DementiaUK
Helping families face dementia

What is dementia?

Dementia is an umbrella term for a range of progressive conditions that affect the brain. The brain is made up of nerve cells (neurones) that communicate with each other by sending messages. Dementia damages these nerve cells so messages cannot be sent effectively, which prevents the brain from functioning normally.

There many different types, subtypes and causes of dementia. The four most common are:

- Alzheimer's disease
- vascular dementia
- frontotemporal dementia
- Lewy body dementia

It is possible to have more than one type of dementia at the same time – this is known as mixed dementia. The most common combination is Alzheimer's disease and vascular dementia.

Dementia can affect a person at any age, but it is more commonly diagnosed in people over the age of 65 years, with the risk increasing the older a person gets. However, dementia is not a normal or inevitable part of the aging process.

Dementia can also affect younger people. Over 70,000 people in the UK live with young onset dementia, where symptoms develop before the age of 65. Please see Sources of support on p14 for our information on young onset dementia.

A very small number of cases of dementia are due to genetic mutations, such as some forms of frontotemporal dementia, Huntington's disease and rare varieties of Alzheimer's disease. However, for most people, dementia is not inherited. Please see Sources of support on p13 for information on genetic forms of dementia.

Symptoms of dementia

Every person will experience dementia in their own unique way, but the main symptoms include:

Memory problems

People with dementia might:

- have problems retaining new information
- get lost in familiar places
- struggle to remember names of people and objects
- become increasingly forgetful
- misplace things regularly

Cognitive ability (processing information)

People with dementia may:

- have difficulties with concentration and short-term memory

- have problems understanding time and place, eg getting up in the middle of the night to go to work, even if they are retired
- struggle with choosing items when shopping and paying
- have difficulty with reasoning
- have problems making decisions

Communication
People with dementia may:

- repeat themselves often
- have difficulty finding the right words
- struggle with reading, writing and numeracy
- lose interest in seeing others socially

Following and engaging in conversation can be difficult, so a formerly outgoing person might become more introverted. Their self-confidence might also be affected.

Mood and behaviour
People with dementia might develop changes in personality, behaviour and mood, and may experience anxiety and depression as a result of the changes they are going through and their effect on their life.

Some people with dementia feel a sense of restlessness and prefer to keep moving than sit still; others may slow down and lack the motivation to take part in activities they used to enjoy.

Types of dementia

Alzheimer's disease

Alzheimer's disease is the most common type of dementia in the UK. It is caused by a build-up of proteins in the brain, which damage the brain cells' ability to transmit messages.

In the early stages, the symptoms of Alzheimer's disease include:

- forgetting recent events and conversations
- misplacing items or putting them in the wrong place
- forgetting the names of people, places or objects
- struggling to find the right words
- repeating themselves
- mood changes
- becoming withdrawn
- feeling unsettled by unfamiliar situations or changes in routine

As Alzheimer's disease progresses, you may notice:

- increasing confusion
- hallucinations and delusions
- disturbed sleep
- increasing speech and language difficulties
- difficulty with spatial awareness, eg judging speeds and distances

Eventually, the person may experience:

- distressed or aggressive behaviour
- problems swallowing and eating
- incontinence
- loss of speech
- mobility problems
- frailty

Medication is available which may help to improve symptoms and slow progression, but it does not prevent or cure Alzheimer's disease and is not suitable for everyone with the diagnosis. Please see Sources of support on p13 for more information on Alzheimer's disease.

Vascular dementia

Vascular dementia is the second most common type of dementia. It is caused by problems in the blood supply to the brain, commonly due to strokes or a series of 'mini strokes' known as transient ischaemic attacks (TIAs). This causes areas of localised cell damage in the brain.

Changes in a person's condition as a result of TIAs or a larger stroke are often sudden; their condition may then stabilise, before worsening again. While the person may have periods where their symptoms seem stable, the damage to the brain means they will not function in the same way as before, and their condition will progress over time.

The symptoms of vascular dementia depend on which area of the brain is affected. Some of the most common include:

- concentration problems

- poor short-term memory
- difficulty with everyday skills
- slowed thought processes
- changes in behaviour and personality
- difficulty solving problems and making decisions and plans
- rapidly changing mood

Please see Sources of support on p14 for more information on vascular dementia.

Frontotemporal dementia

Frontotemporal dementia is an umbrella term for a group of dementias that mainly affect personality, behaviour, language and speech. Memory is usually less affected in the early stages.

Frontotemporal dementia is most common in people aged 45 to 65 years. It predominantly affects the frontal and temporal lobes in the brain.

The frontal lobes are involved in personality, decision-making, social functioning, problem-solving, insight, empathy, motivation and planning. Dementia that predominantly affects the frontal lobes may be known as frontal dementia, behavioural variant frontotemporal dementia or Pick's disease.

The temporal lobes relate to speech, word-finding, comprehension and language ability. Dementia that predominantly affects the temporal lobes may be known as semantic dementia or primary progressive aphasia (PPA).

Often, the early signs of frontotemporal dementia are missed or mistaken for another condition by the person, their family and health professionals. This may result in a delay in diagnosis – sometimes of several years. Please see Sources of support on p13 for more information on frontotemporal dementia.

Lewy body dementia

Lewy body dementia is caused by abnormal clumps of proteins within the brain, known as Lewy bodies. It particularly affects movement and thinking, and can cause hallucinations, fluctuations in alertness and sleep disturbances.

There are two subtypes of Lewy body dementia. The difference between them is when certain symptoms first appear.

Dementia with Lewy bodies: the first symptoms include changes in thinking, visual perception and sleep. Difficulties with movement (motor symptoms) may develop at the same time or later.

Parkinson's disease dementia: mobility problems – known as Parkinsonism symptoms – typically develop before changes to memory, concentration or thinking.

Not everyone with Parkinson's will develop dementia, but

the risk increases over time. Symptoms of Parkinson's disease dementia include:

- falls
- tremors (similar to Parkinson's)
- difficulty swallowing
- shuffling when walking
- disrupted sleep due to intense dreams/nightmares
- hallucinations: visual (seeing things that are not there) and auditory (hearing things that are not there)

Memory is often less affected in Lewy body dementia than in other types of dementia, but a person might experience sudden bouts of confusion which can change on an hourly basis. Please see Sources of support on p14 for more information on Lewy body dementia.

Other forms of dementia

There are many other forms of dementia, or conditions that may lead to dementia, including alcohol-related brain damage (Wernicke's encephalopathy, Korsakoff's syndrome and alcoholic dementia), posterior cortical atrophy and Huntington's disease. You can find links to information on these in Sources of support on p13-14.

Getting a diagnosis

If someone is showing symptoms of dementia it is important to visit a GP as soon as possible. Some conditions have similar symptoms to dementia and may be treatable, so the GP should investigate these first. They include:

- infections
- thyroid problems

- delirium (intense confusion, often caused by an infection or other illness)
- circulation problems
- menopause
- vitamin B12 deficiency
- sleep apnoea
- stress, anxiety and/or depression

First, the person's GP will take a full medical and family history and do a basic physical examination, including heart rate and blood pressure. They should order blood and/or urine tests and may request other tests such as an ECG (a tracing of heart activity), X-rays and/or a brain scan to look for any underlying physical conditions.

The GP should also conduct a brief test of memory and cognition, which might include asking the person to name objects; remember and recall information (such as an address); and complete a simple drawing, eg a clockface.

If other causes of the person's symptoms are ruled out, the GP should refer the person to a memory service/clinic/specialist for further assessment.

If the person is diagnosed with dementia, they may be referred for additional assessments and support, for example from health and social care professionals and voluntary organisations. They should be told about any specialist advice and support services in their area. You can also contact our dementia specialist Admiral Nurses for support and advice. Please see Sources of support on p13-14 for their contact details and further information on diagnosing dementia and next steps after a diagnosis.

Mild cognitive impairment

Some people with minor problems with memory and cognition are diagnosed with mild cognitive impairment (MCI) – where the changes are significant enough to be noticed by the person and those around them, but do not interfere seriously with everyday life.

MCI itself is not a form of dementia, but a person with MCI is more likely to be diagnosed with dementia in the future, so they should keep a note of their symptoms and if they notice changes, request a review with their GP.

Please see Sources of support on p14 for more information on MCI.

Can dementia be prevented?

There is currently no known way to prevent dementia, but you may be able to delay it or reduce the risk by making some lifestyle changes, for example:

- eating a balanced, healthy diet
- aiming to maintain a healthy weight; the NHS body mass index (BMI) calculator is a guide – please see Sources of support on p15
- keeping hydrated
- stopping smoking, if applicable
- keeping alcohol intake within recommended guidelines
- having regular check-ups with your GP, including blood pressure and cholesterol levels
- staying physically active
- if you have type 2 diabetes, following any advice you have been given to manage this effectively and ensure your blood sugar levels stay under control
- taking part in mentally stimulating activities that use different parts of the brain, such as walking, gardening, singing, art, music, sport, reading, puzzles, or learning a language

Sources of support

If you are living with dementia or caring for someone with the condition, register for our free online sessions, 'Dementia: what next?' at **dementiauk.org/dementia-what-next**

To speak to a dementia specialist Admiral Nurse, call our free Helpline on **0800 888 6678** (Monday-Friday 9am-9pm, Saturday and Sunday 9am-5pm, every day except 25th December) or email **helpline@dementiauk.org**

If you prefer, you can book a phone or video call with an Admiral Nurse at a time to suit you: please visit **dementiauk.org/book**

Dementia UK resources

Alcohol-related brain damage
dementiauk.org/alcohol-related-brain-damage

Alzheimer's disease
dementiauk.org/alzheimers-disease

Emotional impact of a dementia diagnosis
dementiauk.org/emotional-impact

Frontotemporal dementia
dementiauk.org/frontotemporal-dementia

Genetic forms of dementia
dementiauk.org/genetic-familial-forms-of-dementia

Getting a diagnosis of dementia
dementiauk.org/getting-a-diagnosis-of-dementia

Getting a diagnosis of young onset dementia
- dementiauk.org/young-onset-dementia-getting-a-diagnosis

Huntington's disease
- dementiauk.org/huntingtons-disease

Lewy body dementia
- dementiauk.org/dementia-with-lewy-bodies

Mild cognitive impairment
- dementiauk.org/what-is-mild-cognitive-impairment

Next steps after a dementia diagnosis
- dementiauk.org/after-a-diagnosis

Next steps after a young onset dementia diagnosis
- dementiauk.org/young-onset-dementia-next-steps

Parkinson's
- dementiauk.org/parkinsons

Posterior cortical atrophy
- dementiauk.org/posterior-cortical-atrophy

Tests for dementia
- dementiauk.org/tests-for-dementia-and-alzheimers

Vascular dementia
- dementiauk.org/vascular-dementia

Young onset dementia section
dementiauk.org/young-onset-dementia

Other resources

BMI calculator

- nhs.uk/live-well/healthy-weight/bmi-calculator

Drinkaware alcohol advice

- drinkaware.co.uk

Huntington's Disease Association

- hda.org.uk

Lewy Body Society

- lewybody.org

NHS stop smoking advice

- nhs.uk/better-health/quit-smoking

Parkinson's UK

- parkinsons.org.uk

Rare Dementia Support

- raredementiasupport.org

To speak to a dementia specialist Admiral Nurse about any aspect of dementia:

Contact our Helpline:
0800 888 6678 or **helpline@dementiauk.org**

Book a virtual appointment:
dementiauk.org/book

Our charity relies entirely on donations to fund our life-changing work. If you would like to donate to help us support more families:

- Call **0300 365 5500**
- Visit **dementiauk.org/donate**
- Scan **the QR code**

Thank you.

Dementia UK
Helping families face dementia

dementiauk.org • **info@dementiauk.org**

Publication date: April 2025. Review date: April 2028. © Dementia UK 2025

Dementia UK, 7th Floor, One Aldgate, London EC3N 1RE
Dementia UK is a registered charity in England and Wales (1039404) and Scotland (SC 047429).