

SECTION 7: DEMENTIA

Introduction

Dementia is a clinical syndrome characterised by a widespread loss of mental function, including memory loss, language impairment, disorientation, changes in personality, self-neglect and behaviour which are out of character (Department of Health, 2001). One of the main causes of disability in later life, it has a huge impact on capacity for independent living.

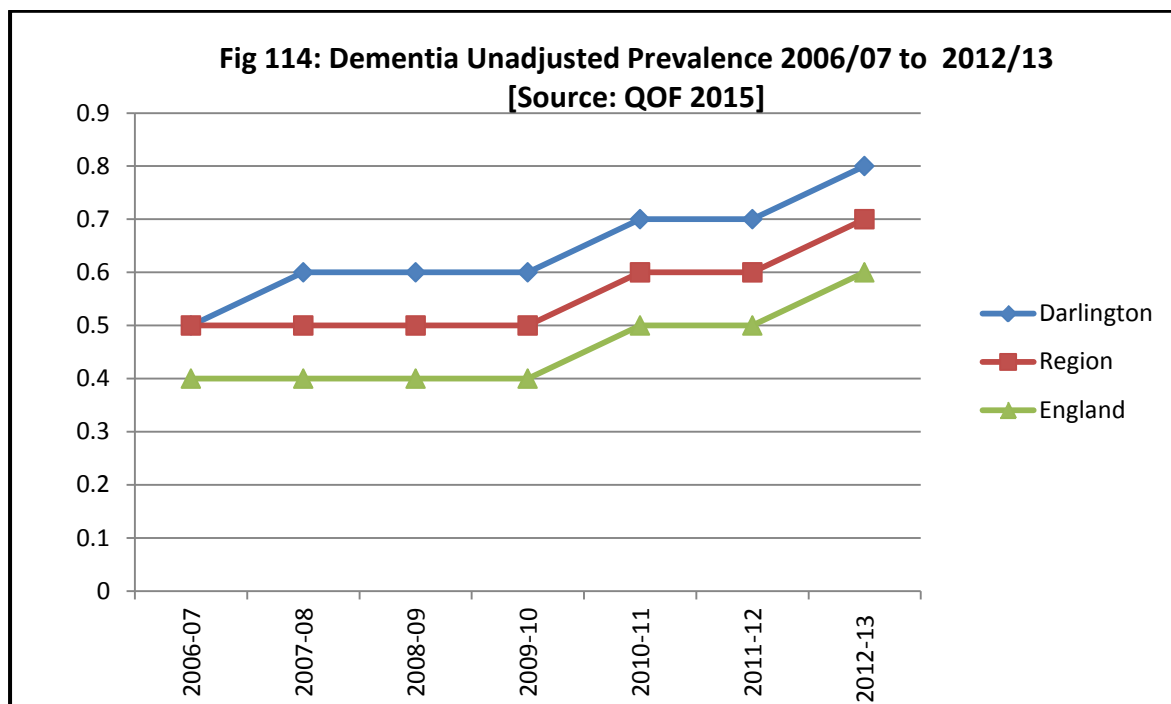
Dementia can affect people of any age, but is most common in older people. An increase in the percentage of older people is predicted, accompanied by a 61% increase in people with dementia by 2026. The effect of an aging population will impact on the numbers of people living with dementia, the health and social care needs of people with dementia, and the needs of their carers.

‘Everybody’s Business’ (Department of Health, 2005) suggested that more than 20% of the over 80 population nationally, live with dementia.

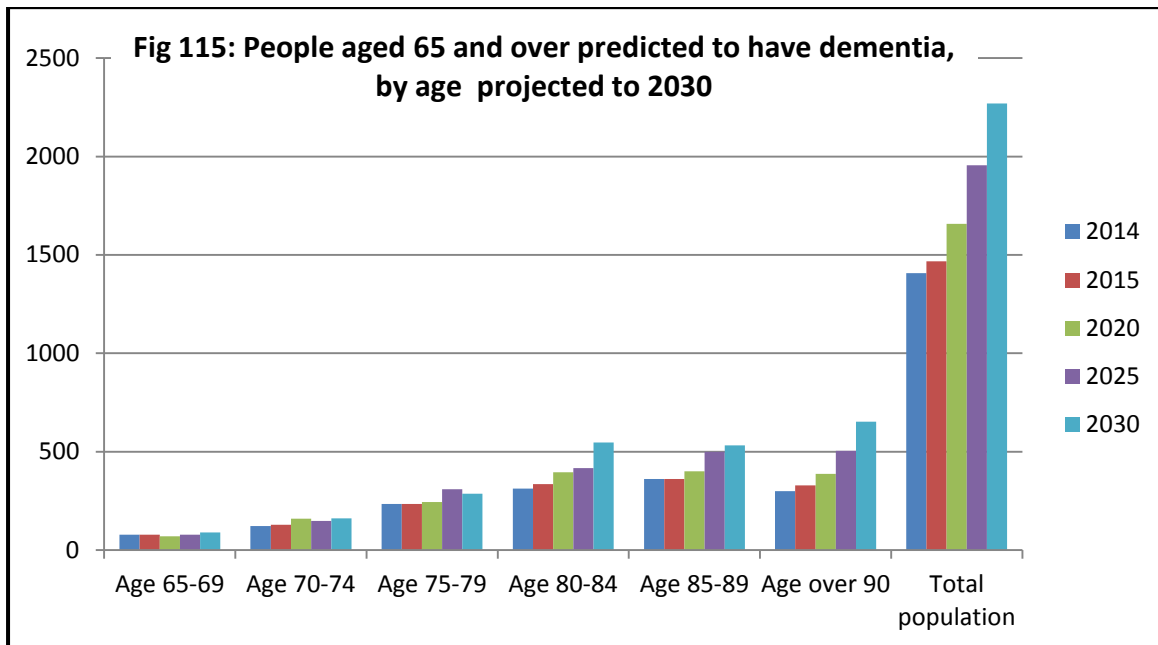
Early detection of dementia is a key strand of the national dementia strategy which aims to increase the number of people who are registered with their GP as having dementia.

WHAT ARE THE LEVELS OF NEED?

- Local QOF data (2012-13) indicates a prevalence of 0.8% for dementia for Darlington against a North East regional average of 0.7% and an England average of 0.6%



Dementia prevalence is predicted to increase in Darlington between 2014 and 2030. The proportion of people aged 65 and over with dementia in Darlington is predicted to increase from 1,408 in 2014 to 2,269 by 2030, a rise of nearly 900 cases.



- Nationally, dementia is the main cause of mental health admissions among older people, accounting for 41% of all mental health admissions (21% unspecified dementia, 14% vascular dementia and 5% Alzheimer’s disease) (APHO, 2008).
- The national hospital admissions rate for dementia amongst 75- 79 year olds is approximately 200 per 100,000 rising to around 600 per 100,000 at 85 and over. It is estimated that after the age of 60 the prevalence of dementia doubles every five years so that about 22% at 85 and 30% of those aged over 95 are affected.
- Dementia affects one person in 20 aged over 65 years and one in five over 80 (Hoffman et al., 1991). Fewer than half of older people with dementia ever receive a diagnosis.
- A third of people who provide unpaid care for an older person with dementia have depression (Age Concern 2007).

In autumn 2014, the Alzheimer’s Society published a major study on the social and economic impact of dementia in the UK. ‘Dementia UK: Update. Second Edition’ https://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=2323 indicated that:

- At the current estimated rate of prevalence, there would be 850,000 people with dementia in the UK in 2015
- The number of people with dementia in the UK is forecast to increase to over 1 million by 2025 and over 2 million by 2051. This is a worst case scenario on the assumption that there are no public health interventions and that changes are driven by an ageing population alone.
- There are over 40,000 people with early onset dementia (before the age 65)
- The total population prevalence of dementia among over 65s is 7.1% (based on 2013 population data), which equals 1.3% of the entire UK population (1 in 79) and 1 in 14 of the population aged 65+.
- 1,452 people aged over 18 in the Darlington Borough Council area have dementia.

In January 2016 Public Health England published the first dementia profiling tool on the Fingertips website <http://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/0/gid/1938132894/pat/6/par/E12000001/ati/102/are/E06000005>. The profile which is publically available presents data following the dementia pathway of care including indicators for: prevalence, preventing well, diagnosing well, living well, supporting well and dying well. It allows benchmarking against other areas and is to be updated at regular intervals as new data become available.

Fig 116: Early onset dementia

	2014	2015	2020	2025	2030
Males aged 30-39 predicted to have early onset dementia	0	0	0	1	0
Males aged 40-49 predicted to have early onset dementia	1	1	1	1	1
Males aged 50-59 predicted to have early onset dementia	8	8	9	8	7
Males aged 60-64 predicted to have early onset dementia	6	6	6	7	7
Total males aged 30-64 predicted to have early onset dementia	16	16	17	17	16
Females aged 30-39 predicted to have early onset dementia	1	1	1	1	1
Females aged 40-49 predicted to have early onset dementia	2	2	2	1	2
Females aged 50-59 predicted to have early onset dementia	5	6	6	6	5
Females aged 60-64 predicted to have early onset dementia	4	4	4	4	4
Total females aged 30-64 predicted to have early onset dementia	12	12	12	12	11

People with downs syndrome

People with downs syndrome have an increased risk of developing Alzheimer's disease. 3% of people with downs syndrome in their 30s have dementia, rising to 40% in their 50s. By the age of 60 people with downs syndrome have a 55% chance of developing dementia compared to a 5% chance within the general population. The actual numbers are small but with more people with downs syndrome now reaching older age there will be increasing numbers of people with downs syndrome and dementia, who will require specialist assessment and support.

Individuals with learning disabilities

The prevalence rates of individuals with learning disabilities in the adult population in England is estimated by the Department of Health to be between 1.9% and 2.7%, whilst for the under 65 age group the prevalence of downs syndrome is 6.25 per 10,000 of the general population and is 0.36 per 10,000 for people aged 65 and over. Further, the prevalence of dementia in people with downs syndrome in England is estimated to be 8.9% in people aged 45-49, 17.7% in people aged

50-54, 32.1% in people aged 55-59 and 25.6% in people aged 60 and over. (*Dementia North East England – A demographic and service profile*)

Future Issues:

The **Dementia Strategy for County Durham and Darlington 2014-2017** highlights the following issues as people live longer and more people are expected to have dementia. There are several challenges we need to focus on:

- to screen all those who may have dementia or are at risk of developing it
- to support people who have dementia to reduce risk of hospital admission, timely discharge and avoid return to hospital unnecessarily because of a lack of support in the community
- to reduce the number of people with dementia who spend the last days of their life in hospital rather than at home or at their preferred place of care
- to ensure that people with dementia and their carers get the best possible support at all points of their journey
- to give the most appropriate and clear information to people with dementia so they can be signposted to access as much support as possible
- to improve how we can reach out to and support more young people at risk of developing dementia early
- to ensure services work together and talk to each other so they are better joined up and can support different groups of people such as:
 - those who may develop dementia because of alcohol or substance misuse
 - those with learning disabilities who may have a higher risk of developing dementia early
 - Black Asian and Minority Ethnic Groups who may not have the same access to dementia services
 - prisoners who may develop young onset dementia or when they are older, and to ensure they get the same support as other people with dementia, especially when they leave prison