Dementia: everything you need to know now

From the subtle differences between memory lapses and brain disease to the lifestyle changes that can lower your risk, Dr Tim Beanland at Alzheimer's Society helps you navigate the facts about dementia

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How can I tell the difference between normal age-related forgetfulness and something more serious?

Misplacing your keys or struggling to recall a name — these are frustrations most of us encounter as we age. But when does forgetfulness suggest something more serious, such as dementia? Understanding this difference can be reassuring and life-changing.

As we get older, small memory lapses become more common. This is normal and not a cause for alarm. Dementia, on the other hand, is a progressive brain disease that goes far beyond everyday forgetfulness and can affect a person's independence.

The main difference lies in whether memory difficulties disrupt daily life. Dr Tim Beanland, Head of Knowledge and Learning at Alzheimer's Society, explains: "With normal ageing, you might forget whether you parked in row C or D. With dementia, you might forget whether you drove or took the bus. It's that kind of difference."

Misplacing your phone is a nuisance. Forgetting that you own one or being unable to retrace your steps to find it, may signal something more serious. Normal age-related memory changes tend to be minor and isolated, whereas dementia affects many areas of cognition and worsens over time.

Seeking advice

If you're worried about your own memory or that of a loved one, don't ignore the signs, says Dr Beanland. "Dementia is a disease of the brain. It's much more serious." Spotting disruptions early and seeking advice can make a real difference to outcomes and quality of life.



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What is the difference between Alzheimer's and dementia?

The terms "Alzheimer's" and "dementia" are often used interchangeably, but they aren't the same. Knowing the distinction can help people and their families make sense of a diagnosis and know what to expect.

Multiple diseases

Dementia is not a single disease — it is an umbrella term for a range of conditions that affect memory and other cognitive functions severely enough to interfere with daily life. Alzheimer's disease is the most common cause of dementia, but it is far from the only one.

According to Dr Tim Beanland, Head of Knowledge and Learning at Alzheimer's Society, the relationship between the two is straightforward: "Alzheimer's is just the most common cause of dementia — it's about two thirds of cases." Its hallmark is memory loss, which typically appears as an early symptom.

Planning ahead

Beyond Alzheimer's, other forms of dementia include vascular dementia, dementia with Lewy bodies, and frontotemporal dementia.

As Dr Beanland explains, "Symptoms with these are not always with memory — they can involve problems with mood or movement, planning ahead and organising language." This is why an accurate diagnosis matters: the type of dementia shapes a person's experience and the support they may need.



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Is dementia hereditary?

A diagnosis of dementia in a parent or grandparent can raise an unsettling question: could the same thing happen to me? It's a common concern — and the answer is more reassuring than many expect.

Dementia is not inherited in the simple way some other conditions are. While genetics can play a role, the link between family history and dementia risk is nuanced and largely within your control.

Most dementia cases have no direct genetic cause. Fewer than 1 per cent are passed down directly from parent to child. Some people have “risk genes” — variants that can increase your likelihood of developing Alzheimer’s disease, but there is no certainty.

Dr Tim Beanland, Head of Knowledge and Learning at Alzheimer’s Society, explains: “Risk genes, if you’ve got them, increase your chance of getting something like Alzheimer’s — but it’s not a guarantee.”

Lifestyle and environment play a big role in shaping your risk. Regular activity, healthy diet, not smoking and staying socially engaged can all reduce the likelihood of developing dementia.

Family history

“There’s a lot you can do to reduce your risk of dementia, even if you’ve got those risk genes,” says Dr Beanland.

While family history is worth being aware of, having a parent with dementia doesn’t mean that you’ll get it. How we live matters more than our genes alone.



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Are memory problems always a symptom of dementia?

Memory loss is widely seen as the defining sign of dementia — but the reality is more nuanced. While problems with memory are often the first and most prominent symptom, they don’t tell the whole story.

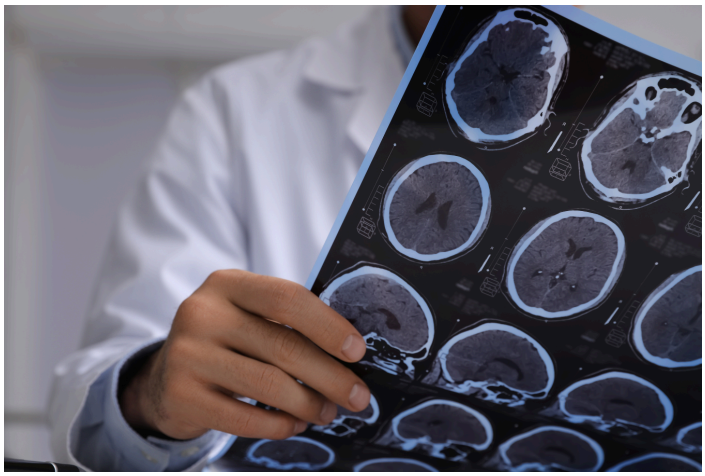
Dementia is not a single condition. It is an umbrella term for different diseases, each affecting the brain in distinct ways. Understanding those differences matters, because the symptoms and experience can vary greatly.

Early signs

In Alzheimer's disease, the most common form, short-term memory loss is typically the earliest sign. "You might be told something and not remember it three minutes later," explains Dr Tim Beanland, Head of Knowledge and Learning at Alzheimer's Society. Even in Alzheimer's, memory is not the only issue — difficulties with planning, organising, language and concentration are also common.

Other forms of dementia may not even centre on memory problems. Vascular dementia often affects executive function first — the ability to plan and think ahead. Dementia with Lewy bodies can present with visual hallucinations, disrupted sleep or problems with balance. Frontotemporal dementia, which tends to affect younger people, often shows up as changes in behaviour or difficulty regulating emotions, with memory relatively intact early on.

This is why recognising the full spectrum of dementia symptoms is important. A change in personality, unexplained falls or difficulties following a conversation can all be early warning signs — even when memory seems fine.



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Are blood tests available to diagnose Alzheimer's disease?

An early and accurate diagnosis of Alzheimer's disease typically relies on brain scans and other tests that can be expensive and time-consuming. But a simpler, faster alternative may be on the horizon, potentially enabling earlier intervention and better outcomes.

Finger-prick test

Blood-based biomarkers – measurable substances in the blood linked to Alzheimer's – have emerged as a promising tool for diagnosing the disease. A simple blood sample, or even a finger-prick test, could one day replace costly imaging, making diagnosis more accessible for patients and healthcare systems alike.

So where do things stand? Blood tests for Alzheimer's are currently available – but only within research. Dr Tim Beanland, Head of Knowledge and Learning at Alzheimer's Society, explains: "In research studies, we can take a blood sample and use that to help diagnose Alzheimer's disease."

Ongoing research

But the test is not yet available through the NHS. Bringing blood-based diagnostics into routine clinical use is a key research goal. Alzheimer's Society is co-funding studies to determine whether these tests can be introduced into standard NHS care.

Dr Beanland is cautiously optimistic: "Watch out for this – it might be coming in the next few years."



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What new treatments are on the horizon?

For the first time in two decades, there is genuine cause for optimism about new treatments for dementia. A wave of scientific progress is transforming what's possible — and for people living with Alzheimer's, the outlook is more hopeful than it has been in a generation.

Alzheimer's disease is the most common form of dementia, caused in part by a build-up of a protein called amyloid in the brain. Until recently, no drug had been shown to meaningfully slow this process. That has now changed.

Amyloid stripping

Two new drugs — lecanemab and donanemab — work by stripping amyloid from the brain. In clinical trials, both have been shown to have a modest clinical benefit by delaying the progression of symptoms by around four to six months. Dr Tim Beanland, Head of Knowledge

and Learning at Alzheimer's Society, describes it as a landmark moment: "It's a really exciting time for dementia treatments, particularly for Alzheimer's."

Neither drug is yet available on the NHS. The medicines watchdog NICE is currently reviewing them, but Dr Beanland is cautiously optimistic: "They may be available, or something like them, in the next three or four years — fingers crossed."

Treatment pipelines

And the pipeline behind them is substantial. There are currently over 100 trials of new dementia drugs at various stages of development. Researchers are confident that better versions of these treatments will follow. What's clear is that science is starting to catching up with the scale of the challenge.



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What kind of cutting-edge research does Alzheimer's Society support?

When it comes to dementia, progress depends on research and development — and Alzheimer's Society is one of the leading forces driving that science forward. The charity invests in a broad and ambitious portfolio of work that spans the full spectrum of the disease.

Dementia remains one of the most complex conditions facing medicine today, with no cure and limited treatments available. Research is therefore not a luxury — it is a necessity.

Alzheimer's Society funds scientists at every stage of their career, from early-career researchers to established centres of excellence. Its research portfolio covers four broad areas: the underlying biological causes of dementia; new drug treatments; advances in diagnosis, including promising blood biomarker tests that could detect the disease earlier; and care research focused on helping people live better with dementia.

That last category is especially wide-ranging. Care research includes exploring how technology can help people maintain their independence, as well as developing new non-drug interventions to improve quality of life and support memory.

Huge commitment

Dr Tim Beanland, Head of Knowledge and Learning at Alzheimer's Society, says the breadth of this commitment is huge.

From laboratory discoveries to practical care solutions, Alzheimer's Society's research funding is helping to build a future where dementia can be better understood, detected, treated — and ultimately, prevented.



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How can you reduce your risk of getting dementia?

A diagnosis of dementia can feel over-whelming, but many cases may never need to happen. The science of dementia prevention has advanced rapidly and simple lifestyle changes could make all the difference.

Dementia affects nearly one million people in the UK. Yet many cases are not inevitable. A growing body of evidence suggests the choices we make every day can reduce our risk, from how much we exercise to whether we get our hearing checked.

Lifestyle changes

Dr Tim Beanland, Head of Knowledge and Learning at Alzheimer's Society, says: "45 per cent of dementia globally could be prevented."

What does that look like in practice? Dr Beanland points to two broad areas: looking after your heart and looking after your brain. On the cardiovascular side, keeping blood pressure under

control, maintaining a healthy weight and staying physically active all play an important role. These factors influence blood flow to the brain, which is critical to its long-term health.

Brain exercises

Brain health matters just as much. Dr Beanland highlights hearing loss as an often-overlooked risk factor — getting your hearing checked and treating any problems early, can make a difference. Avoiding head injuries is also important. “And keep yourself stimulated through puzzles, languages, hobbies, things like that,” he says.

The message is clear: small, consistent steps could significantly reduce your risk.