Dementia: your questions answered
This booklet gives answers to some commonly-asked questions about Alzheimer’s disease and other dementias.

Information in this booklet is for anyone who wants to know more about Alzheimer’s and other dementias. This includes people living with dementia, their carers, friends and families as well as anyone worried about their own health.

If you would like more information about dementia, including diagnosis, symptoms and treatments, please complete the reply slip, or speak to your GP.

The information here does not replace any advice that doctors, pharmacists or nurses may give you but provides some background information that we hope you will find helpful.

This booklet was updated in November 2016 and is due to be reviewed in November 2018.

Please contact us using the details shown on the back cover if you would like a version of this booklet with references.
The basics

What we see on the internet or in the news about preventing or treating dementia isn’t always reliable. Here, we dispel some of the more common myths and help you to separate fact from fiction.

The basics

What is the difference between Alzheimer’s and dementia?
The word dementia is used to describe a set of symptoms. Symptoms of the different forms of dementia can vary a great deal and can include memory loss, confusion, and mood and behaviour changes.

Dementia can be caused by a number of different diseases, with Alzheimer’s disease the most common. Other causes of dementia include vascular dementia, dementia with Lewy bodies and frontotemporal dementia. In some cases, dementia is thought to be caused by both Alzheimer’s disease and either vascular dementia or dementia with Lewy bodies. You might hear this called mixed dementia. You can contact us for more information about the different causes of dementia.

I keep forgetting things, have I got Alzheimer’s?
Most of us forget things every day, like people’s names or where we put our keys, but this is not necessarily a sign of Alzheimer’s or another form of dementia. In dementia, memory loss is more serious than forgetting things occasionally. It is memory loss that starts to interfere with everyday life, for example getting lost when going to the corner shop.

There are many reasons why people become forgetful. Some medicines and drugs can affect memory. Depression, anxiety, vitamin deficiency and thyroid problems can also cause forgetfulness, so it’s important to get the right diagnosis. If you are worried about your memory, if it’s getting worse, or interfering with everyday life, then you should talk to your GP.
Does dementia run in the family?
Dementia becomes more common as people get older, so many of us will have a relative living with the condition – but this does not mean we will inherit it. Most of the time the genes we inherit from our parents will only have a small effect on our risk of dementia. In most cases our likelihood of developing dementia will depend on our age and lifestyle, as well as the genes we have.

In rare cases, someone may inherit a faulty gene that causes a specific form of dementia. Some rare forms of early-onset Alzheimer’s and frontotemporal dementia are caused by faulty genes and can run in families. Symptoms of these often start in an individual’s 40s or 50s.

Is it true that diseases like Alzheimer’s only affect older people?
No, but most people with dementia are over the age of 65. In the UK over 40,000 people with dementia are under 65, around 5% of the total. Many of these people are likely to be in their 50s or early 60s but some rare forms of dementia can affect people even younger. This is called early- or young-onset dementia.

Are there more women than men with dementia?
Yes. In the UK, 61% of people with dementia are female and 39% are male. This is mostly because women tend to live longer than men and as dementia becomes more common as we age, there are more women to develop the condition. Some studies are underway to investigate whether men and women may have different risk factors for the condition.

Why isn’t there screening for dementia?
At the moment, screening the general population for dementia is not recommended. This is mainly because there is no simple and accurate way to identify people with early dementia. In addition, there is not yet enough evidence to suggest that screening people who don’t have concerns about their memory is beneficial to individuals in the long term. Research is ongoing in this area.

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Questions about risk

What is a ‘risk factor’?
A risk factor is something that increases your likelihood of getting a disease. Your risk can be affected by something you do, like smoking. However, risk can also be due to factors that you can’t change, like your age.

The biggest risk factor for developing dementia is age – the older you are the more likely you are to develop the condition.

How can I reduce my risk of developing dementia?
There is no sure way to prevent dementia, but we do know some of the risk factors for dementia, and these can be changed. These risk factors are the same as for cardiovascular disease (like heart disease and stroke). By leading a healthy lifestyle and taking regular exercise you will be lowering your risk of these diseases, and it’s likely you will lower your risk of dementia too.

To keep healthy:

don’t smoke
keep active and exercise regularly
maintain a healthy weight
eat a healthy balanced diet
only drink alcohol within recommended limits
control high blood pressure
keep cholesterol at a healthy level.

Studies suggest it may be particularly important to keep healthy in mid-life to help lower your risk of dementia.

Questions about diet

What should I eat to lower my risk?
A balanced diet is an important way to keep healthy.
This should include:

- plenty of fruit and vegetables
- starchy foods like potatoes, pasta, rice and bread
- some milk and other dairy foods
- some meat, fish, eggs, beans and other non-dairy sources of protein
- just a small amount of food that is high in fat and sugar.

A healthy diet is also important for people with dementia. It is worthwhile trying to maintain a healthy diet in all situations, whether living with friends or family, alone, in a care home, or during a hospital stay.
Questions about diet

Will particular foods help?
Oily fish, which contains omega-3 fatty acids, is an important part of a healthy diet. Some studies have linked higher omega-3 intake with a lower risk of dementia but current evidence does not support the use of omega-3 supplements to prevent cognitive decline.

There have been reports that turmeric, ‘super foods’ like berries, and particular drinks like red wine can lower the risk of dementia but there is no evidence that this is the case.

Can coconut oil help prevent or treat dementia?
We can’t be sure. There is preliminary research into some components of coconut oil, to find out if these could help people with dementia. So far the research is inconclusive so we don’t know if these compounds could help.

Can caffeine, ginseng or Ginkgo biloba help people with dementia?
We don’t know yet. There have been suggestions that these may possibly help, but research results are mixed and further studies are needed before any firm conclusions can be made.

What about green tea, curcumin or cinnamon?
While these natural products, or extracts from them, are being studied in early-stage research, there is currently no conclusive evidence that they could prevent or treat dementia in people.

Does drinking alcohol decrease my risk of developing dementia?
Some studies suggest that moderate amounts of alcohol are associated with a lower risk but the research is not conclusive. Very heavy drinking is known to cause alcohol-related dementia, including Wernicke-Korsakoff Syndrome.

The best advice at the moment is to only drink alcohol within the NHS lower-risk guidelines. This means not regularly drinking more than 14 units a week for both men and women. People who drink as much as this should spread their drinking over three or more days. A good way to reduce alcohol intake is to have several alcohol-free days a week.

<table>
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<th>1 unit</th>
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<tr>
<td>A pub measure (25ml) of spirits</td>
<td>A small (125ml) glass of wine (12% ABV)</td>
<td>Half a pint (almost 300ml) of normal strength beer, cider or lager (for example, 3.5% ABV)</td>
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visit: www.alzheimersresearchuk.org 10 call: 0300 111 5 111 11
Is there any benefit in taking B vitamins to protect against dementia?

High levels of the amino acid homocysteine have been linked to an increased risk of Alzheimer’s disease. The B vitamins folic acid and vitamin B12 are known to reduce homocysteine levels and have been investigated for their potential to protect against cognitive decline or Alzheimer’s.

The latest evidence suggests that while supplements of folic acid and vitamin B12 can reduce homocysteine levels, they do not affect memory and thinking skills in healthy older people.

One study showed that high doses of folic acid and vitamin B12 could slow brain shrinkage in people with early memory problems and high homocysteine, but there is currently no definitive evidence that supplements of these vitamins could slow the onset or progression of Alzheimer’s or other dementias.

Can aluminium affect the risk of developing Alzheimer’s?

Despite occasional publicity, there is no convincing evidence that everyday exposure to aluminium increases the risk of developing Alzheimer’s disease or dementia. During the 1960s and 1970s, aluminium was suspected as a cause of Alzheimer’s, but since then studies have failed to confirm a direct connection. Although it is difficult to research as aluminium is common in our environment, exposure to normal sources of aluminium is not thought to pose any threat.

Questions about keeping active

Why is physical activity important?

Regular physical activity can have many health benefits, such as lowering blood pressure, which is good for heart health, and reducing the risk of stroke. It can also help you keep your weight in check, which will reduce your risk of type 2 diabetes and other conditions. While research is underway to investigate a direct effect of exercise on dementia risk, medical conditions like high blood pressure and diabetes are known risk factors for dementia (see page 08). Therefore staying active may not only help maintain a healthy body, but could have knock-on benefits for brain health too.

Should I keep my brain active or take up hobbies to lower my risk?

This is a good idea, because several studies have suggested a link between mentally-stimulating leisure activities and a lower risk of dementia. Other studies have found that spending more time in education is associated with a lower risk. Research is ongoing in these areas.

Mentally-stimulating activities could include doing crossword puzzles or Sudoku, learning a new skill or taking up a new hobby. It’s not clear which, if any, of these things could be most beneficial, but it’s a good idea to do things you enjoy.
Can taking statins lower my risk of dementia?
Recent large trials have not shown evidence that statins, used to treat high cholesterol, could prevent dementia. It is not recommended that you take them for this purpose. However, if you are concerned about high cholesterol, you can ask your GP about having a test. If your cholesterol is high your doctor can advise whether taking statins is right for you.

Does hormone replacement therapy protect against Alzheimer’s or dementia?
Studies into a link between Alzheimer’s and hormone replacement therapy (HRT) have had mixed results. Some studies show that people taking HRT have a higher dementia risk. Other studies suggest that it could reduce risk. More research is needed and women should not start HRT to protect against dementia.

Should I take aspirin to prevent Alzheimer’s?
This is not recommended. Medicines known as non-steroidal anti-inflammatory drugs (NSAIDs), which include aspirin and ibuprofen, have been investigated to find out whether they could reduce Alzheimer’s risk. Some studies suggest they could have a benefit, but clinical trials have not backed this up. There are also concerns about side effects, so it is not advised to take these drugs to protect against Alzheimer’s.

Other medical conditions and dementia

Do other diseases or medical conditions affect my risk?
There is evidence that the following conditions can increase the risk of dementia:

- Parkinson’s disease
- stroke
- type 2 diabetes
- high blood pressure
- depression
- Down’s syndrome
- early memory and thinking problems known as mild cognitive impairment or MCI.

For advice on these conditions, you can talk to your doctor or contact us for a list of organisations and support groups that can help.

Does a head injury increase the risk of developing dementia?
Some research has suggested that a serious head injury or trauma may increase the risk of developing Alzheimer’s and other forms of dementia. The effect of mild head injury is not so clear, however, and research is continuing into the risk of this type of injury.

visit: www.alzheimersresearchuk.org
Where can I go for help?

If you are worried about your health or memory, it is a good idea to discuss it with your GP who can listen to your concerns, run tests, give you advice and refer you to a specialist if necessary.

For more information about dementia, including symptoms, diagnosis, treatments, causes and research, contact us using the tear-off slip or visit our website, www.alzheimersresearchuk.org

Our information also includes a list of support group helplines that can help you with practical and emotional support if you have dementia, or are caring for someone with dementia.

Send me more information

For free information, simply complete this slip. You can drop it straight in a post box or put it in an envelope labelled with the freepost address overleaf. Alternatively, phone us on 0300 111 5555.

I would like to know more about

- Dementia: symptoms, diagnosis, causes, prevention and care (SCIHAAD)
- Treatments for dementia (SCIHTMT)
- Caring for someone with dementia: organisations that can help (SCIHI-care)
- The latest dementia research (SMTHINK)

Name

Address

Email

We’d like you to be the first to know about the latest research and how your support makes a difference, as well as ways you can get involved and help fund our life-changing work. We’ll keep your information safe and never sell or swap it with anyone.

Let us know how we can contact you (tick below):

- Post
- Email
- Telephone
- Text message

You can change how we talk to you at any time, by calling 0300 111 5555 or emailing enquiries@alzheimersresearchuk.org

Our Privacy Notice can be found at www.alzheimersresearchuk.org/privacy-policy and explains how we will use and store your information.
Through the research we fund, our scientists are building a detailed picture of what happens in the brain in these diseases. This is essential for improving diagnosis and developing new treatments.

We believe that dementia can only be defeated through research. Thanks to the generosity of our supporters, we continue to support scientists who will take us one step closer to a cure.

**Research**

Alzheimer’s Research UK has funded over **£66 million** of pioneering research across the UK into dementia and the diseases that cause it.

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**Find out more**

If you have questions about dementia research or want to find out more about how to get involved in research, contact our **Dementia Research Infoline** on **0300 111 5 111** or email **infoline@alzheimersresearchuk.org**

The Infoline operates 9.00-5.00pm Monday to Friday. Calls cost no more than national rate calls to 01 or 02 numbers and should be included in any free call packages.
We are the UK’s leading research charity aiming to defeat dementia.

We welcome your comments to help us produce the best information for you. You can let us know what you think about this booklet by contacting us using the details below.

Contact us
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Alzheimer’s Research UK
The Power to Defeat Dementia

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