



**DementiaUK**  
Helping families face dementia

# Understanding vascular dementia



Vascular dementia is the second most common type of dementia after Alzheimer's disease. It can occur when the brain does not receive enough blood supply, meaning it cannot carry out its normal functions due to a lack of oxygen and nutrients. This can be caused by damage or disease in the blood vessels in the brain and may be the result of a stroke or transient ischaemic attack(s), also known as TIAs or 'mini strokes'.

Over time, as more brain cells (known as neurons) are damaged or die, the person may develop problems with concentration and thinking, and have increasing difficulty carrying out their activities of everyday living. If these problems affect how the person functions day-to-day and get progressively worse, they may have vascular dementia.

Often, people with vascular dementia will have periods where their symptoms do not change much, followed by a sudden worsening. You may hear this referred to as 'step-wise progression'. It is difficult, however, to predict when this might happen.

### **Who is at risk of vascular dementia?**

Anyone can be diagnosed with vascular dementia, but it is most common in people over the age of 65, and the risk increases as people grow older. However, vascular dementia can also occur in people under 65, and is the second most common form of young onset dementia, accounting for 20% of all cases in this age group. For more information on young onset dementia, please see Sources of support on p15.

Men are slightly more likely to develop vascular dementia than women.

There is some evidence that people with a family history of vascular dementia have a slightly greater risk of developing the condition, but



this is probably because diabetes, heart disease and strokes – which are associated with vascular dementia – can have a genetic link, rather than the condition being directly inherited.

People from South Asian and African-Caribbean backgrounds are also at increased risk, again because they are more likely to have diabetes and cardiovascular conditions.

Other factors that increase the chance of developing vascular dementia are:

- high blood pressure
- hearing impairment
- smoking
- obesity
- depression

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- physical inactivity
- social isolation
- excessive alcohol consumption
- traumatic brain injury
- high air pollution and second-hand tobacco smoke

### Symptoms of vascular dementia

The symptoms of vascular dementia depend on the area of the brain that is affected. The onset can be sudden or more gradual, but generally, early changes include:

- concentration problems
- poor short-term memory
- difficulty with everyday living skills
- slowed thought processes

If the damage is in the frontal area of the brain – which can be seen on a brain scan – there may be changes in:

- behaviour
- personality
- ability to solve problems
- ability to make decisions and plans
- organisational skills

If someone develops symptoms of dementia after a stroke, they may also have speech or vision problems.

Mood changes are common in people with vascular dementia. The

person may become more emotional with rapidly changing moods ('labile mood'). If the person is aware of the changes in themselves, they may also become depressed or anxious due to the deterioration in their abilities and its impact on their life. Please see Sources of support on p14 for information on anxiety and depression in people with dementia.

About 10% of people with dementia have 'mixed dementia'. This is a combination of two or more types of dementia – usually Alzheimer's disease and vascular dementia. The person may have symptoms of both forms of dementia. Please see Sources of support on p14 for our information on Alzheimer's disease.

In one specific type of vascular dementia, called subcortical vascular dementia or Binswanger's disease, the symptoms include early loss of bladder control, speech problems, movement changes, personality and mood changes, increased risk of falls, reduced facial expressions, and difficulty with everyday skills.

### **CADASIL and vascular dementia**

CADASIL is a rare form of inherited vascular disease that is linked to dementia. The symptoms typically begin between the ages of 30 and 50, and include repeated TIAs or strokes, migraine, slurred speech, weakness on one side of the body, confusion and memory problems. Around two out of three people with CADASIL will go on to develop dementia – the age at which this occurs varies.

People with CADASIL are likely to have a family history of strokes. The particular pattern of changes to the brain may show up on a brain scan, and the diagnosis can be confirmed by a genetic test.

CADASIL dementia usually has similar symptoms to the more typical form of vascular dementia, and the process for diagnosing and managing it is the same.

In rare cases where CADASIL or another familial or genetic form of vascular dementia is suspected, you could ask the person's GP or dementia specialist for a referral to a genetics service for counselling, advice and testing for the inherited gene. Please see Sources of support on p14 for information on genetic forms of dementia.

### Can vascular dementia be prevented?

The main way to protect yourself from vascular dementia or delay its onset and progression is to follow the general advice for good heart health. This will help to prevent damage or disease in your blood vessels, so your brain cells get enough oxygen and nutrients to work properly. This includes:

- increasing your physical activity – aim to exercise for 20 to 30 minutes per day, at least five days per week
- increasing the amount of vegetables, fruit, grains, legumes (beans, pulses, peas and lentils), nuts, poultry and fish in your diet
- cutting down on saturated fats (found in foods like fatty meat, sausages, bacon, butter, cheese and ghee), sugar and salt
- maintaining a healthy weight – a healthy body mass index (BMI) for most adults is between 18.5 and 25. You can check your BMI at [nhs.uk/live-well/healthy-weight/bmi-calculator](https://www.nhs.uk/live-well/healthy-weight/bmi-calculator) – but be aware that BMI is not an accurate indicator of a healthy weight for everyone (eg if you are muscular, your BMI may be higher)
- aiming to keep your waist size to 94cm (37”) or below for men, and 80cm (31”) or below for women
- stimulating your brain, for example by learning a new skill, reading, playing chess



- stopping smoking
- if you drink alcohol, keeping within the limits of no more than 14 units a week – see [nhs.uk/live-well/alcohol-advice/calculating-alcohol-units](https://www.nhs.uk/live-well/alcohol-advice/calculating-alcohol-units)
- keeping socially active and connecting with other people
- avoiding activities that could lead to a head or brain injury, eg cycling without a helmet
- avoiding prolonged daily stress
- creating good sleep habits

Regular health checks, such as blood pressure and cholesterol checks, and blood tests to identify any deficiencies or raised blood sugar, can help to detect abnormalities, which can then be treated and monitored. You can ask your GP for these checks.

Regular sight and hearing checks are also important to identify and treat any problems that could increase confusion.

### Getting a diagnosis of vascular dementia

If someone is showing signs of dementia, it is important to get an diagnosis so that advice, support and services can be put in place to help them and their family to live as well as possible. However, in some cases, an accurate diagnosis of vascular dementia may be delayed due to mistaking the symptoms for other conditions such as depression, stress, relationship problems, menopause and work-related issues.

Before the person sees their GP, it is helpful to provide the doctor with brief details of your concerns, including:

- what the issues are
- when they started
- what happens
- how they affect the person's life and the people around them
- whether there is any family history of dementia

You can do this by phone, email or letter. While the GP will not be able to breach their patient's confidentiality, they should consider the information provided.

The GP should carry out or arrange a physical examination and a range of blood tests to rule out other potentially treatable physical or mental health issues that may have similar symptoms to dementia. The GP may also conduct a brief cognitive assessment, but as these usually focus on memory and orientation problems – which are less common in the early stages of vascular dementia – the person may score highly, which could delay a referral to a specialist.

If the GP suspects dementia, the person should be referred to a memory clinic. Here, a specialist will take a full history of the person's



symptoms, including changes in personality, behaviour, mood and everyday living abilities. They will also carry out a comprehensive assessment focusing on attention, memory, fluency, language, visuospatial abilities and behaviour changes, including a brain scan, which will identify which area of the brain is affected.

It is important that the person's partner and/or another close family member is involved in the assessment so they can share their experience of the changes in their relative.

Please see Sources of support on p14 for information on getting a diagnosis of dementia.

### **What to do if someone is reluctant to seek a diagnosis**

Some people with symptoms of dementia are reluctant to seek medical advice – for example, if they are unaware of the changes in themselves, or if they are afraid of getting a diagnosis and what it will mean for their lifestyle.

If a person is under 65, they may not consider dementia to be a possibility, assuming it only affects older people. This may mean

there is a delay in support and services being put in place, affecting the person's quality of life.

If the person is reluctant to see their GP, you could try:

- explaining that there are other conditions that may be causing their symptoms, eg depression, stress, vitamin deficiency or physical health problems – and that seeing a GP means these conditions can be identified and, where possible, treated
- asking someone who the person usually listens to and respects to encourage them to visit the GP. This could be a friend, family member or work colleague
- arranging for the person to be called into the surgery for a health check – you can speak to the GP about your concerns so they can decide whether to invite them in for a review or visit them at home

### Treating vascular dementia

Currently, there are no specific treatments for vascular dementia, but medication may be given for underlying conditions that may be contributing to or increasing the risk of dementia, such as high blood pressure, high cholesterol, heart problems or diabetes.

Medications usually used for Alzheimer's disease are not effective for vascular dementia unless the person has been diagnosed with mixed dementia (vascular dementia and Alzheimer's disease) and may cause unwanted side effects.

A person with vascular dementia should be supported to stop smoking, take regular exercise, try to follow a healthy diet and maintain a healthy weight. These steps will not cure vascular dementia, but they may slow its progression.



If the person feels depressed or anxious about their diagnosis and the impact on their life, the doctor may refer them for counselling and/or to a support group (which may also be beneficial for family members). In some cases, medication to treat the symptoms of depression or anxiety may be recommended.

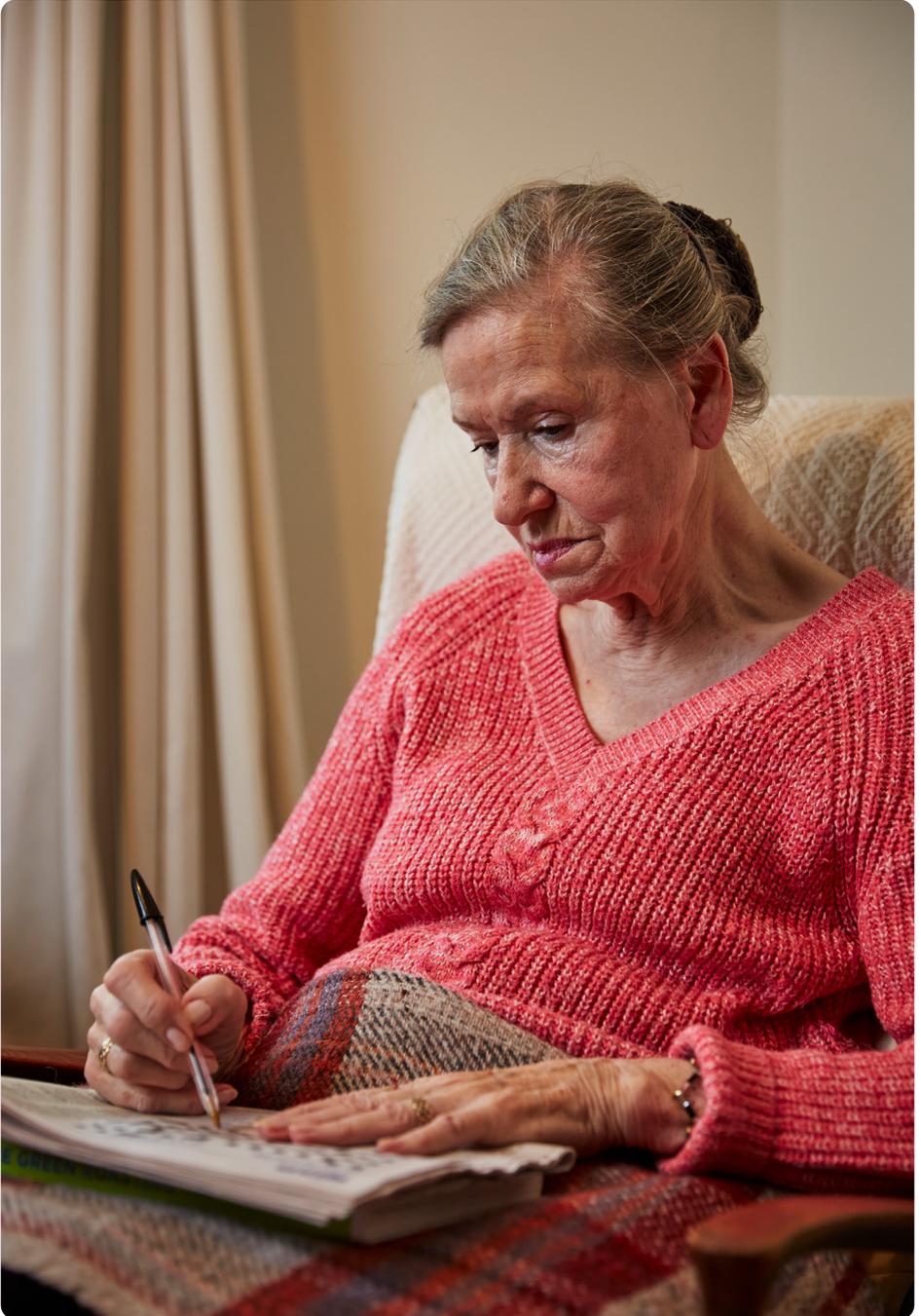
### **Practical tips for managing vascular dementia**

These tips may help to prevent and manage the effects of vascular dementia so the person with the diagnosis can live as well as possible.

- Break complex tasks down into smaller steps – problems with focus, concentration and short-term memory can make it hard for the person to follow lengthy processes or instructions
- Use reminders, pill boxes or automatic medication dispensers to ensure the person takes any medication as prescribed
- It is a good idea for the person with vascular dementia to carry

a card with details of their diagnosis and what support they may need. This can be useful in situations in public where there may be misunderstandings or a need for extra assistance. The Hidden Disabilities Sunflower Scheme provides a range of resources, such as lanyards and cards, to indicate that a person has additional needs – please see Sources of support on p15

- Peer and social support groups can provide an opportunity for people with vascular dementia and their carers to share experiences and tips for living with dementia. These may take place locally or nationally, and may be held face-to-face or online
- Noisy or crowded places can be distressing for people living with dementia and can trigger changes in behaviour, so it may help to avoid these situations or provide support if they cannot be avoided
- Having a routine and regular activities can help the person feel more secure and relaxed
- Look out for triggers such as being too hot or cold, noise, pain, misunderstanding, difficulty with emotional control, changes in routine, lack of activity or too much or too little stimulation
- Focus on what the person can still do rather than things they find difficult. Encourage them to keep up with activities they enjoy, eg photography, art, exercise, swimming, walking, taking care of a pet
- In rare cases where familial or genetic forms of vascular dementia are suspected, such as CADASIL, you could ask the person's GP or dementia specialist for a referral to a genetics service for counselling, advice and testing for the inherited gene. Please see Sources of support on p14 for information on genetic forms of dementia



## Sources of support

To speak to a dementia specialist Admiral Nurse about vascular dementia or any other aspect of dementia or any other aspect of dementia, call our free Helpline on **0800 888 6678** (Monday-Friday 9am-9pm, Saturday and Sunday 9am-5pm, every day except 25<sup>th</sup> December) or email [▶ helpline@dementiauk.org](mailto:helpline@dementiauk.org)

If you prefer, you can pre-book a phone or video call appointment with an Admiral Nurse: visit [▶ dementiauk.org/book](https://dementiauk.org/book)

### Dementia UK information

#### After a diagnosis of dementia: next steps checklist

[▶ dementiauk.org/after-diagnosis](https://dementiauk.org/after-diagnosis)

#### Alcohol and dementia

[▶ dementiauk.org/alcohol-and-dementia](https://dementiauk.org/alcohol-and-dementia)

#### Alzheimer's disease

[▶ dementiauk.org/alzheimers-disease](https://dementiauk.org/alzheimers-disease)

#### Anxiety and depression in people with dementia

[▶ dementiauk.org/managing-anxiety-and-depression-in-a-person-living-with-dementia](https://dementiauk.org/managing-anxiety-and-depression-in-a-person-living-with-dementia)

#### Dementia prevention and risk factors

[▶ dementiauk.org/prevention-and-risk-factors](https://dementiauk.org/prevention-and-risk-factors)

#### Genetic forms of dementia

[▶ dementiauk.org/genetic-familial-forms-of-dementia](https://dementiauk.org/genetic-familial-forms-of-dementia)

#### Getting a diagnosis of dementia

[▶ dementiauk.org/getting-a-diagnosis-of-dementia](https://dementiauk.org/getting-a-diagnosis-of-dementia)

### **Types of dementia**

➤ [dementiauk.org/types-of-dementia](https://dementiauk.org/types-of-dementia)

### **What is dementia?**

➤ [dementiauk.org/what-is-dementia](https://dementiauk.org/what-is-dementia)

### **What is young onset dementia?**

➤ [dementiauk.org/what-is-young-onset-dementia](https://dementiauk.org/what-is-young-onset-dementia)

## **Other resources**

### **British Heart Foundation**

➤ [bhf.org.uk](https://bhf.org.uk)

### **CADASIL Support UK**

➤ [cadasilsupportuk.co.uk](https://cadasilsupportuk.co.uk)

### **Drinkaware**

➤ [drinkaware.co.uk](https://drinkaware.co.uk)

### **Hidden Disabilities Sunflower Scheme**

➤ [hdsunflower.com](https://hdsunflower.com)

### **NHS Better Health: get active**

➤ [nhs.uk/better-health/get-active](https://nhs.uk/better-health/get-active)

### **NHS Better Health: lose weight**

➤ [nhs.uk/better-health/lose-weight](https://nhs.uk/better-health/lose-weight)

### **NHS Better Health: quit smoking**

➤ [nhs.uk/better-health/quit-smoking](https://nhs.uk/better-health/quit-smoking)

### **Stroke Association**

➤ [stroke.org.uk](https://stroke.org.uk)

**To speak to a dementia specialist Admiral Nurse  
about any aspect of dementia:**

Contact our Helpline:  
**0800 888 6678** or [📧 helpline@dementiauk.org](mailto:helpline@dementiauk.org)

Book a virtual appointment:  
[📅 dementiauk.org/book](https://dementiauk.org/book)

**Our charity relies entirely on donations to fund our  
life-changing work. If you would like to donate to help us  
support more families:**

- Call **0300 365 5500**
- Visit [📍 dementiauk.org/donate](https://dementiauk.org/donate)
- Scan the QR code

**Thank you.**



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