

# Dementia

## Headlines

Dementia accounts for more years of disability than any other condition.

In Kirklees it is estimated that nearly 4,500 people aged over 65 had dementia in 2012, and that this is projected to rise to nearly 5,500 by 2020.

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.

Nationally only 1 in 3 people with dementia ever receive a formal diagnosis or have contact with specialist services at any time in their illness; however, almost half of people predicted to have dementia in Kirklees are known to services.

Dementia is caused by a number of conditions including vascular disease so is directly affected by lifestyle behaviours.

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 varies with the individual; people may live with it for 7-12 years after diagnosis, but it is a terminal illness. 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>. Generally 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>. However diagnosis rates have improved in Kirklees and now almost half of people predicted to have dementia have a diagnosis and are known to services<sup>8</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</sup>. By 2030 it is estimated that this will have increased by more than 60%<sup>5</sup>. In Kirklees it is estimated that nearly 4,500 people aged over 65 had dementia in 2012, and that this is projected to rise to nearly 5,500 by 2020<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 slightly to around 110 by 2020<sup>5</sup>. Living with dementia is a challenge, but it is possible for people with dementia to experience positive relationships and communication can help to enable positive feelings such as contributing to their communities through local support groups, and sharing experiences with others<sup>2</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</sup>. Risk of dementia may be reduced by adopting positive health behaviours such as 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, is likely to lead to an increase in the numbers of people with dementia. This will also 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 lot 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</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 most affected by this issue?

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

- 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. Rates were lowest for both men and women in Batley<sup>5</sup>.

## Views of local people

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.
  - Influencing 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.
- Improve access to everyday activities and support for people with dementia and their carers to live a good life and focus on the things they enjoy, to keep active and reduce social isolation and loneliness.
- Make Kirklees a dementia-friendly place to live.

## References

1. Alzheimer's Society. Available from: <http://www.alzheimers.org.uk/factsheet/401>
2. Age Concern: Improving Services and Support for Older People with Mental Health Problems. Age Concern England; 2007. Available from: <http://www.york.ac.uk/media/healthsciences/documents/pt-undergrads-cpd/specialist/olderperson/ImprovingServicesInquiry-full-report.pdf>
3. Kirklees Older People's Partnership Board: A Dementia Strategy for Kirklees; 2009. Available from: <http://www.kirklees.gov.uk/community/caresupport/health/mentalhealth/pdf/dementiastrategy.pdf>
4. Department of Health. Our Health and Wellbeing Today; 2010.
5. POPPI. Available from: <http://www.poppi.org.uk>
6. Living Well With Dementia: A National Dementia Strategy; 2009. Available from: [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_094051.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_094051.pdf)

7. Marmot M. Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England Post 2010; 2010. Available from: <http://www.marmot-review.org.uk/>
8. The Dementia Prevalence Calculator (v2). Available from: [http://www.dementiaprevalencecalculator.org.uk/calculator/quickview.html?&type=LA&organisation\\_id=00CZ](http://www.dementiaprevalencecalculator.org.uk/calculator/quickview.html?&type=LA&organisation_id=00CZ) (accessed 22/7/2013)

## Date this section was last reviewed

22/07/2013 (PL)