

Understanding vascular dementia



What is vascular dementia?

Vascular dementia is the second most common type of dementia after Alzheimer's disease. It is caused by problems in the supply of blood to the brain due to damaged or diseased blood vessels, a stroke, or 'mini strokes' called transient ischaemic attacks (TIAs).

When the blood supply to the brain is reduced, the brain cells are deprived of the oxygen and nutrients they need to function effectively. Over time, as more brain cells are damaged or die, people may develop problems with concentration, thinking and activities of everyday living.

If these problems get progressively worse, the person may be diagnosed with vascular dementia.

Often, people with vascular dementia will have periods where their symptoms don't change much, followed by a sudden worsening, but it is difficult 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.

Men are slightly more likely to develop vascular dementia than women, and people from South Asian and African-Caribbean backgrounds are also at increased risk.

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 stroke, heart disease and diabetes – which can lead to this type of dementia – can have a genetic link.

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



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

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.

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 p11 for our information on Alzheimer's disease.

Preventing vascular dementia

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 – but be aware that BMI isn't 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
- drinking alcohol only in moderation

- 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.

Getting a diagnosis of vascular dementia

If someone is showing signs of dementia, it is important to get an accurate 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.

If the person is reluctant to seek medical advice, this may also contribute to a delay in assessment and diagnosis – please see the box opposite for more information.

Before the person sees their GP, it is helpful to provide the GP 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 discuss their patient for reasons of 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 Assessment Team. 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



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 as 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

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 family is involved in the assessment so they can share their experience of the changes in their relative.

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, exercise, regularly eat a healthy diet and maintain a healthy weight. These steps won't cure vascular dementia, but it 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 carers). 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 sort of 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 can be used as an indication that the person has additional needs, with a range of resources that they can wear or carry, such as lanyards and cards. Visit hiddendisabilitiesstore.com
- 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

Sources of support

If you would like to speak to a dementia specialist Admiral Nurse about vascular dementia or any other aspect of dementia, please call our free Helpline on **0800 888 6678** (Monday–Friday 9am–9pm, Saturday and Sunday 9am–5pm, every day except 25th December) or email helpline@dementiauk.org

You can also book a phone or video appointment in our virtual Admiral Nurse clinics visit dementiauk.org/closer-to-home

Dementia UK resources

What is dementia?

dementiauk.org/what-is-dementia

Getting a diagnosis of dementia

dementiauk.org/getting-a-diagnosis-of-dementia

After a diagnosis of dementia:

next steps checklist

dementiauk.org/after-diagnosis

Alzheimer's disease

dementiauk.org/alzheimers-disease

Other resources

Dementia Carers Count

Free support courses for family and friends caring for someone with dementia

dementiacarers.org.uk

Drinkaware

drinkaware.co.uk

NHS Better Health: quit smoking

nhs.uk/better-health/quit-smoking

NHS Better Health: get active

nhs.uk/better-health/get-active

NHS Better Health: lose weight

nhs.uk/better-health/lose-weight

British Heart Foundation

bhf.org.uk

Stroke Association

stroke.org.uk

The information in this booklet is written and reviewed by dementia specialist Admiral Nurses.

We are always looking to improve our resources, to provide the most relevant support for families living with dementia. If you have feedback about any of our leaflets, please email feedback@dementiauk.org

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For more information on how to support Dementia UK, please visit dementiauk.org/donate or call **0300 365 5500**.
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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



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