

Dementia

Fact
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sheet

Key facts

- Dementia is a syndrome in which there is deterioration in memory, thinking, behaviour and the ability to perform everyday activities.
- Although dementia mainly affects older people, it is not a normal part of ageing.
- Worldwide, 47.5 million people have dementia and there are 7.7 million new cases every year.
- Alzheimer's disease is the most common cause of dementia and may contribute to 60–70% of cases.
- Dementia is one of the major causes of disability and dependency among older people worldwide.
- Dementia has physical, psychological, social and economical impact on caregivers, families and society.

Dementia is a syndrome – usually of a chronic or progressive nature – in which there is deterioration in cognitive function (i.e. the ability to process thought) beyond what might be expected from normal ageing. It affects memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. Consciousness is not affected. The impairment in cognitive function is commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behaviour, or motivation.

Dementia is caused by a variety of diseases and injuries that primarily or secondarily affect the brain, such as Alzheimer's disease or stroke.

Dementia is one of the major causes of disability and dependency among older people worldwide. It is overwhelming not only for the people who have it, but also for their caregivers and families. There is often a lack of awareness and understanding of dementia, resulting in stigmatization and barriers to diagnosis and care. The impact of dementia on caregivers, family and societies can be physical, psychological, social and economic.

Signs and symptoms

Dementia affects each person in a different way, depending upon the impact of the disease and the person's personality before becoming ill. The signs and symptoms linked to dementia can be understood in three stages.

Early stage: the early stage of dementia is often overlooked, because the onset is gradual.

Common symptoms include:

- forgetfulness
- losing track of the time
- becoming lost in familiar places.

Middle stage: as dementia progresses to the middle stage, the signs and symptoms become clearer and more restricting. These include:

- becoming forgetful of recent events and people's names
- becoming lost at home
- having increasing difficulty with communication

- needing help with personal care
- experiencing behaviour changes, including wandering and repeated questioning.

Late stage: the late stage of dementia is one of near total dependence and inactivity. Memory disturbances are serious and the physical signs and symptoms become more obvious. Symptoms include:

- becoming unaware of the time and place
- having difficulty recognizing relatives and friends
- having an increasing need for assisted self-care
- having difficulty walking
- experiencing behaviour changes that may escalate and include aggression.

Common forms

There are many different forms, or causes, of dementia. Alzheimer's disease is the most common form of dementia and may contribute to 60–70% of cases. Other major forms include vascular dementia, dementia with Lewy bodies (abnormal aggregates of protein that develop inside nerve cells), and a group of diseases that contribute to frontotemporal dementia (degeneration of the frontal lobe of the brain). The boundaries between different forms of dementia are indistinct and mixed forms often co-exist.

Rates of dementia

Worldwide, 47.5 million people have dementia, with just over half (58%) living in low- and middle-income countries. Every year, there are 7.7 million new cases.

The estimated proportion of the general population aged 60 and over with dementia at a given time is between 5 to 8 per 100 people.

The total number of people with dementia is projected to 75.6 million in 2030 and almost triple by 2050 to 135.5 million. Much of this increase is attributable to the rising numbers of people with dementia living in low- and middle-income countries.

Treatment and care

There is no treatment currently available to cure dementia or to alter its progressive course. Numerous new treatments are being investigated in various stages of clinical trials.

Much can be, however, offered to support and improve the lives of people with dementia and their caregivers and families. The principal goals for dementia care are:

- early diagnosis in order to promote early and optimal management
- optimizing physical health, cognition, activity and well-being
- identifying and treating accompanying physical illness
- detecting and treating challenging behavioural and psychological symptoms
- providing information and long-term support to caregivers.

Risk factors and prevention

Research identifying modifiable risk factors of dementia is scarce. Prevention focuses on targets suggested by available evidence, which include countering risk factors for vascular disease, such as diabetes, midlife hypertension, midlife obesity, midlife cholesterol, mid- and late-life depression as well as lifestyle factors such as smoking, physical inactivity, and poor diet.

Social and economic impacts

Dementia has significant social and economic implications in terms of direct medical costs, direct social costs and the costs of informal care. In 2010, the total global societal costs of dementia was estimated to be US\$ 604 billion. This corresponds to 1.0% of the worldwide gross domestic

product (GDP), or 0.6% if only direct costs are considered. The total cost as a proportion of GDP varied from 0.24% in low-income countries to 1.24% in high-income countries.

Impact on families and caregivers

Dementia is overwhelming for the families of affected people and for their caregivers. Physical, emotional and economic pressures can cause great stress to families and caregivers, and support is required from the health, social, financial and legal systems.

Human rights

People with dementia are frequently denied the basic rights and freedoms available to others. In many countries, physical and chemical restraints are used extensively in care facilities for elderly people and in acute-care settings, even when regulations are in place to uphold the rights of people to freedom and choice.

An appropriate and supportive legislative environment based on internationally accepted human rights standards is required to ensure the highest quality of service provision to people with dementia and their caregivers.

WHO response

WHO recognizes dementia as a public health priority. The WHO report "*Dementia: a public health priority*", published in 2012, aims to provide information and raise awareness about dementia. It also aims to strengthen public and private efforts to improve care and support for people with dementia and for their caregivers.

Dementia is one of the priority conditions in the WHO Mental Health Gap Action Programme (mhGAP), which aims to scale up care for mental, neurological and substance use disorders.

WHO organized the First Ministerial Conference on Global Action Against Dementia in March 2015, supported by the Organisation for Economic Co-operation and Development (OECD) and the UK Department of Health. The main objectives of the conference were to increase awareness of the public health challenge posed by dementia, provide a better understanding of governments' primary role and responsibility in responding to the challenge of dementia, and emphasize the need for coordinated global and national action.

In order to support family members and friends caring for someone living with dementia, WHO is developing iSupport, an e-health solution that provides evidence-based education, skill training and social support for caregivers of people living with dementia.

WHO is establishing the Global Dementia Observatory with the purpose to function as an international surveillance platform for policy-makers and researchers to facilitate and enable future planning and monitoring of strategic objectives across dementia burden, policies and plans, resources, and research.