Managing anxiety and depression in a person living with dementia
What is it?

Anxiety is a feeling of fear or unease. It is a normal feeling for all of us, to an extent, but it can become so intense that it gets in the way of everyday life. People experiencing anxiety might feel like they are out of control, and experience physical symptoms including palpitations, sweating, headaches and panic attacks. Anxiety can affect sleep patterns, appetite, concentration and a loss of interest in things they previously enjoyed.

Depression is when low mood and feelings of being helpless and hopeless are persistent for long periods of time. It can change how a person feels both physically and emotionally. Like anxiety, it can affect sleep patterns, appetite and a loss of interest in activities the person previously enjoyed.
Depression can cause tearfulness, poor concentration and make a person feel extremely fatigued. It may also bring on general pains, headaches, loss of libido, a feeling of isolation and thoughts about self-harm and suicide.

It is more usual for a person to experience either anxiety or depression, but it is possible to experience both at the same time.

Who does it affect?

Anxiety and depression can affect anyone, at any time.

Either can be brought on by physical health concerns, or big life changes such as the death or loss of a partner, but can also happen without there being a clear ‘reason’.

People experiencing memory problems might become anxious or depressed because they are afraid of what is happening to them and worry about their family and their future.

How does anxiety and depression affect a person with dementia?

A person with dementia experiencing anxiety may pace up and down, fidget or become agitated. They might follow a person they live with around the house, seeking reassurance, and may want to go to a place they feel safe.

Someone who becomes depressed may experience disturbed sleep or sleep considerably more. They might become very withdrawn, stop eating or eat to excess, and may experience physical pain.

The person may become ‘apathetic’, where they seem to retreat into themselves and lose interest in everyone and everything.

As some of the behaviour described above can also be associated with dementia, anxiety and depression can sometimes be overlooked. Similarly, the early symptoms of dementia, for instance, poor concentration, change in appetite, sleep disturbance and change in mood and behaviour can
sometimes be misdiagnosed as depression, especially in younger people, for example those of working age.

**Why is it important to get a diagnosis of anxiety or depression for someone with dementia?**

Identifying anxiety and depression means the person with dementia can be treated and supported in the correct way. Untreated, these conditions can become more severe, resulting in further distress or deterioration in their health.

Alleviating anxiety and depression could:

- help improve appetite, ensuring good nutrition and improving the person’s overall health
- improve sleep quality so they feel well rested
- improve motivation, helping them take part in activities they enjoy
help them engage with family members and friends and not be socially isolated

• make it easier for the family to support the person, by improving their willingness to be involved in everyday life

• improve their overall quality of life and their family members’ too

What you can do

It is not always possible for a person affected by anxiety or depression to recognise these symptoms in themselves. This can be even more difficult for someone who also has dementia, so it is important for family members and friends to make a note of changes in the person with dementia.

If you suspect a person with dementia is experiencing anxiety and depression:

• Encourage them to go to the GP – especially if they are mentioning hopelessness or suicidal thoughts. Medication such as anti-depressants might be required, to lift their mood and motivation, which might help them to engage in social activities and begin other types of psychological therapies e.g. counselling

• Support the person to practice self-help techniques such as gentle exercise, walking outdoors, singing, dancing, art, massage, music etc.

• Try talking therapies: counselling, cognitive behavioural therapy and other psychological therapies can be helpful but may be less suitable as dementia progresses
Depression and anxiety in a person with dementia will affect both the individual and their family, their day-to-day functioning and their outlook and quality of life.
Sources of support

Counselling Directory
www.counselling-directory.org.uk

Mental Health Foundation
www.mentalhealth.org.uk

Mind
www.mind.org.uk

NHS Choices
www.nhs.uk/conditions/stress-anxiety-depression

Psychological therapies (IAPT)
www.nhs.uk/Service-Search/Psychological%20therapies%20(IAPT)/LocationSearch/10008
(You can also find this website by searching for: Psychological therapies NHS.)

Royal College of Psychiatry
www.rcpsych.ac.uk/healthadvice.aspx

Rethink
0300 5000 927

Samaritans
116 123

Papyrus (Suicide prevention for under 35s)
0800 068 4141

Our Admiral Nurses can help

If you have any questions or concerns about dementia, you can call the dementia specialist Admiral Nurses on our Helpline for free.

Call 0800 888 6678 or email helpline@dementiauk.org

Opening hours:
Monday–Friday, 9am–9pm
Saturday–Sunday, 9am–5pm
If you’re caring for someone with dementia or if you have any other concerns or questions, call or email our Admiral Nurses for specialist support and advice.

Call 0800 888 6678 or email helpline@dementiauk.org

Open Monday – Friday, 9am – 9pm
Saturday and Sunday, 9am – 5pm

www.dementiauk.org • info@dementiauk.org

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