**Impairments and impact on performance relating to different types of Dementia**

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| **Type of Dementia** | **Common features of the condition** | **Impact on performance/activities** |
| **Alzheimer’s**  ***Most common type, affecting around 500,000 people in the UK***  ***2 forms:***  ***>Late onset (over 65)***  ***>Early onset (4% of total population affected are under 65)***  **(NB Can have another form of dementia with Alzheimer’s)** | -Progressive/gradual process.  -Memory loss – short term and then long term. Early signs usually difficulty forming new memories.  -Difficulty making decisions.  -Increasingly repetitive.  -Word finding difficulties.  -Mood and behaviour changes.  -Emotional memory heightened as lose higher ability to reason/logic, but left with the emotion, eg. stress.  -Disorientation, particularly time and place.  -Regularly misplace items or put in odd places.  -“Time travel” – significant time in life, often late teens / early adulthood.  -Restlessness at night.  -Hallucinations.  -Unsteadiness.  In early onset type initially see:  -Small changes in behaviour.  -Depression. | - Not attending to personal care, nutrition, or taking medication.  - Decreased social participation.  - Loss of hobbies and interests.  - Getting lost when driving.  - Loss of routine.  - Loss of roles and responsibilities.  -Isolation.  -Increased risk of falls.  -Possible accidents within the home, eg. leaving cooker on. |
| **Vascular Dementia**  ***2nd most common type, resulting from reduced blood flow to the brain***  ***Most common forms:***  ***>Stroke-related dementia (includes multi-infarct dementia)***  ***>Subcortical vascular dementia (also called small vessel disease-related dementia)*** | -Usually stepped progression.  -Physical symptoms, eg. weakness.  -Unsteadiness walking.  -Speed of thinking slowed down.  -Anxiety.  -Depression.  -Memory problems, but not one of the first symptoms.  -Periods of confusion.  -Visual mistakes/perceptions.  -Continence issues.  -Obsessions around possessions, eg handbag, and around routines. | As with Alzheimer’s, plus  -Social difficulties around incontinence, eg. denial of problem leading to negative reaction from others, or embarrassment leading to not wanting to go out.  -Difficulties with transfers and mobility, and greater risk of falls. |
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| **Dementia with Lewy Bodies**  ***3rd most common type, affecting over 100,000 people in the UK*** | -Motor symptoms (mirrors Parkinson’s) – slowness, rigidity, blank facial expression.  -Reduced attention and alertness unpredictable and changing.  -Hallucinations.  -Perceptual difficulties, including 3D objects, judging distances (eg miss chair when sitting), figure-ground discrimination (eg white food on white plate).  -Unsteadiness and falls.  -Sleep disorders, including restless nights, hallucinations, nightmares. (Distressing to sleep with).  -In early stages, day to day memory is not a main issue. | As with Alzheimer’s, plus  -difficulties with bed mobility and transfers.  -greater risk of falls.  -poor safety awareness. |
| **Fronto-temporal dementia (also known as Pick’s disease)**  ***Relatively rare – less than 5% of all dementia cases overall in UK, but is 2nd most common cause of dementia in under 65’s. Usually affects people between the ages of 30-60***  ***Forms include:***  ***> Behavioural variant***  ***> Semantic dementia***  ***> Progressive non-fluent aphasia***  ***> Dementia associated with motor neurone disease*** | -Difficulty recognising familiar people and objects.  -Disinhibited behaviour.  -Loss of empathy and interest in people.  -Lack of personal awareness.  -Lack of social awareness.  -Loss of interest in hobbies.  -Mood swings.  -Behaviour changes, such as becoming impulsive, obsessive, unusual beliefs, etc.  -Difficulties with planning and decision making.  -Poor attention & concentration.  -In early stages, day to day memory may not be a main issue.  -Dietary changes, eg crave fatty and sweet foods.  -May start smoking and/or drinking alcohol more.  -Speech & language difficulties, eg. *Semantic dementia* – Poor understanding of language but fluent with familiar social responses; and *Progressive non-fluent aphasia* – hesitant, slow, grammatically complex sentences. | As with Alzheimer’s, plus  -Social difficulties and loss of friendships due to disinhibited behaviour and communication. |