

The Trickling of Memory

Text Type: Conversation
Suggested finishing time: 25 mins



Listen!

Moral

'As long as there is love and memory, there is no true loss.'

Cassandra Clare, American author

Let's Think!

1. Do you know any age-related illnesses?
2. How much do you know about Alzheimer's disease?

Ryan: Welcome to this week's *Afternoon Healthline*. With us here today are Sarah and Dr Earl, a neurologist and professor at the University of Green Isle.

Sarah: Good afternoon, everyone.

Dr Earl: Good afternoon. It's my pleasure to be here today.

Ryan: So, let's start the way we usually do. Can you first tell us briefly about yourself and the story you've planned to share with us today, Sarah?

Sarah: I teach at a secondary school, and I've been doing it for about two decades. I used to have a pretty simple daily schedule that I adhered fairly consistently to. The schedule, however, was once interrupted and then changed forever. It all began with my mum's call.

Ryan: What happened?

Sarah: I was marking students' assignments in the staffroom. When I heard what my mum said over the phone, I was literally dumbfounded. 'Your dad's gone missing.' Those were her exact words. That was like a terrible joke, or prank, to me. My dad himself is a doctor and also a man of responsibility, so the possibility of him disappearing without notice never crossed our minds, at least not before that.

Ryan: That's horrifyingly eerie. He was found later in the day, I presume?

Sarah: Yes, at a bus stop near his clinic. By the time we spotted him, he was in a trance, standing still and gazing so absent-mindedly at the ground, while there's nothing there. It wasn't until I patted him on the shoulder that he seemed to recognise our presence and drew himself back to life. He said nothing, but my mum and I speculated that he's overcome by fatigue.

Ryan: How do you make sense of all of this, Dr Earl?

Dr Earl: This didn't seem to be a matter of tiredness to me. If my guess isn't wrong, Sarah's dad was at the fourth phase of Alzheimer's disease, which can be understood as moderate cognitive decline. This phase is characterised by the reduced ability to perform routine tasks, non-responsiveness, increased forgetfulness, difficulty concentrating as well as denial. You mentioned that he was like in a trance and said nothing after the episode. They can be the signs of non-responsiveness and denial.

Sarah: That's an accurate diagnosis, Dr Earl. My mum and I have started keeping a more watchful eye on my dad ever since that worrying experience. It's a heartrending journey. We discovered he had worn different socks to work, forgotten his wallet, mixed up important dates, etc. It's like seeing someone being robbed and there's nothing...literally nothing...you can do.

35 Ryan: Seeing his conditions worsen day by day, did you consider asking him to seek professional help?

40 Sarah: I had had this idea for some time. It's not a subject that is easy to broach with your loved ones. I did try reminding him of his forgetfulness in a rather indirect way, but I could sense an air of embarrassment from his face almost immediately. I've played my part more than once, but every time he'd plainly claim that he's 'too drained from work'. Maybe that's what Dr Earl means by 'denial'. However, at the end of the day, the last straw was when he suddenly spaced out while crossing the street with my mum one day. We knew then we must not procrastinate until something irreversible happens. So, we talked him into seeing a doctor. He was, at last, diagnosed with Alzheimer's disease, the fifth phase.

45 Ryan: It must have been a devastating time, for not only him, but also the whole family.

50 Sarah: Yes, it hit us hard, really hard, but it hit my doctor father even harder. He worked much less often and his conditions took a sudden turn for the worse. Just a few weeks ago, he pointed at an old photo of me and told my mum, 'I didn't know you had such big eyes when you were a kid.' I fell into pieces as I heard it. Yet I know that it is no use in crying over it.

55 Dr Earl: One of the most difficult things for Alzheimer's disease patients and their family members to learn is to adapt to the life after diagnosis. Role reversal is bound to happen. Just like your father, he's always been the one who prescribes medical treatments to others, and now he's become the receiver of all the care and treatment. What he needs the most now is unflagging support from those around him and practical assistance.

60 Ryan: What practically can patients and their family members do, Dr Earl?

Dr Earl: I'd always recommend them to join support groups. Support groups offer a medium in which both the patients and the caretakers can freely share their frustrations, difficulties, happiness and tips with one another. Always bear in mind that like battles, Alzheimer's disease is better fought together than alone.

Ryan: It's commercial time. We will hear more about Dr Earl's experience in managing the disease later!

~800 words

More to Take Away



'Dementia' and 'Alzheimer's disease' are often mixed up. In fact, dementia is not a specific disease, but a term used to refer to the noticeable decline in mental ability in general, while Alzheimer's disease is the commonest cause of dementia and is treated as a specific disease.



Looking into Grammar



Gerunds are used after certain expressions. Note that those expressions usually begin with the preparatory subjects 'it' and 'there', and that the gerunds function as subject complements.

- ✓ It is no use (in) **inflicting** (✗ inflict) physical punishment on students.
- ✓ There's no point (in) **arguing** (✗ argue) over who to blame.

🔍 Underline a clause in which the gerund functions as a subject complement in lines 35-56.

Part A Multiple Choice Questions

Answer the following questions based on the information provided in the conversation. Choose the best answer by blackening the appropriate circle.

1. Every week, *Afternoon Healthline* _____.
- A. interviews a chronically ill individual
 - B. looks into a particular case
 - C. analyses different confusing medical concepts
 - D. talks about how a certain illness can be cured
2. Sarah thought what her mother said was like a terrible joke because it _____.
- Q2: Remind students to think about why Sarah said her father is a 'man of responsibility'.
- A. did not make sense at all
 - B. was supposed to be humorous
 - C. insulted Sarah's father
 - D. was untimely
- 2 Think about why Sarah's mother said what she said.
3. In line 23, 'make sense of' can best be replaced by '_____'.
 A. estimate
 B. judge
 C. comment on
 D. understand
4. Which of the following may NOT be seen as associated with the symptoms of Alzheimer's disease?
 A. tendency to ignore what others say
 B. trouble recalling what happened in the morning
 C. failure to read a newspaper attentively
 D. refusal to talk about one's decline in memory
- Q4: Remind students that since the word 'ignore' means 'disregard intentionally'. To ignore something is more than to be unresponsive to it, hence not necessarily a symptom of the disease.
5. In lines 37-51, Sarah's tone can be described as _____.
- A. impatient and vigorous
 - B. alarmed and anxious
 - C. helpless and dispirited
 - D. critical and upset
- 5 Note Sarah's word choice.
6. Sarah _____ talk to her dad about his condition, despite her _____ at first.
- A. feared to...anxiety
 - B. struggled to...determination
 - C. managed to...hesitancy
 - D. refused to...desire to do so
7. Which realisation left Sarah heartbroken?
- A. That her father was an Alzheimer's disease patient.
 - B. That her father started to lose the ability to recognise his family members.
 - C. That her father was in denial about his illness.
 - D. That her father was no longer a full-time doctor.
8. Which of the following is NOT Dr Earl's opinion?
- A. Emotional support is not the only thing that the patients need.
 - B. It is common to see roles shift in patients' families.
 - C. Patients suffer much more greatly than their caretakers do.
 - D. Support groups are beneficial to both patients and their caretakers.



Self-evaluation
Checklist

Please scan the QR code on P.6 to access the checklist for evaluating your own reading progress.

Part B Pre-HKDSE Questions

Answer the following questions based on the information provided in the conversation. For questions 1 and 5, answer in complete sentences.

1. Why did Sarah say her daily schedule had changed forever?

(Any reasonable answers)

It was because Sarah may have started to spend more time taking care of her father and going to support groups.

1 Note that Sarah mentioned her schedule was 'once interrupted and then changed forever'.

2. Why did Dr Earl not agree with Sarah and her mother's speculation that her father might have been overcome by fatigue? (Any reasonable answers)

It was because Dr Earl thought what Sarah's father did could be read as the signs of non-responsiveness and denial, symptoms of Alzheimer's disease.



3. Determine whether each of the following statements is true (T) or false (F). Write the correct symbols 'T' or 'F' in the spaces provided.

Statement	T/F
(i) Sarah is not new to the industry she works in.	T
(ii) In Dr Earl's opinion, tiredness worsened the condition of Sarah's father.	F
(iii) Not until the accident happened did Sarah come across the idea of asking her father to seek medical assistance.	F

4. Look for words in the conversation to match the definitions below.

(i)	<u> eerie </u>	(lines 5-22)	(adj.)	strange and frightening
(ii)	<u> trance </u>	(lines 12-34)	(n.)	a sleeplike state one is in while awake
(iii)	<u> broach </u>	(lines 35-51)	(v.)	to open up a subject for discussion
(iv)	<u> procrastinate </u>	(lines 35-51)	(v.)	to delay doing something



5. Determine whether each of the following statements is a fact (F) or an opinion (O). Write the correct symbols 'F' or 'O' in the spaces provided.

Statement	F/O
(i) Dr Earl is an experienced neurologist.	O
(ii) The programme usually starts with one sharing one's experience.	F
(iii) Denial is one of the commonest symptoms to detect.	O

Q5: (iii) Whether denial is one of the commonest symptoms to detect is not mentioned.

Part C Vocabulary Bank

Label the photos below with the names of the some medical conditions from the word box.

low back pain

frozen shoulder

bone fractures

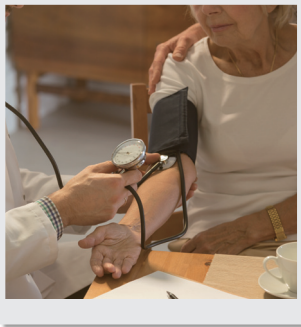
stroke

diabetes

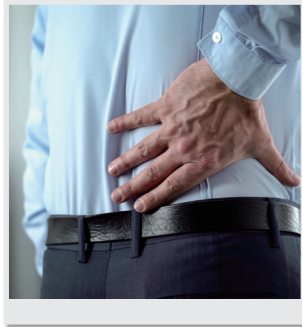
hypertension

anxiety

cataract



1. hypertension



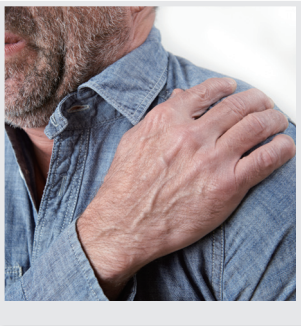
2. low back pain



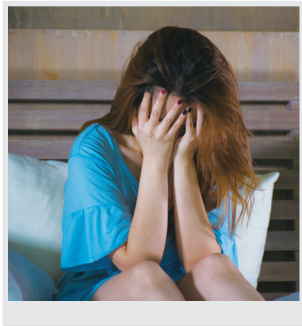
3. bone fractures



4. diabetes



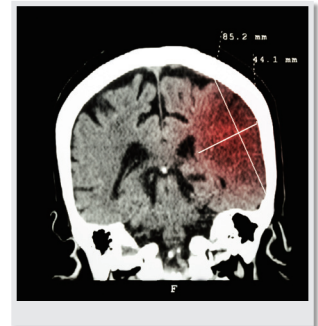
5. frozen shoulder



6. anxiety



7. cataract



8. stroke

Word Craft

Assistance (Refer to P.87.)

e.g. provide assistance
receive assistance
seek assistance
come to somebody's assistance

Let's Discuss!

1. If you were diagnosed with Alzheimer's disease, how would you feel?
2. Some people think Alzheimer's disease is a more terrible disease than other fatal diseases like cancer. Do you agree? Share your thoughts.

Part D Cloze Passage

Complete the magazine article below with the appropriate words and phrases introduced on the previous page.



What Lies Beyond Midlife?

It is more than natural that weakness comes with age. Yet, few people manage to define this supposed weakness precisely and concisely. Most of us would perhaps picture an aged person as a victim of (1) anxiety, someone who worries too much about his or her own deteriorating health or financial situation. This is partly true, but which diseases are we talking about? For our young readers, what follows would be a good starting point from which to learn more about the misfortune of old age.

There are several diseases that old people have a particularly high risk of having. (2) Hypertension is perhaps the most prevalent of them. It is a condition characterised by unusually high blood pressure, the force of blood pushing against blood vessel walls. People who are diagnosed with it would often be forewarned about the possibility of suffering a (3) stroke, which is, after all, the loss of blood supply in some part of the brain and a consequent loss of function in the corresponding body part. No less infamous among the oldies is (4) diabetes, a serious condition in which one's blood sugar

level remains consistently and unhealthily high. Incurable, it has been the cause of (5) frozen shoulder in less serious cases (where pain and stiffness are felt in the joints) and cognitive impairment in more serious ones. Lastly, there is (6) cataract, an eye condition which diminishes one's ability to see clearly by clouding the lens.

Aged people are also more likely to get hurt. For example, it is easy for them to hurt their waists or get (7) low back pain after lifting heavy objects in improper positions. After the injury, due to a poorer sense of balance, they may walk with greater difficulty and become more susceptible to falling. When one is at an advanced age, short of calcium and other minerals, and is prone to falls, (8) bone fractures, from which require quite a long time to recover, become much more probable.

The negligence and indulgence in youth becomes the regrets in autumn years. Let us, therefore, strengthen our bodies now by exercising on a regular basis and adopting a healthier diet before it is too late to do anything.