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“This work will take a few months,” she said. “Then we need to see if IGF-II works with other types of memories and with different animal species, so we can get closer to eventually working with humans. Then, hopefully, we can have a drug to go into clinical trials that will enhance memory. That will take a few years—maybe only three to four, depending on the FDA [U.S. Food and Drug Administration], of course.”

As always, I will keep you up-to-date with this interesting research initiative.

**Tom Graboys, M.D.: Reluctant Chronicler of His Dual Illnesses**

There are many people who put in decades at their jobs and eventually look forward to their retirement and ensuing golden years. But Tom Graboys was not one of these people. A renowned Boston cardiologist and a Clinical Professor of Medicine at Harvard Medical School who had more than 160 papers and abstracts with his name on them, he was at the pinnacle of his medical career and envisioned many more years of interesting work.

But then Parkinson’s disease and the attendant slowed physical movements and tremors suddenly struck him. But there was more medical mayhem awaiting. Dr. Graboys was also diagnosed with dementia with Lewy bodies, an ailment akin to Alzheimer’s disease and Parkinson’s disease.

Although the final diagnoses were life altering and difficult to accept, they did not come as a total surprise. Long before he was eventually diagnosed, Dr. Graboys was having horrific nightmares and oftentimes found himself flailing in bed or else on the floor next to his bed the next morning. He was also having trouble with his memory and found it difficult to concentrate. Both of his parents had died of Alzheimer’s, and since he had always feared a similar fate, he made sure to downplay his symptoms to his wife.

While he instinctively knew something was not right with himself, he chose not to acknowledge these extreme medical issues or do anything about them. He always wanted to be in complete charge—even now, when confronted by an illness that could possibly force him to cede over control of his destiny.

Dr. Graboys’s longtime office assistant noticed early on that something was not right, that the doctor seemed to have slowed down and could no longer keep up the high-speed physical and psychological pace he had adhered to over the three decades that they had worked together. She also observed the uncharacter-
istic fatigue that had come over him and the many naps he would take behind closed doors. She instinctively began to cover up for him when dealing with patients and his partners in their medical practice, and she did so admirably for quite some time until his colleagues eventually realized something was definitely amiss.

In 2005, Dr. Graboys finally wrote to his hundreds of patients announcing his retirement and that he could no longer care for them. A few years later his memoir, Life in the Balance: A Physician’s Memoir of Life, Love, and Loss with Parkinson’s Disease and Dementia (Union Square Press, 2008), was published and in it he detailed what life was like shortly before his illnesses and how it was since. He writes:

“Today I can no longer see patients or give rounds. My face is often expressionless, though I still look younger than my 63 years. I am stooped. I shuffle when I walk, and my body trembles. My train of thought regularly runs off the rails. There is no sugarcoating Parkinson’s. There is no silver lining here. There is anger, pain, and frustration at being victimized by a disease that can to some extent be managed but cannot be cured.”

His is a beautifully written, no-holds-barred account of how illness, especially one that scrambles the synaptic links in the brain and gums them up with plaque deposits, can affect how you go about your daily routines. He points out, too, that if you are going to strive for a fulfilling life in spite of these ailments, you need to scrap any plans you might have made for the future, reassess, and then come up with a modified blueprint for achieving your new goals and putting some quality back into your life.

As can be imagined, with two ailments to deal with daily and an uncertain future, some days are good for Dr. Graboys and some, not so good. Even so, he does all that he can to put life back into his life, bit by tiny bit. He takes a one-hour spinning class several times a week and has a trainer that comes to his home. He has a loving wife, daughters, and grandchildren, and he dotes on them. He is a battler who still fights his hardest every day to get what he can out of his life, so he can add back the density, richness, and texture that the ailments have stolen from him.

No longer a physician seeing patients in his office, Dr. Graboys nonetheless feels that he is still a doctor, one who can offer important advice for people who may have lost hope because of dementia or Parkinson’s. At a prearranged time, a telephone call was placed from Memory Disorders to Dr. Graboys. Several days before he had been sent a list of questions that he would be asked. He had requested extra time to prepare his answers in advance. He wanted to make sure that he did his best to continue with the flow of words, so he could deliver them from the part of the brain where ideas are formed to the other part that regulates speech. So many times, he had been the victim of synaptic breakdowns that
had put unexpected roadblocks in his conversations, leaving him embarrassed and unable to complete his thoughts.

For starters, he was asked if he had been able to accept the “new” Tom Graboys and whether or not the “old” Tom Graboys still played a part in his life.

“The ‘old’ Tom Graboys is like the word. It’s old and in the past,” he said. “That’s the reality and I have come to accept it.” Once you are able to do that, he believes that you can stop the whining, the complaining, the mourning for the person you used to be.

“I tell people now that I am clearly feeling better than I was before. There is no cure for the disease that I have, but it can be managed. I am a testament to that,” he said. “I’m on a very good drug program.”

In addition to the medication he takes for Parkinson’s, Dr. Graboys takes an antidepressant along with Namenda (memantine), a medication approved to treat AD that some clinicians also seem to think helps people with dementia with Lewy bodies. This has not yet been shown to be the case, however.

“These drugs really do need time to work. You have to be patient,” he said. “You also have to be very careful with the dosing. Once you start adding additional medication to this cocktail, you have created a new drug and the body has to deal with the side effects.”

Dr. Graboys admitted that he sometimes still ruminates about his past life. “But it’s a complete waste of energy,” he added. “That leads to whining, and I don’t like whining. I do my best to focus on the positive.

“What amazes me every day is how slow I am. The inability to do even simple things is also amazing. If I am going to go out and eat, I have to begin preparing an hour or more before. It’s the new reality that has to be addressed. I have to face it, not be passive and not think that the sky is falling. I choose to be positive and take a step forward. I don’t want to whine.”

Help in getting through the day, from morning to night, is always needed and Dr. Graboys is grateful and happy that he has Vicki, his loving wife, and a team of helpers in place who assist him, whether it be getting dressed, being reminded to take his medications, or being driven to and from his spinning classes.

“Do the best you can to manage your situation. People also need an action plan that includes medication, physical activity, diet, and support,” he said. “You also need a coach to help lay out this plan. This person doesn’t have to be a Nobel prize winner, but someone who is interested and concerned. This will all help you get some control back in your life.”
Forgetting things is common for people of all ages. However, at least three fourths of people over age 50 report that they have memory complaints annually. Owing to the public’s misconceptions and the way that AD is depicted in the media, many of these people believe that their memory lapses and AD are related. The reality is that more than 90% of those who do complain about memory impairment and worry that they may develop AD do not have it.

Dementia—and with it, memory problems—is a common disorder among senior citizens. It’s estimated that 10% of people 65 and older and 50% of people older than 90 suffer from some form of dementia. That said, the good news is that many memory complaints people have are often due to normal age-related changes in the function of the brain. Bits of information are stored in three different parts of our memory. These parts include:

Dementia with Lewy bodies, or DLB, is a newly recognized form of dementia that may account for about 15% to 20% of all dementia cases. It is now believed to be the second or third most common cause of dementia after AD and perhaps vascular dementia. Lewy bodies—named for Frederick Lewy, M.D., the physician who first identified them in 1912 while working in the laboratory of Alois Alzheimer, M.D.—are tiny, spherical deposits of a protein called alpha-synuclein in the brains of patients with this disorder. The presence of Lewy bodies throughout the brain disrupts the brain’s normal functioning.

There is considerable overlap between DLB and two other disorders: AD and Parkinson’s disease. In DLB, there is a loss of dopamine-producing nerve cells similar to that seen in Parkinson’s disease. There is also a loss of acetylcholine-producing nerve cells that resembles what occurs in AD. Patients with DLB often experience cognitive problems associated with Alzheimer’s, such as memory loss, spatial disorientation, and communication difficulties. They may also develop Parkinsonian symptoms such as muscle rigidity, a blank facial expression, soft voice, tremor, poor balance, and gait disturbances. Some patients initially diagnosed with Parkinson’s disease later go on to develop a dementia that closely resembles DLB.

There are certain symptoms that are characteristic of DLB and help to distinguish it from AD as well as from other forms of dementia. For example, unlike people with AD, Lewy body patients may experience detailed and extremely vivid visual hallucinations, often of people or animals. People with this disorder also tend to show marked fluctuations or variability in their cognitive abilities and alertness from day to day and even during the same day. In addition, they tend to fall asleep very easily during the day and have restless, disturbed nights marked by confusion and nightmares.

Some individuals who have DLB report developing vivid nightmares or are reported by their partner to have been restless and agi-
Short-term memory: The email address you were just given and the name of a person you were just introduced to are stored in short-term memory.

Recent memory: This includes what you had for dinner last night and the TV program you just watched.

Remote memory: What happened in your life decades ago, including your childhood memories, are stored here.

By the time you are in your second decade, it is more difficult to access your stored information. Typically, recent memory is affected first. You will find that you forget the names of people you just met, for example. Advancing years, however, usually do not affect your short-term and remote memories.

It still remains unknown whether these changes are due to the death of brain