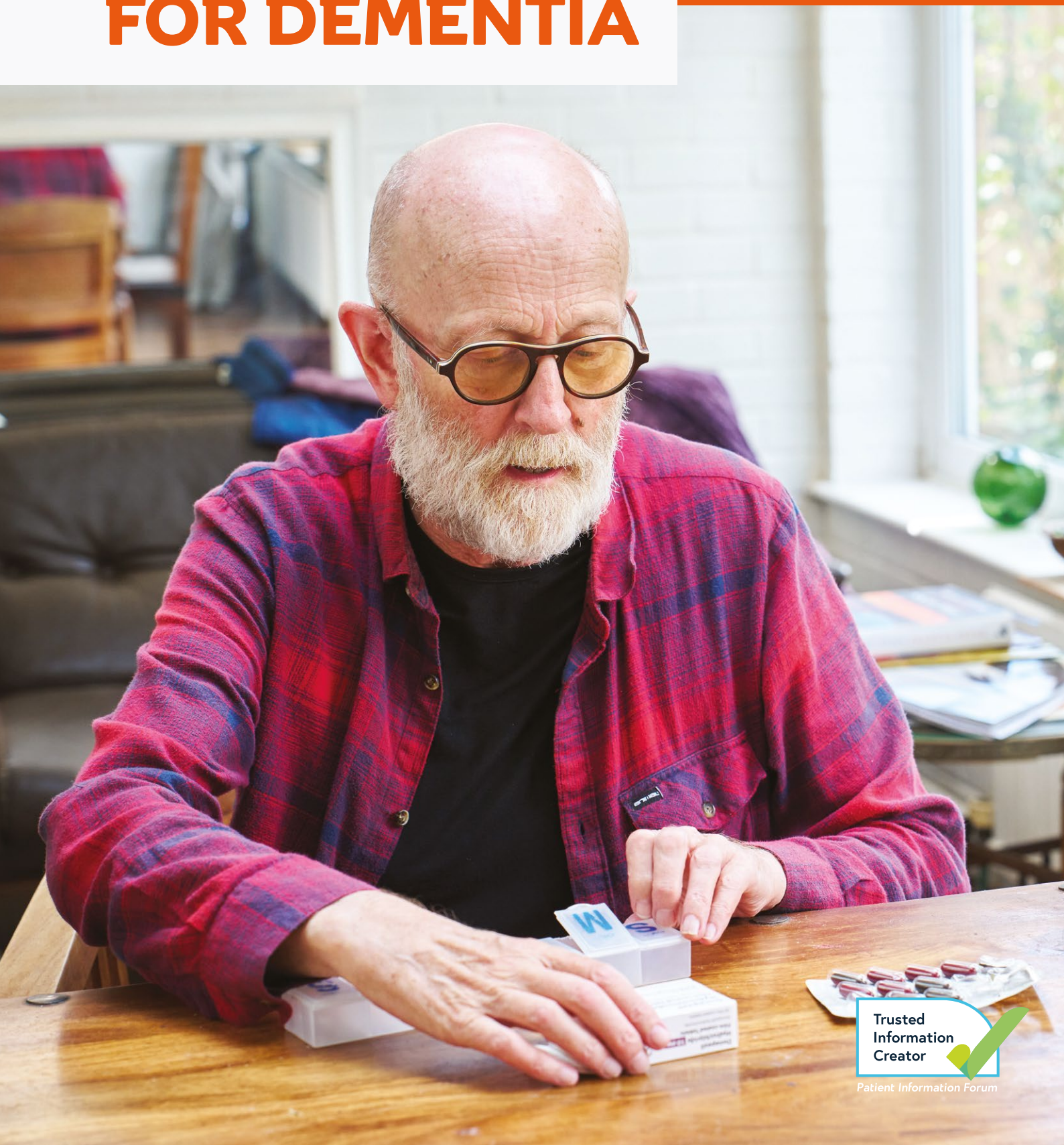
ALZHEIMER'S RESEARCH UK FOR A CURE

# TREATMENTS FOR DEMENTIA



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## CONTENTS


04 What is dementia?

05 Medicines for dementia

06 Medicines for Alzheimer's disease

12 Medicines for dementia with Lewy bodies

14 Medicines for vascular dementia

16 Medicines for frontotemporal dementia

18 Treatments for depression, anxiety, agitation or aggression

23 Complementary therapies

27 Caring for and supporting someone with dementia

30 Research

31 Taking part in research


# INTRODUCTION

**This information is for anyone who wants to know more about treatments currently available for dementia. This might include people with dementia, their carers, friends, and family.**

This booklet gives an overview of the treatments currently available for the different types of dementia, including both drug and non-drug treatments.

**It covers treatments for:**

- Alzheimer's disease
- vascular dementia
- dementia with Lewy bodies (DLB)
- frontotemporal dementia (FTD).

The information here does not replace advice that doctors, pharmacists, or nurses may give you. If you are worried about your health, including memory and thinking problems, speak with your doctor as soon as possible.

The booklet was updated in April 2026 and is due to be reviewed in April 2028. It was written by Alzheimer's Research UK's Information Services team with input from lay and expert reviewers. Please get in touch using the contact details below if you'd like a version with references or in a different format.

## ANY QUESTIONS

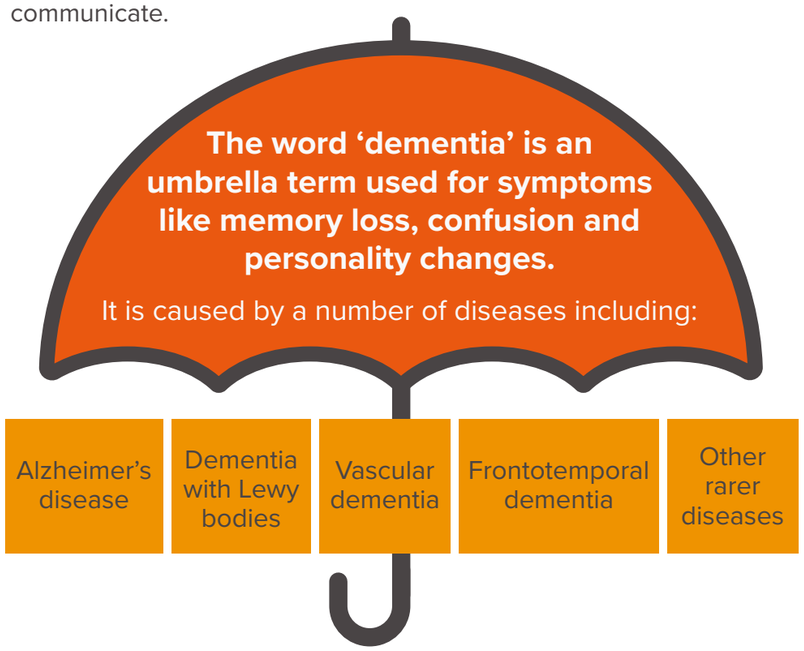
If you have questions about dementia or dementia research, you can contact our Dementia Research Infoline on **0300 111 5111** or email **infoline@alzheimersresearchuk.org** or write to us using the address on the back page.

# WHAT IS DEMENTIA?

**Dementia is caused by diseases that affect the brain. Alzheimer's disease is the most common disease that causes dementia, but there are other types too.**

The diseases that cause dementia damage brain cells in areas of the brain that control how we:

- think
- behave
- remember
- move
- communicate.




As the damage spreads throughout the brain, the symptoms of dementia get worse. So, over time a person with dementia will need more support and help with everyday life. For more information about dementia, please ask for our booklet **'All about dementia'** using the contact details on the back page.





# MEDICINES FOR DEMENTIA

**There are medicines that can help with some types of dementia. The treatments offered to you will depend on the specific type of dementia you have. This is one reason why getting the right diagnosis matters. If you are unsure about your diagnosis, you can ask your doctor to explain it.**

Once you have a diagnosis, you and your doctor can talk about the treatments that may help. Together, you can decide which options are right for you. You may also want a family member or carer to be involved in these conversations.

Your GP or a specialist doctor may prescribe a drug treatment for your dementia. Specialist doctors who see people with dementia include psychiatrists, geriatricians, and neurologists. Your GP will usually take over your ongoing care and check how well the treatment is working.

In this booklet, we use the common name for drug treatments and give the brand names in brackets. For example: donepezil (Aricept).

**THE NHS 111 SERVICE CAN GIVE YOU MEDICAL ADVICE**

24 hours a day if you cannot reach your doctor.

# MEDICINES FOR ALZHEIMER'S DISEASE

**Alzheimer's disease is the most common type of dementia. In this disease, brain cells become damaged over time. This leads to symptoms like memory loss, confusion, communication difficulties and changes in mood, such as irritability.**

For more information about Alzheimer's disease, request our booklet using the contact details on the back page.

Doctors often refer to people as having mild, moderate or severe Alzheimer's disease. This reflects how much symptoms affect the person's daily life. Different medicines are recommended at different stages of the disease.

Treatments currently available on the NHS for Alzheimer's can help someone to manage their symptoms for a time. But they do not stop the underlying disease from getting worse. It's important to discuss your treatment options with the people involved in your care.

## DONEPEZIL, RIVASTIGMINE AND GALANTAMINE

People with mild to moderate Alzheimer's disease might benefit from taking a type of medicine called a cholinesterase inhibitor.

This medicine can help people to think and remember better than they would if they weren't on treatment. Although these medicines can help ease the symptoms of Alzheimer's, they don't slow down or cure the disease.





There are three cholinesterase inhibitors available to treat Alzheimer's:

- donepezil (Aricept)
- rivastigmine (Exelon)
- galantamine (Reminyl).

Cholinesterase inhibitors are given to people with mild to moderate Alzheimer's. Doctors will continue to prescribe one of these drugs if it is safe and appropriateto do so.

### How donepezil, rivastigmine and galantamine work?

In our body, there are billions of nerve cells that send messages to each other. These messages help us to move, think and remember.

In Alzheimer's disease, nerve cells become damaged and lose their ability to send messages. This is why thinking and memory problems are common early symptoms.

Our nerve cells rely on chemical messengers to send information from cell to cell. Cholinesterase inhibitors increase the amount of a chemical messenger called acetylcholine. This helps messages to travel around the brain. By doing this, they can reduce the symptoms of Alzheimer's and improve a person's ability to carry out daily activities for some time.

These medicines come in different forms: pill, dissolvable tablet, liquid or patches. This means if swallowing is difficult or if another form is easier for you, there is a choice. A doctor, nurse or pharmacist can help you find the one that suits you best.

| | PILL | DISSOLVABLE TABLET (melt in the mouth or dissolvable in water) | LIQUID | PATCH |
|---|---|---|---|---|
| Donepezil | ✓ | ✓ | ✓ | |
| Rivastigmine | ✓ | | ✓ | ✓ |
| Galantamine | ✓ | | ✓ | |

## How can donepezil, rivastigmine and galantamine help?

People with Alzheimer's may find that their symptoms improve when taking one of these drugs. They might find it easier to think, remember, communicate or carry out everyday activities. Other people may find that their symptoms stay the same, or that they do not get worse as quickly as predicted. Some people may not notice any effect at all.

As these drugs don't stop Alzheimer's from progressing forever, symptoms will begin getting worse again, even if the drugs work at the start. But they can help some people to function better than they would do without the drug for a time.

The most common side effects of cholinesterase inhibitors are:

- feeling or being sick
- an upset stomach or diarrhoea
- having trouble sleeping
- muscle cramps
- tiredness.

These effects are often mild and usually only temporary. Not everyone will experience side effects. Talk to your doctor if you experience any side effects that you're worried about.

# MEMANTINE

Memantine (Ebixa or Axura) is a drug prescribed to people with moderate or severe Alzheimer's disease. It may also be prescribed to people with mild or moderate Alzheimer's if cholinesterase inhibitors don't help or are not suitable.

Like cholinesterase inhibitors, memantine does not slow down or cure the disease. However, it can treat some symptoms. Memantine is also available in a few different forms. A doctor, nurse or pharmacist can help you find the form that suits you best.

| | PILL | DISSOLVABLE TABLET (melt in the mouth or dissolvable in water) | LIQUID | PATCH |
|---|---|---|---|---|
| Memantine | ✔ | ✔ | ✔ | |





## How does memantine work?

Memantine helps keep one of the brain's chemical messengers, called glutamate, at a healthy level. In Alzheimer's disease, glutamate can build up and make it harder for brain cells to work properly. By balancing glutamate, memantine can help brain cells send signals to each other more clearly.

For some people, this can ease symptoms for a period of time, reducing memory loss and confusion. This can help people to carry out daily activities and to function better than they did before they took the medicine.

## How can memantine help?

People with Alzheimer's may find that their symptoms improve with memantine. This could be an improvement in thinking, memory, communication or with everyday activities.

Others may find that their symptoms stay the same, or that they do not get worse as quickly as they would have expected. Some people may not notice any effect at all.

The most common side effects of memantine are:

- headaches
- dizziness
- drowsiness
- constipation.

These effects are often mild and usually only temporary. Not everyone will experience side effects. Talk to your doctor if you experience any side effects that you're worried about.

People with moderate or severe Alzheimer's disease are sometimes offered both a cholinesterase inhibitor and memantine to take together. This can be more helpful than using one type of medicine alone.

# NEW ALZHEIMER'S TREATMENTS

There are two medicines available privately in the UK that can slow down symptoms of early Alzheimer's. They are called lecanemab (Leqembi) and donanemab (Kisunla).

These are currently only offered by specialist private healthcare providers and as part of research trials running in certain centres in the UK. They are not available on the NHS.

Neither lecanemab nor donanemab are a cure. But, because they can slow down the progress of symptoms, they may allow some people with early Alzheimer's to live independently and with milder symptoms for longer.

To find the most up to date information about lecanemab, donanemab and other treatments for Alzheimer's disease visit **alzres.uk/treatment** or contact us using the details on the back page.

## Summary of treatments for Alzheimer's:

Cholinesterase inhibitors and/ or memantine to help reduce memory and thinking problems for some time

Privately available treatments that can slow down Alzheimer's, called lecanemab and donanemab

Medicines for depression, anxiety, agitation and aggression, such as antidepressant or antipsychotic drugs when necessary (page 18)

Complementary therapies (see page 23)

# MEDICINES FOR DEMENTIA WITH LEWY BODIES

**Dementia with Lewy bodies (DLB) is another common type of dementia. It is caused by a build-up of small round clumps of protein inside nerve cells in the brain.**

These clumps, called Lewy bodies, form in areas of the brain that control our thinking, memory, vision and movement. This causes symptoms like forgetfulness, changes to alertness, sleep problems, tremors and hallucinations.

For more information about dementia with Lewy bodies (DLB), you can request our booklet using the details on the back page.

There are currently no treatments that can reverse the brain cell damage that causes dementia with Lewy bodies. Drugs called cholinesterase inhibitors (page 6) may help to improve some of the symptoms of DLB, including thinking and visual hallucinations.

A doctor may prescribe this type of drug if you have been diagnosed with DLB. So far, memantine (page 8) has only been shown to have small benefits for people with DLB, but it may be offered to those who can't be given a cholinesterase inhibitor due to side effects.

A Parkinson's treatment called levodopa may also be prescribed for movement problems in DLB. However, levodopa can cause or worsen visual hallucinations. If this occurs, it's important to tell your doctor as soon as possible.

A drug called clonazepam may help ease rapid eye movement (REM) sleep behaviour disorder. This is a symptom of DLB that causes people to act out their dreams, meaning that people may hurt themselves or others while they are asleep.

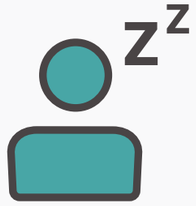




## Summary of treatments for dementia with Lewy bodies:

Cholinesterase inhibitors and/or memantine to help reduce memory and thinking problems for some time

Levodopa and physiotherapy to treat movement problems



Clonazepam for REM sleep behaviour disorder

Medicines for depression, anxiety, agitation and aggression, such as antidepressant or antipsychotic drugs when necessary (page 18)

Complementary therapies (page 23)

# MEDICINES FOR VASCULAR DEMENTIA

**Vascular dementia occurs when blood vessels (arteries) become damaged and blood flow to the brain is reduced. This means that brain cells can't get the oxygen and nutrients they need to function properly, which can damage brain cells.**

Vascular dementia can be caused by conditions like high blood pressure, stroke, diabetes, and high cholesterol. People with these conditions have an increased risk of developing vascular dementia.

For more information about vascular dementia, please request our booklet using the contact details on the back page.

There are currently no treatments that can reverse the brain cell damage that causes vascular dementia.

However, a doctor may review the medications you are currently taking. They may offer new medicines or monitor current prescriptions, such as statins, that could help to protect blood vessels from further damage. A doctor may also advise making healthy lifestyle changes, such as stopping smoking.

Widely available Alzheimer's medicines (page 6) do not help with symptoms of vascular dementia. However, they may help people who have both Alzheimer's and vascular dementia at the same time.

This is called 'mixed dementia'. Cholinesterase inhibitors and memantine may be prescribed in such cases. If you've been diagnosed with mixed dementia, you can discuss treatment options with your doctor.





## Summary of treatments for vascular dementia:

Medicines to treat or prevent underlying conditions like stroke, high blood pressure, high cholesterol or diabetes

Medicines for mixed dementia, where someone has vascular dementia and Alzheimer's disease (page 6)

Medicines for depression, anxiety, agitation and aggression, such as antidepressant or antipsychotic drugs when necessary (page 18)

Complementary therapies (page 23)

# MEDICINES FOR FRONTOTEMPORAL DEMENTIA

**Frontotemporal dementia (FTD) is a rare form of dementia. Less than one in every 30 people with dementia have FTD. It is caused by damage to cells in areas of the brain called the frontal and temporal lobes.**

These areas control our personality, emotions, and behaviour, as well as our speech and understanding of language.

For more information about frontotemporal dementia, ask for our booklet using the details on the back page.

Currently, there are no specific drugs to treat frontotemporal dementia. Other drugs may help some symptoms of the disease. For example, an antidepressant may be considered if someone is struggling with mood symptoms. You can find more details about such treatments on page 19.

Some people with FTD have physical symptoms such as problems with swallowing or moving, which need careful management. Speech therapy, occupational therapy, or physiotherapy may be offered to help with these symptoms. You can ask your doctor about these treatments.





## Summary of treatments for frontotemporal dementia:

Occupational therapy and physiotherapy to help with movement problems

Speech therapy to help with swallowing problems

Medicines for depression, anxiety, agitation and aggression, such as antidepressant or antipsychotic drugs when necessary (page 18)

Complementary therapies (page 23)

# TREATMENTS FOR DEPRESSION, ANXIETY, AGITATION OR AGGRESSION

**Almost everyone with dementia will experience some degree of changes in mood, such as depression, anxiety, agitation and aggression.**

These symptoms are often experienced by people in the later stages of dementia. This may be linked to when they start to find it harder to communicate.

## DEPRESSION

People who had depression or anxiety before developing dementia may benefit from continuing to take antidepressant medicines. However, some antidepressants are not recommended for people who did not have depression before their dementia symptoms began. In these situations, your doctor may offer other supportive or complementary therapies instead.

There are different types of antidepressants. Your doctor will be able to advise you if an antidepressant could help, and which type would be best for you.

Your doctor may also recommend cognitive therapies, either as an alternative to antidepressant medication or in combination with it. Cognitive therapies provide a chance for people to talk about their worries with a specialist. This can help them to develop different ways of coping, thinking and behaving. Your doctor can tell you if this therapy is available to you.

There may also be other therapies offered in your local area that could help. These might include exercise or group activities, such as music therapy, which have been shown to be an effective treatment to support some people with depression.





## ANXIETY, AGITATION, AND AGGRESSION

**Some people with dementia experience:**

Anxiety

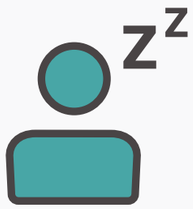
Delusions (negative or mistaken beliefs)

Hallucinations (seeing or hearing things that are not there)

Aggression

Agitation

Other behavioural symptoms



Sleep disturbances

**These are known as neuropsychiatric symptoms or behavioural and psychological symptoms of dementia (BPSD).**

These symptoms can be difficult for the person with dementia and their loved ones to live with, but there are some things that might help.

For people with agitation and aggression in dementia, it is important to look for reasons why someone may be behaving this way.

A person's physical health may affect their behaviour. For example, pain, being constipated, or needing the toilet can make people distressed, especially when they find it harder to talk about it. Someone's surroundings can also affect their behaviour, such as poorly lit rooms or unfamiliar places.

Finding out if there are triggers that make someone more agitated or aggressive means it might be possible to remove, treat or avoid such triggers.

Mild behavioural symptoms can often be helped with adjustments to physical surroundings, reassurance, or changes to daily routine. Possible triggers could include:

- undetected pain or discomfort
- infections
- depression
- social situations
- noisy or overwhelming environments
- disruption to routine.

**For more information and support with treatments for depression, anxiety, agitation, and aggression you can speak to your GP or Dementia UK's Admiral Nurses on 0800 888 6678 or helpline@dementiauk.org**





## ANTIPSYCHOTIC DRUGS

If someone with dementia is distressed, complementary therapies (page 24) may help them feel better in themselves. However, if these have not worked or are not available and someone is very distressed, they may be offered an antipsychotic drug.

A doctor will prescribe these drugs for a short time only. Anyone with dementia taking an antipsychotic drug should have regular check-ins with their doctor to talk about any side effects. If you have any concerns about antipsychotic drugs being used, you can talk to your doctor.

## HOW CAN ANTIPSYCHOTIC DRUGS HELP?

There are several different antipsychotic drugs. Risperidone (Risperdal) can treat severe agitation, aggression and behavioural changes in people with dementia. Short-term treatment can help to reduce these symptoms.

Rarely, people who are extremely aggressive may be prescribed other antipsychotic drugs at a low dose. Haloperidol (Haldol, Serenace) is another antipsychotic drug that might be prescribed for a short time (up to six weeks). Lorazepam (Ativan, Temesta), a type of drug called a benzodiazepine, is not an antipsychotic drug but may also be used in a similar way for a short time to help reduce very aggressive behaviour.

All antipsychotic drugs can have serious side effects. They should only be prescribed if there is severe distress or immediate risk of harm to the person themselves or others around them.

Long-term use of antipsychotic drugs can cause stroke and may make memory and thinking problems worse. Antipsychotic drugs should not usually be used for longer than three months. The benefits of prescribing them must be carefully weighed up against the risk of side effects for each person. Other methods to reduce anxiety, agitation and aggression should be tried first.

Whether or not to prescribe antipsychotic drugs for people with dementia with Lewy bodies should always be very carefully considered. This is because they can cause movement symptoms to get worse and can lead to an increased risk of death.

# COMPLEMENTARY THERAPIES

## COGNITIVE THERAPIES

Cognitive therapies aim to reduce symptoms of depression, anxiety, agitation and aggression and improve wellbeing. There are several types of cognitive therapy that may benefit people with dementia:

**Cognitive stimulation:** Cognitive stimulation activities are designed to keep someone's mind active and improve mood and anxiety. They are usually done in groups and are meant to be fun. Examples include games, group discussions and practical activities like baking.

Cognitive stimulation can help people with Alzheimer's by improving memory, thinking skills and overall quality of life.

People with mild to moderate Alzheimer's should be offered the chance to take part in local cognitive stimulation programmes where available. You can discuss your options with your doctor or care provider. Cognitive stimulation can be provided by health or social care staff with appropriate training.

**Reminiscence therapy:** Memories of past events and experiences are discussed, usually with photographs and other familiar objects from the past. As long-term memory is often not affected until the later stages of dementia, a person with dementia may find it comforting to revisit their early memories.

**Cognitive rehabilitation:** This therapy aims to improve how people manage everyday tasks by setting personal goals and finding ways to achieve them. The focus is on developing the person's strengths and helping them to overcome their individual challenges.

You can talk to your doctor about a referral for complementary therapies. They should be able to let you know of services local to you that can provide such treatments.

## PHYSICAL ACTIVITY AND PHYSIOTHERAPY

Physical activity and physiotherapy can help people with dementia. Staying active has many health benefits, including reducing the risk of falls and stroke, increasing mobility and improving mood. Your doctor can talk about local services and make referrals to a physiotherapist if they feel it's appropriate.

## OCCUPATIONAL THERAPY

Occupational therapy provides support to people whose health prevents them doing everyday activities. An occupational therapist can identify difficulties a person with dementia may have in everyday life, such as dressing or preparing food, and will work with the person to find practical solutions like introducing living aids and adapting living spaces.

## SPEECH AND LANGUAGE THERAPY

Speech and language therapy can help people with aphasia, which is a common symptom in vascular dementia and frontotemporal dementia. Aphasia describes problems with speaking, language and swallowing. Talk to your doctor for a referral to a speech and language therapist if you experience these symptoms.





## COMPLEMENTARY THERAPIES FOR DEPRESSION, ANXIETY, AGITATION OR AGGRESSION

Complementary therapies can be used alongside medicine and cognitive therapies. They can help improve wellbeing, making people feel better and cope better with symptoms of depression and anxiety.

**The type of therapy will depend on local availability and the individual's preference, and might include:**

- aromatherapy
- music therapy, singing groups or dancing
- animal-assisted therapy
- massage
- multi-sensory stimulation.

Activities the person can engage with and enjoy might also help. These could include reminiscence therapy, spending time outside and listening to music. If these don't help much, the person can talk to their doctor about trying something new. These therapies can be provided by a healthcare professional with appropriate training.

Some people with dementia may find one of these therapies helpful and there is some research that suggests they may be beneficial. However, the studies done so far have been small, so more research is needed.

### COMPLEMENTARY THERAPIES CAN BE USED ALONGSIDE MEDICINES AND COGNITIVE THERAPY

**They can help improve wellbeing.**

## ALTERNATIVE AND/ OR HERBAL PRODUCTS

It is important to be cautious about ‘herbal’ or ‘alternative’ products that claim to benefit people with dementia, or to improve memory. There has been very little high-quality research into these products, and some may not be safe for people with dementia. For example, despite anecdotal reports, there is not enough evidence to suggest that coconut oil, gingko biloba or turmeric can benefit people with dementia.

The most important thing when considering taking an alternative or herbal product is to talk to your doctor or pharmacist. Some of these products might interact with your everyday medicines, so the doctor or pharmacist needs to know about anything you might be taking. These products should never be taken as a substitute for prescribed medicines.

# CARING FOR AND SUPPORTING SOMEONE WITH DEMENTIA

**Accessing services and support can make a big, positive difference to someone with dementia and their family.**

Some services will be provided by local authorities and others can be arranged through your doctor. For advice, you can contact your local social services department to find out what dementia support is available near you. Following a diagnosis, everyone with dementia is entitled to an assessment of their needs. Carers are also entitled to their own assessment.

The following organisations provide information, support and care services to people affected by dementia as well as their families and carers.

### Dementia UK

Dementia UK runs the Admiral Nurse Dementia Helpline. It offers practical advice and emotional support to people affected by dementia.

**Tel:** 0800 888 6678 **Email:** helpline@dementiauk.org
**Web:** dementiauk.org

### Alzheimer Scotland

Alzheimer Scotland provides the 24-hour National Dementia Helpline in Scotland as well as local services across Scotland for people with dementia and their carers.

**Tel:** 0808 808 3000 or 0300 373 5774 **Email:** advice@alzscot.org
**Web:** alzscot.org

## Alzheimer's Society

Alzheimer's Society runs the Dementia Connect helpline in England, Wales, and Northern Ireland. They offer information, local support and guidance to anyone affected by dementia.

**Tel: 0333 150 3456 Email: dementia.connect@alzheimers.org.uk** or **helpline@alzheimers.org.uk Web: alzheimers.org.uk**

## Parkinson's UK

Parkinson's UK provides support and advice to people with Parkinson's disease, and dementia with Lewy bodies. They also have specialist nurses who can provide medical information.

**Tel: 0808 800 0303 Email: hello@parkinsons.org.uk**
**Web: parkinsons.org.uk**

## The Lewy Body Society

The Lewy Body Society provides support and advice for people with dementia with Lewy bodies, their families, and carers in the UK.

**Tel: 01942 914000 Email: info@lewybody.org Web: lewybody.org**

## Rare Dementia Support

Rare Dementia Support provides support and information for people with rare types of dementia like frontotemporal dementia.

**Email: contact@raredementiasupport.org Web: raredementiasupport.org**

## Age UK

Age UK can provide information about help available through social services, as well as information and advice about issues faced by older people.

**Tel: 0800 169 6565** or **0800 055 6112 Email: info@ageuk.org.uk**
**Web: ageuk.org.uk**

# RESEARCH

**Alzheimer's Research UK has funded over £100 million of research into the development of new treatments for dementia and is leading the search for a cure.**

We are at a tipping point in dementia research where finding a treatment that can stop diseases like Alzheimer's is closer than ever before.

Bringing together expertise from across the UK and joining forces with pharmaceutical industries is important to achieve this. Alzheimer's Research UK's Drug Discovery Alliance (DDA) unites institutes in Cambridge, Oxford and London (UCL) to bring together discoveries by researchers in universities and drug development by pharmaceutical companies.

You can find out more about our research here:
**alzheimersresearchuk.org/research-projects**

With your support, we will continue to fund many more studies into the treatment of dementia. We promise we will not stop until dementia can no longer destroy lives.

**We are Alzheimer's Research UK.**

**We exist for a cure.**

**STAY UP-TO-DATE WITH THE LATEST DEMENTIA RESEARCH**

Call **0300 111 5555** or scan the QR code.





# TAKING PART IN RESEARCH

**Research is the only way we'll find new ways to prevent, diagnose and treat dementia and scientists need your help. Without people volunteering to take part in research, finding a cure would be impossible.**

People with dementia, their carers, and people without dementia are all needed to take part.

Anyone over the age of 18 can register to Join Dementia Research, which is run by the NHS. This will match you to research studies you are suitable for. Then you get to choose which ones to take part in.

People have many different reasons for wanting to volunteer for dementia research, and it's their support that will drive forward our progress and change the lives of everyone affected by dementia.

**Join them today.**

Find out more and register to take part by calling the Dementia Research Infoline on **0300 111 5111** or visiting **joindementiaresearch.nihr.ac.uk**

Join dementia research

## Alzheimer's Research UK is the UK's leading dementia research charity.

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3 Riverside, Granta Park, Cambridge CB21 6AD

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alzheimersresearchuk.org/dementia-information

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