Fact sheet
Dementia

Definition
Dementia is typically a progressive clinical syndrome and an international public health priority.¹

The following Alzheimer’s Society video answers the question “What is dementia?”

Alzheimer’s Society – What is dementia?

There are several subtypes of dementia. These are some of the more frequent ones:
- Alzheimer’s disease (the most common subtype at 50 to 75 percent of cases)
- Vascular dementia (up to 20 percent of cases)
- Dementia with Lewy bodies (10 to 15 percent of cases)
- Frontotemporal dementia (two percent of cases)

Early-onset (or young onset) dementia is generally defined as dementia that develops before 65 years of age.² About a third of people with Parkinson's disease have some cognitive impairment at diagnosis, and it is estimated that 24 to 31 percent of people with later Parkinson's disease have Parkinson's disease dementia.³

Prevalence and incidence
Since the Prime Minister’s challenge on dementia 2020, published in 2015, the way in which data on dementia is collected has changed.

NHS Digital collect and publish data about people with dementia at each GP practice, so that the NHS (GPs and commissioners) can make informed choices about how to plan their services around their patient needs.⁴

Data from NHS Digital suggests that in January 2021, 429,858 people aged 65 and over in England have a recorded dementia diagnosis. This represents 1 in 25 people over 65 registered with a GP. The highest prevalence is among women aged 90 or over; one in four people in this group have a recorded dementia diagnosis.⁵

* Please be aware that outbreak of Coronavirus (COVID-19) has led to unprecedented changes in the work and behaviour of General Practices and as a result this data will be impacted.⁵

In August 2022, the Prime Minister launched the ‘Dame Barbara Windsor Dementia Mission’, which includes:
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- doubling research funding to £160 million a year by 2024
- a new taskforce to speed up dementia research, using the successful approach of the COVID-19 Vaccine Taskforce
- a call for volunteers to come forward and join ‘Babs’ Army’ by signing up for clinical trials.

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Signs and symptoms
Symptoms of dementia vary between the different types. The following table contains information taken from the NHS *Symptoms of dementia* page.

<table>
<thead>
<tr>
<th>Early dementia symptoms</th>
<th>Symptoms more in keeping with Alzheimer’s disease</th>
<th>Symptoms more in keeping with vascular dementia</th>
<th>Symptoms more in keeping with dementia with Lewy bodies</th>
<th>Symptoms more in keeping with frontotemporal dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>memory loss</td>
<td>Stroke-like symptoms: including muscle weakness or temporary paralysis on one side of the body (these symptoms require urgent medical attention).</td>
<td>Periods of being alert or drowsy, or fluctuating levels of confusion.</td>
<td>Personality changes – reduced sensitivity to others’ feelings, making people seem cold and unfeeling.</td>
</tr>
<tr>
<td></td>
<td>difficulty concentrating</td>
<td>Movement problems – difficulty walking or a change in the way a person walks.</td>
<td>Visual hallucinations.</td>
<td>Lack of social awareness – making inappropriate jokes or showing a lack of tact, though some people may become very withdrawn and apathetic.</td>
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<td></td>
<td>finding it hard to carry out familiar daily tasks, such as getting confused over the correct change when shopping</td>
<td>Thinking problems – having difficulty with attention, planning and reasoning.</td>
<td>Becoming slower in their physical movements.</td>
<td>Language problems – difficulty finding the right words or understanding them.</td>
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<tr>
<td></td>
<td>struggling to follow a conversation or find the right word</td>
<td>Mood changes – depression and a tendency to become more emotional.</td>
<td>Repeated falls and fainting.</td>
<td>Becoming obsessive – such as developing fads for unusual foods,</td>
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<td></td>
<td>being confused about time and place</td>
<td></td>
<td>Sleep disturbances.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>mood changes.</td>
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</tbody>
</table>

Some people with these symptoms will remain the same and not worsen. But some people with MCI will go on to develop dementia.6

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- Memory problems – regularly forgetting recent events, names and faces.
- Asking questions repeatedly.
- Increasing difficulties with tasks and activities that require organisation and planning.
- Becoming confused in unfamiliar environments.
- Difficulty finding the right words.
- Difficulty with numbers and/or handling money in shops.
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- Becoming more withdrawn or anxious.
- Memory problems – people may not recognise close family and friends or remember where they live or where they are.
- Communication problems – some people may eventually lose the ability to speak altogether. Using non-verbal means of communication, such as facial expressions, touch and gestures can help.
- Mobility problems – many people become less able to move about unaided. Some may eventually become unable to walk and require a wheelchair or be confined to bed.
- Behavioural problems – a significant number of people will develop what are known as behavioural and psychological symptoms of dementia (BPSD). These may include increased agitation, depressive symptoms, anxiety, wandering, aggression and sometimes hallucinations.
- Bladder incontinence is common in the later stages of dementia, and some people will also experience bowel incontinence.
- Appetite and weight loss problems are both common in advanced dementia. Many people have trouble eating or swallowing, and this can lead to choking, chest infections and other problems. Find out more about eating and nutrition.6

It should be noted that dementia can be difficult to identify as symptoms are nonspecific, vary from person to person and develop gradually over time. People with early dementia may deny symptoms or accommodate their cognitive changes and functional ability.7

For an insight into the signs, symptoms and progression of dementia watch Barbara, the whole story. This film was produced to educate staff at Guy’s and St Thomas’ NHS Foundation Trust. It’s an emotional story about Barbara Reece who suffers from dementia. It has changed attitudes to dementia in hospitals across the world.

Guy’s and St Thomas’ NHS Foundation Trust – Barbara, the whole story

Causes/risk factors

In addition to the conditions that have already been outlined (for example, Parkinson’s disease), there are several other conditions that can cause dementia:

- progressive supranuclear palsy – a rare brain disorder that can mimic Parkinson’s disease
- Huntington’s disease – a genetic degenerative disorder affecting the brain
• prion disease such as Creutzfeldt-Jakob disease (CJD) – a fatal disease affecting the brain caused by an abnormal infectious protein called a prion
• normal pressure hydrocephalus – a syndrome caused by accumulation of cerebral spinal fluid in the ventricles of the brain
• chronic subdural haematoma – collection of blood on the surface of the brain
• benign brain tumours – these typically grow over a long period of time
• metabolic and endocrine disorders (such as chronic hypocalcaemia and recurrent hypoglycaemia)
• vitamin deficiencies (such as B12 and thiamine deficiency)
• infections (such as HIV infection and neurosyphilis).\(^3,8\)

As per the National Institute for Health and Care Excellence (NICE) clinical knowledge summary (CKS)

**Dementia**, risk factors for dementia include:

- increasing age (it should be noted that dementia is not a natural part of aging)\(^6\)
- mild cognitive impairment
- **learning disabilities**
- genetics
- risk factors for cardiovascular disease (such as diabetes, smoking, hypercholesterolemia, and hypertension)
- **stroke**
- depression
- heavy alcohol consumption
- low educational attainment
- low social engagement and support.

For further details, visit NICE CKS **Dementia risk factors** page.

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**Pathophysiology (mechanism of disease)**

The Alzheimer’s Society has produced a series of videos looking at how the brain and brain cells work, and how this is affected in each type of dementia. Access the first video below or access the full playlist.\(^9\)

**Alzheimer’s Society – How does the brain work?**

Looking at Alzheimer’s dementia specifically, the ‘Amyloid Cascade Hypothesis’ has been proposed as the cause. The following Brain article explores this theory and the role of acetylcholine and neurofibrillary tangles and amyloid plaques: **Therapeutic approaches to Alzheimer’s disease.**

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Prognosis and complications
Dementia is a life-limiting condition with no cure. The World Health Organization (WHO) describes the three stages of dementia, early, middle and late, and outlines approximate time periods for the progression of the condition:

- **‘early stage – first year or two;**
- **middle stage – second to fourth or fifth years;**
- **late stage – fifth year and after.”**

It has been reported that people with dementia aged 65 years or older survive an average (median) of three to nine years after diagnosis of dementia, while some people may live for a further 20 years.\(^\text{10}\)

Complications of dementia include disability, dependency and morbidity, BPSD, institutionalisation, carer morbidity and financial hardship. For more information about prognosis and complications, access the NICE CKS **Dementia, Prognosis** and **Complications** pages.

Many people with dementia will eventually need the support of a care home.\(^\text{11}\) NICE quality standard (QS) **Dementia [QS184]** covers care for people with dementia provided by health and social care staff in hospital, community and specialist care settings.

The British Geriatric Society published a report in August 2021 which gives recommendations for people living in care homes.\(^\text{13}\) Two key areas which are particularly relevant for people with dementia are:

4.1 Cognitive impairment and mental health
4.6 Medicines optimisation

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Diagnosis/detection
NICE guidance **Dementia: assessment, management and support for people living with dementia and their carers [NG97]** Section 1.2, **Diagnosis**, outlines recommendations for initial assessment in non-specialist settings, diagnosis in specialist settings, and diagnostic tests used for the subtypes of dementia.

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Treatment
A single health or social care professional should co-ordinate dementia treatment and take a holistic approach by combining interventions to promote cognition, independence and wellbeing along with pharmaceutical treatment.\(^\text{12}\)

The following video from Alzheimer's Society explores the different treatments for dementia, including pharmacological and non-pharmacological treatments for dementia and treating depression and anxiety.

**Alzheimer's Society – Treatments for dementia: The dementia guide**
NICE guidance *Dementia: assessment, management and support for people living with dementia and their carers [NG97]* outlines recommendations for initial assessment in non-specialist settings, diagnosis in specialist settings, and diagnostic tests used for the subtypes of dementia.

**Behavioural and psychological symptoms of dementia (BPSD)**
The following resources explore the management of BPSD.

Alzheimer’s Society, *Drugs used to relieve behavioural and psychological symptoms*.

NICE Clinical Knowledge Summaries (CKS), *Dementia: Antipsychotics* gives prescribing support information.

**Patient support**
The Alzheimer’s Society has a page, *Get support*, which offers a range of information and support for those who suffer from dementia and for those who know someone suffering from dementia. Under this section, they offer the *This is me* document. *This is me* is a simple form for anyone with dementia, or who is experiencing delirium or communication difficulties, and receiving professional care. It is a space to provide details about who the person is.

The Alzheimer’s Society has the *Dementia Friends* programme, which is the biggest ever initiative to change people’s perceptions of dementia. It aims to transform the way the nation thinks, acts and talks about the condition.

**Dementia UK** offer information, advice and support for individuals and families affected by dementia.

The NHS offers a *Help and support for people with dementia* page.

Locally, there are organisations that offer support to those suffering from dementia, examples of these include:

- **Together Dementia Support** is a not-for-profit community interest company offering support and therapeutic activities in Manchester for people living with dementia and their carers and supporters.
- **Dementia Support** is a young, unique West Sussex charity that provides complete dementia services under one roof in their new facility, Sage House.

**Further resources**
CPPE’s *Dementia* gateway page contains a variety of dementia related resources including:
Dementia e-learning developed and provided by Social Care Institute for Excellence and available via CPPE’s website. This e-learning programme has been produced to support anyone who has contact with a person living with dementia.

NHS Dementia wellbeing pathway is a good resource for a holistic approach to care, access to services for those with dementia and management of preventable risks.

There are several reports and publications that have influenced dementia care internationally and in the UK:


References

14. Alzheimer’s Society. *This is me*. No date.