

Report on Dementia

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Introduction

Dementia is a general term used to describe a group of conditions that affect a person's memory, thinking and behaviour, to the extent that it interferes with everyday life (World Health Organization, 2023). It is not a single disease, but a syndrome with a range of causes. The most common type is Alzheimer's disease, followed by vascular dementia and dementia with Lewy bodies (Alzheimer's Research UK, 2025). Dementia tends to develop gradually and is often described in stages. In the early stage, symptoms can be mild and easily overlooked. As the condition progresses into the middle stage, symptoms such as forgetting recent events or struggling to recall names become more noticeable. In the later stage, individuals usually become highly dependent on others for care, with severe memory loss and physical decline (World Medical Association, 2025). The scale of dementia is significant both globally and within the UK. Around 55 million people worldwide are currently living with dementia, and this number is expected to rise to 139 million by 2050 (World Health Organization, 2023). In the UK, approximately 982,000 people were living with dementia in 2024, with projections suggesting this could reach 1.4 million by 2040 (Alzheimer's Society, 2024). This highlights the growing importance of understanding how dementia is measured, managed and supported.

Methods used to measure and monitor dementia

In the United Kingdom, dementia is measured and monitored through a combination of primary care data, national audits and clinical assessment tools. One key method is the GP dementia register. NHS England collects and publishes data on the number of people diagnosed with dementia within each GP practice. This allows healthcare professionals and commissioners to plan services more effectively. Diagnosis rates are calculated by comparing recorded cases with estimated prevalence (NHS England Digital, 2025). Coverage of this data has improved in recent years. By April 2024, around 98.2 percent of GP practices were contributing to dementia data collection, compared with 85.6 percent in April 2022 (Nuffield Trust, 2025). Despite this progress, diagnosis rates still show gaps. As of January 2025, around 65.4 percent of people aged 65 and over who were estimated to have dementia had a formal diagnosis recorded (NHS England Digital, 2025). Dementia is also monitored nationally through the National Audit of Dementia. Findings from the 2023 to 2024 audit showed that waiting times for diagnosis have increased. The average time between referral and diagnosis rose to 151 days in 2023, compared with 124 days in 2021 (Royal College of Psychiatrists, 2024). This kind of data is important as it highlights pressure within services and inequalities in access to care. In addition,

clinical tools such as the Mini-Mental State Examination and the Montreal Cognitive Assessment are widely used in memory clinics. These tools help clinicians assess cognitive decline and track the progression of the condition over time (World Medical Association, 2025). Another way dementia is tracked in the UK is through hospital data and mortality records. Hospital Episode Statistics provide information on admissions where dementia is recorded as either a primary or secondary condition, which helps show how the disease is affecting demand on secondary care services (NHS England Digital, 2025). In addition, data from the Office for National Statistics is used to monitor dementia-related deaths, giving a clearer picture of long-term trends and the overall burden of the condition across the population (Office for National Statistics, 2024). These wider data sources help to build a more complete understanding beyond primary care records.

How Dementia is Managed

There is currently no cure for dementia, so management focuses on reducing risk, supporting early diagnosis and managing symptoms. Public health strategies aim to address modifiable risk factors such as smoking, physical inactivity, alcohol use, high blood pressure and social isolation (World Health Organization, 2023). In England, NHS initiatives have aimed to improve diagnosis rates. The national ambition has been for at least two thirds of people with dementia to receive a formal diagnosis. Between April and December 2023, there were 28,834 new referrals to memory clinics, representing a 17 percent increase compared with the previous year (NHS England, 2024). Medication can be used to manage some symptoms, although it does not stop the progression of the disease. Antipsychotic drugs are sometimes prescribed, but concerns have been raised about their overuse, highlighting the need for careful prescribing and regular review (Nuffield Trust, 2025). More recently, drugs such as lecanemab and donanemab have been approved by the Medicines and Healthcare products Regulatory Agency for early Alzheimer's disease. However, the National Institute for Health and Care Excellence decided not to recommend them for NHS use following a detailed review (NHS England, 2024; NICE, 2024). Non-drug approaches are also an important part of care. NICE recommends cognitive stimulation therapy for people with mild to moderate dementia. This involves group activities designed to improve memory, communication and social interaction (Care Quality Commission, 2025). However, access to these services is not always consistent, which suggests there is still a gap between policy and practice.

Impact of dementia on individuals and communities

Dementia has a wide-ranging impact on individuals, families and society. For the person affected, it leads to a gradual loss of independence and can affect emotional wellbeing. For families, it often creates emotional stress as well as practical challenges in providing care. Dementia is now the leading cause of death in the UK, accounting for more than one in ten deaths (Alzheimer's Society, 2024). The economic impact is also substantial. In 2024, dementia was estimated to cost the UK £42 billion, with projections suggesting this could rise to £90 billion by 2040 (Alzheimer's Society and Carnall Farrar, 2024). A large proportion of this cost is borne by individuals and their families, which can lead to financial difficulties. Unpaid carers play a major role in supporting people with dementia. It is estimated that unpaid care accounts for around 50 percent of the total cost of dementia, and many carers provide over 100 hours of care per week (Alzheimer's Society and Carnall Farrar, 2024). This can have a serious impact on their health, employment and social lives. In England alone, around 540,000 people act as dementia carers, with many reducing their working hours or leaving employment altogether (Alzheimer's Society, 2024). At a wider level, dementia places pressure on health services. People with dementia occupy around a quarter of acute hospital beds in England, which contributes to strain on NHS resources (NHS England, 2024). Social isolation and carer burnout are also common, particularly where community support is limited (Care Quality Commission, 2025). Dementia can also have a wider social impact on communities, particularly in terms of awareness and inclusion. Many people living with dementia experience stigma or feel excluded from everyday activities, which can lead to a loss of confidence and independence. Initiatives such as dementia-friendly communities aim to address this by improving public understanding and making environments more accessible and supportive (Alzheimer's Society, 2024). While these initiatives are growing, their availability can vary depending on the area, meaning not everyone benefits equally.

Health and social care support services

Supporting people with dementia requires a joined-up approach across health, social care and voluntary organisations. GPs are usually the first point of contact. They carry out initial assessments, provide ongoing support and refer patients to specialist memory services. Although there has been improvement, only around 76 percent of people had a recorded care plan in 2024 to 2025, suggesting gaps still remain (Nuffield Trust, 2025). Memory clinics provide specialist assessment through multidisciplinary teams, including psychiatrists, psychologists and

nurses. After diagnosis, support may be provided by dementia advisers or Admiral Nurses, who offer guidance to families and carers (Dementia UK, 2024). Social care services include home care, respite care and residential or nursing home placements. Demand for these services is expected to increase significantly, with more people requiring both residential care and support at home in the future (Alzheimer's Society and Carnall Farrar, 2024). Voluntary organisations such as Alzheimer's Society, Alzheimer's Research UK and Age UK provide valuable community support, including helplines and support groups. New approaches are also being developed. For example, the PriDem programme aims to improve dementia care within primary care networks by integrating specialist support (Nuffield Trust, 2025). In addition, Integrated Care Systems have been introduced in England to improve coordination between services, although their long-term impact is still developing (The King's Fund, 2024).

Conclusion

Dementia is one of the most significant public health challenges of the twenty first century. It affects nearly a million people in the UK and millions more worldwide, with wide-ranging personal, social and economic consequences (World Health Organization, 2023; Alzheimer's Society, 2024). Although progress has been made in areas such as diagnosis rates and data collection, there are still important challenges. These include delays in diagnosis, unequal access to support services and the growing reliance on unpaid carers. While there is currently no cure, approaches such as risk reduction, cognitive stimulation therapy and ongoing research into new treatments offer some hope (NHS England, 2024; Care Quality Commission, 2025). Looking ahead, meeting the rising demand for dementia care will require sustained investment, better integration of services and stronger support for carers. Without this, the projected increase in both cases and costs will place significant pressure on individuals, families and the wider health and social care system (Alzheimer's Society and Carnall Farrar, 2024).

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