

Dementia is a syndrome (a group of symptoms) related to an ongoing decline in the functioning of the brain. Symptoms include loss of memory and difficulties with thinking speed, language, mood, understanding, judgement, movement and carrying out daily tasks. There is currently no cure. ([NHS](#))

Dementia can be caused by a number of diseases that affect the brain with the most common being Alzheimer's disease. Alzheimer's develops over many years before the brain is damaged enough that dementia develops. The second most common dementia type is vascular dementia. ([Alzheimer's Society](#))

Younger people can also develop dementia although this is much rarer than in older people. Dementia that develops in people before the age of 65 is known as young-onset or early-onset dementia.

Why is this important?



The impacts of dementia can be devastating for the person, their loved ones and the community. It is a leading cause of death nationally.

What is the local context?



Dementia is mostly diagnosed in people aged 65 and over. Torbay has a higher proportion of older people in the population.

What should we do?

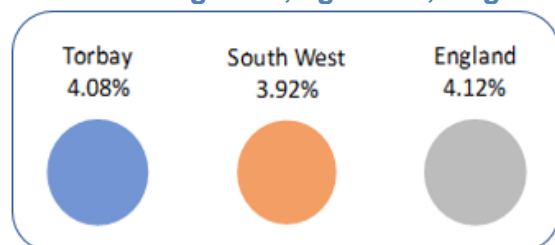


Raise awareness of and encourage lifestyle behaviours that can reduce the risk of dementia. Raise awareness of symptoms and support.

Dementia diagnosis: Patients are recorded on GP registers. In 2022/23 there were 1,612 people on Torbay GP registers with diagnosed dementia which is close to the previous year ([NHS Digital- Quality and Outcomes Framework](#)).

Dementia mostly affects older people and those with a recorded diagnosis are predominantly aged 65+. Fig 1 shows the estimated percentage registered at a Torbay GP practice aged 65+ with a dementia diagnosis- 4.08% in August 2023. This is statistically similar (using 95% confidence intervals) to the South West and England.

Fig 1: Percentage of GP patients with a dementia diagnosis, aged 65+, August 2023

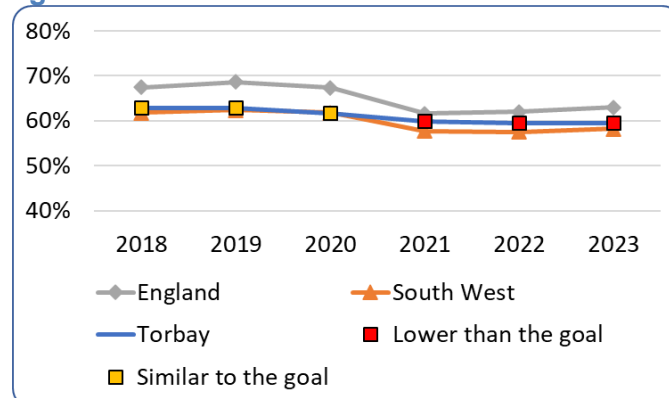


Source: NHS Digital- [Primary Care Dementia Data August 2023](#), [Patients Registered at a GP Practice July 2023](#)

Estimated diagnosis rate: Fig 2 shows the percentage of people aged 65+ diagnosed with dementia out of the number estimated to have it. Therefore, higher is better as it is estimating the percentage with dementia who have a diagnosis. Torbay is significantly lower than the goal of 66.7% for the last 3 years at 59.4% in 2023.

Torbay has been quite level for the last 3 years and is similar to England. Rates will have been impacted during the Covid-19 pandemic. The estimated number with dementia (diagnosed or not) is from the Cognitive Function and Ageing Study II which estimates around 2,635 people aged 65+ in Torbay have dementia in 2023.

Fig 2: Estimated dementia diagnosis rate, aged 65+



Source: Office for Health Improvement and Disparities (OHID)- [Public health profiles](#), counts patients registered at GP practices in each area

Age: The biggest risk factor for dementia is age. Risk increases with age because dementia can take a long time to develop- the older someone is, the more years for development. Older people are also more likely to have issues that can increase risk such as less active brain cells and a higher risk of stroke. ([Alzheimer's Society](#))

Sex: There are more women with dementia than men. There are more older women in the population as women usually live longer and the risk of developing dementia increases with age. There may, however, be reasons additional to living longer that account for the difference.

Lifestyle factors: It is not well known that for many people the risk of developing dementia can be reduced or onset may be delayed through lifestyle behaviours/changes made in mid life. The National Institute for Health and Care Excellence (NICE) recommends in [NG16](#) making it easier for people to stop smoking, reduce alcohol intake, increase physical activity, have a healthy diet and healthy weight. This supports the belief that what is good for the heart is good for the brain.

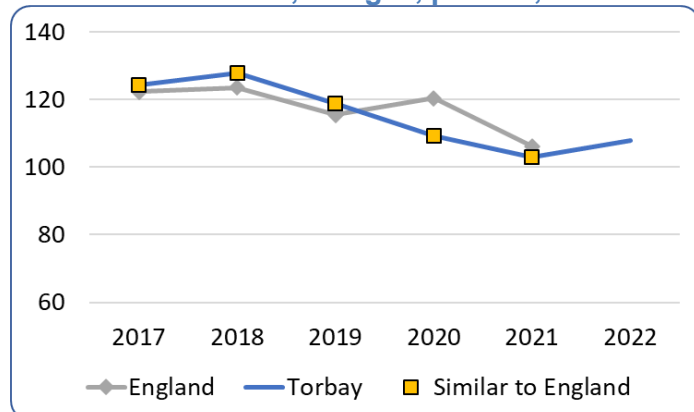
One of the biggest risk factors for dementia is smoking as it: narrows blood vessels in the heart and brain; damages the brain; and increases risk of stroke, diabetes and cardiovascular disease (OHID). Managing blood pressure and diabetes also reduces dementia risk.

Mental and social activity: Research shows an association of lower dementia risk with cognitively stimulating activities (reading, puzzles, learning another language etc), more mentally demanding occupations and higher education levels. Social activity such as meeting friends or volunteering can also help to reduce risk by, for example, improving mood and reducing loneliness. (OHID)

12 potentially modifiable risk factors: Identified by a study in [The Lancet](#), the majority of these are already referred to in this profile. Additional to these are hearing impairment, depression, traumatic brain injury and air pollution.

Mortality: ‘Dementia and Alzheimer’s disease’ as a category is a leading cause of death in England. This is where these are the underlying causes of death (so initiated the train of events directly leading to death). Torbay’s mortality rate for these as the underlying causes of death is statistically similar to England for the years shown (Fig 3). England’s 2022 rate isn’t yet available for comparison. Rates have generally decreased over the time period. Covid-19 will have affected the figures. As they show the underlying cause of death, figures don’t include all who had dementia/Alzheimer’s disease when they died.

Fig 3: Mortality rate from dementia and Alzheimer’s disease, all ages, per 100,000



Source: OHID- [Public health profiles](#), Primary Care Mortality Database (PCMD), Office for National Statistics (ONS) mid-year population estimates, age standardised

A significantly higher rate of females than males have an underlying cause of death recorded as dementia or Alzheimer’s disease in Torbay in the years 2015-2022 combined (Fig 4), following the annual England trend.

Fig 5 shows that the 50% most deprived areas (deciles 1-5) in Torbay have significantly higher rates of mortality from dementia and Alzheimer’s disease than the Torbay average and also significantly higher than the 50% least deprived areas (2015-2022 combined).

Figs 4 and 5 show the underlying cause of death so won’t include all those who died who had dementia/Alzheimer’s disease.

Figs 4 and 5: Mortality rate from dementia and Alzheimer’s disease, all ages, per 100,000, Torbay, 2015-2022 combined

Fig 4: Sex

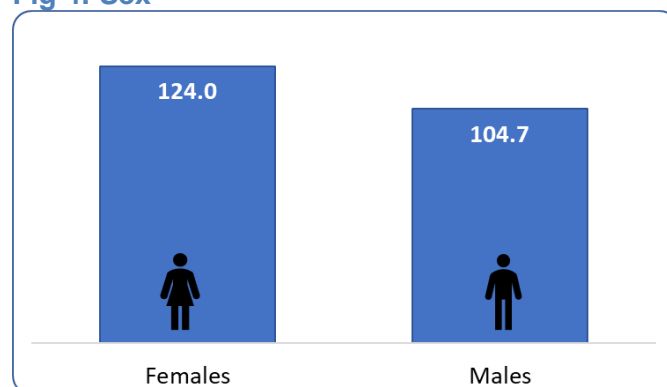
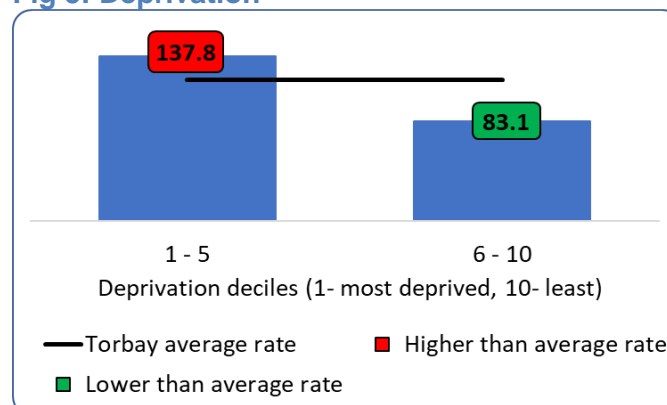


Fig 5: Deprivation



Figs 4-5 sources: PCMD, ONS mid-year population estimates, age standardised, Fig 5 uses the Index of Multiple Deprivation

References:

Alzheimer’s Society: [What can increase a person’s risk of dementia?](#) Reviewed Dec 2021

Alzheimer’s Society: [What is the difference between dementia and Alzheimer’s disease?](#) Feb 2023

Livingston, G et al: [Dementia prevention, intervention, and care: 2020 report of the Lancet Commission](#)

NHS: [What is dementia](#) Reviewed July 2023

NICE: [Guideline 16- Dementia, disability and frailty in later life- mid-life approaches to delay or prevent onset](#) Updated Jan 2022

OHID: [Health matters: midlife approaches to reduce dementia risk](#) Updated June 2021

References/links to data used are throughout the profile.