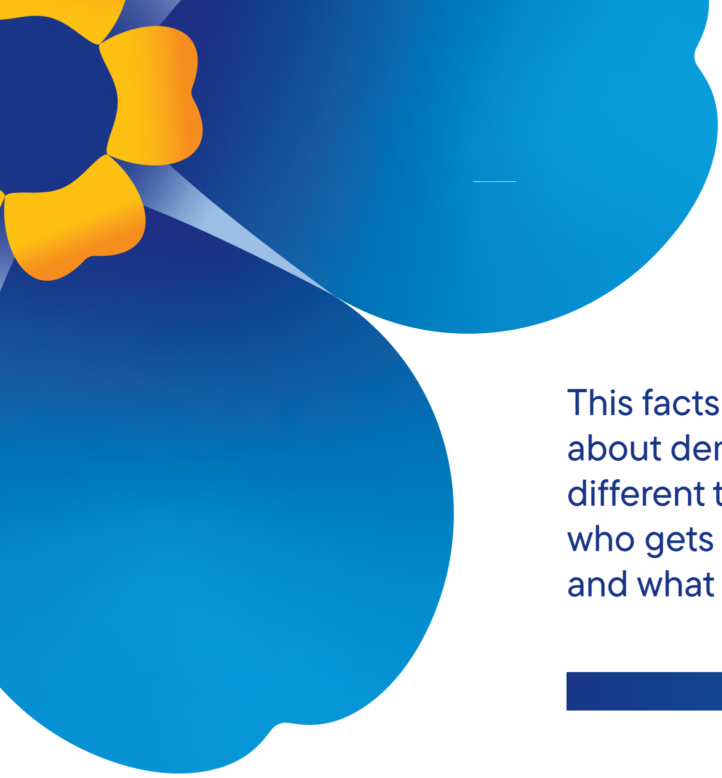
Factsheet 400 **What is dementia?**
August 2021

What is dementia?

Alzheimer's Society

Together we are help & hope
for everyone living with dementia



This factsheet is for anyone who wants to know more about dementia. It explains what dementia is, its different types, how it affects people (symptoms), and who gets it. It also explains how dementia is diagnosed and what treatment and support is available.

Contents

1 What is dementia?

The word ‘dementia’ describes a group of symptoms that includes memory loss, difficulties with thinking, problem-solving or language, and often changes in mood, perception or behaviour. These changes are usually small to start with, but for someone with dementia, they become bad enough to affect daily life.

Dementia is not a natural part of ageing. It is caused when a disease damages nerve cells in the brain. Nerve cells carry messages between different parts of the brain, and to other parts of the body. As more nerve cells are damaged, the brain becomes less able to work properly.

Dementia can be caused by many different diseases. These diseases affect the brain in different ways, resulting in different types of dementia. The most common type is Alzheimer’s disease. The next most common is vascular dementia.

A person’s symptoms depend on the disease that is causing the dementia and which parts of their brain are affected.

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2 Symptoms

Each person experiences dementia in their own way. Different types of dementia affect people differently, especially in the early stages (see page 4). However, there are some common symptoms of dementia. These include:

- **memory loss** – for example, problems recalling things that happened recently
- **difficulty concentrating, planning or organising** – for example, struggling to make decisions, solve problems or follow a series of steps (such as cooking a meal)
- **problems with language and communication** – for example, difficulties following a conversation or finding the right word for something
- **misunderstanding what is being seen** – for example, problems judging distances (such as on stairs) or perceiving the edges of objects, or misinterpreting patterns or reflections
- **being confused about time or place** – for example, losing track of the time or date, or becoming confused about where they are
- **mood changes or difficulty controlling emotions** – for example, becoming unusually anxious, irritable, sad or frightened, losing interest in things, or experiencing personality changes.

With some types of dementia, the person may have difficulty knowing what is real and what isn't. They may see or hear things that are not really there (hallucinations) or strongly believe things that are not true (delusions).

For more information see factsheet 524, **Understanding and supporting a person with dementia** (for carers), or booklet 872, **The dementia guide: Living well after your diagnosis** (for people with a recent diagnosis of dementia).

3 Progression and the later stages of dementia

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Dementia is progressive, which means symptoms may be relatively mild at first, but they get worse over time. This is usually over several years. How quickly this happens varies from person to person and is normally very difficult to predict.

As dementia progresses, the person may start to behave in ways that seem unusual or out of character. This might include asking the same question over and over, pacing around, or becoming restless or agitated. This can be distressing or challenging for the person and those close to them.

It also becomes harder for a person to eat, drink and stay active as dementia progresses. This may lead to muscle weakness and weight loss, which can make a person more frail.

Many people also have other health conditions that become more difficult to manage because of their dementia. This means these conditions get worse quicker.

Changes in sleep patterns are also very common in the later stages. The person may sleep more and more during the day and have problems going to sleep at night.

For more information see factsheet 458, **The progression and stages of dementia** and factsheet 534, **Understanding sleep problems, night-time disturbance and dementia**.

Life expectancy and end of life

> **Dementia is a life-limiting condition. This means whatever type of dementia a person has, their life expectancy is on average lower than someone who doesn't have the condition. This means people with dementia tend to live for a shorter time than people without dementia.**
>
> **Planning for end of life is important for anyone with a life-limiting condition. It can be upsetting to think about, but planning ahead can help to meet the person's needs at the end of their life. For information written for a person living with dementia, see booklet 1510, Planning ahead, and for information for carers see factsheets 531, End of life care and 417, Supporting a person in the later stage of dementia.**

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4 Types of dementia

Many different diseases can lead to a person developing dementia. However, around 19 out of 20 people with dementia have one of four main types – Alzheimer's disease, vascular dementia, dementia with Lewy bodies (DLB) or frontotemporal dementia (FTD). A person can have mixed dementia where they have symptoms of more than one type – see 'Mixed dementia' on page 6.

The symptoms of these types of dementia are often different in the early stages but become more similar in the later stages. This is because each type of dementia affects a different area of the brain at first, then spreads to other parts of the brain as it progresses.

The early symptoms of the main types of dementia are described on page 2.

Alzheimer's disease

Alzheimer's disease is the most common type of dementia. It is caused when proteins that are not formed properly build up inside the brain. These proteins join together into structures called 'plaques' and 'tangles'. The structures stop nerve cells from working properly and from making important chemicals which help messages travel around the brain. Over time, this damages the cells, making the brain less able to work properly.

The most common early symptoms of Alzheimer's disease include:

- **memory loss** – such as difficulty learning new information and recalling recent events
- **getting confused about time and place** – such as losing track of time and getting lost easily
- **problems with language and communication** – such as difficulty finding the right word for something
- **misunderstanding what is being seen** – such as difficulty judging distances or misinterpreting patterns.

For more information see factsheet 401, **What is Alzheimer's disease?**

Vascular dementia

Vascular dementia is the second most common type of dementia. It is the result of the brain not receiving enough blood to work properly. There are different types of vascular dementia. The main ones are:

- **stroke-related dementia** – caused by a large stroke or a series of small strokes
- **subcortical vascular dementia** – caused by poor blood supply to the deep parts of the brain over a long period of time.

Early symptoms of vascular dementia include:

- difficulty planning, thinking quickly or concentrating
- getting very confused for short periods of time
- becoming anxious, depressed, or more easily irritated.

Memory loss doesn't always happen in the early stages of vascular dementia.

For more information see factsheet 402, **What is vascular dementia?**

Dementia with Lewy bodies

Dementia with Lewy bodies (DLB) is caused by Lewy body disease. Tiny clumps of proteins – known as Lewy bodies – build up inside nerve cells in the brain. Lewy body disease eventually stops nerve cells working properly.

Early symptoms of DLB can include:

- varying levels of alertness and thinking ability throughout the day – this may change from minute to minute or hour to hour. At times the person may appear to 'switch off'
- sleep problems – such as sleeping for long periods during the day and having disturbed sleep at night, including physically acting out dreams
- difficulties with attention, planning, organising and reasoning
- hallucinations and delusions
- difficulties judging distances and seeing objects clearly.

Dementia with Lewy bodies is closely related to Parkinson's disease and often has similar symptoms. This includes difficulty with movement and balance, and problems with how the body works, such as constipation and losing some sense of smell and/or taste.

Memory problems are common in the earlier stages of DLB, but they tend to be much less severe than they are in Alzheimer's disease.

For more information see factsheet 403, **What is dementia with Lewy bodies (DLB)?**

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Frontotemporal dementia

Frontotemporal dementia (FTD) is caused by diseases where different types of abnormal proteins stop nerve cells working properly. In FTD these diseases start in the front and side parts of the brain. These parts of the brain control behaviour, planning, problem-solving, emotional responses and language skills.

There are two types of FTD with different early symptoms:

- **Behavioural variant FTD** – changes in personality and behaviour often appear first. These may include behaving impulsively, withdrawing from hobbies or interests, making poor decisions, seeming to care less about the feelings of other people, and becoming easily distracted.
- **Primary progressive aphasia (PPA**) – language problems appear first. Depending on which areas of the brain are damaged, the person may gradually lose the meaning of words over time or have difficulties getting their words out.

For more information see factsheet 404, **What is frontotemporal dementia (FTD)?**

Mixed dementia

Some people have more than one type of dementia. The most common combination is Alzheimer's disease and vascular dementia. If a person has mixed dementia, they are likely to have symptoms from each type of dementia that they have. For example, a person with Alzheimer's disease and vascular dementia can have problems with their memory (Alzheimer's disease) as well as difficulty thinking quickly (vascular dementia).

Young-onset dementia

Around 1 in 20 people with dementia are younger than 65. This is often called 'young-onset dementia' or 'early-onset dementia'. A person under 65 can develop any type of dementia. However, they are more likely to have a less common type of dementia, such as frontotemporal dementia or another dementia with a genetic cause.

Younger people with dementia often face different challenges and need different kinds of support to older people. They may have a younger family, different financial commitments and may still be working.

For more information see booklet 688, Young-onset dementia: Understanding your diagnosis.

Rarer causes of dementia

There are many other causes of dementia. These are rare – together they account for only 1 in 20 cases of dementia. These rarer causes include:

- posterior cortical atrophy
- corticobasal syndrome
- progressive supranuclear palsy
- Huntington's disease dementia
- normal pressure hydrocephalus
- CADASIL
- Creutzfeldt-Jakob disease (CJD).

For more information see Rare dementia support in 'Other useful organisations' on page 20.

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5 Conditions that are similar to dementia

There are many reasons why someone can have problems with their memory and thinking. These include health conditions such as depression, chest and urinary tract infections, severe constipation, thyroid problems and vitamin deficiencies.

Alcohol-related brain damage

Alcohol-related brain damage (ARBD) is caused by regularly drinking too much alcohol over several years. It tends to affect people aged 40–60.

ARBD is not a type of dementia, but it can have similar symptoms, such as memory loss and problems with decision-making. If the person can stop drinking alcohol, keep a good diet and have cognitive rehabilitation (see page 16), they may be able to make a partial or even full recovery.

Korsakoff's syndrome is a type of ARBD caused by deficiency of the vitamin thiamine, which is usually caused by drinking too much alcohol.

For more information see factsheet 438, **What is alcohol-related brain damage?**

Mild cognitive impairment

Some people have problems with their memory or thinking but these do not affect their ability to do everyday tasks. In this case, a doctor may find that the person has mild cognitive impairment (MCI). This is not a type of dementia, but people with MCI do have an increased risk of developing dementia.

MCI can be caused by many other conditions such as anxiety, depression, infections, and the side effects of medication. Many of these conditions can be treated, meaning many people with MCI can manage their symptoms and do not go on to develop dementia.

For more information see factsheet 470, **What is mild cognitive impairment (MCI)?** or booklet 1540, **The memory handbook** (for people with memory problems).

Functional cognitive decline

A person with functional cognitive decline (FCD) can have problems with their thinking and memory. They may struggle to focus on information that they need to remember. However, the condition is different to dementia because FCD symptoms are unlikely to keep getting worse over time. They can even get better with the right support.

FCD also has a different cause to dementia. While dementia is caused by physical damage or disease in the brain, FCD happens because the brain is not processing information in the right way.

FCD tends to be more common in people who have pain, stress, fatigue, depression, or sleep problems. It is also common in people who have been through traumatic events, such as a serious accident or abuse. All of these problems and experiences can affect how the brain processes information.

There is less research about FCD compared with other conditions so it can be hard for people with FCD to get the right diagnosis and support. For more information about FCD go to www.neurosymptoms.org

Dementia and learning disabilities

> **People with learning disabilities, including Down's syndrome, are more likely to develop dementia (usually Alzheimer's disease) at a younger age. Support for a person with learning disabilities and dementia should be adapted to the person's understanding and how they like to communicate.**
>
> **For more information see factsheet 430, Learning disabilities and dementia.**

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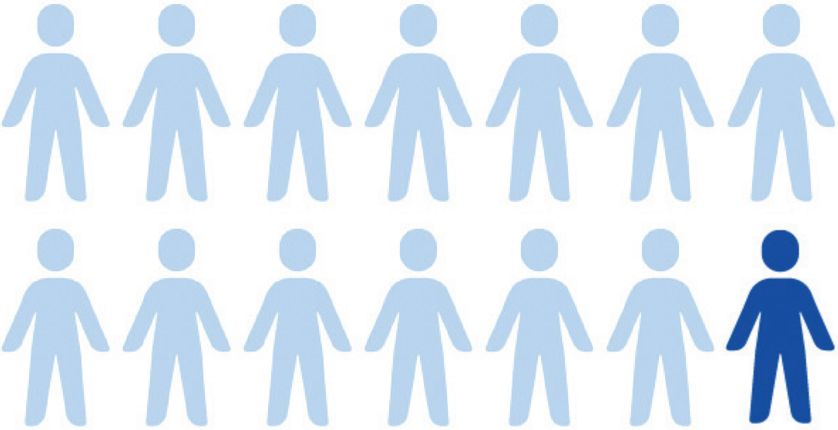
6 Who gets dementia?

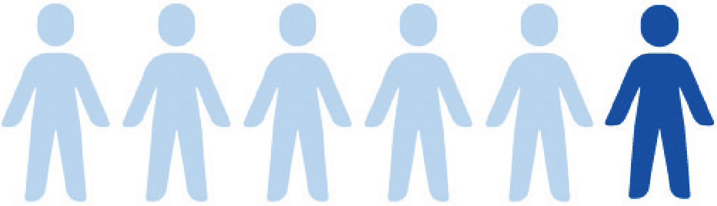
There are currently around 1 million people in the UK living with dementia. It mainly affects people over the age of 65. The likelihood of developing dementia increases significantly with age. One in 14 people aged over 65 has dementia. This rises to 1 in 6 for people aged over 80.

Dementia can affect younger people too. There are more than 70,000 people in the UK under 65 with dementia – see ‘Young-onset dementia’ on page 6.

Dementia is more common among women than men.



1 in 14 people aged over 65 has dementia



1 in 6 people aged over 80 has dementia

Why do some people get dementia?

It is not always clear why some people get dementia while others don’t. It can depend on a combination of age, genes, lifestyle and other health conditions.

Factors such as high blood pressure, physical inactivity, drinking too much alcohol and smoking all increase a person’s likeliness of developing dementia.

Is dementia hereditary?

Most types of dementia are not passed down (inherited) from a parent to a child.

There are a few genes that will definitely cause dementia if they are passed from a parent to a child – known as 'familial' genes. However, familial genes are rare. Less than 1 in 100 people with dementia developed the condition from a familial gene. People with these genes usually get dementia before the age of 65.

There are also genes that can increase a person's chances of developing dementia. These are known as 'risk genes' and they are much more common than familial genes. However, risk genes do not always cause a person to develop dementia. Most risk genes only make a person slightly more likely to develop dementia.

For more information see factsheet 405, Genetics of dementia.

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Can dementia be prevented?

Evidence shows there are things a person can do to reduce their risk of getting dementia, especially if they do them between the ages of 40 and 65. These include:

- taking regular physical activity – for example, brisk walking, cycling, swimming or gardening
- maintaining a healthy weight
- not smoking
- drinking alcohol in moderation, if at all
- eating a healthy balanced diet
- managing any existing health conditions – such as diabetes, heart problems, high blood pressure or high cholesterol
- treating depression early
- managing any hearing loss and getting treatment if needed – such as wearing a hearing aid
- keeping mentally and socially active – such as doing hobbies, adult learning, and keeping in touch with friends and family.

For more information see factsheet 450, **Risk factors for dementia** and booklet 35, **Dementia: reducing your risk**.

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7 How can you tell if someone has dementia?

If a person becomes a bit more forgetful, it does not necessarily mean they have dementia. Many people find that their thinking gets slower, or their memory becomes less reliable as they get older. For example, they might occasionally forget a friend's name, walk into a room and forget why they're there, or sometimes struggle to do many tasks at once.

However, a person should speak to their GP if:

- these problems are starting to happen often – for example, the person keeps asking the same question over a short amount of time
- these problems are getting noticeably worse and are starting to affect a person's daily life – for example, they get lost easily or they don't seem to be acting like themselves
- the person has other symptoms such as those listed on page 2.

Sometimes the person may be unaware of the changes that are happening to them. If friends and family notice these changes first, they should try to speak to the person and encourage them to talk to their GP. In some cases, those close to the person may need to be included in discussions with the GP to help them understand how these problems are affecting the person.

Problems with memory or thinking may be caused by a treatable condition such as depression or an infection, rather than dementia. Finding out the cause of the person's symptoms will help them to get the right treatment.

Alzheimer's Society offers support to people who are worried about their memory or thinking, or who are concerned about someone else – for more information see **alzheimers.org.uk/waym** or call **0333 150 3456**.

For information on how dementia is diagnosed see pages 13–14.

8 Diagnosing dementia

It is very important for anyone who has regular problems with their memory or thinking to be assessed by a health professional. If these problems are because of dementia, getting an early diagnosis has many benefits. It gives the person an explanation for their symptoms and access to treatment, as well as advice and support. Early diagnosis also allows them to prepare for the future and plan ahead.

Knowing the type of dementia (for example, Alzheimer's disease or vascular dementia) is also important. This is because it may allow the person to get the right medicine (see pages 17–18).

Dementia will usually be diagnosed by a specialist health professional, such as:

- an old age psychiatrist – a doctor specialising in the mental health of older people
- a specialist nurse – a nurse who is qualified to diagnose dementia
- a geriatrician – a doctor specialising in the health of older people
- a neuropsychologist – a psychologist specialising in problems with thinking and behaviour that are caused by injury or disease
- a neurologist – a doctor specialising in diseases of the nervous system.

Sometimes a GP will make the diagnosis if it is very clear that the person has dementia, and so they do not need to be referred to a specialist.

There is no single test for dementia. A diagnosis is based on a combination of things, including:

- taking a 'history' – the doctor talks to the person, and ideally someone who knows them well, about how their problems have developed and how they are affecting the person's daily life
- physical examination and tests (for example, blood tests) to rule out other possible causes of the person's symptoms
- tests of mental abilities (for example, memory and thinking) – these are generally carried out by a nurse, occupational therapist or doctor, although sometimes more specialist tests may be done by a neuropsychologist
- a scan of the brain, if this is needed to make the diagnosis.

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The GP will often make an initial assessment and then refer the person to a local memory service for a more detailed assessment. The specialist health professionals at the memory service have lots of combined expertise in dementia and can arrange more detailed tests and brain scans, if needed.

A person with dementia should receive a clear explanation of their diagnosis, if they want to know it. It should be explained in a way that they can understand. There should also be a discussion with the person about the next steps and what support is available.

For more information see booklet 78DD, **Diagnosing dementia: A practical guide to assessment**.

9 Treatments and support

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There is no cure for dementia yet. However, the right combination of medication and non-medication treatments can help a person with dementia to keep doing things for themselves for as long as possible.

Care and support for a person with dementia should always be ‘person-centred’. This means it should be focused specifically on the individual person, not generally on their condition. It should take into account the person’s life history and background, relationships, needs and preferences. The person should always be included in any decisions about their care and support.

It is also important that the person with dementia regularly sees their GP. The GP can help them manage any health problems or refer them to the right support and expertise when they need it. They should also review a person’s care and support at least annually. For more information see factsheet 425, **How the GP can support a person with dementia**.

Treatments without medicines

There are many ways to help someone with dementia that don’t involve medicines. This includes giving them information, advice and support. These treatments can often improve a person’s quality of life more than medicines for dementia. Their GP, the local memory service, or Alzheimer’s Society are good places to start for more information on what is available.

The person with dementia and those caring for them should be offered support soon after diagnosis. This should give them the chance to talk to a professional about what’s important to them, ask questions about the diagnosis, and start to think about the future. It’s also important to get information on planning ahead, where to get help and how to stay well, both physically and mentally.

There are also many activities and therapies that can help a person with dementia to maintain their abilities for as long as possible and to look after their physical and emotional wellbeing. Their availability will vary locally. These include:

- **Cognitive stimulation therapy (CST)** is a popular way to help keep someone’s mind active. It involves doing themed activity sessions over several weeks.
- **Cognitive rehabilitation** is skills training that is tailored to a person’s needs and abilities. It can enable them to keep their skills, meet their goals and cope better. There is also lots that can be done at home to help someone with dementia remain independent with memory loss.

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- **Talking therapies**, such as counselling can help someone come to terms with their diagnosis or discuss their feelings.
- **Cognitive behavioural therapy (CBT)** may be offered if someone develops depression or anxiety. It is most useful in the early stages of dementia.
- **Life story work** is an activity that many people with dementia enjoy. The person is encouraged to record their life experiences and memories. Knowing about a person's life experiences may help others to provide person-centred care for them. Recording this information early on can also be helpful in the later stages of dementia, when a person may not be able to communicate this information.
- **Reminiscence work** can be helpful as a person's dementia progresses. They may enjoy talking about their past, with the help of things like photos, familiar objects or music.
- **Music and creative arts therapies** are therapeutic sessions where a person can get creative, such as making music, playing an instrument or painting.

It is important that a person with dementia stays as active and engaged as they can – physically, mentally and socially. Taking part in meaningful activities can be enjoyable and helps to increase the person's confidence and self-esteem.

For more information see factsheet 444, **Supporting a person with dementia who has depression, anxiety or apathy** (for information about talking therapies), factsheet 526, **Supporting a person with memory loss**, factsheet 429, **Using equipment and making adaptations at home**, booklet 77AC, **The activities handbook** and booklet 1506, **Keeping active and involved**.

Support services

There is also a range of support services that can help a person with dementia. These may include:

- **local dementia advisers and dementia support workers** who can offer support, practical advice and information over the phone, face to face or online
- **homecare workers and personal assistants** who can help in and around the home
- **respite care** (temporary or short-term care) to allow the person with dementia or their carer to take a break
- **specialist dementia nurses** who can provide practical, clinical and emotional support to the person and their family, such as NHS clinical nurse specialists or Admiral nurses
- **day centres** where the person can do activities and connect with others in a friendly and safe venue

- **online discussion forums** where the person and their carer can ask for advice from those in a similar situation, read other people's stories, express their concerns or share helpful information. For example, our Dementia Support Forum at **forum.alzheimers.org.uk**

These services vary by area and may have changed slightly because of the coronavirus pandemic. To find local services, search Alzheimer's Society's online directory at **alzheimers.org.uk/dementiadirectory**

You can also contact the GP, local memory service or local authority (council) social services department.

> **Dementia support line is Alzheimer's Society's personalised service for anyone affected by dementia. It's free, easy to access and puts people in touch with the right support, from local help to phone and online advice. To speak to one of our dementia advisers call 0333 150 3456 or visit alzheimers.org.uk/getsupport for online advice.**

Treatments with medicines

There are medicines that can help with the symptoms of dementia. These medicines cannot stop the underlying disease in the brain from progressing, but in some cases they may delay the symptoms getting worse.

A person in the early or middle stages of Alzheimer's disease, dementia with Lewy bodies – or mixed dementia that includes one of these types – may be prescribed one of three different medicines:

- donepezil
- rivastigmine
- galantamine.

These medicines can give temporary help with memory, motivation, concentration and ability to do everyday tasks.

In the middle or later stages of Alzheimer's disease and dementia with Lewy bodies, someone may be offered a different medicine called memantine. This may help with attention and daily living, and possibly ease anxiety or severe distress.

A person may also be offered memantine during the earlier stages of Alzheimer's disease if they are unable to take any of the other medicines – for example, because they have experienced bad side effects or have a pre-existing heart condition.

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For a person with vascular dementia, medicines may be offered to treat the underlying medical conditions that could be causing dementia to progress. These conditions often include:

- high blood pressure
- high cholesterol
- diabetes
- heart and other circulation problems.

Controlling these conditions may not slow the progression of current dementia symptoms. However, it may prevent further strokes that could make dementia much worse.

A wide range of other medicines may be prescribed at different times for a person with dementia. These include medicines for:

- depression or anxiety
- sleep disorders
- physical problems, such as incontinence or pain
- psychosis, such as delusions and hallucinations.

It's important that the person has a medication review every year to make sure that the medicines they are taking are still right for them and that they aren't taking more medicines than they need to.

If a person is in distress, health professionals will generally recommend that a non-medicine approach is tried first before prescribing medication, unless a person's symptoms are very severe or there is a risk of harm to them or others.

For more information see factsheets 407, **Medicines to help memory and thinking**, and 408, **Antipsychotic drugs and other approaches in dementia care**.

Other useful organisations

British Heart Foundation (BHF)
0808 802 1234 (Heart Helpline, 9am–5pm Monday–Friday)
hearthelpline@bhf.org.uk
www.bhf.org.uk

BHF is a national heart charity. It invests in research, supports people with heart or circulatory illness and provides information to help people reduce their own risk of cardiovascular illness.

Carers UK
0808 808 7777 (helpline, 9am–6pm Monday–Friday)
advice@carersuk.org
www.carersuk.org
www.carersuk.org/forum (online discussion forum)

Carers UK provides information, advice and support for carers.

Diabetes UK
0345 123 2399 (helpline, 9am–6pm Monday–Friday)
helpline@diabetes.org.uk
www.diabetes.org.uk

Diabetes UK is the UK's leading diabetes charity. They care for, connect with and campaign on behalf of all people affected by and at risk of diabetes in local communities across the UK.

Innovations in Dementia
01392 420076
ideas@myid.org.uk
www.innovationsindementia.org.uk
www.dementiavoices.org.uk

Innovations in Dementia supports people with dementia to keep control of their lives and live as well as they possibly can. They also host DEEP – the UK Network of Dementia Voices, which connects people living with the condition and supports them to campaign for a better quality of life.

Lewy Body Society UK
0800 888 6678 (helpline answered by Dementia UK Admiral nurses, 9am–9pm Monday–Friday, 9am–5pm Saturday–Sunday)
01942 914000 (information)
info@lewybody.org
www.lewybody.org

Lewy Body Society UK supports people living with dementia with Lewy bodies and their carers. It produces a popular guide to Lewy body dementia, which you can download or order on their website.

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Music for Dementia
info@musicfordementia.org.uk
www.musicfordementia.org.uk

Music for Dementia campaigns to make music therapy accessible to everyone living with dementia. They also provide advice, support and resources on the benefits of music therapy.

NHS Health Check
www.nhs.uk/conditions/nhs-health-check

The NHS Health Check is a check-up for people aged 40–74. At the check, a health professional measures blood pressure, cholesterol, and body mass index. They then discuss the results, along with personalised advice and support. This can help to reduce the risk of diabetes, heart or kidney disease, stroke and dementia.

Rare Dementia Support
020 3318 0243
contact@raredementiasupport.org
www.raredementiasupport.org

Rare Dementia Support is a UK-based service that runs specialist support group services for individuals affected by more rare forms of dementia, including: familial Alzheimer's disease (fAD), frontotemporal dementia (FTD), familial frontotemporal dementia (fFTD), posterior cortical atrophy (PCA) and primary progressive aphasia (PPA).

Stroke Association
0303 3033 100 (Stroke Helpline, 9am–5pm Monday–Friday, 10am–1pm Saturday)
helpline@stroke.org.uk
www.stroke.org.uk

Stroke Association is a national charity providing information and practical support for people who have had a stroke, and for their families or carers. It also aims to help reduce people's risk of stroke through health education, and funds research and campaigns for better services. For more about the Act FAST campaign to recognise the symptoms of a stroke, visit www.stroke.org.uk/fast

Factsheet 400
Last reviewed: August 2021
Next review due: August 2024

Reviewed by: Michael Hornberger, Professor of Applied Dementia Research, Norwich Medical School, University of East Anglia and Nicola Hetherton, Dementia Clinical Nurse Specialist, South London and Maudsley NHS Foundation Trust

This factsheet has also been reviewed by people affected by dementia.

To give feedback on this factsheet, or for a list of sources, please email **publications@alzheimers.org.uk**

We are reviewing this publication. If you would like to give us any feedback, you can email us at publications@alzheimers.org.uk or call us at 020 7423 7455

At Alzheimer's Society we're working towards a world where dementia no longer devastates lives. We do this by giving help to everyone who needs it today, and hope for everyone in the future.

We have more information **About dementia.**

For advice and support on this, or any other aspect of dementia, call us on **0333 150 3456** or visit **alzheimers.org.uk**

Thanks to your donations, we're able to be a vital source of support and a powerful force for change for everyone living with dementia. Help us do even more, call **0330 333 0804** or visit **alzheimers.org.uk/donate**

Registered with FUNDRAISING REGULATOR

Trusted Information Creator

Patient Information Forum

Alzheimer's Society

Together we are help & hope for everyone living with dementia

Alzheimer's Society
43–44 Crutched Friars
London EC3N 2AE

0330 333 0804
enquiries@alzheimers.org.uk
alzheimers.org.uk