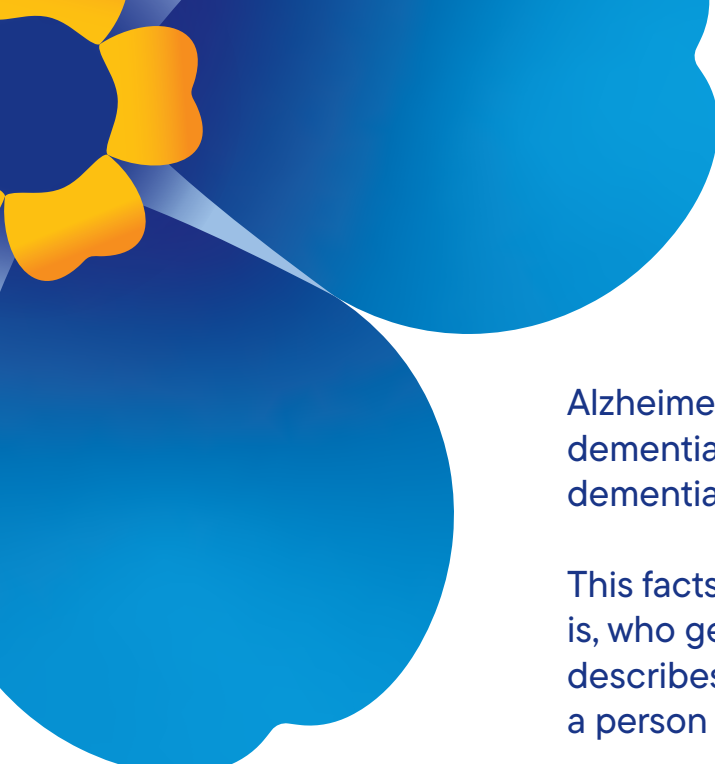


What is Alzheimer's disease?



**Alzheimer's
Society**

Together we are help & hope
for everyone living with dementia



Alzheimer's disease is the most common cause of dementia. About two out of three people living with dementia in the UK have Alzheimer's disease.

This factsheet explains what Alzheimer's disease is, who gets it and what its symptoms are. It also describes the treatment and support available for a person with the condition.

Contents

1	What is Alzheimer's disease?	1
2	The progression and later stage of Alzheimer's disease	5
3	Who gets Alzheimer's disease?	7
4	Getting a diagnosis	10
5	Living well with Alzheimer's disease	11
6	Treatment and support	12
7	Other types of Alzheimer's disease	16
	Other useful organisations	19

1 What is Alzheimer's disease?

Alzheimer's disease is a physical illness which damages a person's brain. This eventually causes dementia. It is named after Alois Alzheimer, the doctor who first described it.

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.

The causes of Alzheimer's disease are very complex, but one key part is the build-up of two substances inside the brain called amyloid and tau. When conditions in the brain aren't right, these clump up and form tiny structures called plaques and tangles. These make it harder for the brain to work properly.

Over time the disease causes certain parts to become smaller. It also reduces the amount of important chemicals needed to send messages around the brain.

Eventually the brain struggles to cope with the damage and the person begins to have problems with memory and thinking. When it gets to the stage where these problems are making it difficult for the person to do everyday tasks that they used to do easily, this is called 'dementia'.

Alzheimer's disease or dementia?

The term 'Alzheimer's disease' – or Alzheimer's – can be used to describe the physical disease that damages the brain, as well as the type of dementia that the disease causes. In this factsheet, the terms Alzheimer's disease and Alzheimer's are used to describe the dementia that is caused by the disease.

Space for
your notes

Space for your notes

Symptoms

Alzheimer's disease affects everyone differently. However, it has some common early symptoms.

- **Memory problems** – The first noticeable sign of Alzheimer's is often memory problems. In particular, there may be difficulties recalling recent events and learning new information.

This is because one of the first parts of the brain to be damaged in Alzheimer's is the hippocampus, which has an important role in memory. The person is much less able to form new memories, which means they often don't remember things that have happened recently. Their memories of events that happened a long time ago are not usually affected in the earlier stages.

Memory problems can make a person with Alzheimer's more likely to:

- forget about recent conversations or events
- get lost in a familiar place or on a familiar journey
- forget appointments or significant dates
- become increasingly disorganised.

- **Thinking and reasoning difficulties** – A person with Alzheimer's may also develop problems with their thinking and reasoning abilities at first. These include:
 - difficulty concentrating, such as regularly being unable to follow a conversation, and needing silence and complete focus to understand what someone is saying
 - difficulty planning or organising – for example, struggling to do the steps of an everyday task in the right order (such as cooking a meal)
 - getting confused about what time of day it is, or where they are. The person may also think they are living at a different time in their lives. For example, thinking they went on holiday to somewhere recently when they actually went there several years ago.
- **Language problems** – Language and communication difficulties are common in the early stages of Alzheimer's. They tend to involve difficulties finding the right words and not being able to concentrate on what's being said. As a result, a person may:
 - use more general words like 'thing' or 'stuff', or say 'her' or 'him' when they would previously have known a person's name

— pause while they try to think of the word they want to use, particularly when it's a word they wouldn't use very often. It can feel like the word is on the 'tip of their tongue' but then it doesn't come to them. This can also happen with names of people or places.

- **Changes to how things are seen and heard** – Although less common in the early stages, some people with Alzheimer's struggle to judge distances and see the outline of objects. This can make using stairs or parking a car much harder, for example. They may also find certain noises uncomfortable or upsetting, such as loud music or lots of people in a room talking at the same time.

For more information see factsheet 527, **Changes in perception**.

- **Changes in mood** – A person in the earlier stages of Alzheimer's may become anxious, more easily annoyed, sad or frightened. Many people lose interest in talking to others, or in the activities and hobbies they used to enjoy. They become more withdrawn over time. It's often hard to say if these changes in mood are caused by the disease itself or the frustrations of struggling with everyday tasks because of their symptoms.

The emotions caused by living with dementia can be challenging for both the person with dementia and those close to them. Anyone finding things difficult should ask for support from a GP or other professional. They can also call the support line for advice on **0333 150 3456**.

For more information see factsheet 444, **Supporting a person with dementia who has depression, anxiety or apathy**.

How can you tell if someone has Alzheimer's disease?

Many people find that their thinking gets a bit slower, or their memory becomes less reliable as they get older. However, a person should speak to their GP if these problems are starting to affect their daily life.

Problems with memory or thinking can be caused by a treatable condition such as depression or an infection. Finding out the cause of the person's symptoms will help them to get the right treatment. For more information see 'Getting a diagnosis' on page 10.

Alzheimer's Society offers support to people who are worried about their own memory or thinking, or if they're concerned about someone else. For more information see [alzheimers.org.uk/memoryloss](https://www.alzheimers.org.uk/memoryloss) or call **0333 150 3456**.

**Space for
your notes**

Space for your notes

“

I was diagnosed with Alzheimer's three years ago and am very aware of gradually getting into increasingly bizarre difficulties. But I enjoy life and it is never boring!

Person with dementia.

”

Mixed dementia

Some people have more than one type of dementia. The most common combination is Alzheimer's disease and vascular dementia, which is caused by problems with the blood supply to the brain. Another combination is Alzheimer's and dementia with Lewy bodies (DLB).

If a person has mixed dementia, they will show symptoms from each type of dementia that they have. This means a person with Alzheimer's and DLB might have problems with their memory (Alzheimer's disease) as well as problems with movement and alertness (DLB).

There are other types of Alzheimer's disease that do not cause memory problems at first. See page 16 for information on less common types of Alzheimer's.

2 The progression and later stage of Alzheimer's disease

Space for
your notes

The symptoms of Alzheimer's disease will get worse over time. This usually happens over several years. As Alzheimer's progresses, problems with memory loss, language, reasoning and perception get worse. This means that a person will need increasing support with everyday living.

The person may also start to behave in ways that seem unusual or out of character. For example, they may:

- become agitated or restless
- pace around
- call out
- repeat the same question over and over again
- react aggressively.

Some people with Alzheimer's may also develop delusions, which are strongly-held false beliefs. For example, they might believe that someone is stealing from them when something isn't in its normal place. Less often, people have hallucinations, which is when they see or hear things that are not really there. This can be distressing and challenging for both the person and those caring for them. They may become agitated or confused towards the late afternoon or early evening. This is sometimes known as sundowning.

In the later stage of Alzheimer's, a person often becomes less aware of what is happening around them. It becomes harder to eat and drink because of difficulties with swallowing. It also becomes harder to stay physically active. Both of these changes can cause muscle weakness and weight loss, which can lead to a person becoming increasingly frail.

A person may also develop problems with continence, finding it harder to go to the toilet by themselves. Many people with Alzheimer's also have other health conditions that become more difficult to manage as the person becomes less able to care for themselves. This means these conditions tend to get worse more quickly.

Changes in sleep patterns are also very common, particularly in the later stage. The person may sleep more and more during the day but then have problems sleeping well at night. They may wake up not knowing what time it is or what they are supposed to be doing.

Space for your notes

For more information see factsheet 534, **Understanding sleep problems, night-time disturbance and dementia.**

Like most types of dementia, Alzheimer's disease is a life-shortening condition. This means people with Alzheimer's tend to live for a shorter time than people without it.

Planning for end of life is important for anyone with a life-shortening 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.**

3 Who gets Alzheimer's disease?

There are many different things that can increase a person's chances of getting Alzheimer's. These are known as 'risk factors'. Some of these risk factors cannot be changed, but many others can.

Risk factors that can't be changed

Age

Age is the biggest risk factor for Alzheimer's, as it is for most types of dementia. This means that a person is more likely to get Alzheimer's as they get older. Above the age of 65, a person's risk of developing Alzheimer's doubles about every five years.

Although most people with Alzheimer's are over 65, younger people can also get it. Around one in three people with young-onset dementia have Alzheimer's.

Sex

There are about twice as many women over 65 with Alzheimer's as there are men over 65 with the condition. This is mostly because women tend to live longer than men.

However, women over the age of 80 still have a slightly higher risk of getting Alzheimer's than men their age. We don't know the exact reasons for this.

There has been a lot of interest in how menopause may increase a person's risk of getting Alzheimer's. While it seems that very early menopause caused by medical treatment can increase risk, it's still unclear if it's also a risk factor when it happens more naturally.

Space for
your notes

Space for your notes

Genes

There are certain genes that may be passed down (inherited) from a parent that can affect a person's chances of getting Alzheimer's. There are two types of these genes: 'familial' genes and 'risk' genes.

Familial genes will definitely cause Alzheimer's if they are passed down from a parent to a child. If one parent has a familial gene, their child will have a one in two chance of inheriting it and developing Alzheimer's – usually when they are in their 40s and 50s. Familial genes causing Alzheimer's are rare. Out of 1000 people who have Alzheimer's, less than 10 of those people will have it because of a familial gene.

Risk genes increase a person's chances of developing Alzheimer's. They are much more common than familial genes. However, unlike familial genes, risk genes do not always cause a person to develop the condition. Most of them only slightly increase a person's risk.

The most important risk gene for Alzheimer's is called apolipoprotein E (APOE). Certain versions of the APOE gene can make a person up to four times more likely to develop Alzheimer's. Nearly two out of three people in the UK who get Alzheimer's disease have this version of APOE so it's one of the biggest contributors to a person's risk. However, the APOE gene only increases a person's chances of getting dementia. It doesn't cause the condition in everyone who has it. In fact, most people with the higher-risk versions of the APOE gene don't develop dementia.

For more information see factsheet 405, **Genetics of dementia**.

People with Down's syndrome have a much higher risk of developing Alzheimer's disease because of a difference in their genes. For more information see factsheet 430, **Learning disabilities and dementia**.

Risk factors that can be controlled

Lifestyle

People who live a healthy lifestyle, especially from mid-life (age 40–65) onwards, are less likely to develop Alzheimer's. This includes not smoking, not drinking too much alcohol, and eating a healthy balanced diet. Keeping physically, mentally and socially active may help a person to reduce their risk of developing Alzheimer's.

Protecting the head from injuries throughout a person's life may potentially reduce the risk of Alzheimer's. Traumatic brain injuries (TBIs) are caused by a blow or jolt to the head, especially if the person is knocked out unconscious.

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

Health conditions

There are lots of health conditions that increase a person's risk of developing Alzheimer's disease (as well as vascular dementia). These include:

- diabetes, stroke and heart problems
- risk factors for heart and blood vessel disease, such as high blood pressure, high cholesterol and obesity in mid-life
- age-related hearing loss
- depression.

Managing these conditions and getting support from health professionals as early as possible may help you to reduce your risk.

Space for
your notes

Space for your notes

4 Getting a diagnosis

It is very important for anyone who has worsening problems with their memory or thinking to be assessed by a health professional, which is most often their GP. Getting a timely diagnosis has important benefits:

- It gives the person an explanation for their symptoms.
- It gives them access to treatment, advice and support.
- It allows them to prepare for the future and plan ahead.

If a GP thinks their symptoms may be caused by dementia, they will refer the person to a local memory service for more detailed assessment. The specialist health professionals at the memory service will have lots of combined expertise in dementia and can arrange more detailed tests and brain scans, if needed.

Alzheimer's will usually be diagnosed by a specialist health professional.

There is no simple test for Alzheimer's, so it's never possible to be 100% sure of a diagnosis. To be as accurate as possible, the specialist will look at and consider different pieces of information including:

- a medical 'history' – the clinician talks to the person, and ideally someone who knows them well, about how their problems have developed and how they are affecting their daily life, for example about changes in their mood or the sort of tasks they're able to do at home
- physical examination and tests, such as blood or urine tests, to check for other possible causes of the person's symptoms
- a series of questions to understand more about memory, awareness of time and place, and how a person thinks things through
- a scan of the brain, if this is needed to make a diagnosis.

A person with Alzheimer's should receive a clear explanation of their diagnosis if they want to know it. 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 receive a diagnosis of Alzheimer's disease, our booklet 872, **The dementia guide** has tips and advice to help you live well. If you are supporting a person with Alzheimer's disease, our booklet 600, **Caring for a person with dementia: a practical guide** provides practical help, ideas and suggestions to help you both adjust to living with dementia.

5 Living well with Alzheimer's disease

Space for
your notes

There is no cure for Alzheimer's disease yet. However, with the right care and support, it is possible to live as well as possible for as long as possible. Support can include useful information, support from family, friends and the wider community as well as treating symptoms with medicines and other therapies.

The person with Alzheimer's 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 and planning ahead.

Keeping healthy and seeing the GP

A person with Alzheimer's disease shouldn't feel unwell physically or mentally. It is important to have regular sight and hearing tests as well as dental check-ups. Taking part in meaningful activities can be enjoyable and helps to increase confidence and self-esteem. It's also important to:

- eat and drink healthily
- get enough sleep
- keep in touch with friends and family
- keep active – physically, mentally and socially.

As Alzheimer's progresses, some people may feel 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 a person's abilities and interests, can help.

It is important to regularly see a GP, who can help manage any health problems including depression and anxiety or refer someone to the right support and expertise when they need it. They should also review a person's care and support at least annually.

Physical health problems such as pain, dehydration, infection or constipation can often cause anxiety, confusion and disorientation. If these are serious the person may develop delirium, which is an urgent medical problem.

For more information see factsheets 425, **How the GP can support a person with dementia.**

Space for your notes

6 Treatment and support

A combination of both medical and non-medical treatments can often help a person with Alzheimer's to keep doing the things they want to do for longer.

Care and support for a person with Alzheimer's should always aim to be 'person-centred'. This means it should be focused specifically on the needs of the individual person, not just 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.

There are many ways to help someone to live well with Alzheimer's disease that don't involve medication. The GP, the local memory service, or Alzheimer's Society are good places to start for more information on what is available.

Practical aids, adaptations and technology

During the earlier stages of Alzheimer's, a person may be able to improve their ability to do everyday activities by using a range of coping strategies, practical aids and tools. Their home should also help them stay safe. Small adaptations can make a big difference in making it easier and more comfortable for the person.

There are many simple ways of making it easier to live with the symptoms of Alzheimer's. Not all of these will be helpful for everyone, but include:

- using a calendar, diary or calendar clock to remind the person about dates, appointments and events
- putting labels on cupboards to show what is inside
- setting reminders for tasks or appointments on a smartphone or tablet
- using mental pictures, or words and rhymes, to remember new information
- using technology such as virtual assistants that respond to the person's voice.

These can help a person with mild-to-moderate memory loss to do more, reduce their levels of frustration and remain more independent for as long as possible.

It is important that anyone supporting a person with Alzheimer's understands memory loss and how they can help the person to cope with it. For more information see factsheet 526, **Supporting a person with memory loss.**

There are many types of equipment and technology that can help with daily activities such as taking medication, cooking, listening to music or using the phone. For more information see factsheet 429, **Using equipment and making adaptations at home**.

To see a range of equipment and technology that can help with daily living activities visit Alzheimer's Society's online stop at alzheimers.org.uk/shop

Therapy and structured activities

There are many activities and therapies that can help a person with Alzheimer's to maintain their abilities for as long as possible and to look after their physical and emotional wellbeing.

- **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, including 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 Alzheimer's disease.
- **Life story work** – This is 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 Alzheimer's disease when a person may not be able to communicate this information.
- **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 sessions where the person can get creative, such as by making music, playing an instrument, and painting.

Some of these therapies may not be freely available in certain places. It may be necessary to search a wider area or pay privately to access them.

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 Alzheimer's. 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 communities – for example Talking Point at alzheimers.org.uk/talkingpoint where anyone affected by dementia 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. To find local services, a person can search on Alzheimer's Society's online directory at alzheimers.org.uk/dementiadirectory

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

Medicines

Taking a medicine to help with memory and thinking can help many people live well with Alzheimer's disease. These cannot stop the physical disease from progressing in the brain, but in some cases they may delay the symptoms getting worse. A person with Alzheimer's disease or mixed dementia that includes Alzheimer's may be initially prescribed one of three different medicines:

- donepezil
- rivastigmine
- galantamine.

In the middle or later stages of Alzheimer's, a person 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 by itself during the earlier stages of Alzheimer's if they are unable to take any of the other medicines. For example, if they have experienced bad side effects or have a pre-existing heart condition.

A wide range of other medicines may be prescribed at different times for a person with Alzheimer's. These might be for depression or anxiety, sleep disorders, delusions, and hallucinations, as well as physical problems such as incontinence or pain. It's important that the person asks their GP for 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 than they need to.

If a person is in distress, health professionals will generally recommend trying approaches that don't involve medication first before prescribing something, unless a person's symptoms are very severe and 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 care**.

Space for
your notes

Space for your notes

7 Other types of Alzheimer's disease

There are some less common types of Alzheimer's disease that do not cause memory problems at first. These are known as 'atypical' Alzheimer's. There are four main types, which have different early symptoms:

- one mostly affecting language, called logopenic aphasia
- one causing problems with vision and working out where things are in relation to each other, called posterior cortical atrophy
- one that affects behaviour and/or thinking, called frontal variant Alzheimer's disease
- one that causes problems with movement and sensation as well as thinking, perception and language, called corticobasal syndrome.

Atypical types of Alzheimer's are caused by the same kinds of plaques and tangles involved in the more common type of Alzheimer's. The key difference is that they build up in parts of the brain involved in other types of thinking, and less so in the region involved in memory.

Atypical types of Alzheimer's are more likely to affect people in their 50s and 60s than those older than this. For people younger than 65 who have Alzheimer's, up to 1 in 3 have an atypical type. This is much more common than for people older than 65 where it's around 1 in 20.

For more information about people diagnosed with dementia under the age of 65 (known as 'young-onset dementia') see booklet 688, **Young-onset dementia: Understanding your diagnosis.**

Logopenic aphasia

(also known as logopenic variant of primary progressive aphasia)

Logopenic aphasia develops when there is damage to the areas in the left side of the brain that are involved in using language and working memory. This is the type of memory that holds a thought in place just for a few seconds while you focus on it.

A person with logopenic aphasia has problems with language and communication during the early stages of their condition. They may speak slowly, often with long pauses. They may have trouble finding the right word, or are not able to repeat words and phrases that were just said. They may use terms that aren't real words.

As the condition progresses, they are likely to have increasing problems focusing and becoming easily distracted. Eventually a person develops more typical Alzheimer's symptoms, such as memory loss and confusion. See page 2 for more information on the typical symptoms.

A person with logopenic aphasia may benefit from support from a speech and language therapist. This can help to develop workarounds and other strategies to keep the person communicating effectively for longer.

Posterior cortical atrophy (PCA)

PCA develops when there is damage to areas at the back of the brain. These areas process information from a person's eyes to create an image in their mind. This allows them to see and recognise shapes and colours, and to understand where objects are in relation to each other. It also helps them to coordinate fine movements, such as handwriting.

A person with PCA will often have increasing problems with reading, spelling and working with numbers. They may find it hard to see objects clearly or judge distances when moving around. This can cause problems with everyday tasks that need a person to be able to see and find objects clearly, such as getting dressed. It can also cause problems understanding text or numbers, such as when reading the instructions on food or medicine packaging.

A person with PCA can get advice from an occupational therapist on aids and adaptations to keep doing everyday activities. They may also benefit from registering as partially sighted, which can help get access to benefits and more accessible travel.

Frontal variant Alzheimer's disease

Frontal variant Alzheimer's is a rare type of dementia that has symptoms very similar to a more common condition called frontotemporal dementia (FTD). The main difference is that it's caused by Alzheimer's disease.

Like FTD, frontal variant Alzheimer's causes changes in personality and behaviour or problems with thinking. For some people, it can cause both types of symptoms.

The types of thinking most often affected include:

- planning
- attention
- reasoning
- switching from one thing to another
- decision-making.

**Space for
your notes**

Space for your notes

The person may also experience changes in mood, particularly a lack of interest and motivation to do things. They may also appear to either not understand or care about the thoughts or feelings of other people. They may also develop compulsive or repetitive behaviours.

For more information on FTD, see factsheet 404 **What is frontotemporal dementia?** It includes information on how to support a person with these kinds of symptoms.

Corticobasal syndrome (CBS)

CBS is a rare condition that causes problems with movement and sensation as well as thinking, perception and language. Up to around half of people with CBS have an atypical type of Alzheimer's disease.

These symptoms make it increasingly difficult to move around and balance properly. An occupational therapist (or sometimes a physiotherapist) should be able to give advice on home adaptations and other types of support. A person may also be referred to a speech and language therapist if they have problems speaking or finding the right words.

Support for rarer causes of dementia

Alzheimer's Society is here to support everyone living with any type of dementia. However, for people with atypical types of Alzheimer's disease it can sometimes be hard to find support suited to the specific needs of their condition.

Rare Dementia Support is a specialist service led by the University College London Dementia Research Centre. It runs support groups, meetings and services for people with rarer types of dementia. To find out more, contact the RDS Specialist Support Team at www.raredementiasupport.org or call 020 3325 0828.

For more information see factsheet 442, **Rarer causes of dementia.**

Other useful organisations

Admiral Nurse Dementia Helpline
**0800 888 6678 (9am–9pm Monday–Friday,
9am–5pm Saturday–Sunday)**
helpline@dementiauk.org
www.dementiauk.org

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

Age Cymru
0300 303 44 98 (advice line, 9am–4pm Monday–Friday)
www.ageuk.org.uk/cymru

Age NI
0808 808 7575 (advice line, 9am–5pm Monday–Friday)
www.ageuk.org.uk/northern-ireland

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

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.

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.

**Space for
your notes**

Space for your notes

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 mid-life check-up for people aged 40–74. At the check, blood pressure, cholesterol, and body mass index are measured and results given, along with advice and support. This could reduce the risk of diabetes, heart or kidney disease, stroke and dementia.

Rare Dementia Support
020 3325 0828
contact@raredementiasupport.org
www.raredementiasupport.org

Rare Dementia Support is a UK-based service. It runs support groups, meetings and services for people with one of seven rarer types of dementia, including familial Alzheimer's disease, frontotemporal dementia (FTD), familial frontotemporal dementia, posterior cortical atrophy (PCA) and primary progressive aphasia (PPA).



Factsheet 401

Last reviewed: November 2022

Next review due: November 2025


Reviewed by: Dr Keir Yong, Etherington PCA Senior Research Fellow, UCL Queen Square Institute of Neurology, London and Grant Malyn, Dementia Clinical Nurse Specialist, South London and Maudsley NHS Foundation Trust

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, 2023. 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.



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**



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

Registered charity no 296645. A company limited by guarantee and registered in England no 2115499. Alzheimer's Society operates in England, Wales and Northern Ireland.