# Early Dementia… Or Medication Side Effects? What Over 60s Must Know Transcript

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## Brain Fog and Medication Clues

If you're over 60, dealing with brain If you're over 60, dealing with brain fog, memory slips, balance problems, or fog, memory slips, balance problems, or a sudden change in personality, here's a sudden change in personality, here's what I would do differently today. I what I would do differently today. I would stop asking, "Is this just aging?" would stop asking, "Is this just aging?" and start asking, "What medications and start asking, "What medications quietly changed your brain?" Because quietly changed your brain?" Because what I've seen again and again is that what I've seen again and again is that many people labeled with early dementia many people labeled with early dementia weren't degenerating. They were weren't degenerating. They were reacting. reacting to prescriptions that reacting. reacting to prescriptions that were meant to help them. And this were meant to help them. And this matters now, not years from now, because matters now, not years from now, because once that label sticks, medications tend once that label sticks, medications tend to pile up, the narrative hardens, and to pile up, the narrative hardens, and the window to reverse course quietly the window to reverse course quietly closes. So the real question becomes, closes.

## Introduction and Why This Matters

So the real question becomes, what if the problem was never your brain what if the problem was never your brain I'm Dr. Fred Bloom, a holistic and I'm Dr. Fred Bloom, a holistic and integrated physician in Maryland. If you integrated physician in Maryland. If you haven't done so already, I invite you to haven't done so already, I invite you to like and subscribe to the channel if like and subscribe to the channel if this kind of content is helpful. Sign up this kind of content is helpful. Sign up for the newsletter if you want deeper for the newsletter if you want deeper explanations like this delivered explanations like this delivered directly to you. Now, let's slow this directly to you. Now, let's slow this down and talk about why this topic down and talk about why this topic matters so much. Cognitive decline is matters so much. Cognitive decline is one of the most frightening experiences one of the most frightening experiences people face. Not because of pain, but people face. Not because of pain, but because of identity, memory, clarity, because of identity, memory, clarity, independence, personality, and the quiet independence, personality, and the quiet fear of losing yourself. What often gets fear of losing yourself. What often gets missed is that the brain is exquisitly missed is that the brain is exquisitly sensitive to chemistry, especially as we sensitive to chemistry, especially as we age. Many medications were tested in age. Many medications were tested in younger populations over relatively younger populations over relatively short time frames without seriously short time frames without seriously asking what happens to the brain after asking what happens to the brain after years of exposure, particularly in a years of exposure, particularly in a body that detoxifies more slowly.

body that detoxifies more slowly.

## How Medications Can Affect Cognition

Patients are often told this medication Patients are often told this medication doesn't cross the bloodb brain barrier doesn't cross the bloodb brain barrier or that side effect is rare or you've or that side effect is rare or you've been on it too long for it to be the been on it too long for it to be the cause. But real life doesn't work like cause. But real life doesn't work like textbooks. What I see instead are people textbooks. What I see instead are people who slowly lose clarity, confidence, and who slowly lose clarity, confidence, and function without anyone stepping back to function without anyone stepping back to connect the dots. They're told their connect the dots. They're told their labs look fine. their imaging is labs look fine. their imaging is unremarkable and that this is simply unremarkable and that this is simply what aging looks like. If you've ever what aging looks like. If you've ever felt confused, frustrated, dismissed, or felt confused, frustrated, dismissed, or quietly worried that something deeper is quietly worried that something deeper is being missed, you're not alone, and being missed, you're not alone, and you're not imagining it. Earlier in my you're not imagining it. Earlier in my career, I trusted medication lists more career, I

trusted medication lists more than patterns. If a drug was commonly than patterns. If a drug was commonly prescribed, FDA approved, and considered prescribed, FDA approved, and considered standard of care, I assumed the problem standard of care, I assumed the problem had to be somewhere else. What I didn't had to be somewhere else. What I didn't fully appreciate then was how cumulative fully appreciate then was how cumulative effects matter far more than isolated effects matter far more than isolated side effects. Experience changed that.

side effects. Experience changed that. Over time, I began noticing patterns Over time, I began noticing patterns that became impossible to ignore. that became impossible to ignore.

Cognitive decline that started after Cognitive decline that started after medication change. Memory issues that medication change. Memory issues that worsened despite normal brain imaging.

worsened despite normal brain imaging. People labeled with early dementia who People labeled with early dementia who improved not dramatically, not improved not dramatically, not overnight, but meaningfully when certain overnight, but meaningfully when certain medications were reduced or removed medications were reduced or removed carefully. That's when my thinking carefully. That's when my thinking shifted. Now when someone comes in with shifted. Now when someone comes in with brain fog, confusion, falls, emotional brain fog, confusion, falls, emotional flattening or early cognitive decline, flattening or early cognitive decline, my first question is very different.

my first question is very different. What has your nervous system been What has your nervous system been exposed to every single day for years? exposed to every single day for years?

And this is where I want to be very And this is where I want to be very careful and very respectful because careful and very respectful because naming examples can help people orient naming examples can help people orient themselves, but it needs to be done themselves, but it needs to be done gently. I'm not naming these medications gently. I'm not naming these medications to scare you, and I'm certainly not to scare you, and I'm certainly not saying they're bad, wrong, or never saying they're bad, wrong, or never appropriate. Many of them can be very appropriate. Many of them can be very helpful, and some are lifesaving. But helpful, and some are lifesaving.

## Common Drug Classes to Watch

But what experience has taught me is that what experience has taught me is that they are not neurologically neutral, they are not neurologically neutral, especially with long-term use, aging especially with long-term use, aging brains, or when several are combined.

brains, or when several are combined. One group I pay close attention to are One group I pay close attention to are medications with antiolinergic effects.

medications with antiolinergic effects. These interfere with acetylcholine which These interfere with acetylcholine which is critical for memory attention and is critical for memory attention and learning. Examples people often learning. Examples people often recognize include benadryil bladder recognize include benadryil bladder medications like oxutinine and older medications like oxutinine and older medications such as amatryptalene that medications such as amatryptalene that are sometimes used for pain, mood or are sometimes used for pain, mood or sleep. Used briefly, these may be fine.

sleep. Used briefly, these may be fine. Used nightly for years, I've often see Used nightly for years, I've often see them quietly cloud cognition. Another them quietly cloud cognition. Another group are bzzoazipines and seditive group are bzzoazipines and seditive medications. These enhance calming medications. These enhance calming signals in the brain which can feel signals in the brain which can feel relieving at first but over time may relieving at first but over time may suppress alertness and memory formation.

suppress alertness and memory formation. Common examples include Adavan, Xanax, Common examples include Adavan, Xanax, Clonopin and sleep medications like Clonopin and sleep medications like ambient. Clinically I've seen ambient. Clinically I've seen associations with slow thinking, balance associations with slow thinking, balance

problems, emotional flattening and problems, emotional flattening and increased fall risk, especially with increased fall risk, especially with long-term use. Then there are long-term use. Then there are over-the-counter sleep aids which often over-the-counter sleep aids which often surprise people. Products like Tylenol surprise people. Products like Tylenol PM or Advil PM feel harmless because PM or Advil PM feel harmless because they're familiar and easy to buy, but they're familiar and easy to buy, but many contain the same antiolinergic many contain the same antiolinergic ingredients that affect memory and ingredients that affect memory and clarity. I also pay attention to certain clarity. I also pay attention to certain anti-depressants and antiscychotic anti-depressants and antiscychotic medications, not because they're wrong, medications, not because they're wrong, but because context matters. For but because context matters. For example, peroxitine has anticolinergic example, peroxitine has anticolinergic properties and some medications properties and some medications originally prescribed for mood or originally prescribed for mood or agitation are later used simply to help agitation are later used simply to help someone's sleep. Over time, that can someone's sleep. Over time, that can come at a cognitive cost. And finally, come at a cognitive cost. And finally, opioid pain medications. Drugs like opioid pain medications. Drugs like oxycodone, hydrocodone, or morphine can oxycodone, hydrocodone, or morphine can be appropriate in specific situations, be appropriate in specific situations, but with chronic use, especially in but with chronic use, especially in older adults, I often see brain fog, older adults, I often see brain fog, slow processing, and increased fall slow processing, and increased fall risk. What's important to understand is risk.

## Polypharmacy and Neurological Burden

What's important to understand is that it's often not one medication. It's that it's often not one medication. It's the combination. a sleep aid and a the combination. a sleep aid and a bladder medication and something for bladder medication and something for anxiety and something for blood anxiety and something for blood pressure. Each reasonable on its own, pressure. Each reasonable on its own, but together they can overwhelm a but together they can overwhelm a vulnerable nervous system. I want to be vulnerable nervous system. I want to be very clear here. I am not saying these very clear here. I am not saying these medications cause dementia. And I am not medications cause dementia. And I am not saying anyone should stop medications saying anyone should stop medications abruptly. What I am saying is that I've abruptly. What I am saying is that I've seen many patients whose cognition seen many patients whose cognition changed after long-term exposure to changed after long-term exposure to medications like these and whose clarity medications like these and whose clarity improved when the total neurological improved when the total neurological burden was reduced thoughtfully and burden was reduced thoughtfully and safely. This isn't about blame. It's safely. This isn't about blame. It's about better questions. Questions like, about better questions. Questions like, why am I still on this? Is this still why am I still on this? Is this still necessary? And could this be affecting necessary? And could this be affecting my brain? This gets missed not because my brain? This gets missed not because doctors don't care, but because the doctors don't care, but because the system isn't designed for this level of system isn't designed for this level of integration.

integration. integration. Medicine is time pressured, siloed, and Medicine is time pressured, siloed, and protocol-driven. One physician protocol-driven. One physician prescribes for sleep, another for prescribes for sleep, another for bladder symptoms, another for mood, bladder symptoms, another for mood, another for blood pressure, and each another for blood pressure, and each decision makes sense in isolation.

decision makes sense in isolation. But no one owns the total neurological But no one owns the total neurological burden. There's also an over reliance on burden. There's also an over reliance on imaging and reference ranges. If the MRI imaging and reference ranges. If the MRI looks clean, the assumption is that the looks clean, the assumption is that the brain must be fine, but function often brain must be fine, but function often declines long before structure does. And declines long before structure does. And when symptoms worsen, the reflex is when symptoms worsen, the reflex is often to add another medication. That's often to add another medication. That's how people end up on five, 10, sometimes how people end up on five, 10, sometimes 15 prescriptions, all interacting with 15 prescriptions, all interacting with the same nervous system. When you see the same nervous system. When you see this earlier, everything changes. You this earlier, everything changes.

## Reassessing Cognitive Decline

You stop changing labels and start restoring stop changing labels and start restoring physiology. The focus shifts

from habit physiology. The focus shifts from habit to necessity, from stacking to to necessity, from stacking to sequencing, and from suppression to sequencing, and from suppression to nervous system recovery. Often the first nervous system recovery. Often the first improvements aren't memory at all.

improvements aren't memory at all. They're better balance, clearer speech, They're better balance, clearer speech, improved emotional presence, fewer improved emotional presence, fewer falls, better sleep architecture, and a falls, better sleep architecture, and a return of engagement with life. Those return of engagement with life. Those are neurological wins. And sometimes are neurological wins. And sometimes quietly, steadily, clarity follows. Not quietly, steadily, clarity follows. Not because we added something, but because because we added something, but because we removed what didn't belong. This we removed what didn't belong. This doesn't apply to everyone, and nuance doesn't apply to everyone, and nuance matters. Some medications are essential.

matters. Some medications are essential. Some should never be stopped without Some should never be stopped without guidance. Some are absolutely guidance. Some are absolutely appropriate.

appropriate. appropriate. This is not anti- medicine. It's pro This is not anti- medicine. It's pro discernment. This perspective matters discernment. This perspective matters most if cognitive changes begin after most if cognitive changes begin after medications were started or increased.

medications were started or increased. If symptoms fluctuate rather than If symptoms fluctuate rather than steadily decline, if imaging doesn't steadily decline, if imaging doesn't match lived experience, or if the match lived experience, or if the decline feels too fast or simply out of decline feels too fast or simply out of character. Every medication deserves character. Every medication deserves periodic re-evaluation, periodic re-evaluation, especially when the brain is involved.

especially when the brain is involved. If there's one thing experience has If there's one thing experience has taught me, it's this. Not all cognitive taught me, it's this. Not all cognitive decline is degeneration.

decline is degeneration. Some of it is reversible signal Some of it is reversible signal distortion. And when we slow down, distortion. And when we slow down, listen carefully, and respect the listen carefully, and respect the nervous system, people often regain more nervous system, people often regain more than anyone expected. So, I'll leave you than anyone expected. So, I'll leave you with a few questions. Has anyone ever with a few questions. Has anyone ever reviewed your medications through the reviewed your medications through the lens of brain function? Did your lens of brain function? Did your symptoms begin after something was added symptoms begin after something was added rather than before? And would you want a rather than before? And would you want a deeper breakdown of how specific drug deeper breakdown of how specific drug classes affect cognition? If this classes affect cognition? If this resonates, I'd love to hear your resonates, I'd love to hear your experience in the comments. Your story experience in the comments. Your story may help someone else connect the dots may help someone else connect the dots sooner.