1 About dementia

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Dementia occurs when the brain is affected by a disease. It’s not a normal part of ageing.

Dementia affects everyone differently and can cause a wide range of symptoms. These can include problems with memory, thinking, concentration and language. People may become confused or struggle with how they perceive things. Dementia can also cause changes in mood or emotions and affect how someone behaves.

Dementia is progressive, which means that symptoms get worse over time. However, many people with dementia lead active and fulfilling lives for many years.

There are many different types of dementia. The most common are Alzheimer’s disease and vascular dementia, which are sometimes combined (called mixed dementia). Less common are dementia with Lewy bodies and frontotemporal dementia.

There are also some rarer conditions that cause dementia. Together, they account for only about five per cent of all people with dementia.

Various factors increase the risk of someone developing dementia. Ageing, genes, health and lifestyle all play a part.

Most people with dementia are over 65 years of age, but dementia does also affect younger people.

Some people are diagnosed with a condition called mild cognitive impairment (MCI). This causes symptoms that are similar to dementia, but aren’t as serious. People with MCI have a higher risk of developing dementia, but not all of them will.
What is dementia?

The word dementia describes a group of symptoms that may include memory loss, difficulties with planning, problem-solving or language, and sometimes changes in mood or behaviour.

Dementia isn’t a natural part of ageing. It occurs when the brain is affected by a disease.

There are many known causes of dementia – probably more than 100. The most common types are Alzheimer’s disease and vascular dementia. Some people have a combination of these, known as mixed dementia. To find out more, see Types of dementia on page 9.

About dementia

- There are around 800,000 people in the UK who have dementia.
- The chance of developing dementia increases significantly with age. One in 14 people over 65 years of age, and one in six people over 80, has dementia. It is more common among women than men.
- Over 17,000 younger people (under the age of 65) in the UK have dementia. This is called early-onset or young-onset dementia.

What are the symptoms?

Everyone experiences dementia in their own way. Different types of dementia can also affect people differently. However, there are some common symptoms that are listed below.

Memory loss:
- problems recalling things that happened recently (although some people easily remember things from a long time ago)
- repeating themselves (such as asking the same question over and over).

Difficulty thinking things through and planning:
- problems concentrating, following a series of steps, grasping new ideas or solving problems
- struggling with familiar daily tasks, such as following a recipe or using a debit or credit card.

Problems communicating:
- difficulty finding the right word
- struggling to follow a conversation or misinterpreting things.

Being confused about time or place:
- losing track of what time, date or season it is
- not knowing where they are, even in a place they know well.

For more information visit alzheimers.org.uk
Sight and visual difficulties:
- difficulty judging distances (eg on stairs)
- misinterpreting patterns or reflections in mirrors.

Mood changes or difficulties controlling emotions:
- becoming unusually sad, frightened, angry or easily upset
- losing interest in things and becoming withdrawn
- lacking self-confidence.

Changes over time
Dementia is generally progressive, which means that symptoms gradually get worse over time. How quickly it progresses varies greatly from person to person. Many people with dementia maintain their independence for many years.

In the middle and later stages of dementia, people will need more and more support with daily activities like cooking or personal care such as washing and dressing. Dementia does shorten life expectancy, although some people live with it for many years.

At all stages there will be ways to make life better. To find out more, see sections Living well on page 22, Services for people with dementia on page 38 and Support for carers on page 45.

What are the causes?
Dementia is caused by physical changes in the brain. As dementia progresses, the structure and chemistry of the brain changes, leading to damage and gradual death of brain cells.

Damage to different parts of the brain will have different effects. For example, in one area it might affect short-term memory, while in another it might affect a person’s ability to organise things. To find out more about changes to the brain, see Types of dementia on page 9.

Why do some people get dementia?
Scientists are still researching why some people get dementia while others don’t. Most now believe it depends on a combination of age, genes, health and lifestyle.

For more information see factsheet 450, Am I at risk of developing dementia?
Types of dementia

There are many known types of dementia. Around 95 per cent of people with a diagnosis will have one of the four main types – Alzheimer’s disease, vascular dementia (or a mixture of these two, called mixed dementia), dementia with Lewy bodies or frontotemporal dementia – all described on the following pages.

Alzheimer’s disease is the most common type, followed by vascular dementia. To find out about rarer causes of dementia, and a related condition known as mild cognitive impairment, see page 13.

For more information see factsheet 400, What is dementia?

Alzheimer’s disease

Inside the brain
Abnormal material called ‘plaques’ and ‘tangles’ builds up in the brain. This disrupts how nerve cells work and communicate with each other, and the affected nerve cells eventually die.

There is also a shortage of some important chemicals in the brain when someone has Alzheimer’s disease. Reduced levels of these chemicals mean messages don’t travel around the brain as well as they should.

Early symptoms
Alzheimer’s disease usually begins gradually with mild memory loss. This is because the first changes in the brain are often in the part that controls memory and learning. A person with Alzheimer’s disease might forget people’s names or where they have put things. They might also have problems with language, such as finding the right word for something.

Other early symptoms include feeling confused or finding it hard to follow what is being said. Some everyday activities might seem challenging, for example, someone might get muddled checking change at the shops. Some people also become more withdrawn and experience mood swings.

For more information see factsheet 401, What is Alzheimer’s disease?
Vascular dementia

Inside the brain
The word ‘vascular’ relates to blood vessels. Vascular dementia results from problems with the blood supply to the brain – without enough blood, brain cells can die.

There are several types of vascular dementia. One type is caused by stroke (called stroke-related dementia). Another is caused by poor blood supply to deep parts of the brain (called subcortical vascular dementia).

Strokes happen when a blood clot blocks the flow of blood to part of the brain, or when a blood vessel bursts in the brain. Vascular dementia sometimes follows a large stroke. More often though, it comes after a number of small strokes (called multi-infarct dementia).

Subcortical vascular dementia – when there is poor blood flow to the deep parts of the brain – is often due to narrowing of the arteries supplying the brain.

Early symptoms
If someone has had a large stroke, symptoms of vascular dementia can begin suddenly. Symptoms can then remain stable or even get a little bit better over time in the early stages. If the person has another stroke, these symptoms might get worse again.

If someone has a series of small strokes, their symptoms may remain stable for a while and then get worse in stages (rather than have a gradual decline). With subcortical vascular dementia, symptoms may get worse gradually or in stages.

The symptoms of vascular dementia will depend on which part of the brain has been damaged. Some people might have physical weakness on one side due to a stroke. Other changes include difficulty thinking quickly or concentrating and there might be short periods when they get very confused. Some people might also become depressed or anxious. Memory loss isn’t always a common early symptom.

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

Mixed dementia
It’s possible for someone to have more than one form of dementia – called mixed dementia. The most common combination is Alzheimer’s disease with vascular dementia. It’s also possible to have a combination of Alzheimer’s disease and dementia with Lewy bodies.
**Dementia with Lewy bodies**

**Inside the brain**
This form of dementia gets its name from tiny abnormal structures called Lewy bodies that develop inside brain cells. Similar to the plaques and tangles of Alzheimer’s disease, these structures disrupt the way the brain functions, reducing levels of chemical messengers and causing cells to die.

Lewy bodies are also found in people with Parkinson’s disease. One third of people who have Parkinson’s disease eventually develop dementia (called Parkinson’s disease dementia).

**Early symptoms**
People who have dementia with Lewy bodies might find it hard to remain alert and have difficulties planning ahead, reasoning and solving problems. These symptoms typically vary a lot from one day to the next.

People might have problems with how they see things. For example, it might be hard to judge distances or they might mistake one object for another. Many people see things that aren’t really there (visual hallucinations). Disturbed sleep patterns are also common.

However, if someone has dementia with Lewy bodies, their memory will often be affected less than someone with Alzheimer’s disease.

Many people with dementia with Lewy bodies also develop symptoms like those in Parkinson’s disease, including shaking (especially in the hands), stiffness and difficulty moving around.

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

**Frontotemporal dementia**

**Inside the brain**
The term frontotemporal dementia covers a range of conditions. It was originally called Pick’s disease and this term is sometimes still used. Frontotemporal dementia mostly affects people in their 40s, 50s and 60s (younger than most people who get Alzheimer’s disease or vascular dementia). It’s caused by damage to areas of the brain called the frontal and temporal lobes. These areas control behaviour, emotional responses and language skills.

In most cases, abnormal proteins collect within brain cells in these lobes and cause the cells to die. Important chemicals that carry messages around the brain are also affected.

**Early symptoms**
There are three different forms of frontotemporal dementia – behavioural variant, semantic dementia and progressive non-fluent aphasia.
With behavioural variant frontotemporal dementia, changes in personality or behaviour are often noticed first. The person might seem withdrawn or not to care as much about other people. They might make socially inappropriate remarks. They may also become obsessive or impulsive, for example developing fads for unusual foods.

When someone has semantic dementia their speech is usually fluent but they lose the meaning or understanding of some words. Language is also affected in progressive non-fluent aphasia. Speech is often slow and requires a lot of effort.

People in the early stages of frontotemporal dementia often don’t experience day-to-day memory loss.

For more information see factsheet 404, What is frontotemporal dementia?

Dementia in younger people (early-onset dementia)
More than 17,000 people in the UK now living with dementia were diagnosed before they reached the age of 65. The terms ‘early-onset dementia’, ‘young-onset dementia’ and ‘working age dementia’ are used to describe their diagnosis.

People under 65 can develop any type of dementia. However, they are more likely than older people to have a less common type, such as frontotemporal dementia or another dementia with a genetic cause. Only a third of younger people with dementia have Alzheimer’s disease.

While many of the symptoms are similar, younger people with dementia may have different support needs from older people, as they may have younger families and still be working. Younger people may also have different interests and expectations of how they can continue to live well with dementia.

For more information see factsheet 440, Younger people with dementia
Rarer causes of dementia
A wide range of other conditions can lead to dementia. These are rare, and together account for only about five per cent of all people with dementia. However, they are more common in younger people with dementia.

These diseases include:
- corticobasal degeneration
- Creutzfeldt-Jakob disease
- HIV-related cognitive impairment
- Huntington’s disease
- alcohol-related brain damage and Korsakoff’s syndrome
- multiple sclerosis
- Niemann-Pick disease type C
- normal pressure hydrocephalus
- progressive supranuclear palsy.

For more information see factsheet 442, Rarer causes of dementia

Mild cognitive impairment
Some people are diagnosed with mild cognitive impairment (MCI) if they have problems with their memory, thinking, language or the way they see and interpret things (visuospatial skills), but these aren’t severe enough to be dementia. People with MCI have an increased risk of developing dementia, but some don’t develop dementia and a few will even get better.

For more information see factsheet 470, Mild cognitive impairment