CONDITION

Dementia

Dementia is a decline in memory and thinking that interferes with everyday independence.

WHAT IT IS
Progressive decline in thinking and everyday abilities

BODY SYSTEM
Brain and nervous system

MAIN SYMPTOMS
Memory loss, confusion, communication problems, behaviour changes

WHAT CAUSES IT
Conditions that damage brain cells and connections

HOW IT IS DIAGNOSED
Clinical assessment, cognitive testing, and tests for causes

MAIN TREATMENT
Support, symptom management, and cause-specific medicines

CAN IT BE CURED?
Sometimes - only when the underlying cause is reversible

IS IT AN EMERGENCY?
Sometimes - sudden confusion or stroke signs need urgent care

LONG-TERM OUTLOOK
Usually progressive, with increasing support needs over years

Overview

Dementia is a condition in which changes in memory, thinking, language, or judgement become serious enough to affect daily life. It is not one disease, but a pattern of symptoms caused by conditions affecting the brain.

Alzheimer's disease is the most common cause. Others include damage to the brain's blood vessels, Lewy body disease, and frontotemporal degeneration. A person can have more than one cause, known as mixed dementia.

Dementia is not an expected part of ageing. Ordinary age-related forgetfulness does not usually prevent someone from managing familiar tasks. Dementia affects independence, including handling medicines, preparing meals, paying bills, travelling safely, or communicating clearly.

Symptoms usually develop gradually. Sudden confusion is more likely to be delirium , a rapid change in attention and awareness often caused by illness, medicines, dehydration, or another medical problem. Delirium needs prompt assessment, including in someone who already has dementia.

Symptoms

Dementia can affect much more than memory. The first changes depend partly on which areas of the brain are affected.

Possible symptoms include:

In Lewy body dementia, attention and alertness may vary noticeably. Visual hallucinations, stiffness, slow movement, falls, and acting out dreams can also occur.

Frontotemporal dementia may first affect personality, social behaviour, judgement, or language rather than memory. Vascular dementia often affects planning and concentration and may worsen in steps after strokes.

Symptoms should be assessed when they repeatedly interfere with daily life. Stress, depression, poor sleep, hearing loss, medicines, thyroid problems, vitamin deficiencies, infections, and alcohol use can cause or worsen similar difficulties.

- Forgetting recent conversations, appointments, or events
- Repeating questions or losing items in unusual places
- Finding familiar tasks harder to plan or complete
- Becoming lost in familiar places
- Struggling to find words or follow conversations
- Having difficulty judging distance, recognising objects, or reading
- Making decisions that are out of character
- Becoming less motivated, more anxious, irritable, or withdrawn
- Developing changes in sleep, movement, appetite, or social behaviour

Causes and risk factors

Dementia develops when brain cells and their connections are damaged. Common causes include:

Age is the strongest risk factor, but dementia is not inevitable with age. Family history and certain gene changes can raise risk, although strongly inherited forms are rare.

Other associated factors include high blood pressure, diabetes, smoking, harmful alcohol use, hearing loss, social isolation, physical inactivity, depression, traumatic brain injury, and previous stroke. Having these factors does not mean someone will develop dementia.

Some medical problems can cause dementia-like symptoms and may improve with treatment. Examples include severe thyroid disorders, vitamin B12 deficiency, medication effects, normal-pressure hydrocephalus, and some infections.

- Alzheimer's disease: abnormal proteins build up and gradually damage brain cells
- Vascular dementia: reduced blood flow, strokes, or small-vessel damage injures brain tissue
- Lewy body dementia: abnormal deposits affect thinking, movement, sleep, and perception
- Frontotemporal dementia: damage mainly affects the front and side areas of the brain
- Mixed dementia: two or more causes occur together

Diagnosis

There is no single routine test for every type of dementia. Diagnosis is based on the symptoms, their effect on daily life, examination findings, and tests for possible causes.

Assessment usually includes a conversation with you and, with permission, someone who knows you well. This helps establish when changes began and how they affect activities such as cooking, finances, medicines, work, and driving.

Short cognitive tests assess memory, attention, language, problem-solving, and awareness of time and place. A low score alone does not confirm dementia. Education, language, hearing, vision, anxiety, and cultural background can affect performance.

Blood tests may check for anaemia, thyroid disease, vitamin deficiency, infection, or liver and kidney disorders. Medicines, alcohol use, sleep, mood, hearing, and vision should also be reviewed.

An MRI or CT scan may identify strokes, tumours, fluid build-up, or patterns of brain shrinkage. Specialised scans, spinal fluid tests, or tests for Alzheimer's-related proteins may be used when the cause is uncertain or to assess eligibility for certain treatments.

Treatment and management

Treatment depends on the cause, symptoms, general health, and the person's priorities. Most progressive forms cannot be cured, but treatment and practical support can help maintain function, safety, and quality of life.

Regular routines, clear signs, calendars, pill organisers, good lighting, and simplified tasks can make daily activities easier. Exercise, social contact, enjoyable activities, consistent sleep, and treatment of hearing or vision problems may support wellbeing.

Cholinesterase inhibitors may help thinking or daily function in some people with Alzheimer's disease, Lewy body dementia, or dementia associated with Parkinson's disease. Memantine may be used for moderate or severe Alzheimer's disease or when other medicines are unsuitable. Benefits are often modest, and side effects need review.

For selected people with early Alzheimer's disease and confirmed amyloid protein, anti-amyloid medicines may be considered. They do not cure dementia or restore lost abilities. Specialist assessment and monitoring are essential because these medicines can cause brain swelling or small areas of bleeding.

Pain, constipation, infection, depression, anxiety, sleep problems, and medicine side effects can worsen distress or behaviour. Antipsychotic medicines are generally reserved for severe distress or risk of harm when other approaches have failed because they can cause serious side effects in older people with dementia.

Support may include occupational therapy, physiotherapy, speech and language therapy, home care, respite care, and help for caregivers.

Complications

As dementia progresses, it can affect safety, physical health, and communication.

Possible complications include:

Hallucinations, agitation, sleep disruption, or aggression can occur but are not inevitable. A sudden behaviour change should prompt assessment for pain, infection, constipation, medication effects, or another new problem rather than being assumed to be dementia progression.

- Falls, injuries, or becoming lost
- Missed medicines, meals, or appointments
- Poor nutrition, dehydration, and weight loss

- Difficulty swallowing, with food or drink entering the lungs
- Reduced mobility, pressure injuries, and infections
- Delirium during illness, surgery, or hospital admission
- Financial mistakes, scams, or unsafe driving
- Exhaustion, anxiety, or depression in caregivers

Prevention

Not every case can be prevented. Age, inherited gene changes, and some brain conditions cannot be changed, and a healthy lifestyle cannot guarantee prevention.

Steps associated with better brain and blood vessel health include:

No vitamin, supplement, special diet, or commercial brain-training product has been proven to prevent all forms of dementia.

- Not smoking
- Managing blood pressure, cholesterol, and diabetes
- Being physically active within your abilities
- Avoiding harmful alcohol use
- Treating hearing loss and using hearing aids when advised
- Protecting your head during sports, cycling, and hazardous work
- Staying socially and mentally active
- Seeking help for depression and persistent sleep problems

Living with it and what to expect

Most dementia caused by progressive brain conditions changes over months and years, but the speed and pattern vary. Illness, hospital admission, delirium, or a stroke can cause sudden decline.

Early on, many people continue familiar activities with reminders or adjustments. Over time, help may be needed with travel, finances, meals, medicines, washing, and dressing. Advanced dementia may require full-time assistance and can cause difficulty walking, swallowing, or communicating.

Abilities are not lost all at once. Emotional connection, enjoyment of music, humour, familiar

routines, and responses to touch or tone of voice may remain even when speech and memory are limited.

Planning early allows someone to express preferences while able to participate fully. This can include appointing a person to help with health or financial decisions, reviewing driving, discussing future care, and recording what matters. Decision-making ability is specific to each choice and can change; diagnosis does not automatically remove the right to make decisions.

Routine follow-up may review symptoms, medicines, mood, nutrition, mobility, driving, caregiver needs, and whether support at home remains suitable.

When to get medical help

Arrange a routine appointment if memory or thinking changes are recurring, worsening, or interfering with daily activities. Early assessment can identify treatable problems, clarify the likely cause, and provide access to support.

Seek prompt medical advice for a noticeable change over hours or days, especially new confusion, unusual sleepiness, agitation, hallucinations, fever, reduced drinking, pain, or difficulty passing urine. These may indicate delirium or another illness.

Call emergency services for:

A gradual increase in forgetfulness without these warning signs is usually not an emergency, but it still needs routine assessment.

- Face drooping, arm weakness, or sudden speech difficulty
- Sudden severe confusion with possible stroke symptoms
- A seizure, collapse, or inability to wake
- A serious head injury
- Severe breathing difficulty or chest pain
- Immediate risk of harm to the person or someone else

Common questions

Is dementia the same as Alzheimer's disease?

No. Dementia describes symptoms that interfere with daily independence. Alzheimer's disease is one cause; others include vascular damage, Lewy body disease, and frontotemporal degeneration.

Can dementia be reversed?

Most dementia caused by progressive brain conditions cannot be reversed. Treatable problems such as medication effects, thyroid disorders, vitamin B12 deficiency, depression, and normal-pressure hydrocephalus can cause similar symptoms. Improvement depends on the cause and any lasting brain damage.

How quickly does dementia get worse?

There is no single timetable. The cause, other health conditions, strokes, infections, delirium, and available support can all affect the course.

Is dementia hereditary?

Most dementia is not directly inherited from one parent. Family history may raise risk without making dementia certain. Rare gene changes cause strongly inherited forms, often beginning at a younger age. Genetic counselling can help when this pattern is suspected.

Can someone with dementia live alone?

Some people can live alone safely in the early stages with regular contact, practical support, and home safety measures. This needs review as abilities change. Warning signs include missed meals or medicines, getting lost, unsafe cooking, falls, unpaid bills, or difficulty responding to emergencies.

Sources

- World Health Organization. Dementia . Fact sheet, 31 March 2025
- National Institute for Health and Care Excellence. Dementia: assessment, management and support for people living with dementia and their carers . NICE guideline NG97
- National Institute on Aging. What Is Dementia? Symptoms, Types, and Diagnosis
- National Institute on Aging. How Is Alzheimer's Disease Treated?
- Livingston G, Huntley J, Liu KY, et al. Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission . The Lancet. 2024;404:572-628
- Jack CR Jr, Andrews JS, Beach TG, et al. Revised criteria for diagnosis and staging of Alzheimer's disease: Alzheimer's Association Workgroup . Alzheimer's & Dementia. 2024;20(8):5143-5169