What is vascular dementia?

Alzheimer's Society
It will take a society to beat dementia

This factsheet is for anyone who wants to know more about vascular dementia. It explains what vascular dementia is, what the symptoms are and who gets it. It also outlines how vascular dementia is diagnosed, as well as the treatment and support available.

Contents

1	What is vascular dementia?	1
2	Types of vascular dementia	2
3	Symptoms	5
4	Who gets vascular dementia?	7
5	Diagnosing vascular dementia	10
6	Treatment and support	12
	Other useful organisations	18

1 What is vascular dementia?

Vascular dementia is the second most common dementia (after Alzheimer's disease).

Dementia is a group of symptoms. It's caused by different diseases that damage the brain. The symptoms get worse over time and include:

- memory loss
- confusion and needing help with daily tasks
- problems with language and understanding
- changes in behaviour.

In vascular dementia, these symptoms occur when there are problems with the blood supply to parts of the brain – which then become damaged.

For brain cells to stay healthy and function properly, they need a constant supply of blood to bring oxygen and nutrients. Blood is pumped to the brain through a network of vessels called the 'vascular system', which includes arteries, veins and smaller vessels.

When blood vessels in the brain are damaged by disease, they leak or become blocked. Blood cannot then reach the brain cells. Eventually these cells die.

Vascular dementia develops over time as more brain cells die and are not replaced. Problems start to occur with memory, thinking or reasoning, and begin to affect everyday life.

Cardiovascular disease is when the heart or blood vessels can't transport blood, oxygen and nutrients around the body properly. It is a common cause of death and disability in the UK.

Vascular dementia is the type of dementia caused by problems with blood vessels in the brain.

Space for your notes

Space for your notes

2 Types of vascular dementia

There are several types of vascular dementia. They have different symptoms and progress at different rates. The type of vascular dementia someone has depends on what is causing the problems with blood supply and the area of the brain that is affected.

Subcortical vascular dementia

Subcortical vascular dementia is thought to be the most common type of vascular dementia. It is caused by diseases of the very small blood vessels that lie deep in the brain (known as 'small vessel disease'). Over time, these blood vessels can develop thick walls and become stiff and twisted, so blood cannot travel through them easily. The parts of the brain supplied by these blood vessels become starved of oxygen and nutrients. Eventually they stop working altogether and the affected brain cells are lost.

Vascular dementia caused by small vessel disease happens slowly and gradually over time. Most of the damage happens in a part of the brain called the 'subcortex'. This is very important for connecting all the different parts of the brain together so that information can be processed quickly. It is also important for expressing and controlling emotions. A person with subcortical vascular dementia may find these abilities are particularly affected. For more information, see 'Symptoms' on pages 5–6.

Stroke-related dementia

Vascular dementia can also be caused by a stroke. This is when the blood supply to a part of the brain is suddenly cut off. With most strokes, a blood vessel in the brain becomes narrowed and is blocked by a clot. The clot may have formed in the brain or, if someone has heart disease, it may have formed in the heart and been carried to the brain. Sometimes, it is because the vessel bursts and bleeds into the brain, but this is much less common.

Some strokes are more severe than others. It depends on where the blocked vessel is and how long the blood supply is interrupted (this can be permanent or temporary).

Many people who have problems with their thinking during the weeks and months after a stroke do not develop dementia. Some of these people may improve over time. However, about one in five people go on to develop vascular dementia within six months. For these people, their condition will get worse over time.

Someone who has already had a stroke is also at greater risk of having another one. This is because the health problems that led to their original stroke (such as high blood pressure or heart problems) can cause another clot to happen. The more strokes that someone has, the more of their brain function they will lose overall. This means that they are more likely to develop dementia.

Multi-infarct dementia

Multi-infarct dementia is caused by a series of smaller strokes. This may also include transient ischaemic attacks (TIA). A TIA is similar to a stroke but the symptoms last only a short time and tend to get better by themselves. Some people may not realise that they have had smaller strokes or a TIA. Even if these symptoms get better quickly, contact the person's GP to tell them what has happened as it could mean that their treatment needs to be changed.

Sometimes, a blocked blood vessel is cleared after a few minutes, either by itself or with medical treatment. This means that the symptoms of the stroke (such as weakness down one side of the body, or slurred speech) may only be temporary. They may get better quickly once the blood vessel is unblocked.

If the blood supply is interrupted for more than a few minutes or hours, the stroke may lead to permanent brain damage. The areas of the brain affected by these strokes are known as 'infarcts'. If a person has several smaller strokes over time, multiple infarcts will build up in their brain. They may eventually develop dementia if the combined damage of all these infarcts is enough to cause problems with memory, thinking or reasoning.

Space for your notes

Space for your notes

Mixed dementia

At least one in every 10 people with dementia are diagnosed with mixed dementia. This is when their dementia is caused by more than one condition. Most often it is a combination of Alzheimer's disease and vascular disease. For example, someone with Alzheimer's disease may have a stroke that causes vascular dementia. They will then be affected by a combination of both.

Often, someone will have more of one of these conditions than the other. If Alzheimer's disease is the biggest cause of a person's mixed dementia, then their symptoms will be more like the symptoms of Alzheimer's disease. For example, they may have more severe problems with memory, language, concentration and judging distances. For more information, see factsheet 401 **What is Alzheimer's disease?**

If a person's mixed dementia is caused mostly by vascular disease, their symptoms will be more like the symptoms of vascular dementia. For more information, see 'Symptoms' on pages 5–6.

3 Symptoms

Everyone will experience vascular dementia differently. Their symptoms will vary depending on the causes and the areas of the brain that are affected, and also because everybody is different. Symptoms may develop quickly (for example, after a major stroke) or more gradually (for example, with small vessel disease). As dementia progresses, these symptoms get worse and cause problems with everyday living.

Some symptoms of vascular dementia can be similar to those of other types of dementia, such as problems with memory and thinking, and changes in mood or behaviour. However, they may appear in different ways. For example, memory loss is very common in the early stages of Alzheimer's disease, but is not usually the main early symptom of vascular dementia.

The most common symptoms during the early stages of vascular dementia are:

- problems with planning or organising, making decisions or solving problems
- difficulty following a series of steps (such as cooking a meal)
- slower speed of thought
- problems concentrating, including short periods of sudden confusion.

A person in the early stages of vascular dementia may also have difficulties with:

- their memory – for example, they may have problems recalling names or recent events (this may be mild)
- their language – for example, their speech may become less fluent.

The symptoms of **post-stroke vascular dementia** depend on which part of the brain has been damaged. For example, damage to the parts that control language or how we deal with emotions causes problems in these areas. A stroke may also cause physical difficulties such as paralysis, a weak limb, speech problems or trouble swallowing. With rehabilitation, symptoms may get a little better or stabilise for a time, especially in the first few weeks and months after the stroke.

The symptoms of **subcortical vascular dementia** tend to be more consistent than other types of vascular dementia. Early loss of bladder control is common, which causes incontinence. A person may also have difficulties with movement, such as being weaker on one side of their body, or becoming less steady and more likely to fall when walking. Other symptoms may include clumsiness, lack of facial expression and problems pronouncing words.

Space for your notes

Space for your notes

Changes in mood

People with vascular dementia often experience mood changes such as depression, anxiety or apathy. Depression is a particularly common symptom. A person may become depressed because they are worried about having dementia. Depression can also be caused by damage to parts of the brain that control emotions. For more information, see factsheet 444 **Supporting a person with dementia who has depression, anxiety or apathy**.

Sometimes, a person with vascular dementia may experience stronger emotions than they did before. They may be prone to mood swings and being unusually tearful or happy.

Changes in behaviour

As a person's vascular dementia progresses, they may begin to behave in ways that seem out of character. For example, they may become more agitated or aggressive, or have sleep problems. They may also act in ways that others find embarrassing or difficult to understand.

This may be because they are trying to communicate a need – for example, that they are hungry, confused, tired or in pain. It could also be because the parts of their brain that tell them what's acceptable and control inhibitions no longer work properly, so the person doesn't understand that what they are doing or saying is inappropriate. For more information, see factsheet 525 **Changes in behaviour**.

Delusions and hallucinations

Delusions (persistently thinking things that are not true) happen occasionally in people with vascular dementia. Common examples include believing that someone has stolen from them, or believing that someone who has died is still alive and will be coming home soon.

Less often, a person with vascular dementia may have hallucinations (sensing, seeing or hearing things that are not really there). For some people these may be disturbing. For more information on delusions and hallucinations, see factsheet 527 **Changes in perception**.

See 'Managing symptoms' on page 13 for information on different ways to manage and live with dementia.

4 Who gets vascular dementia?

There are many things that increase a person's chances of developing vascular dementia. These are called 'risk factors'. It is possible to avoid some risk factors, while others cannot be controlled.

Ageing

The biggest risk factor for vascular dementia is ageing. Once a person gets to 65, their risk of developing the condition roughly doubles every five years. Vascular dementia in people under 65 is uncommon and affects fewer than 8,000 people in the UK. Men are at slightly higher risk of developing vascular dementia than women.

Health conditions

There are lots of health problems that increase a person's risk of developing vascular dementia. It's important to keep these under control and get support from health professionals as early as possible. These include:

- **Cardiovascular conditions** – people who have problems with their heart and blood circulation, such as high blood pressure or heart disease, have a higher risk of developing vascular dementia. This is because these conditions increase the chances of a clot or bleed happening in the blood vessels in the brain. A person who has had a stroke, or who has diabetes or heart disease, is around twice as likely to develop vascular dementia as someone who has not had these conditions.
- **Cerebral amyloid angiopathy (CAA)** – this is a type of vascular disease that damages the small arteries of the outer regions of the brain. This causes the blood vessels in that part of the brain to become leaky and prone to bleeding. Some people with CAA do not show any symptoms and others may only have mild problems with memory and thinking. However, many people with CAA develop vascular dementia, either from having a stroke or from more gradual disease.
- **Sleep apnoea** – this is a common health problem where a person stops breathing for a few seconds or minutes during sleep. This can cause small blood clots to form in the brain that go unnoticed. These greatly increase the risk of high blood pressure, stroke, heart attacks and vascular dementia. Because of this, sleep apnoea is a serious condition and anyone who may have it should contact their GP for advice.

Space for your notes

Space for your notes

Lifestyle factors

Vascular dementia is mostly caused by cardiovascular diseases (such as high blood pressure, stroke or heart problems). There is a lot of evidence that our lifestyle choices can affect our risk of developing cardiovascular diseases. Therefore, lifestyle choices that increase the risk of cardiovascular diseases also increase the risk of developing vascular dementia.

This section explains how lifestyle factors can increase a person's risk of cardiovascular diseases. For more information and practical advice on managing lifestyle factors, see booklet 35 **Dementia: Reducing your risk**.

- **Physical inactivity** – Physical inactivity can worsen the health of a person's heart, lungs and blood circulation, and make it harder for them to control their blood sugar. It is closely linked to a higher risk of heart disease, stroke and type 2 diabetes.
- **Smoking** – Smoking damages a person's heart, lungs and blood circulation, particularly the blood vessels in the brain. It causes harmful substances to build up in the brain that cause inflammation and prevent enough oxygen getting to nerve cells. The substances also increase a person's risk of having a stroke.
- **Unhealthy diet** – An unhealthy diet can lead to high cholesterol, high blood pressure and weight gain. Ideally a person should eat lots of fruits and vegetables, wholegrain cereals, fish, low-fat dairy, beans and pulses, and not too much red or processed meats like sausages, ham or bacon. Too much sugar and salt is linked with higher risk of cardiovascular diseases.
- **Too much alcohol** – Regularly drinking above the recommended amounts of alcohol can increase cholesterol and blood pressure and lead to weight gain. The recommended limit of alcohol per week is 14 units, ideally spread over at least three days rather than all at once.

Genes

Some people with a relative who has or had vascular dementia are concerned that they, or their family, are at greater risk. Most families affected by vascular dementia do not have single genes that pass on the disease. This means that, in general, there is a fairly low risk of inheriting vascular dementia. For more information, see factsheet 405 **Genetics of dementia**.

However, there are some rarer types of vascular dementia that get passed down through families. One of these is CADASIL. This is a condition caused by a gene mutation which causes a person to have multiple smaller strokes from middle age onwards, eventually leading to vascular dementia. For more information and advice on CADASIL, contact CADASIL Support UK – see 'Other useful organisations' on pages 18–19.

Ethnicity

People from Black African, Black Caribbean or South Asian ethnic groups in the UK have a higher risk of diabetes and cardiovascular diseases than people from White ethnic groups, especially if they are overweight. This means they may also have a higher risk of vascular dementia. For more information, see factsheet 450 **Risk factors for dementia**.

Space for your notes

Space for your notes

5 Diagnosing vascular dementia

It is very important for anyone who has regular problems with their thinking or memory to be assessed by a health professional. If these turn out to be dementia, getting an early diagnosis has many benefits. It means other conditions can be ruled out and gives the person an explanation for their symptoms. It also gives them access to treatment, advice and support, and allows them to prepare for the future and plan ahead.

Knowing the type of dementia can help someone get the most appropriate treatment and support.

It may be helpful for someone being assessed for dementia to bring someone else along to any appointments. This person can give support and listen to what is said.

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

- **an old age psychiatrist** – a doctor specialising in the mental health of older people
- **a specialist nurse** – 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, including strokes.

Sometimes, a GP will make the diagnosis if it is very clear that the person has dementia. In this case, they will 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 health professional talks to the person, and ideally someone who knows them, about their problems and their effect on 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. For someone with vascular dementia, these tests might show slower speed of thought and difficulties thinking things through, which are often more common than memory loss.

Brain scans

A person suspected of having vascular dementia will usually also have a brain scan. Brain scans cannot identify vascular dementia by themselves, but they can be used along with other information to help confirm the diagnosis.

A CT or MRI scan may show evidence of a recent stroke or of other changes in the brain. They may help to rule out a tumour or build-up of fluid inside the brain, which can have symptoms similar to those of vascular dementia. Some brain scans can also help tell the difference between vascular dementia and other dementias.

The GP will often make an initial assessment and then refer the person to a local memory service for a more detailed assessment. Here, specialist health professionals will 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 about the next steps and what support is available.

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

If you have been diagnosed with vascular dementia, you may find it helpful to read booklet 872 **The dementia guide**. If you are supporting someone with vascular dementia, you may want to read booklet 600 **Caring for a person with dementia: A practical guide**.

Space for your notes

Space for your notes

6 Treatment and support

There is no known cure for vascular dementia yet. However, with the right care and treatment, a person with the condition can live well for as long as possible. A combination of both medicine and non-drug treatments can help a person with vascular dementia to manage and keep doing things for themselves for longer.

Care and support for a person with dementia should always aim to 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**.

Managing long-term health conditions

If a person has stroke-related vascular dementia, it is important to reduce their risk of having another stroke as much as possible. This means looking after their heart and blood circulation. For example, with support from doctors, they can try to keep their blood pressure and blood sugar and cholesterol levels as normal as possible. They may also need to take medicines that thin their blood and prevent harmful clots.

Making lifestyle changes, such as cutting down on alcohol and being more physically active, should also help reduce the risk of further strokes (see 'Lifestyle factors' on page 8). However, in practice this can be hard to do for many people. Medicines they have to take may cause side effects that make them feel worse or become more confused or unsteady. All medication needs to be reviewed regularly by the person's GP to make sure it is helping. In addition, making big changes to the person's lifestyle or their longstanding habits can sometimes be challenging for them.

There is less evidence that these approaches can slow down the progression of small vessel disease that causes subcortical vascular dementia or CAA. However, it still makes sense to take action that reduces the person's risk of further blood clots and bleeds as much as possible.

For more information, see factsheets 511 **Eating and drinking** and 529 **Physical activity, movement and exercise**.

Managing symptoms

There are many ways to help someone to live well with vascular dementia. These include information, advice and support. The GP, the local memory service or Alzheimer's Society are good places to start for more information on what is available.

The medicines that are prescribed for Alzheimer's disease and dementia with Lewy bodies do not have benefits for vascular dementia, and so are not recommended for it. However, these medicines may be prescribed to treat these types if they are present in mixed dementia along with vascular dementia.

The person with dementia and those caring for them should be offered support soon after a 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 a variety of 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)** – this is a popular way to help keep someone's mind active. It involves doing themed activity sessions over several weeks.
- **Cognitive rehabilitation** – this is skills training that is tailored to a person's needs and abilities. It can enable the person to keep their thinking skills, meet their goals and cope better with the symptoms of dementia. **My life, My goals** can help. This is an electronic resource to support people living with dementia with what they want to be able to do. It sets out meaningful goals based on what matters to them. It can be downloaded at **alzheimers.org.uk/mylifemygoals**
- **Talking therapies**, such as counselling – these can help someone come to terms with their diagnosis or discuss their feelings.
- **Cognitive behavioural therapy (CBT)** – this may be offered if the person develops depression or anxiety. It is most useful in the early stages of dementia.
- **Life story work** – many people with dementia enjoy this activity, where 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 give this information.

Space for your notes

Space for your notes

- **Occupational therapy (OT)** – an occupational therapist will provide advice and support on ways to help someone with vascular dementia stay independent and live well at home. These will be specific to the person, depending on their symptoms, living environment and the everyday activities they want to do. The person's GP can refer them to an occupational therapist.
- **Reminiscence work** – as a person's dementia progresses, they may also enjoy talking about their past, with the help of things like photos, familiar objects or music.
- **Music and creative arts therapies** – these are therapeutic sessions where the person can be creative, such as making music, playing an instrument and painting.

It is important that a person with dementia stays as active and engaged as they can – physically, mentally and socially. Taking part in activities that they find useful, interesting or enjoy can help to increase the person's confidence and self-esteem. However, this can be challenging if they have other disabilities, such as physical weakness or communication problems as a result of having a stroke.

For more information, see factsheet 526 **Supporting a person with memory loss**, booklet 819 **Making your home dementia friendly**, booklet 77AC **The activities handbook** and booklet 1506 **Keeping active and involved**.

Treatments for changes in mood and behaviour

Vascular dementia can sometimes cause a person to become agitated and distressed. This may be because they are struggling to communicate a need or a feeling, or to understand what is going on around them. Positive interactions with other people, or activities matched to the person's abilities and interests, can help.

Physical health problems such as pain, dehydration, infection or constipation can often cause a person with vascular dementia to become anxious, confused and disoriented. If these are serious the person may develop delirium, which is an urgent medical problem.

For more information, see factsheets 500 **Communicating with a person with dementia**, 525 **Changes in behaviour** and 509 **Aggressive behaviour**.

Support for hallucinations and delusions

If someone is having hallucinations or delusions, carers should try to offer them reassurance. They can remind the person that they are there to support them and try gentle distraction. It rarely helps to try to convince the person that what they are seeing is not there, or that what they believe is untrue.

Hallucinations that are not distressing to the person may not need to be stopped. Some may even be comforting, such as the sight of a good friend or family member sitting by the bed.

It is important to get a person's eyesight and hearing checked regularly, and to support them to keep their glasses or hearing aids clean and working properly. Any problems with these can make difficulties with recognising or understanding things worse. A person who has had a stroke may have vision problems as a result, and this can increase their chance of having hallucinations. An orthoptist (eye health specialist) can assess whether this has happened and may be able to help correct it.

For more information on hallucinations and delusions, including practical tips to support the person, see factsheet 527 **Changes in perception**.

Support for movement and co-ordination problems

A person with movement problems – for example, after a stroke – will often benefit from working with a physiotherapist or occupational therapist (or both). They can help the person to move and stay independent, as well as advise on aids and adaptations in the home.

Support from a speech and language therapist (SLT) is often helpful if the person develops problems with swallowing or speaking, which are particularly common after having a stroke. The GP or community nurse can make a referral to an SLT, who can help the person to keep eating well and communicate with others.

If the person has had falls or is worried about falling, the GP may refer them to a falls prevention service. Their risk of falls may be reduced by strength and balance exercises, an eyesight test, a medication review and making the home safer – for example, improving light levels, decluttering and removing trip hazards.

For more information, see booklet 819 **Making your home dementia friendly**.

Space for your notes

Space for your notes

Support services

There is also a range of support services that can help a person live well with dementia. These 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 – online communities such as our Dementia Support Forum at **forum.alzheimers.org.uk** where a person with dementia and carers can:
  - ask for advice from those in a similar situation
  - read other people's stories
  - express concerns
  - share helpful information.

These services may vary by area and may have changed slightly since the coronavirus pandemic. To find local services, a person can search our online directory at **alzheimers.org.uk/dementiadirectory**. They can also contact their GP, local memory service or local authority (council) social services department.

To speak to one of our dementia advisers, call 0333 150 3456 or visit alzheimers.org.uk/getsupport for online advice. The service is free, easy to access, and puts people in touch with the right support, from local help to phone and online advice.

Support in the later stages of vascular dementia

Vascular dementia is a progressive condition, so over time symptoms will get worse. This is generally over a period of several years.

Stroke-related vascular dementia often progresses in steps, with long periods when symptoms are stable followed by shorter periods when symptoms quickly get worse. This is because each stroke causes further damage to the brain and the effects tend to be sudden. **Subcortical vascular dementia** can occasionally follow this pattern, but more often symptoms get worse slowly as the disease damages the brain more gradually.

As vascular dementia progresses, a person is likely to become more confused or disoriented, and have more problems with memory, reasoning and communication. In the later stages of the condition, they may become much less aware of what is happening around them. They may have difficulties walking or eating without help and may become increasingly frail.

Eventually, someone with vascular dementia is likely to need a large amount of personal care. It is difficult to predict how quickly the condition will progress over time. The person will probably need personal care sooner due to having other health conditions that are linked to vascular dementia, such as diabetes or cardiovascular disease. For more information, see factsheet 458 **The progression and stages of dementia**.

Planning for end of life is important for anyone who has a terminal condition, such as vascular dementia. 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**. For information for carers, see factsheets 531 **End of life care** and 417 **Supporting a person in the later stage of dementia**.

Space for your notes

Space for your notes

Other useful organisations

Age UK
0800 678 1602 (advice line, 8am–7pm Monday–Sunday)
www.ageuk.org.uk

Age Cymru
0300 303 44 98 (advice line, 9am–4pm Monday–Friday)
advice@agecymru.org.uk
www.agecymru.wales

Age NI
0808 808 7575 (advice line, 9am–5pm Monday–Friday)
advice@ageni.org
www.ageni.org

Age UK, Age Cymru and Age NI aim to improve later life for everyone through information and advice, services, campaigns, products, training and research.

British Heart Foundation
0300 330 3322 (9am–5pm Monday–Friday)
heretohelp@bhf.org.uk
www.bhf.org.uk

British Heart Foundation is the biggest funder of heart research in the UK. Their experienced cardiac nurses can help with queries about heart and circulatory diseases, and their risk factors.

CADASIL Support UK
info@cadasilsupport.co.uk
www.cadasilsupportuk.co.uk

CADASIL Support UK is a patient support group that allows people affected by this rare condition to help each other and share their experiences, mostly on social media forums.

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

Diabetes UK provides information, advice and support for people affected by and at risk of diabetes 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.

NHS Health Check

www.nhs.uk/conditions/nhs-health-check

The NHS Health Check is a mid-life check-up for those aged 40–74. At the check, a person's blood pressure, cholesterol and body mass index will be measured and results given, along with advice and support. This could reduce the risk of diabetes, heart or kidney disease, stroke and dementia.

Stroke Association

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

Stroke Association provides information, support and advice to help stroke survivors with recovery. The Act Fast campaign helps people to recognise the symptoms of a stroke – go to **www.stroke.org.uk/symptoms** for more information.

Space for your notes

Space for your notes

Factsheet 402
Last reviewed: February 2022
Next review due: February 2025

Reviewed by: Dr Verity Longley, Registered Occupational Therapist and Lecturer in Psychology, Manchester Metropolitan University and Linda Nazarko, Nurse Consultant, West London NHS Trust, London

This factsheet has 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**

This publication contains information and general advice. It should not be used as a substitute for personalised advice from a qualified professional.

Alzheimer's Society does not accept any liability arising from its use. We strive to ensure that the content is accurate and up to date, but information can change over time. Please refer to our website for the latest version and for full terms and conditions.

© Alzheimer's Society, 2026. All rights reserved. Except for personal use, no part of this work may be distributed, reproduced, downloaded, transmitted or stored in any form without the written permission of Alzheimer's Society.

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

Alzheimer's Society

It will take a society to beat dementia

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

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

Alzheimer's Society is a registered charity in England and Wales (296645) and the Isle of Man (1128). A company limited by guarantee, registered in England and Wales company number 2115499. Isle of Man company number 5730F. Registered office: 43-44 Crutched Friars, London EC3N 2AE.