



## Health inequalities: Dementia

### Introduction

Dementia is an umbrella term that includes Alzheimer's disease, vascular dementia and other dementias and may include symptoms such as memory loss, confusion, personality change, loss of empathy and/or hallucinations. People with dementia eventually become reliant on family or carers to keep them safe as they may do things out of the ordinary such as becoming forgetful, becoming lost and disorientated<sup>1</sup>.

### Prevalence

In the general population dementia is a disease largely associated with old age, although there are forms of dementia with an early onset<sup>2</sup>. One in every 14 people over 65 from the general population have dementia, rising to 1 in 6 of the over 80s<sup>2</sup>.

### Impact on people with learning disabilities

Dementia affects people with learning disabilities at a much younger age compared to the general population. Data from GP practices indicates that 1.5% of those aged 45-54 with learning disabilities have dementia compared to 0.2% from the general population. In the 55-64 age bracket, this rises to 4.3% for people with learning disabilities compared to 0.3% for the general population<sup>3</sup>.

The British Psychological Society and the Royal College of Psychiatrists estimates that people with learning disabilities over 60 are 2 or 3 times more likely to have dementia than the general population<sup>4</sup>. There is no published evidence on the progression of dementia amongst people with learning disabilities compared to the general population.

Some of the symptoms of dementia, such as difficulty finding the correct word and short term memory problems, are also issues which can affect some people with learning disabilities. This can lead to those who are unfamiliar with a person drawing erroneous conclusions that the individual's issues are being caused by their learning disabilities<sup>5</sup>.

## Risk factors

People with Down syndrome (and some other genetic syndromes) are more at risk of developing dementia and often have atypical initial symptoms marked by behaviour and personality change, or the onset of epilepsy rather than memory loss<sup>5 6</sup>. People with Down syndrome are advised to have a formal 'baseline' dementia assessment from age 30 so that any changes can be measured<sup>7</sup>.

## Risk reduction

Studies with the general population have shown that active treatment of hypertension in middle aged (45–65 years) and older people (aged older than 65 years) without dementia can reduce incidence of dementia<sup>8</sup>. The researchers suggest that “interventions for other risk factors including more childhood education, exercise, maintaining social engagement, reducing smoking, and management of hearing loss, depression, diabetes, and obesity might have the potential to delay or prevent a third of dementia cases<sup>8</sup>.”

Some of the risk factors highlighted above are more prevalent amongst people with learning disabilities including obesity, depression, diabetes and low levels of social connectedness. In England, general practitioners are incentivised to conduct learning disability annual health checks for people with learning disabilities aged 14 years or over, with evidence that these health checks are associated with greater assessment and identification of health issues relevant to these risk factors<sup>9 10</sup>.

## Healthcare and treatment

There is no cure for dementia but there are medical treatments to ease symptoms, although there is nothing in the literature specifically about people with learning disabilities<sup>2</sup>. A Public Health England good practice guide on dementia and people with learning disabilities suggests appropriate ways of supporting people such as sensory stories, adaptations to the environment and help for carers<sup>11</sup>, and there is also guidance on supporting people with learning disabilities at the end of life<sup>12</sup>.

## Social determinants

Some of the risk factors noted above are social determinants that are more likely to impact on the lives of people with learning disabilities than the general population. For example, people with learning disabilities are more likely to be overweight or obese. Depression and low levels of social connectedness are also more common amongst people with learning disabilities.

## Resources

Public Health England (2018) [Dementia and people with learning disabilities: making reasonable adjustments - guidance](#)

Public Health England (2014) [Making reasonable adjustments to end of life care for people with learning disabilities](#)

## References

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<sup>1</sup> NHS [Dementia Guide](#)

<sup>2</sup> NHS [Overview Alzheimer's disease](#)

<sup>3</sup> NHS Digital (2019) [Health and care of people with learning disabilities. Experimental statistics 2017 to 2018](#)

<sup>4</sup> The British Psychological Society and the Royal College of Psychiatrists, Dementia and people with intellectual disabilities. Guidance on the assessment, diagnosis, interventions and support of people with intellectual disabilities who develop dementia. 2015, The British Psychological Society: Leicester

<sup>5</sup> Alzheimer's Society, Learning disabilities and dementia. 2015, Alzheimer's Society: London

<sup>6</sup> Ball SL and others. Personality and behaviour changes mark the early stages of Alzheimer's disease in adults with Down's syndrome: findings from a prospective population-based study. *International Journal of Geriatric Psychiatry*, 2006. 21(7): p. 661-673

<sup>7</sup> Jervis N and Prinsloo L. How we developed a multidisciplinary screening project for people with Down's syndrome given the increased prevalence of early onset dementia. *British Journal of Learning Disabilities*, 2008. 36(1): p. 13-21

<sup>8</sup> Livingston G and others. Dementia prevention, intervention, and care. *The Lancet*, 2017. 390(10113): p. 2673-2734

<sup>9</sup> Robertson J, Hatton C, Emerson E and Baines S. The impact of health checks for people with intellectual disabilities: An updated systematic review of evidence. *Research in Developmental Disabilities*, 2014, 35, 2450-2462

<sup>10</sup> Buszewicz M, Welch C, Horsfall L, Nazareth I and others. Assessment of an incentivised scheme to provide annual health checks in primary care for adults with intellectual disability: a longitudinal cohort study. *Lancet Psychiatry*, 2014, 1(7), 522-530

<sup>11</sup> Public Health England (2018) [Dementia and people with learning disabilities: making reasonable adjustments - guidance](#)

<sup>12</sup> Public Health England (2014) [Making reasonable adjustments to end of life care for people with learning disabilities](#)