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Project Proposal

My project title:

Dementia in the UK: A Comparison of Its Impact on Women and Men

1) Aim:

The project intends to study dementia in the UK and compare the impact on women and men. The research will look at variations in dementia prevalence, diagnosis, care duties, and support requirements. It will also discuss how health and social care agencies can provide equitable, person-centered and gender-sensitive assistance for persons living with dementia and their unpaid carers.

2) Objectives:

- To define dementia and discuss its prevalence in the UK.
- To investigate the impact of dementia on women and men, including patterns of diagnosis and care obligations.
- To investigate the physical, emotional, social, and economic consequences of dementia on individuals and families.
- To review current dementia diagnosis, care, and support services in the UK.
- The goal is to generate evidence-based suggestions to improve equitable and person-centered dementia care.

3) Background/Rationale:

Dementia serves as a collective designation for advancing illnesses that influence brain activity. It might result in obstacles regarding memory, communication, thinking, attention, decision-making, and routine tasks. Alzheimer's disease is the leading cause of dementia, responsible for

around 60–70% of cases. Other frequently seen forms are vascular dementia, Lewy body dementia, and frontotemporal dementia (Nuffield Trust, 2026).

Dementia is a prominent challenge for health and social services in the UK. It is anticipated that over 982,000 residents in the UK would have dementia in 2024, with projections indicating an increase to 1.4 million by 2040 as a result of an ageing population (Alzheimer's Society, 2024). The ramifications of dementia are considerable for NHS services, municipal authorities, nursing homes, community support, and non-professional carers. The anticipated financial burden of dementia in the UK was £42 billion in 2024 and might rise to £90 billion by 2040 (Alzheimer's Society, 2024).

Dementia affects women more significantly than males. According to Alzheimer's Research UK (2022), about 65% of those with dementia are women. Updated English primary-care data indicated that women comprised 62% of official dementia diagnoses as of March 2026 (Nuffield Trust, 2026). While women usually have a longer life than males, variations in life expectancy by themselves do not completely elucidate the heightened effects on women. Biological, societal, economic, and gender-related influences may together account for the variation (Alzheimer's Research UK, 2022).

Women are also more predisposed to render unpaid caregiving for relatives suffering from dementia. About 66% of unpaid dementia carers are women (Alzheimer's Research UK, 2022). This can impact career prospects, financial stability, mental health, social interactions, and physical condition. Individuals providing care could face stress, solitude, apprehension, and weariness, particularly in the absence of appropriate practical help or relief. As a result, dementia has a gender-specific effect: women are at a higher risk of living with dementia and are more often in the role of helping someone with the illness.

Nevertheless, dementia can influence males in a unique way. It is possible that males are more prone to get a diagnosis of young-onset dementia, occurring before the age of 65 (Nuffield Trust, 2026). The implications of young-onset dementia might be distinct, since affected individuals could still be engaged in employment, parenting, managing home loans, or caring for family members. Individuals with dementia who are male could struggle to request emotional help owing to stigma or societal expectations on masculinity and autonomy.

The following summarises key differences between women and men in relation to dementia in the UK.

Formal dementia diagnoses in England

In March 2026, 62% of dementia diagnoses were made, while 38% were not.

The majority of individuals diagnosed with dementia are women.

People living with dementia in the UK

About 65% of those affected are women, and roughly 35% are men. Women bear a greater share of the dementia burden.

Unpaid caring

Approximately two-thirds of those providing unpaid care for dementia patients are women, with men making up about one-third. Women are more likely to face pressures related to caregiving and have fewer job opportunities as a result.

Young-onset dementia

This condition is less prevalent in women compared to men, who are more frequently affected. Services need to cater to the requirements of working-age individuals and their families.

Main support needs

Key areas of support include care planning, financial assistance, caregiver support, and efforts to reduce isolation. There is also a need for early detection, emotional support, and services tailored for young-onset dementia. Care should be individualized rather than based on gender stereotypes.

Source: Alzheimer's Research UK (2022); Nuffield Trust (2026).

Diagnosis is crucial as it facilitates access to therapy, care strategies, benefits, legal counsel, and emotional assistance. In England, the count of individuals formally diagnosed with dementia

rose from 427,176 in December 2022 to 498,122 by March 2026. Notwithstanding this advancement, just about 66% of individuals believed to have dementia got an official diagnostic by March 2026, indicating that several individuals may continue to exist without formal acknowledgement or assistance (Nuffield Trust, 2026).

NICE (2018) advises that individuals with dementia ought to have tailored assistance, integrated care, and frequent evaluations. It underscores the need of assisting carers via knowledge, training, and service accessibility. This initiative is pertinent as it will examine if existing UK services adequately cater to the diverse perspectives and requirements of women and men impacted by dementia.

4) Methods:

This study will employ a secondary research methodology. It will evaluate and scrutinise current scholarly research, governmental data, clinical recommendations, and charitable reports about dementia in the UK.

The investigator will employ theme analysis to discern trends. Themes are expected to encompass gender disparities, postponed diagnoses, unpaid caregiving, accessibility assistance, individualised treatment, and health inequities.

Ethical implications: This initiative will Utilise publically accessible secondary data and will refrain from enlisting volunteers. Ethical conduct shall encompass precise documentation, maintaining confidentiality as mandated by primary sources, refraining from plagiarism, and employing Harvard citation style.

Research and reports published mainly in the last 10–15 year.

There is evidence of dementia in the UK.

Research looking at gender, diagnosis, unpaid carers, health inequalities, or access to dementia support..

Peer-reviewed articles, official UK reports, clinical guidelines, and reports from recognised charities..

Inclusion criteria

Non-dementia-specific sources.

Research done outside the UK that can't be applied to UK health and social care.

Websites or sources that are important but lack clear authorship should be avoided.

Evidence that does not align with the project's purpose or objectives should be excluded..

Ethical considerations:

This project will employ publicly available information and will not include interviews, questionnaires, or any other direct contact with participants. The differences are unlikely to result in a formal diagnosis or approval. However, responsibilities will be fulfilled by providing supportive care, accurately reporting evidence, avoiding plagiarism, respecting the work of original authors, and using Harvard referencing correctly..

5) Resources::

Resource type: Resources required academic databases PubMed, university library databases
Official evidence: NHS England, NHS England Digital, NICE, GOV.UK, and Department of Health
and Social Care Charity evidence includes resources from Alzheimer's Society and Alzheimer's
Research UK, as well as software tools like Microsoft Word, Microsoft Excel, Grammarly, and
MyBi. b. Academic support, library support Supervisor guidance, lecturer feedback

6) Timeframe: Weeks

1 and 2 The topic, title, aim, and objectives should be agreed upon. 3–5 Search for relevant academic research, policies, and statistics. 6–7 Project proposal: Please fill out and submit. 8–10. Write the background and introduction sections. 11–14 Perform a literature review and compare women and men. 15–17 Write the methods section of the research. 18–21 Findings Discussion and Analysis 22–24 Concluding and Recommendations. 25–27 Edit and proofread the work, verify the Harvard references, and submit the final project.

7) Self-reflection as a researcher:

One strength of the researcher is the ability to find, sort, and compare information from various health and social care sources. This will be useful when you are reviewing academic articles, NHS statistics, government guidance, and reports from charities. The researcher is also aware of the importance of person-centred care. This will help them to consider the individual experiences of people living with dementia instead of clinical symptoms.

A possible challenge will be to avoid generalisations about women and men. Not every woman or man will develop dementia in the same way. Other factors can influence a person's access to diagnosis, care, and support, including age, ethnicity, income, disability, location, family support, and the type of dementia. To counter this challenge, the researcher will use a range of trusted UK sources and present findings in a fair way. It may also be challenging to manage time with other academic commitments. The researcher will thus follow the proposed timescale and ask for regular feedback from his/her supervisor.

References

Alzheimer's Research UK (2022) *The impact of dementia on women*. Available at: <https://www.alzheimersresearchuk.org/about-us/our-influence/policy-work/reports/the-impact-of-dementia-on-women/> (Accessed: 4 October 2026)

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Nuffield Trust (2026) *Dementia care in primary and secondary care in England*. Available at: <https://www.nuffieldtrust.org.uk/resource/dementia-care-in-primary-and-secondary-care-in-england> (Accessed: 4 October 2026).