

# Dementia

## Headlines

Dementia accounts for more years of disability than any other condition, including stroke, cardiovascular disease and cancer. Cases of dementia are expected to double by 2030. Dementia increases rapidly with age. 10% of deaths in men aged over 65 years and 15% in women aged over 65 years are attributable to dementia.

Only 1 in 3 people with dementia ever receive a formal diagnosis or have contact with specialist services at any time in their illness.

Dementia is caused by a number of conditions including vascular disease so is directly affected by the same health behaviours, especially smoking, diet, physical activity and alcohol.

People with Down's syndrome are four times more likely to develop dementia and for it to begin at an earlier age.

2 in 3 people with dementia are cared for in the community, mostly by unpaid carers, the rest live in care homes.

## Why is this issue important?

The term dementia is used to describe a syndrome, caused by a number of diseases in which there is a progressive decline in multiple areas of function, including decline in memory, reasoning, communication skills and the ability to carry out daily activities<sup>1</sup>. How fast dementia progresses can vary with the individual but people may live with it for 7-12 years after diagnosis. Each person is unique and will experience dementia differently<sup>2</sup>.

The symptoms of dementia include<sup>1</sup>:-

- Loss of memory, forgetting the way home from the shops, or being unable to remember names and places, or what happened earlier the same day.
- Mood changes – particularly as parts of the brain that control emotion are affected by disease. People with dementia may also feel sad, frightened or angry about what is happening to them.
- Communication problems – a decline in the ability to talk, read and write.
- In the later stages of dementia, the person affected will have problems carrying out everyday tasks, and will become increasingly dependent on other people.

Dementia accounts for more years of disability than any other condition, including stroke, cardiovascular disease and cancer<sup>2</sup>. The emotional impact on people with dementia and their families can be enormous and often includes high levels of depression and stress<sup>3</sup>.

10% of deaths in men aged over 65 years, and 15% of deaths in women aged over 65 years are attributable to dementia. Delaying the onset of dementia by five years would reduce the number of UK deaths due to dementia by 30,000 per year<sup>2</sup>. Only 1 in 3 people with dementia ever receive a formal diagnosis or have contact with specialist services at any time in their illness<sup>1</sup>.

Nationally it is estimated that 1 in 20 people over the age of 65 years are affected by dementia and 1 in 5 people aged over 80 years<sup>4(p333)</sup>. Locally, in 2010, an estimated 1,429 men and 2,787 women aged over 65 years had dementia, a total of 4,216. Of these, most are aged over 80 years (69%). By 2030 it is estimated that these numbers will double<sup>4(p333)</sup> to 3,014 men and 4,493 women with dementia giving a total of 7,507<sup>5</sup>.

It is estimated that there are over 100 people locally with young onset dementia, i.e. aged under 65 years and this is expected to increase by over 10% by 2025<sup>5</sup>.

## What significant factors are affecting this issue?

Increasingly, age is the main risk factor<sup>2</sup> but other factors include genetic background, medical history and health behaviours<sup>6</sup>. About half of all cases of dementia have a vascular component (i.e. linked to the blood supply to the brain) and so are linked to smoking, diet and physical activity<sup>4(p9)</sup>. Risk of dementia may be reduced by adopting positive health behaviours, i.e. by eating a healthy diet, not smoking, being physically active, drinking less alcohol and protecting the brain from injury.

An increase in the population aged over 65 years, particularly those aged over 85 years (see Population section) is likely to lead to an increase in the numbers of people with dementia. This will likely increase the demand for health and social care services, especially as there will be proportionately fewer young people and family networks available to provide unpaid care.

The current relatively low level of diagnosis means a substantial number of people and their carers in Kirklees do not have access to support and information.

Up to half of all people with dementia also have depression. People with both dementia and depression have higher rates of disability and higher rates of hospital admission than people with dementia alone<sup>2</sup>. Social networks and social participation are a protective factor against dementia or cognitive decline over the age of 65 years<sup>7(p134)</sup>.

2 in 3 people with dementia live in their own homes whilst the rest live in care homes<sup>1</sup>. 1 in 3 people who care for an older person with dementia also have depression<sup>2</sup>. (see carers section)

## Which groups are affected most by this issue?

Some population groups are more likely to develop dementia<sup>1</sup>.

- Generally people from minority ethnic groups experience higher rates of young onset dementia and vascular dementia than the white population.
- More women have dementia.
- People with Down's syndrome are four times more likely to develop dementia and for it to begin at an earlier age.

## Where is this causing greatest concern?

The highest rate of dementia in those aged over 65 years in Kirklees was in Huddersfield north, followed by Huddersfield south, but variation across Kirklees was small. For women aged over 65 years, the highest rate was in Birstall & Birkenshaw, followed by Huddersfield north. Rates were lowest for both men and women in Batley<sup>5</sup>.

## Views of local people<sup>3</sup>

Focus groups with local people aged over 65 years to understand perceptions of dementia highlighted:

- Negative images of dementia 'nothing could be done for you'.
- Little understanding of the stages of dementia.
- Concern about managing dementia at home.
- An expectation that you would need residential care.

## What could commissioners and service planners consider?

- Focus on improving the diagnosis of dementia, as early as possible.
- Provide improved support for carers
- Develop more flexible housing /accommodation options which should include:
  - More support for people to remain safely at home.
  - Good quality residential and nursing care places.
  - Increasing the range of accommodation choices for people with dementia, including extra care schemes and influence the design of accommodation to create environments which provide stimulation, enjoyment and dignified person centred care.
- Improve the provision of intermediate care and rehabilitation to reduce unnecessary or prolonged hospitalisation. Ensure better access to effective and timely end of life care.

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