



# Dementia

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## Key facts

- Currently more than 55 million people have dementia worldwide, over 60% of whom live in low-and middle-income countries. Every year, there are nearly 10 million new cases.
- Dementia results from a variety of diseases and injuries that affect the brain. Alzheimer disease is the most common form of dementia and may contribute to 60–70% of cases.
- Dementia is currently the seventh leading cause of death and one of the major causes of disability and dependency among older people globally.
- In 2019, dementia cost economies globally 1.3 trillion US dollars, approximately 50% of these costs are attributable to care provided by informal carers (e.g. family members and close friends), who provide on average 5 hours of care and supervision per day.
- Women are disproportionately affected by dementia, both directly and indirectly. Women experience higher disability-adjusted life years and mortality due to dementia, but also provide 70% of care hours for people living with dementia.

## Overview

Dementia is a term for several diseases that affect memory, thinking, and the ability to perform daily activities.

The illness gets worse over time. It mainly affects older people but not all people will get it as they age.

Things that increase the risk of developing dementia include:

- age (more common in those 65 or older)
- high blood pressure (hypertension)
- high blood sugar (diabetes)
- being overweight or obese
- smoking
- drinking too much alcohol
- being physically inactive
- being socially isolated
- depression.

Dementia is a syndrome that can be caused by a number of diseases which over time destroy nerve cells and damage the brain, typically leading to deterioration in cognitive function (i.e. the ability to process thought) beyond what might be expected from the usual consequences of biological ageing. While consciousness is not affected, the impairment in cognitive function is commonly accompanied, and occasionally preceded, by changes in mood, emotional control, behaviour, or motivation.

Dementia has physical, psychological, social and economic impacts, not only for people living with dementia, but also for their carers, families and society at large. There is often a lack of awareness and understanding of dementia, resulting in stigmatization and barriers to diagnosis and care.

## Signs and symptoms

Changes in mood and behaviour sometimes happen even before memory problems occur. Symptoms get worse over time. Eventually, most people with dementia will need others to help with daily activities.

Early signs and symptoms are:

- forgetting things or recent events
- losing or misplacing things
- getting lost when walking or driving
- being confused, even in familiar places
- losing track of time
- difficulties solving problems or making decisions
- problems following conversations or trouble finding words
- difficulties performing familiar tasks
- misjudging distances to objects visually.

Common changes in mood and behaviour include:

- feeling anxious, sad, or angry about memory loss
- personality changes
- inappropriate behaviour
- withdrawal from work or social activities
- being less interested in other people's emotions.

Dementia affects each person in a different way, depending upon the underlying causes, other health conditions and the person's cognitive functioning before becoming ill.

## Related

- More about dementia
- The Global Dementia Observatory
- iSupport
- WHO mhGAP Intervention Guide
- Towards a dementia plan: a WHO guide
- Towards a dementia inclusive society (who.int)
- Risk reduction of cognitive decline and dementia: WHO guidelines
- Be healthy, be mobile. A handbook on how to implement mDementia (who.int)
- mhGAP dementia module
- iSupport for dementia
- A blueprint for dementia research (who.int)
- Global status report on the public health response to dementia (who.int)

## Global action plan on the public health response to dementia 2017 - 2025



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## News



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2 September 2021



Most symptoms become worse over time, while others might disappear or only occur in the later stages of dementia. As the disease progresses, the need for help with personal care increases. People with dementia may not be able to recognize family members or friends, develop difficulties moving around, lose control over their bladder and bowels, have trouble eating and drinking and experience behaviour changes such as aggression that are distressing to the person with dementia as well as those around them.

## Common forms of dementia

Dementia is caused by many different diseases or injuries that directly and indirectly damage the brain. Alzheimer disease is the most common form and may contribute to 60–70% of cases. Other forms include vascular dementia, dementia with Lewy bodies (abnormal deposits of protein inside nerve cells), and a group of diseases that contribute to frontotemporal dementia (degeneration of the frontal lobe of the brain). Dementia may also develop after a stroke or in the context of certain infections such as HIV, as a result of harmful use of alcohol, repetitive physical injuries to the brain (known as chronic traumatic encephalopathy) or nutritional deficiencies. The boundaries between different forms of dementia are indistinct and mixed forms often co-exist.

## Treatment and care

There is no cure for dementia, but a lot can be done to support both people living with the illness and those who care for them.

People with dementia can take steps to maintain their quality of life and promote their well-being by:

- being physically active
- taking part in activities and social interactions that stimulate the brain and maintain daily function.

In addition, some medications can help manage dementia symptoms:

- Cholinesterase inhibitors like donepezil are used to treat Alzheimer disease.
- NMDA receptor antagonists like memantine are used for severe Alzheimer disease and vascular dementia.
- Medicines to control blood pressure and cholesterol can prevent additional damage to the brain due to vascular dementia.
- Selective serotonin reuptake inhibitors (SSRIs) can help with severe symptoms of depression in people living with dementia if lifestyle and social changes don't work, but these should not be the first option.

If people living with dementia are at risk of hurting themselves or others, medicines like haloperidol and risperidone can help, but these should never be used as the first treatment

## Self-care

For those diagnosed with dementia, there are things that can help manage symptoms:

- Stay physically active.
- Eat healthily.
- Stop smoking and drinking alcohol.
- Get regular check-ups with your doctor.
- Write down everyday tasks and appointments to help you remember important things.
- Keep up your hobbies and do things that you enjoy.
- Try new ways to keep your mind active.
- Spend time with friends and family and engage in community life.

Plan ahead of time. Over time, it may be harder to make important decisions for yourself or your finances:

- Identify people you trust to support you in making decisions and help you communicate your choices.
- Create an advance plan to tell people what your choices and preferences are for care and support.
- Bring your ID with your address and emergency contacts when leaving the house.
- Reach out to family and friends for help.
- Talk to people you know about how they can help you.
- Join a local support group.

It is important to recognize that providing care and support for a person living with dementia can be challenging, impacting the carer's own health and well-being. As someone supporting a person living with dementia, reach out to family members, friends, and professionals for help. Take regular breaks and look after yourself. Try stress management techniques such as mindfulness-based exercises and seek professional help and guidance if needed.

## Risk factors and prevention

Although age is the strongest known risk factor for dementia, it is not an inevitable consequence of biological ageing. Further, dementia does not exclusively affect older people – young onset dementia (defined as the onset of symptoms before the age of 65 years) accounts for up to 9% of cases. Studies show that people can reduce their risk of cognitive decline and dementia by [being physically active](#), not smoking, [avoiding harmful use of alcohol](#), controlling their weight, eating a healthy diet, and maintaining healthy blood pressure, cholesterol and blood sugar levels. Additional risk factors include depression, social isolation, low educational attainment, cognitive inactivity and [air pollution](#).

## Human rights

Unfortunately, people living with dementia are frequently denied the basic rights and freedoms available to others. In many countries, physical and chemical restraints are used extensively in care homes for older people and in acute-care settings, even when regulations are in place to uphold the rights of people to freedom and choice.

An appropriate and supportive legislative environment based on internationally-accepted human rights standards is required to ensure the highest quality of care for people with dementia and their carers.

## WHO response

WHO recognizes dementia as a public health priority. In May 2017, the World Health Assembly endorsed the [Global action plan on the public health response to dementia 2017-2025](#). The Plan provides a comprehensive blueprint for action – for policy-makers, international, regional and national partners, and WHO in the following areas: addressing dementia as a public health priority; increasing awareness of dementia and creating a dementia-inclusive society; reducing the risk of dementia; diagnosis, treatment and care; information systems for dementia; support for dementia carers; and, research and innovation

To facilitate the monitoring of the global dementia action plan, WHO developed the [Global Dementia Observatory](#) (GDO), a data portal that collates country data on 35 key dementia indicators across the global action plan's seven strategic areas. As a complement to the GDO, WHO launched the [GDO Knowledge Exchange Platform](#), which is a repository of good practices examples in the area of dementia with the goal of fostering mutual learning and multi-directional exchange between regions, countries and individuals to facilitate action globally.

### Regions

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