

Report on a Health Issue: Dementia

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Introduction

Dementia is a condition that affects the brain and leads to problems with memory, thinking and everyday behaviour. It is not one single illness, but a term used to describe a collection of symptoms that develop when the brain becomes damaged over time. The most common form of dementia is Alzheimer's disease, which accounts for around 60-70% of all cases (World Health Organization, 2024).

People who have dementia may struggle with memory loss, confusion, communication difficulties and changes in their mood or behaviour. As the condition gets worse, many people find they can no longer manage daily tasks on their own and need support from family members, carers or health professionals (NHS, 2023).

Dementia is a growing public health concern both in the UK and globally. According to the World Health Organization (2024), around 55 million people across the world are currently living with dementia, and this figure is expected to rise to 78 million by 2030. In the UK, it is estimated that approximately 982,000 people are living with the condition, and this is projected to reach 1.4 million by 2040 (Alzheimer's Society, 2024). This increase is mainly linked to people living longer, since age is the greatest known risk factor for developing dementia (Alzheimer's Society, 2024).

This report will look at how dementia is measured and monitored, how it is managed and controlled, the impact it has on individuals and communities, and what health and social care services are available to support those affected.

Main Body

Measuring and Monitoring Dementia

The process of diagnosing dementia usually begins with a visit to the GP. When someone notices symptoms such as memory loss, confusion or changes in behaviour, the GP carries out an initial cognitive assessment to check the person's memory and thinking. A widely used tool at this stage is the GPCOG (General Practitioner Assessment of Cognition), which helps the GP decide whether further investigation is needed (NHS, 2023).

During the assessment, the GP will ask questions about the person's daily life and how their symptoms are affecting them. Blood tests are also requested at this stage to rule out other possible causes of the symptoms, such as thyroid problems or vitamin deficiencies, which can sometimes produce similar effects (Alzheimer's Society, 2024).

If the GP has concerns following the initial assessment, the patient is referred to a specialist, such as a psychiatrist or neurologist, or to a Memory Clinic. At this point, more detailed tests are carried out, including the MMSE (Mini-Mental State Examination), the MoCA (Montreal Cognitive Assessment) and the ACE-III. These tests look at different aspects of cognitive function including memory, language and concentration. In some cases, a brain scan may also be arranged to look for changes in the structure of the brain, though this is not always required (Alzheimer's Society, 2024).

At a national level, NHS England monitors dementia diagnosis rates through monthly published data. According to NHS England (2024), as of August 2024, there were 492,901 people in England with a recorded dementia diagnosis, with a diagnosis rate of 65.4% among those estimated to be living with the condition. This means that a significant number of people remain undiagnosed, which is an ongoing challenge for the NHS.

Controlling Dementia

There is currently no cure for dementia, but a number of treatments are available that can help to slow down the progression of the condition, manage symptoms and improve a person's quality of life (NHS, 2023).

The two main types of medication used within the NHS are cholinesterase inhibitors and memantine. Cholinesterase inhibitors, which include donepezil, rivastigmine and galantamine, work by increasing the level of a brain chemical called acetylcholine, which helps nerve cells communicate more effectively. According to NICE guidelines (2018), these medicines are recommended for people with mild to moderate Alzheimer's disease.

Memantine works in a different way by regulating another brain chemical called glutamate. This can help to reduce symptoms such as memory loss and confusion, and may support patients in continuing to carry out daily activities for a longer period of time (Alzheimer's Research UK, 2024).

For patients who experience behavioural and psychological symptoms such as agitation, aggression or severe anxiety, other medicines may also be considered. Antipsychotics such as risperidone may be prescribed in certain cases, while antidepressants such as citalopram can help with mood-related symptoms. These medications are used carefully and under specialist guidance, as they carry risks particularly in older patients (NICE, 2018).

Alongside medication, non-pharmacological approaches also play an important role in managing dementia. Cognitive stimulation therapy, which involves activities designed to

improve memory and thinking, has been shown to be beneficial for people in the early to moderate stages of the condition. Person-centred care planning, which focuses on the individual's preferences, routines and life history, helps to maintain dignity and improve wellbeing. Ensuring a safe and familiar home or care environment is also essential, particularly as the condition progresses (NHS, 2023).

Impact of Dementia on Individuals and the Community

Dementia has a wide-ranging impact not just on the person diagnosed, but also on their family, carers and the wider community. Caring for someone with dementia can be very demanding, particularly in the more advanced stages of the condition when round-the-clock supervision and personal care may be needed.

Family members and unpaid carers often take on the majority of this responsibility. Research shows that around one third of unpaid dementia carers in the UK spend more than 100 hours per week providing care, and approximately 16% have had to give up paid employment in order to do so (Alzheimer's Society, 2024). The physical and emotional demands of caring for someone with dementia over a long period of time can take a serious toll on a carer's own health and wellbeing.

People living with dementia can also become increasingly difficult to support at home as symptoms worsen. Behavioural changes such as agitation, aggression and confusion can be hard to manage, even for experienced carers. A 2024 survey found that 85% of dementia carers reported reaching crisis point at some stage during their caring role (Dementia Carers Count, 2024).

The financial cost of dementia is also considerable. The total cost of dementia to the UK economy was estimated at 42 billion pounds in 2024, with projections suggesting this could rise to 90 billion pounds by 2040 (Alzheimer's Society, 2024). Around 63% of these costs are currently borne by patients and their families rather than the state, placing a significant financial burden on individuals. The annual cost of care for a person with severe dementia can reach approximately 80,500 pounds, compared to around 28,700 pounds for mild dementia (Alzheimer's Society, 2024).

For NHS and social care staff, working with people with dementia also presents daily challenges. Patients at different stages of the condition may display unpredictable or challenging behaviour, and staff must maintain a high standard of professional care while also managing their own wellbeing. This highlights the importance of adequate training, supervision and staff support across all settings where dementia care takes place (NHS, 2023).

Health and Social Care Support Services

A wide range of services is available in the UK to support people living with dementia and those who care for them. These services aim to help individuals maintain as much

independence as possible and ensure that both patients and their families receive the right support at every stage of the condition (NHS, 2023).

Within primary and secondary care, the journey usually starts with the GP, who carries out the initial assessment and refers to a Memory Clinic for specialist diagnosis. Once a diagnosis is confirmed, patients can access ongoing support including medication reviews, care planning and referrals to appropriate community services.

Admiral Nurses are specialist dementia nurses who provide expert support to families affected by dementia. They offer one-to-one guidance, practical advice and emotional support, particularly during more complex or challenging periods of the condition (Dementia UK, 2024). For many families, Admiral Nurses are described as a lifeline, providing help that can be difficult to access elsewhere.

Dementia Link Workers, hosted by the Alzheimer's Society, work alongside Admiral Nurses and other health professionals to help people with dementia stay connected to their communities. They assist with coordinating peer support groups, linking individuals to local services and providing both emotional and practical support (Alzheimer's Society, 2024).

Social services also play a key role. Following a formal needs assessment, a person with dementia may be entitled to support at home, including help with personal care, meal preparation and household tasks. Home adaptations such as grab rails, ramps and improved lighting can be arranged to reduce the risk of accidents. Telecare systems, including fall detectors and personal alarm devices, can also be installed to alert carers or emergency services quickly if needed (Social Care Institute for Excellence, 2023).

For those who can no longer be safely supported at home, residential care homes and nursing homes provide full-time specialist care. Respite care services are also available, giving family carers a short break from their caring responsibilities and helping to prevent carer burnout (NHS, 2023).

Conclusion

Dementia is one of the most pressing public health issues facing the UK today. As this report has shown, it is a complex condition that affects not only the individual but also their family, carers and the wider community.

Early and accurate diagnosis is essential in ensuring that people with dementia can access the right treatments and support as early as possible. While the NHS has made progress in improving diagnosis rates in recent years, a significant number of people remain undiagnosed and without the help they need (Alzheimer's Society, 2024).

There is currently no cure for dementia, but a range of medicines and therapies can help to manage symptoms and maintain quality of life. Services such as Memory Clinics, Admiral Nurses and Dementia Link Workers provide vital support to patients and their families at

every stage of the condition.

However, with the number of people living with dementia continuing to rise, there is growing pressure on NHS services, social care and unpaid carers. The financial and emotional burden on families is very significant, and greater investment in community-based support will be needed in the coming years (Alzheimer's Society, 2024).

Overall, a joined-up approach that brings together healthcare, social care and community services is essential if the UK is to meet the needs of the growing number of people affected by dementia and those who care for them.

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