the same with your brain. So for someone who is in a very cognitive based job, for example, like me, so sitting in an office and trying to diagnose and help people with their various medical conditions, I would be better to go and learn a language or a musical instrument or a new dance routine. So use another part of my brain to really stretch my brain. Does that make sense?

**Dr Sarah White:** No, it does. Absolutely. So it's a little bit like that 'use your muscles or lose it'. So some of the things out there, there are lots of free language learning programs online, for example, that you could do, things like that.

**Dr Marita Long:** Yeah. So something that's different that's outside of your normal realm of cognitive activity is really important.

**Dr Sarah White:** Fantastic. What do people do if they are worried about dementia? Where would you go for information, for help, for diagnosis? What's the next step?

**Dr Marita Long:** I think that's a really good question to ask, and I think it's worth spending a little bit of time just to focus on dementia worry, because actually dementia is now the second most feared condition for Australians.

**Dr Sarah White:** Oh, interesting. And that's because, I guess, so many more people have it, people are exposed to it, or—?

**Dr Marita Long:** I think that probably most people know someone now who's got dementia. We're seeing a lot more interest in dementia risk reduction. We're also seeing more famous people be diagnosed with dementia. We're seeing it more in the movies and even TV programs where the protagonist has dementia. So we're all becoming much more aware of it. And there's an incredible fear and stigma around dementia. And that's partly because, I guess, there's no known curative treatments. And there's been a really negative representation of people living with dementia in the past. And I think a lot of that comes down to just lack of understanding. And in fact, the World Alzheimer's Report just recently published highlighted that 80% of the general public think that dementia is part of normal ageing.

**Dr Sarah White:** And it's really not, is it? I mean, it is absolutely a disease or collection of symptoms caused by diseases, yes?

**Dr Marita Long:** Absolutely. And, alarmingly, 65% of healthcare workers also think dementia is part of normal ageing. So there's a real lack of understanding about what dementia is.

**Dr Sarah White:** So let me demonstrate my own ignorance here, Marita. Why shouldn't I be scared of dementia?

**Dr Marita Long:** I think having that fear is, or that worry, in some ways, can be a positive driver in terms of it might motivate people to pay attention now to how to protect the risk of developing dementia. We know that dementia, the symptoms, present in later years, so after the age of 65 generally, but we know the pathology starts in our midlife. So having a little bit of worry is probably a healthy thing.

**Dr Sarah White:** So when you say pathology, let me break that down. Pathology starts in midlife. That actually means those changes in the brain that then could lead to dementia if you don't perhaps do something about it.

**Dr Marita Long:** Absolutely.

**Dr Sarah White:** Start in midlife. Right. Just making sure I understand.

**Dr Marita Long:** So a little bit of worry is a good thing, because, yeah, it might motivate people to go, 'Right, I've got to take this seriously and I've got to do something about it', just like we do with our heart health and our bone health, all those other things. So the fear I think partly is lack of understanding. I think the fear is also being driven by there not being any available curative treatments. But the good news there is that we do know that there is a lot we can do to help slow down the progression of the disease, support people living with dementia with a better quality of life, but it really does rely on a timely diagnosis.

**Dr Sarah White:** I see. Okay. So when you say curative treatments, that in layman's language, that means there's no cure for dementia. We can't stop it, reverse it, turn it around. But if we get a diagnosis soon enough, there are treatments available that slow it. Have I got that right?

**Dr Marita Long:** Absolutely.

**Dr Sarah White:** Okay. And so that timely diagnosis, where do we go for that timely diagnosis?

**Dr Marita Long:** So that's really important. So I think if anyone has any worry about their own or someone else's cognition, that contacting Dementia Australia is a really good first port of call. They have a 24 hour national helpline with trained health professionals who can listen to someone's story or concern and can guide them about where to go for that next step.

**Dr Sarah White:** Oh, that's fantastic. Now we also know, on the basis of that, too, that women are more at risk of developing dementia. Do we know why?

**Dr Marita Long:** I think that still remains the million dollar question.

**Dr Sarah White:** I think that's the second million dollar question we've discussed.

**Dr Marita Long:** Probably. I mean, women do live longer than men, a little bit longer than men, but that's really not enough to explain the increased number of cases. Look, it might be that, if we're looking at the current older population and we think about roles of men and women, men were more likely to get access to a higher level of education. They're probably more likely to be in a cognitively stimulating job. And they probably also had things like their vascular risk factors more aggressively addressed. So we know that heart attacks happen in men, we don't think about it so much in women. So in some ways, men have had a chance to get a better cognitive reserve and a better brain reserve. So hence we actually are seeing a decrease in the number of men being diagnosed with dementia.

**Dr Sarah White:** Well that's good news. So as we start to get a little bit more serious about women's heart health, and an understanding and recognition that women do have heart attacks and they do look different from men's heart attacks and we need to pay attention, we might actually start to see those, the number of cases of dementia go down as well.

**Dr Marita Long:** Yeah, because we will be finding those vascular risk factors.

**Dr Sarah White:** It really does come back to those good healthy life choices at every age.

**Dr Marita Long:** And I guess the message there is that we have to think about it on every level. So for some people, the lifestyle factors, or the choices, can be really difficult. So it has to not just rest on the individual, it has to rest on the healthcare professional, also, giving people the correct information. And also we have to turn to our governments to really support those better lifestyle choices.

**Dr Sarah White:** Yeah, that's a whole other podcast, how we create an environment that really helps us live very healthy lives. But I'll go back again. Dementia Australia are doing some fantastic work around their 24/7 or, is it 24/7 call line?

**Dr Marita Long:** Yep.

**Dr Sarah White:** That is extraordinary. Are they also doing health professional education? Like if I go to my regular GP, will she know the dementia risk factors, or is this a case of having to arm yourself with a little bit of knowledge before you head into see the GP?

**Dr Marita Long:** Yeah, I think, like a lot of things, the poor old GP has to know a lot about a lot of conditions, and sometimes it may not be something that they're particularly au fait with. And that's why having a podcast and getting out to as many people as we can, to let people know that there are things that you can do, that you can go along and see your GP about.

**Dr Sarah White:** Yeah, great. And I certainly do not want to be bashing up GPs because they do have to be across a lot. Alright. So if there was one thing you wanted all women to do to take care of their memory and brain health, I feel like one thing is going to not be enough, but if it was just one thing, what would that be, Dr Marita Long?

**Dr Marita Long:** Exercise.

**Dr Sarah White:** Exercise would be the one thing? Great. That's that physical activity again.

**Dr Marita Long:** I think so. And doing it in a group setting, I think, is a great way to do it as well, because of that added benefit of social connection. Physical activity also improves your mental health. And we know that depression is a big risk factor for dementia. So if people are out socially engaged and, be it in the sunshine, with a group of people, their mental health is also going to be better. So that would be my big take home.

**Dr Sarah White:** Thank you very much for coming to talk with us, Dr Marita Long, and I am now going to go and do some walking around the block.

**Dr Marita Long:** Great.

End of transcript

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