

# Age Well

## Dementia

### Introduction

Dementia is a group of neurological symptoms associated with a progressive decline in brain functioning. Several diseases can cause dementia such as Alzheimer's which is associated with the abnormal build-up of proteins in the brain<sup>1</sup>. National research estimates that up to 40% of dementias could be prevented or delayed through interventions across the life-course such as addressing smoking and obesity<sup>2</sup>. Lifestyle factors such as physical inactivity, smoking, unhealthy diet, and heavy drinking can increase one's risk of developing dementia. Cardiovascular risk factors are particularly linked to vascular dementia and Alzheimer's<sup>6</sup>.

People living with dementia can be supported to lead independent lives. However, as their dementia progresses, they may develop complex needs, with dementia being one of the major causes of dependency and morbidity among older people. In England, it is estimated that in 2019-20, among adults aged 65 and over, around 374,432 NHS emergency admissions were attributable to dementia, this is a rate of 3,517 per 100,000 per admissions<sup>3</sup>. In 2018 dementia was the leading cause of death nationally.

A dementia diagnosis does not only directly impact the individual but also has an impact on families and carers. The Alzheimer's Society estimates that the percentage of carers caring for more than 100 hours per week has increased from 40% to 50% since March 2020. It was also reported that 76% of carers had increased caring responsibilities because of worsening dementia symptoms of the person they care for<sup>4</sup>. Dementia Friendly Communities are one way we can support people living with dementia and their families and carers to improve quality of life and keep people as independent as possible.

Around 2 in every 100 people aged 65 and 69 have dementia, after which risk doubles every 5 years<sup>5</sup>. Gender and ethnicity have been found to be associated with dementia, with women who are 80 and above having a slightly higher risk of dementia than men their age and people from South Asian descent and Black African/Afro-Caribbean more likely to develop the disease at an earlier age<sup>6</sup>. Risk genes such as Apolipoprotein E and a person's ability to cope with disease in their brain have been found to increase the risk of developing dementia.

COVID-19 has had a disproportionate impact on people living with dementia and their families and carers, for example increased loneliness amongst people living with dementia and increased caring responsibilities for carers and family members<sup>4</sup>.

### Dementia in Merton

In 2020, there were an estimated 1,883 people living with dementia in Merton aged 65 and over. This is predicted to increase by 52% by 2040, where more women than men will have dementia<sup>7</sup>. This is mainly due to population ageing; age-specific incidence rates are actually falling.

Figure 1 shows that in 2020, Merton's recorded prevalence of dementia in people aged 65 and over was 4.0%. This is significantly lower than Southwest London's (4.3%), but similar to London's (4.2%) and England's (4.0%)<sup>8</sup>. Overall, recorded prevalence of dementia has decreased significantly, with the latest borough figure lower than 2017's figure (4.6%). A similar trend can be seen for London and England. A national NHS report outlines key issues that may explain these decreases. These are the disproportionate impact of Covid 19 on mortality of people living with dementia, decreases in number of people being diagnosed (such as due to initial closure of memory services and less GP referrals) and changes in healthcare activity required during the pandemic<sup>9</sup>.

Figure 1: Proportion (%) aged 65 and over with a recorded diagnosis of dementia between 2017 and 2020 in Merton, London, and England. Public Health Profiles, OHID<sup>8</sup>.

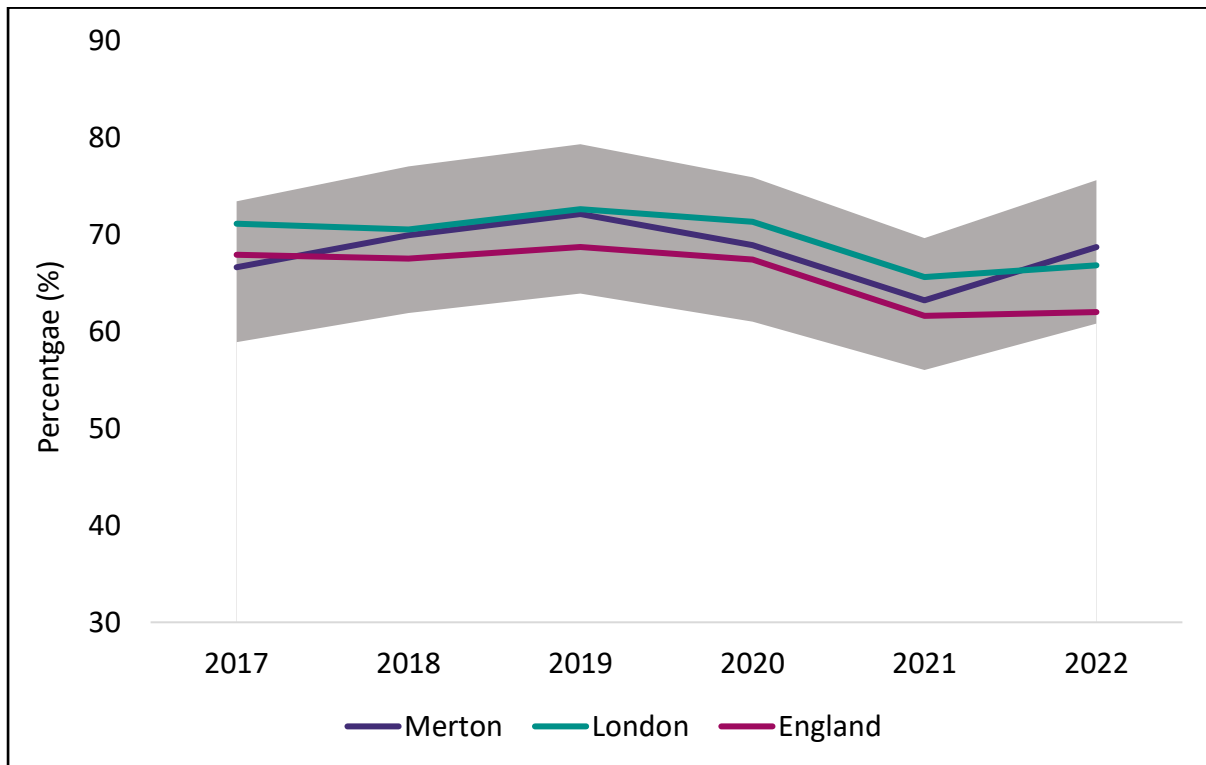


### Dementia diagnosis rate

Diagnosis is important to enable future planning and support. It can also support access to services for both people living with dementia and their carers. Nationally, we know that not having or delayed dementia diagnosis can lead to increased unplanned admissions, increased length of stay and delayed discharge from hospital.

In 2022, health services in Merton are identifying and diagnosing 68.7% of estimated cases of dementia among people aged 65 and over (Figure 2). This is similar to Southwest London (70.5%), London (66.8%) and England (62.0%)<sup>10</sup>. The national benchmark standard for dementia diagnosis rate is 66.7%; this is similar to Merton's diagnosis rate<sup>11</sup>.

Figure 2: Estimated dementia diagnosis rate (aged 65 and over) (%) between 2017 and 2022 in Merton, London, and England. Public Health Profiles, OHID<sup>10</sup>.



### Hospital emergency admission

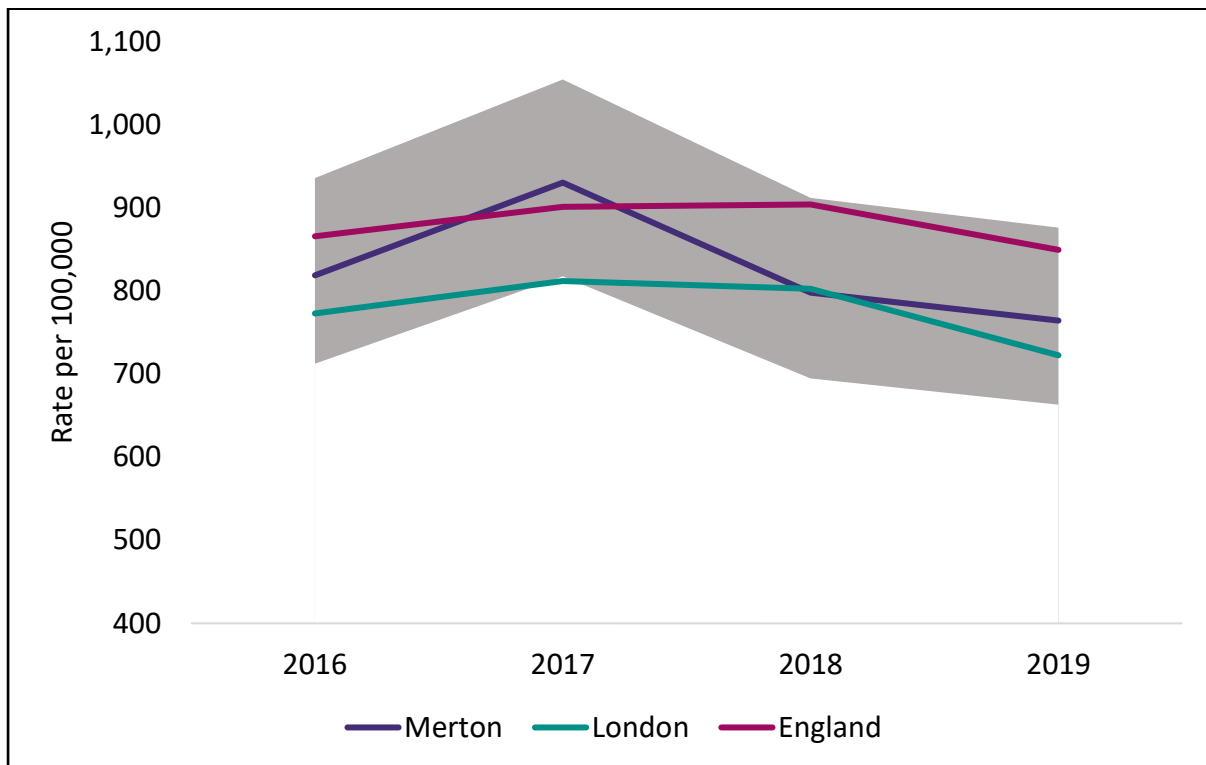
People living with dementia often experience longer hospital stays thus resulting in increased time in leaving hospital. Merton's latest rate (2019/20) of emergency admissions of people aged 65+ diagnosed with dementia was 4,766.5 per 100,000 population<sup>12</sup>. This is significantly higher than the Southwest London (4,016 per 100,000), London (4012.7 per 100,000) and England rates (3517.2 per 100,000)<sup>12</sup>. This is important because national research estimates that two thirds of emergency admissions for people living with dementia are avoidable with appropriate care and support, for example admissions due to infections, falls and dehydration<sup>13</sup>.

Support to maintain independence at home, community health services, residential care homes and nursing homes are all important support options for people more advanced in their dementia journey that also support hospital discharge.

### Mortality

Dementia is the leading cause of death nationally (2018) accounting for 12.7% of deaths registered<sup>14</sup>. Dementia has been the leading cause of death for females nationally since 2011<sup>15</sup>. Figure 3 shows that Merton's mortality rate (2019) of people aged 65 and over living with dementia was 764.2 per 100,000 population<sup>16</sup>. This is similar to London (722.4 per 100,000) and England (849.3 per 100,000) rates<sup>16</sup>.

Figure 3: Direct standardised mortality rate (per 100,000) of people aged 65 and over living with dementia, between 2016 and 2019 in Merton, London, and England. Public Health Profiles, OHID<sup>16</sup>.



### Ethnicity

More than 25,000 older Black and people from ethnic minority groups live with dementia in the UK, in part due to vascular risk factors such as hypertension often found in African-Caribbean and South Asian UK populations<sup>17</sup>. People with dementia from ethnic minority groups face inequalities in diagnosis and access to care, compared with White British patients<sup>18</sup>. These include knowledge and awareness of dementia, reluctance to engage with services (such as due to fear of discrimination), the existence of ‘stigma’ around dementia within communities and lack of knowledge of local services and support that is available. Carers may also feel isolated from services and reluctant to ask for help<sup>19</sup>.

### Dementia and gender

In the UK, 62% of people with dementia are women and 38% are men. This is believed to be because women live longer than men and age is the biggest risk factor for dementia<sup>20</sup>. Biomedical research also highlights that men and women experience different kinds of genetic risk for dementia and women may experience some symptoms more widely than men. Finally, women’s brain health is under-studied compared to men’s<sup>21</sup>.

## Dementia and long-term illnesses

The presence of several long-term illnesses is common among adults living with dementia. Having two or more chronic conditions in middle age is associated with an increased risk of dementia late in life<sup>22</sup>. A recent study of adults (mean age 75 years) reported a higher risk of dementia in those with multimorbidity<sup>23</sup>.

## Dementia and deprivation

The incidence of dementia nationally is linked to socio-economic factors with greater risk of developing dementia found amongst those with the lowest incomes compared to those with the highest incomes<sup>24</sup>. Deprivation is also associated with increased dementia mortality, younger age of death and poorer access to specialist diagnosis<sup>25</sup>.

## Dementia and loneliness

The risks of loneliness and social isolation are more profound in people with dementia. Research from Improving the Experience of Dementia and Enhancing Active Life (IDEAL) programme reported that a third of people with dementia experience loneliness<sup>26</sup>.

## Service User and Resident Views

To understand the impact of Covid-19 on people living with dementia and their carers local research was carried out including case studies and a survey carried out by Alzheimer's Society. Key findings included 93% of people living with dementia felt more sad, lonely, and anxious during lockdown. People living with dementia and their carers also reported a worsening of symptoms at a faster rate. Finally, 82% of people with dementia who responded to the survey in Merton said that they struggled to remember new restrictions in place, like wearing a mask or social distancing. The full report can be found at [https://www.dementiaaction.org.uk/assets/0004/6845/Covid-19\\_Effects\\_on\\_Dementia\\_Survey\\_Report\\_-\\_DAA\\_2\\_.pdf](https://www.dementiaaction.org.uk/assets/0004/6845/Covid-19_Effects_on_Dementia_Survey_Report_-_DAA_2_.pdf)

## Further Information:

- Carers
- Physical Activity, Falls and Frailty

## References:

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- <sup>1</sup> Alzheimer's Society's view on demography [Internet]. Alzheimer's Society; 2020 [cited 28 September 2022]. Available from: <https://www.alzheimers.org.uk/about-us/policy-and-influencing/what-we-think/demography>
- <sup>2</sup> Livingston G, Huntley J, Sommerlad A, Ames D, Ballard C, Banerjee S et al. Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. *The Lancet*. 2020;396(10248):413-446.
- <sup>3</sup> Office for Health Improvement and Disparities. Public health profiles [Internet]. Fingertips. [cited 28 September 2022]. Available from: [https://fingertips.phe.org.uk/search/dementia#page/1/gid/1938132811/pat/159/par/K02000001/ati/15/are/E92000001/iid/91891/age/27/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/ine-yo-1:2020:-1:-1\\_ine-ct-113](https://fingertips.phe.org.uk/search/dementia#page/1/gid/1938132811/pat/159/par/K02000001/ati/15/are/E92000001/iid/91891/age/27/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/ine-yo-1:2020:-1:-1_ine-ct-113)
- <sup>4</sup> Worst hit: dementia during coronavirus [Internet]. Alzheimer's Society; 2020 [cited 28 September 2022]. Available from: <https://www.alzheimers.org.uk/sites/default/files/2020-09/Worst-hit-Dementia-during-coronavirus-report.pdf>
- <sup>5</sup> Risk factors for dementia [Internet]. Alzheimer's Society; 2021 [cited 28 September 2022]. Available from: [https://www.alzheimers.org.uk/sites/default/files/pdf/factsheet\\_risk\\_factors\\_for\\_dementia.pdf](https://www.alzheimers.org.uk/sites/default/files/pdf/factsheet_risk_factors_for_dementia.pdf)
- <sup>6</sup> What can increase a person's risk of dementia? [Internet]. Alzheimer's Society; 2021 [cited 28 September 2022]. Available from: <https://www.alzheimers.org.uk/about-dementia/risk-factors-and-prevention/what-can-increase-persons-risk-of-dementia>
- <sup>7</sup> Projecting Older People Population Information System (POPPI) [Internet]. Projecting Older People Population Information System (POPPI). [cited 28 September 2022]. Available from: <https://www.poppi.org.uk/index.php?pageNo=334&areaID=8640&loc=8640>
- <sup>8</sup> Office for Health Improvement and Disparities. Public health profiles [Internet]. Fingertips. [cited 28 September 2022]. Available from: <https://fingertips.phe.org.uk/search/dementia#page/1/gid/1/pat/15/ati/402/are/E09000024/iid/91215/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>
- <sup>9</sup> Recorded Dementia Diagnoses September 2020 [Internet]. NHS Digital; 2020 [cited 28 September 2022]. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses/september-2020/report>
- <sup>10</sup> Office for Health Improvement and Disparities. Public health profiles [Internet]. Fingertips. [cited 28 September 2022]. Available from: <https://fingertips.phe.org.uk/search/dementia#page/1/gid/1/pat/15/ati/402/are/E09000024/iid/91215/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>
- <sup>11</sup> Local data from SWL CCG
- <sup>12</sup> Office for Health Improvement and Disparities. Public health profiles [Internet]. Fingertips. [cited 28 September 2022]. Available from:

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<https://fingertips.phe.org.uk/search/dementia#page/1/gid/1/pat/15/ati/402/are/E09000024/iid/91215/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

<sup>13</sup> Alzheimer's Society Website, "Emergency admissions from dementia care failures soaring, and worse to come warns charity", [Emergency admissions from dementia care failures soaring, and worse to come warns charity | Alzheimer's Society \(alzheimers.org.uk\)](https://www.alzheimers.org.uk/news/emergency-admissions-from-dementia-care-failures-soaring-and-worse-to-come-warns-charity), (12<sup>th</sup> October 2022).

<sup>14</sup> Leading causes of death: 2001 to 2018, UK [Internet]. Office for National Statistics; 2020 [cited 28 September 2022]. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/articles/leadingcausesofdeathuk/2001to2018>

<sup>15</sup> Leading causes of death: 2001 to 2018, UK [Internet]. Office for National Statistics; 2020 [cited 28 September 2022]. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/articles/leadingcausesofdeathuk/2001to2018>

<sup>16</sup> Office for Health Improvement and Disparities. Public health profiles [Internet]. Fingertips. [cited 28 September 2022]. Available from: <https://fingertips.phe.org.uk/search/dementia#page/1/gid/1/pat/15/ati/402/are/E09000024/iid/91215/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

<sup>17</sup> Black and minority ethnic (BME) communities and dementia [Internet]. Social Care Institute for Excellence; 2020 [cited 28 September 2022]. Available from: <https://www.scie.org.uk/dementia/living-with-dementia/bme/>

<sup>18</sup> People with dementia from ethnic minority backgrounds face extra barriers in accessing care. 2020. National Institute for Health and Care Research. Available at: [https://doi.org/10.3310/alert\\_42869](https://doi.org/10.3310/alert_42869)

<sup>19</sup> Moriarty J, Sharif N, Robinson J. SCIE Research briefing 35: Black and minority ethnic people with dementia and their access to support and services [Internet]. Social Care Institute for Excellence; 2011 [cited 28 September 2022]. Available from: <https://www.scie.org.uk/publications/briefings/briefing35/>

<sup>20</sup> Public Health England. Health matters: midlife approaches to reduce dementia risk [Internet]. GOV.UK; 2021 [cited 28 September 2022]. Available from: <https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk>

<sup>21</sup> Kiely A. Women and dementia - new insights [Internet]. Alzheimer's Society; 2019 [cited 28 September 2022]. Available from: <https://www.alzheimers.org.uk/Care-and-cure-magazine/autumn-19/women-and-dementia-new-insights>

<sup>22</sup> Multiple long-term conditions in midlife increases dementia risk [Internet]. Alzheimer's Research UK. 2022 [cited 28 September 2022]. Available from: <https://www.alzheimersresearchuk.org/multiple-long-term-conditions-in-midlife-increases-dementia-risk/>

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<sup>23</sup> Ben Hassen C, Fayosse A, Landré B, Raggi M, Bloomberg M, Sabia S et al. Association between age at onset of multimorbidity and incidence of dementia: 30 year follow-up in Whitehall II prospective cohort study. *BMJ*. 2022;;e068005.

<sup>24</sup> Individual and Area-Based Socioeconomic Factors Associated With Dementia Incidence in England Evidence From a 12-Year Follow-up in the English Longitudinal Study of Ageing, Cadar, D et al, (2018), *JAMA Psychiatry*. 2018;75(7):723-732. doi:10.1001/jamapsychiatry.2018.1012.

<sup>25</sup> The Influence of Socioeconomic Deprivation on Dementia Mortality, Age at Death, and Quality of Diagnosis: A Nationwide Death Records Study in England and Wales 2001–2017, Jitlal M et al, (2021), *Journal of Alzheimer's Disease* vol 81, no 1 pp321-328. [Microsoft Word - Jitlal et al. Main.docx \(gmul.ac.uk\)](#).

<sup>26</sup> Clare L, Nelis S, Quinn C, Martyr A, Henderson C, Hindle J et al. Improving the experience of dementia and enhancing active life - living well with dementia: study protocol for the IDEAL study. *Health and Quality of Life Outcomes*. 2014;12(1). Available at: <https://doi.org/10.1136/bmj-2021-068005>.