Dementia

PROFESSIONAL RESOURCES

Referral pathway 3
Dementia – useful information 3
A guide to diagnosis 3
Differential diagnosis 3
Screening tools 3
Guidance for managing dementia 3

PATIENT FACTSHEET

What is dementia? 21
What if I have dementia? 24
Hints on coping with memory problems 26
Diagnosis and assessment 31
Carers – looking after yourself 32
Driving and dementia 38
Financial and legal tips 38
Resources for dementia 38

Referral pathway

PATIENT

Suspect dementia

- Self/carer report of memory problems or confusion
- Change in personality or emotional control
- Change in everyday functioning

History from patient and carer

Including Activities of Daily Living (ADLs)

Is this:

Physical illness? ← → Psychological illness?

Cognitive impairment?

(screen using 6 Item Cognitive Impairment Test)

Delirium

Toxic confusional state

Consider if:

- sudden onset
- visual hallucinations
- fluctuating confusion/alertness
- irritable/aggressive/fearful

Investigate and treat physical illness

Review as appropriate

Dementia

Consider if:

- history of impaired ADLs/functioning from patient and/or carer, present for 6 months or more

Excluded treatable causes:

- Physical examination
- Blood screen including FBC, U&E LFTs, TSH, B12, glucose, folate, plasma viscosity
- Urinalysis

6 Item Cognitive Impairment Test (6CIT):

- score above 8

Depression

Consider if:

- increased somatic complaints
- lowered mood
- decreased energy
- decreased pleasure in activities

Screen using Geriatric Depression Scale

Treat as appropriate and review cognition at 3 months

DIAGNOSIS

Essential information for patient and carer

Give following information sheets:

- Useful contact numbers
- Hints to manage memory problems
- Diagnosis and assessment
- Advise re Attendance
- Allowance and Council Tax Rebate

Give further information in consultation with patient/carer

- What is dementia?
- What if I have dementia?
- Financial and legal arrangements
- Driving and dementia
- Carers' needs

See resource section

Refer to specialist service for:

- Clarification/information of diagnosis
- Treatment with anti-dementia drugs
- Advice and support for behavioural and psychological symptoms
- Risk assessment if concerns over safety
- Support and information for patient and carer
- Patients under 65 years with suspected dementia
- Queries about mental capacity

Refer to:

- Old age psychiatry team – *for most referrals of any age*
- Old age physician – *if physical health problems more prominent*
- Neurologist – *if unusual presentation or focal neurological signs*
- Memory clinic (Cheltenham) – *if younger age or unusual presentation*

Include the following information

- Carer/next of kin details
- Medication
- Social history
- Medical and psychiatric history
- Blood tests
- 6CIT score

Useful information

What is dementia?

- Dementia is a syndrome usually associated with the progressive and chronic disruption of intellectual functioning. It is characterised by the development of multiple cognitive deficits, these include memory, orientation, comprehension, learning, thinking, language and judgement to variable extents.
- There may be impairment of emotional control and social behaviour and motivation.
- There is no clouding of consciousness.

Prevalence and incidence

- Incidence of dementia increases with age.
- Approx 5% of population aged 65 rising to 20% of population aged over 80 years.
- 45–65 years approx 1 per 1,000.
- GPs with a practice population of 1,500–2,000 can expect their list to include 12–20 people with dementia (dependent on age profile of list).

Diagnosis

- Mild dementia may be mistaken for normal ageing therefore diagnosis is difficult to make (see referral pathway).
- Differential diagnosis should be considered (such as depression, toxic confusional states).
- There may be diminution of insight as dementia progresses therefore a history of problems should be sought from a carer as well as the patient.

Causes of dementia

- Alzheimer's disease 60%
- Vascular dementia 20%
- Lewy-body dementia 15%
- Fronto-temporal dementia's 5%

Others (including treatable causes).

Recognition

Self or carer report, of a range of the following:

- Forgetfulness/confusion/memory problems.
- Misplacing items.
- Forgetting names.
- Experiencing feelings of anxiety, depression, irritability, shallowness of mood.
- Failure to cope with routine tasks.
- Repetitiveness.
- Disorientation in time.
- Personality changes.
- Decline in motivation and self-care.
- General reduction in personal standards.

Points to note

- Complaint of subjective memory impairment is not a good indicator of dementia but does indicate a problem that merits assessment.
- Memory complaints by the patient correlate to depression. Carers complaints about the memory of their relatives correlate with dementia.
- In ⅓ of cases, dementia is associated with

other psychiatric symptoms such as depression, anxiety and alcohol related problems. These may be the presenting problems.

- Sudden onset of confusion or sudden worsening of cognitive functioning should raise a high suspicion of delirium. Delirium and dementia can co-exist.
- Depressive illness is more common in those with dementia than those without. Depression commonly leads to increased difficulties with activities of daily living, less commonly with cognition. Treatment is likely to be of value.
- People with dementia experience common physical symptoms to the same degree as the general population but tend to under report their symptoms.

Points at which recognition can occur

- GP consultation
- Over 75 check
- Single Assessment Process
- Hospital admission.

A guide to diagnosis

Dementia is a set of symptoms linked to a decline in memory and thinking which is sufficient to impair functioning in daily living. It should have been present for at least six months. There may also be a decline in emotional control, social behaviour, motivation and higher cortical functions along with chronic personality changes. Dementia can be the manifestation of a number of disorders, Alzheimer's disease being the most common.

Common causes of dementia

Alzheimer's disease

- Onset usually over the age of 45 years.
- Gradual onset with a progressive, unremitting course.
- Slightly commoner in women than in men.
- Definitive diagnosis only made at post mortem.
- Global deterioration.

Pathology Generalised cell loss, especially in the cortex; extra cellular degenerative plaques; intraneuronal neurofibrillary tangles; widespread loss of neurotransmitters, especially cholinergic agents.

Vascular dementia

- Onset usually over the age of 45 years.
- Often sudden onset, with focal neurological signs.
- Slightly commoner in men than in women.
- Stepwise deterioration.
- Uneven decline in skills and personality changes.

Pathology Small or large vascular lesions causing focal damage.

Lewy body dementia

- Restlessness.
- Hallucinations and delusions prominent.
- May react adversely to phenothiazines.

Pathology Abnormal cells containing "Lewy bodies" found in the cortex. Alzheimer type changes absent. Parkinsonian features may be present.

Alzheimer's disease and vascular dementia can occur together.

Less common causes of dementia

Approximately 10% of any sample provisionally diagnosed as having dementia will have a potentially treatable cause, for example:

Treatable

- **Depressive psuedodementia**
- **Acute confusional state**
- **Parkinson's disease**

A proportion of patients with this have varying degrees of dementia.

- **B12 Deficiency**

Behavioural and memory changes most prominent. Long tract signs may be present. May have peripheral neuropathy. May have megaloblastic anaemia.

- **Normal pressure hydrocephalus**

Characteristic triad of dementia, ataxia and urinary incontinence.

- **Hypothyroidism**

Always consider. In most instances dementia and hypothyroidism are coincidental.

- **Tumour**

Primary or secondary.

- **Drug side-effects**

Sedatives, tranquillisers, antidepressants, antiparkinsonian agents, cardiac glycosides, etc.

- **Vitamin B6 (thiamine) deficiency**

Non-treatable

- **Frontal lobe type**

Frontal lobe symptoms more prominent than memory loss.

- **Down's syndrome**

Alzheimer type changes are common in people with Down's syndrome as they approach middle-age.

- **Creutzfeldt-Jacob disease**

Rapidly progressive with long tract signs prominent.

- **Korsakoff's syndrome**

Alcohol related brain impairment.

- **HIV Related Brain Impairment**

Differential diagnosis

Diagnosis of dementia can be confounded by the following factors.

Normal ageing

Changes in cognition can occur with age. There may be changes in quickness of thinking and remembering but they are not dramatically different from prior levels, do not occur rapidly and should not significantly interfere with daily living activities. If there are more dramatic changes and they are affecting functioning then dementia needs to be considered.

Also consider environmental factors, hearing and sign impairment when assessing.

Depression

Depression is often difficult to distinguish from dementia.

Key features that may indicate depression are:

- Gradual onset over days, weeks and months.
- Diurnal mood variation (mood alters during day, commonly lower in the morning improving later in day).
- Slowness of speech, thought and movement.
- Mood flat but there may be irritability or agitation.
- Alert and orientated but recent memory may be impaired.
- 10–15% of people over the age of 65 have significant depressive illness.

Depression and dementia can coexist.

Delirium/acute toxic confusional state

Confusional state caused by physical illness, drug toxicity or alcohol.

Key features are:

- Acute onset (hours, weeks)
- Confusion, disorientation
- Agitation, emotionally labile, irritable fearful
- Poor attention, visual hallucinations, misperceptions
- Clouded thinking and awareness
- Disturbed sleep, day night reversal
- Signs of physical illness.

Common causes are:

- Urinary tract, chest, skin and ear infection
- Onset or exacerbation of cardiac failure
- Prescribed drugs
- Alcohol
- Cerebro-vascular ischaemia or hypoxia.

NB Lewy body dementia may also present acutely, with hallucinations/delusions, disorientation and mobility problems including frequent falls.

Features of depression, delirium and dementia

Features	Depression	Delirium	Dementia
Onset	Weeks to months (gradual)	Hours to days (acute)	Months to years (insidious)
Duration	Short (usually)	Variable	Long/lifetime
Mood	Consistent	Labile	Fluctuating
Disabilities	Recognises	New disabilities appear	May conceal deficits
Answers	Don't know	May be incoherent	Offers response, may not be correct
Cognition	Performance fluctuates	Acute fluctuations	Fairly stable with decline over time
Progression	Resolves with treatment	Resolves with treatment	Ongoing

Screening tools

The 6 item Cognitive Impairment Test (6CIT)

A brief screening tool for assessing cognitive function.

1. What year is it?

0	4	
CORRECT	INCORRECT	SCORE

2. What month is it?

0	3	
CORRECT	INCORRECT	SCORE

Remember the following address:

John/Brown/42/West Street/Bedford

3. What time is it?

0	3	
CORRECT	INCORRECT	SCORE

4. Count backwards from 20 to 1

0	2	4	
CORRECT	1 ERROR	MORE THAN 1 ERROR	SCORE

5. Months of the year backwards

0	2	4	
CORRECT	1 ERROR	MORE THAN 1 ERROR	SCORE

6. Repeat memory phrase (address shown previously)

0	2	4	
CORRECT	1 ERROR	2 ERRORS	SCORE
6	8	10	
3 ERRORS	4 ERRORS	ALL INCORRECT	SCORE

TOTAL SCORE

How to perform the test

- Try to perform the tests in a quiet place with no obvious clock or calendar visible to the patient.
- Ask question 1. If they get it correct score 0 (no errors). If they get it wrong they score 4.
- Ask question 2. If they get this correct score 0. If incorrect score 3.
- Tell the patient you are going to tell them a fictional address which you would like them to try to memorise and then repeat back to you afterwards. Say the address. Make sure the patient is able to repeat the address correctly before moving on and warn them to try to memorise it as you are going to ask them to repeat it again in a few minutes. No score is made at this stage.
- Ask the patient the time, if they get within 60 minutes of the correct time then they score 0, if not then score 3.
- Ask the patient to count backwards from 20–1. If they do this correctly score 0. If they make 1 error score 2, 2 or more errors score 4.
- Ask the patient to say the months of the year backwards starting with December. Give plenty of time for this and it doesn't matter if they keep saying the months forward in order to get the answer. If they make no errors score 0, if more than 1 score 4.
- Finally ask them to repeat the address back to you. The address is broken into 5 fragments (as shown) and is scored for each error.
- Results:

0–7 Normal

8–9 Mild cognitive impairment
Consider referral

10–28 Significant cognitive impairment
Refer

- Further information:
www.stjohnssurgery.co.uk/DEMENTIA
- Reference:
Brook, P, and Bullock, R, (1999) *Validation of the 6 Item Cognitive Impairment Test, with a view to Primary Care usage*. International Journal of Geriatric Psychiatry 14, 936–940

Geriatric depression scale

This is a brief screening tool for depression, recommended by the Royal College of General Practitioners.

4 and 15 item version

1. **Are you basically satisfied with your life?**

YES NO SCORE

2. Have you dropped many of your activities and interests?

YES NO SCORE

3. **Do you feel your life is empty?**

YES NO SCORE

4. Do you often get bored?

YES NO SCORE

5. Are you in good spirits most of the time?

YES NO SCORE

6. **Are you afraid something bad is going to happen to you?**

YES NO SCORE

7. **Do you feel happy most of the time?**

YES NO SCORE

8. Do you often feel helpless?

YES NO SCORE

9. Do you prefer to stay at home rather than going out and doing new things?

YES NO SCORE

10. Do you feel you have more problems with memory than most?

YES NO SCORE

11. Do you think it is wonderful to be alive now?

YES NO SCORE

12. Do you feel pretty worthless the way you are now?

YES NO SCORE

13. Do you feel full of energy?

YES NO SCORE

14. Do you feel your situation is hopeless?

YES NO SCORE

15. Do you think that most people are better off than you are?

YES NO SCORE

15 item version

Score 1 for YES answers to questions 2, 3, 4, 6, 8, 9, 10, 12, 14 and 15

Score 1 for NO answers to questions 1, 5, 7, 11, 13

Cut-off score of 5/6 indicates depression

4 item version *(highlighted in bold print)*

Score 1 for YES answers to questions 3 and 6

Score 1 for No answers to questions 1 and 7

Cut-off score of 1/2 indicates depression

Significant scores should always be followed by further consultation and diagnosis made with reference to diagnostic criteria.

Both the 6 Item Cognitive Impairment Test and the 4 Item Geriatric Depression Scale form part of the mental health component of the Single Assessment Process.

References:
Katona, C, (1994) *Depression in Old Age*, Chichester: John Wiley & Sons

Shah, J, Herbert, R, Lewis, S, *et al* (1997) *Screening for depression among acutely ill geriatric inpatients with a short geriatric depression scale*, Age and Ageing 26: 217–21

Brink, T, Yesavage, J, Lum, O, et al (1982) *Screening tests for geriatric depression.* Clinical Gerontologist 1:37–43

Guidance for managing dementia

The North of England Dementia Guidelines provides evidenced based advice for General Practitioners in managing dementia. The development of the *Evidence Based Guideline for the Primary Care Management of Dementia* was undertaken by the Centre for Health Services Research at the University of Newcastle. It was published in the British Medical Journal on 13th September 1998.

Key points

GP workload

- Early dementia is difficult to diagnose. The risk of developing dementia increases with age to about 20% at 80 years.
- In a third of cases dementia is associated with other psychiatric disorders such as depression and anxiety.
- Altered functioning is a better indicator of dementia than subjective memory loss.

Identifying people with dementia

- Seek a history from the carer as well as the patient.
- Dementia may co-exist with other psychiatric illness.
- GP's clinical judgement alone compares unfavourably with formal cognitive testing.
- GPs should use formal cognitive testing to enhance their clinical judgement.
- Assessment of daily activities using assessment procedures such as the Clifton Assessment Procedures for the Elderly (CAPE).

Physical screening

- Health care professionals should be aware of reversible causes of dementia.
- People with dementia have physical disease to the same degree as the general population but may under report their symptoms.
- Essential tests: full blood count, ESR, U&Es, liver function tests, calcium phosphate and alkaline phosphate, thyroid function tests, urinalysis.

Lewy-Body dementia

- Lewy-Body dementia has a different course from Alzheimer's with hallucinations, delusions, clouding of consciousness and frequent falls.
- There is a high risk of morbidity and mortality from neuroleptic drugs.

Depression

- Depression can occur at any stage of dementia.
- History from patient and carers will assist diagnosis. Risk factors include previous personal or family history or recent adverse event including bereavement.
- Consider a trial of antidepressants against explicit criteria such as daily functioning and behavioural disturbance.

Non-psychotic behavioural disturbance

- Suspect an acute illness. Treat underlying disorder before prescribing for behavioural disorder.

- Resist, wherever possible, using tranquillisers routinely to control behaviour disorders.
- Short term neuroleptics may be appropriate in crises (BUT NOT IN LEWY-BODY DEMENTIA).
- There may be a link between delusions and aggressive behaviour. The care setting and attitude of carers may influence the emergence of behaviour problems.

Falls

- Falls increase in patients with dementia. The risk increases with medication, wandering and reversible confusion but is not associated with severity of dementia.
- People with dementia who fall are more likely to fall again.

Residential care

- Patients are more likely to be unable to remain at home because of carer stress, physical dependence, irritability, night wandering and incontinence.
- GPs should consider the use of programmes to maintain independence for patients in nursing homes.

Drug treatments

- Aspirin may reduce the risk of a further vascular event in vascular dementia without effect on cognitive impairment.
- Cognitive enhancers (e.g. Donepezil) should not be prescribed by GPs either initiating or continuing hospital initiated treatment, without reference to psychiatrists for the elderly who act on agreed local prescribing protocol.

Carers

- The patient should not be assessed for home care independently of an assessment of the carer.
- Information is highly valued by carers but does not reduce their burden.
- Respite services may offer satisfaction and relief to carers but does not seem to alter their overall wellbeing.
- Day care and respite services may enable patients to remain at home longer.
- Depression is commoner in carers and is particularly common where there are behaviour problems and the patient has higher care needs.
- Health care professionals should be aware of the impact of caring for a patient with dementia on the carer.
- The impact of caring depends less upon the severity of the cognitive impairment than on the behaviour and mood of the person with dementia.

Adapted from Dr K Collins (2000) *Dementia and the General Practitioner.* Practice Based Project Work and Audit. Dementia Services Development Centre, Stirling

Patient fact sheets

Factsheet 1: What is dementia?

If you, or a friend or relative, have been diagnosed with dementia you may be feeling anxious or confused. You may not know what dementia is. This information sheet should help answer some of your questions.

The term "dementia" is used to describe the symptoms that occur when the brain is affected by specific diseases and conditions. These include Alzheimer's disease and stroke.

Dementia is progressive, which means the symptoms will gradually get worse. How fast dementia progresses depends on the individual. Each person is unique and will experience dementia in their own way.

Symptoms of dementia include:

- **Loss of memory** – for example, forgetting the way home from the shops, or being unable to remember names and places.
- **Mood changes** – particularly as parts of the brain that control emotion are affected by disease. People with dementia may also feel sad, frightened or angry about what is happening to them.
- **Communication problems** – a decline in the ability to talk, read and write.

In the later stages of dementia, the person affected will have problems carrying out everyday tasks and will become increasingly dependent on other people.

What causes dementia?

There are several diseases and conditions that cause dementia. These include:

Alzheimer's disease

This is the most common cause of dementia. During the course of the disease the chemistry and structure of the brain changes, leading to the death of brain cells.

Vascular disease

The brain relies on a network of vessels to bring it oxygen-bearing blood. If the oxygen supply to the brain fails, brain cells are likely to die and this can cause the symptoms of vascular dementia. These symptoms can occur either suddenly, following a stroke, or over time through a series of small strokes.

Dementia with Lewy bodies

This form of dementia gets its name from tiny spherical structures that develop inside nerve cells. Their presence in the brain leads to the degeneration of brain tissue. Memory, concentration and language skills are affected. This form of dementia shares some characteristics with Parkinson's disease.

Fronto-temporal dementia (including Pick's disease)

In fronto-temporal dementia, damage is usually focused in the front part of the brain. At first, personality and behaviour are more affected than memory.

Rarer causes of dementia

There are many other rarer causes of dementia, including progressive supranuclear palsy, Korsakoff's syndrome, Binswanger's disease, HIV and Creutzfeldt-Jakob disease (CJD).

People with multiple sclerosis, motor neurone disease, Parkinson's disease and Huntington's disease may also be more likely to develop dementia.

Who gets dementia?

There are about 750,000 people in the UK with dementia.

- Dementia mainly affects older people. However, it can affect younger people: there are 18,500 people in the UK under the age of 65 who have dementia.
- Both men and women get dementia.
- Scientists are investigating the genetic background to dementia. It does appear that in a few rare cases the diseases that cause dementia can be inherited.

Can dementia be cured?

Most forms of dementia cannot be cured, although research is continuing into developing drugs, vaccines and treatments.

Drugs have been developed that can temporarily alleviate some of the symptoms of Alzheimer's disease in the early to middle stages. These drugs act in the brain to maintain supplies of an important chemical called acetylcholine.

None of these drugs will cure Alzheimer's disease, but they may stabilise some of the symptoms for a limited period of time.

How can I tell if I have dementia?

Many people fear they have dementia, particularly if they think that their memory is getting worse.

Becoming forgetful does not necessarily mean that you have dementia. Memory loss can be an effect of ageing. It can also be a sign of stress or depression. In rare cases, dementia-like symptoms can be caused by vitamin deficiencies and/or a brain tumour.

If you are worried about yourself, or someone close to you, it is worth discussing your concerns with your GP.

Diagnosing dementia

It is very important to get a proper diagnosis.

- A diagnosis will help the doctor rule out illnesses that might have similar symptoms to dementia, including depression.
- Having a diagnosis may mean it is possible to be prescribed drugs for Alzheimer's disease.
- Whether you are someone with dementia or a carer, a diagnosis can help you prepare and plan for the future.

Dementia is diagnosed by a doctor, either a

GP or a specialist. The specialist may be a geriatrician (a doctor specialising in the are of the elderly), a neurologist (someone who concentrates on diseases of the nervous system) or a psychiatrist (a mental health specialist).

The doctor may carry out a number of tests. These are designed to test memory and the ability to perform daily tasks.

Can dementia be prevented?

At present we are not sure what causes most of the diseases that lead to dementia. This means it is difficult to be sure what we can do to prevent dementia.

However, the evidence seems to indicate that a healthy diet and lifestyle may help protect against dementia. In particular, not smoking, exercising regularly, avoiding fatty foods and keeping mentally active into old age may help to reduce the risk of developing vascular dementia and Alzheimer's disease.

Factsheet 2: What if I have dementia?

A diagnosis of dementia comes as a shock. Even if you have been half expecting it, this will be a worrying and upsetting time. It will also be hard for those close to you. You will all need a great deal of reassurance and support. However, there is much that you can do in the early stages that will help to make life easier and more enjoyable, both now and in the future.

You will want to remain as independent as you can for as long as possible. Although you will gradually need an increasing amount of help, it is important to make sure other people don't take over your life when you can still manage it. Make sure, too, that you are consulted on matters which concern you. You should have the opportunity to make your own choices for as long as you can. It is essential that you retain your confidence and self-esteem.

Talking things over

You will need to discuss plans for the future with those who are closest to you and with certain professionals.

- If your family and friends do not already know about your diagnosis, try to tell them as soon as possible. They may not believe you at first because they are so upset by the news. Try to discuss matters in a calm way.
- It helps if you can talk about your own wishes for the future. But try not to ask people to make promises now that may be difficult to keep in the future.
- It may help if you can talk to someone you trust outside the family about your feelings.

Putting your affairs in order

Now is the time to make sure that any important documents such as details of your mortgage or tenancy agreement, insurance policies, bank statements or building society books are in order and can easily be found. Go through all the details with a member of the family, partner or trusted friend.

- Sort out any recent bills, guarantees and regular payments. It might be a good idea to arrange to pay your regular household bills by direct debit if you are not already doing so. Details of how to do this are given on each bill.
- Look again at your will and make sure that it expresses your wishes, or consult a solicitor about making a new will.
- Make an Enduring Power of Attorney, if you have not already done so. This enables you to appoint one or two people to manage your affairs in your best interests if it becomes necessary (see information sheet, *Financial and legal arrangements*).

Work

If you are still at work you are probably finding it stressful. There may be an opportunity to switch to a less demanding job or to reduce your hours. Whatever the situation you will probably need to think about leaving work fairly soon.

- You will need expert advice on your pension rights if an occupational pension is due to you. It may be possible to negotiate a lump sum.
- Before leaving work, check on benefits

that you or your family may be entitled to. If necessary, your personnel department or manager should be able to help you make enquiries.

Services

Look at what services are available. Even if you don't need them now they may be useful in the future. Those closest to you should not take on all the responsibility for helping you.

- Contact your local social services department for details of services that they can arrange. Find out about the community care assessment. Social services departments are listed in the phone book under the name of the county council or metropolitan authority.
- Find out what services are arranged through your GP or your consultant.
- Find out what kinds of services and support are provided by local voluntary organisations such as the Alzheimer's Society. Social services or your local citizens advice bureau can advise about this.

Health

It is important to take good care of your health. Having dementia should not mean that you feel ill. So always check with your doctor if you feel unwell. This is important because any illness can make you feel more confused and forgetful.

- Try to eat balanced meals.
- Try to take regular exercise.
- Enjoy the odd drink if you wish but avoid too much alcohol as it will make you more disorientated.
- If you are on medication ask your GP to check whether it is essential. Drugs can sometimes increase confusion.
- Poor vision and poor hearing can make you more confused. It is important to have regular sight and hearing checks.
- Painful teeth and gums or dentures can also make life more difficult. Make sure you have regular dental check-ups.

Driving

If you drive you may have to give up doing so either now or in the near future. Anyone who drives and has a diagnosis of dementia must inform the Driver and Vehicle Licensing Authority (DVLC) at Swansea who will treat every case individually.

You should always check with your insurance company to see whether you are still covered.

Memory

- Don't be afraid to ask questions.
- Don't be afraid to say that you have not understood.
- Don't be afraid to say that you have forgotten what has been said to you.
- It is not your fault if you can't remember as well as you used to. Look for ways to aid your memory.
- Place helpful telephone numbers by the phone where you can see them.
- Put labels on cupboards or drawers to remind you where things are.
- Write reminders to yourself to lock the door at night or put out the rubbish on a certain day, for example.
- Put things you use all the time, such as your keys or glasses, in an obvious place – such as a large bowl in the sitting room.

Enjoy life

Some of your previous interests may seem too stressful or demanding. But there will be many activities that will still give you pleasure.

- Try to find things which you still enjoy such as listening to music, knitting, playing dominoes, talking to a friend.
- Caring for a pet can be very satisfying and reassuring. Taking a dog for a walk is a good way of getting regular exercise.
- Conversation between lots of people can be hard to follow. You may prefer friends and family to visit one or two at a time.
- Try to concentrate on those things that you can still do rather than worrying about those that you can't.

For more details advice see the booklet *I'm told I have dementia*, available from the Alzheimer's Society for £3 including package and posting.

Factsheet 3: Hints on copying with memory problems

The following ideas may help you to cope with difficulties with your memory. Not all of them will suit you, but try the ones you think will be most helpful.

- **Write things down.** Such as people's names, appointments, things you need to do and thoughts you want to remember. Even writing down mundane things may help jog your memory and increase your confidence.
- **Keep a diary or notebook.** This can help you keep track of days and appointments. A daily newspaper can also help.
- **Keep a weekly timetable on the wall.** Add things as you think of them.
- **Try to keep important things in one place**. Such as money, glasses, keys.
- **Have a routine**. This can help you keep track of events.
- **Keep important telephone numbers by the phone**. Such as GP, relatives.
- **Use labels to remind you of things**. Such as "turn the cooker off", "lock the doors".
- **If you are taking something with you when you go out leave it by the door.** This will help remind you to take it.
- **If you are taking medicines ask your pharmacist for advice on ways to help you remember to take it.** Such as pill reminder boxes.
- **Don't panic, give yourself time.** If you cannot recall the right word, come back to it later.
- **Don't be afraid to ask for help**. Explain your memory is not so good; most people will have had experience of poor memory at some time and so will be likely to understand.
- **Take care of yourself.** Eat well, take regular exercise, and see your friends and family.

Seek help if you are finding things more difficult.

Factsheet 4: Diagnosis and assessment

Many people fear they may have dementia particularly when they experience poor memory. Being forgetful does not necessarily mean that you have dementia. Memory loss can be associated with conditions such as depression, stress, physical illness and age. In rare cases it can be caused by vitamin deficiency or brain tumors.

If you are worried about yourself or someone close to you then it is important to get a diagnosis.

Why is diagnosis important?

It is important to get a proper diagnosis of dementia to:

- Rule out other conditions with symptoms similar to dementia which may be treatable. These may include depression, infection, and thyroid problems.
- Have access to the right information, advice and support services.
- Allow you to plan and make arrangements for the future.
- Have access to the latest treatments. There are now drugs available that can help in Alzheimer's disease.

Making a diagnosis

Making a diagnosis in the early stages of dementia can be difficult. A detailed assessment is needed.

The first step

Talking to your GP is the first step. You can expect the GP to spend time talking with you and your relative to establish the symptoms you are concerned about.

They will also:

- Look at your medical history.
- Undertake a physical examination, including a blood and urine test.
- Ask you to do a short mental test which involves a series of questions about your memory and thinking.
- Ask you about any other difficulties you have in managing day to day.

Following this the GP may discuss their findings with you.

A referral to a specialist may be suggested. You are entitled to a specialist assessment and may request one if you feel it would be helpful and your GP does not suggest it.

Specialist referral

Specialist services are those services that have more specialist knowledge and experience of dementia.

A referral may be made to:

- **Old Age Psychiatric Teams** who specialise in mental health problems in later life.
- **Old Age Physicians** who specialise in physical problems and disabilities in later life.
- **Neurologists** who specialise in disorders of the brain and nervous system.

The speciality referral may depend on the age and types of problem being experienced.

Assessment

This will include the specialist

- Asking about background information e.g. what were the first problems noticed? How long have they been present?
- Undertaking memory tests. A psychologist may do these.
- Review of the physical examination undertaken by the GP.
- A CT brain scan may be requested.

The specialist may discuss their findings with you and your relative or ask you to see your GP.

The specialist also may ask to see you again several months after the initial assessment to see if there have been any changes prior to making a diagnosis.

Getting the most from a consultation

It may be useful to:

- Write down any questions or worrying signs before seeing your GP or specialist. It can be difficult to remember everything at the time.
- Write down important points the doctor makes during the consultation.
- Ask a doctor or other professional to explain any words or phrases you do not understand.
- Ask a doctor to write down any medical terms, so you can refer to them later.

Diagnosis

Ask your doctor to explain the findings of the assessment with you.

Further information you may find useful

Help is at hand leaflet, *Memory and dementia*. Available from the Royal College of Psychiatrists www.rcpsych.ac.uk

Family Doctor Series, *Understanding forgetfulness and dementia*, by Dr C Martyn & Dr C Gale. Available from most chemists, £3.50

MIND Information booklet, *How to cope with memory loss*. Available mail order, 15–19 Broadway, London E15 4BQ Tel: 0181 519 2122

Alzheimer's Society Gloucester and District Branch
Information Line: 01452 525222
National Helpline: 0845 300 0336

Adapted from information sheet Diagnosis and Assessment from the Alzheimer's Society.

Factsheet 5: Carers – looking after yourself

It can be all too easy to ignore your own needs when caring for someone with dementia and to forget that you matter too. You will find it much easier to cope if you look after your health and well-being. You do not have to cope with no support – help is available. Here are some suggestions for ways to find the help you need.

Try to find out about what help you might need and where you can get it before you need it. That way, you will know where to turn when the time comes. Talk to your GP, social services and your local Society branch. You will find the phone number of social services under the name of the county council or metropolitan authority in the phone book. The Society's national office will tell you how to contact your nearest branch or support group.

Be persistent – you have a right to help.

Local authority services

The Carers and Disabled Children's Act 2000 enables local authorities to help carers as well as people with dementia. (Despite the act's name, it does not cover only disabled children and their carers.) Previous laws enabled local authorities to provide help for people with dementia, but not carers. As a carer, you are now entitled to a local authority assessment of your needs, whether or not the person you care for is being assessed. The local authority must provide any services that you are assessed as needing. Services offered by local authorities vary, but might include, for example, driving lessons, counselling services or training on how to life properly. Local authorities can charge for services, but your income will be taken into account.

You might be able to get cash payments (known as direct payments) instead of services, so that you can organise services for yourself. For more information, see the Society's information sheet *Direct payments*.

Local authorities also provide carers special grants, which you can use to pay for services to give you a break from caring. You might also be eligible for vouchers for short term respite breaks. These give you the flexibility to choose the time of your break and the kind of support that you need.

Contact your local authority to find out what services it offers and how it can help you.

Family and friends

Even though you may be coping well now, caring for a person with dementia may gradually become more demanding, both physically and emotionally.

- Try to involve other family members right from the start so that the responsibility does not all rest with you. Even if they cannot offer day-to-day care, they may be able to look after the person while you have a break. Or they might be able to contribute financially to the cost of care.
- Always try to accept help from friends or neighbours when it is offered. If you say you can manage they may not think to ask again.
- Suggest ways in which people could help. For example, you might ask them to stay with the person for an hour, or go for a walk with them, so that you can get on with something else.
- Make it clear that you value people's support and that popping in for a chat or

phoning regularly to see how you are can make all the difference.

- Explain to your family and close friends how dementia can affect a person's behaviour. Share your knowledge and experience with them. They will then be better able to understand the apparent contradictions in the behaviour of the person, and will understand how much you do.

Your health

See your GP on a regular basis to check up on your own health. Make sure the GP is aware of any stress or problems you are experiencing.

- If you start feeling very depressed, anxious or stressed, see your GP as soon as possible. These problems are easier to tackle at an early stage.
- Try to make sure you eat a well-balanced diet. This will make you feel better and give you more strength and energy.
- Make sure you get enough sleep. If your sleep is continually disturbed by the person with dementia, ask your doctor, social worker or community psychiatric nurse for advice.
- Take care to avoid damaging your back if you are helping a person to move. A community physiotherapist, who you can contact through your doctor, will be able to advise you.
- Regular exercise is vital for your health and will give you more energy. Try to walk in the fresh air each day if you can or do some exercises at home. Your GP can advise.

Legal and financial

Your legal and financial situation may be affected if you are caring for a person with dementia.

- If you have to give up work, either temporarily or permanently, check your pension position.
- Check whether you are entitled to benefits and, if so, which ones.
- Consider the best way to manage the person's financial affairs when it becomes necessary. This may be through appointeeship or an enduring power of attorney.
- Check your own position with regard to the person's home and finances if the person goes into long-term care or dies.

For further information on legal and financial issues, see the Society's information sheets *Enduring power of attorney and receivership, Financial and legal tips* and *Benefits*.

Time to yourself

Make sure that you have some time to yourself, to relax or do something just for yourself. If the person you are caring for cannot be left alone, ask friends or family whether they could give you a break. Also find out about services available locally such as home care, day care or respite residential care.

- Try to put aside some time each day for yourself – to have a cup of tea and read the paper, to listen to some music, do the crossword or to go for a short walk, for example. Don't feel guilty.
- Try to get out every week or so to meet a friend, have your hair done, pursue a hobby or take part in church activities, for example. It is important to do something that you find enjoyable and that keeps you in contact with the outside world.
- Try to take a regular weekend or few days' break to recharge your batteries. Find out what support services are available in your area and what they cost. Or ask a member

of your family or a friend to come and stay with the person.

Conflicting demands

Try to pace yourself. You can only do so much. You may feel torn because you are trying to care for children, look after someone who is unwell or go to work, as well as caring for the person with dementia.

- Try to make sure that others close to you understand the problems and can offer you support.
- Find out whether there are any services for the person with dementia that could relieve you of some of the stress.

Support

Every carer needs support and people with whom they can discuss their feelings.

You may get the support you need from friends and family, from understanding professionals or from a local support group where you can chat to others who have had similar experiences and who really do understand what it is like.

Ask social services, the citizens advice bureau or the Alzheimer's Helpline about local branches and support groups.

Congratulate yourself

You may sometimes feel that you have a thankless task. The person with dementia may no longer seem to appreciate your efforts and others may be unaware of how much you do. Pat yourself on the back from time to time:

- For managing to cope day in and day out with a very difficult situation.
- For becoming more flexible and tolerant and finding new strengths and skills which you did not know you possessed.
- For being there for someone who needs you.

Factsheet 6: Driving and dementia

When a person has been driving for many years they may not want to stop. It is, however illegal for anyone whose driving has become unsafe through health reasons to continue to drive. Many people with dementia are able to drive safely for some time after the diagnosis, although they are subject to legal safeguards. As dementia progresses, the ability to drive safely will inevitably be lost and law demands that driving must stop.

For experienced drivers, driving may seem to be a largely automatic activity. In fact, driving is a complicated task that requires a split-second combination of complex thought processes and manual skills. To drive, a person needs to be able to make sense of and respond to everything they see, to 'read the road', to follow road signs, to anticipate and react quickly to the actions of other road users, to take appropriate action to avoid accidents and to remember where they are going.

As dementia progresses, there are serious effects on memory, perception and the ability to perform even simple tasks. It is not surprising, therefore, that people with dementia eventually loose the ability to drive.

The decision to give up driving should, if possible, be made by the person with dementia themselves. If they need to be persuaded to give up or actually prevented from driving this will need to be done very tactfully.

When to stop driving

A diagnosis of dementia is not in itself a sufficient reason to prevent someone from driving. What matters, from both a legal and a practical point of view, is whether or not an individual is still able to drive safely. Many people with dementia retain learned skills and are able to drive safely for some time after diagnosis. Ultimately, however, their condition will deteriorate and they will have to stop driving. The stage at which this happens will be different for each person with dementia.

Regular reviews of a person's continuing ability to drive are needed, by law and on an individual basis.

Some research suggests that people with dementia are significantly more likely to be involved in a motor accident than other people. Anyone with a diagnosis of dementia should stop driving as soon as they personally pose an unacceptably high level of risk on the roads.

Reducing the risks

Most people with dementia who continue to drive do so responsibly and take steps to minimise their risk through driving. Short drives on familiar roads at quiet times of day generally present fewer problems than long, unfamiliar journeys or those in heavy traffic.

People on certain types of medication, such as night sedation or drugs for anxiety, depression or other psychiatric disorders, may find that their driving ability is affected. It is worth asking your GP if anything can be done about this.

Licensing requirements

Any person who holds a current driving licence or wishes to reapply for a new licence must, by law, inform the Driver and Vehicle Licensing Authority (DVLA) if they are given a diagnosis of dementia. Notification of the

diagnosis should be sent with the person's driver number or full name and date of birth to: **Drivers Medical Group, DVLA, Swansea SA99 1TU**.

Failure to inform the DVLA of a diagnosis of dementia is a criminal offence punishable by a fine of up to a £1,000. If a person does not wish to carry on driving they should return their driving licence to the DVLA.

If a person with dementia would like to continue driving they should request a medical investigation. The DVLA will then send them a questionnaire which seeks permission for the DVLA's medical advisors to obtain reports from the person's doctor and specialists. They may then be required to undergo a formal driving assessment. Based on the medical information it receives, the DVLA may issue a new driving licence that will be valid for a limited period of one year. If a person with dementia fails to inform the DVLA about their diagnosis and continues to drive against the advice from a doctor, that person's doctor may inform the DVLA if there is a significant deterioration in the person's condition. Other people such as a family member, a neighbour or a police officer, may also contact the DVLA and ask them to make a medical investigation if they are concerned about a persons fitness to drive.

If, based on the medical reports it receives, the DVLA considers the person is not fit to continue driving it will revoke the person's licence and ask for its return.

Insurance

A person who receives a diagnosis of dementia must immediately inform their car insurance company. Failure to disclose this information will jeopardise the validity of their policy. It is a criminal offence to drive without at least third party cover.

Encouragement to stop driving

Some people with dementia decide quite independently that they no longer want to drive. Others need a little or a lot of encouragement from carers, family members or friends. The person's doctor may also be able to help.

When you are trying to encourage someone to give up driving it is important to acknowledge that they might find this very difficult. They may have relied on driving as their main means of transport for much of their lives.

Giving up driving will seem especially hard if physical problems make it difficult to use public transport. And, in some areas, cuts in public transport mean that it is very difficult to get about without a car. If the person with dementia has been the only driver, the decision will also have serious implications for their partner. It is not easy.

If a person has to give up driving they will probably feel unhappy about loosing some of their independence. Encouraging them to take charge of their new transport arrangements – perhaps by opening and managing their own taxi account may be helpful.

Some people with dementia will respond to the harsh argument that the risks of having an accident, in which they or other people may be injured or even killed, are now too great for them to continue driving.

When persuasion fails

For some people with dementia, no amount of persuasion can convince them that it is no longer safe for them to drive. Eventually, as their disease progresses, they will probably forget all about driving. However, until they do, driving can become an extremely trying issue for all concerned.

If it becomes necessary to prevent someone from driving, it may be worth considering the following strategies which have worked for

others in this situation:

- Suggest that public transport or a taxi may be more convenient.
- Hide the car keys.
- Keep the car in a different place so that it is no longer visible.
- Immobilise the car by asking a mechanic to remove the main distributor lead and tucking it away inside the engine.
- Suggest that you drive when you go out together because you need the practice.
- Sell the car, perhaps having first arranged for it to break down, so that it needs to be taken to the garage.
- If you are a car driver, replace the car with a new one that is a different model and colour which the person with dementia will not recognise.

Factsheet 7: Financial and legal tips

It is important for a person with dementia to organise their financial and legal affairs while they are still able to do so. This ensures that their affairs will be organised in the future in a way that they have chosen. A person with dementia may want a friend or family member to help them with this.

Make sure that all important papers are in order and that you know where to find them. These papers might include bank and building society statements, records of mortgage or rent, insurance policies, a will, tax and pension details and bills or guarantees.

When completing legal documents, it is advisable to seek advice from a solicitor. This ensures that they are completed correctly and are legally valid. The Alzheimer's Society has a list of solicitors experienced in helping people with dementia and their carers.

An important step for a person with dementia is to make an enduring power of attorney (EPA). This is explained in the Society's information sheet *Enduring power of attorney and receivership*. An EPA enables a person to select one or more people to manage their financial and legal affairs in the future when they may no longer be able to do so. However, this must be done while the person is able to understand fully what they are doing and make their wishes known.

Benefits

Make sure that the person with dementia and their carer are receiving all the benefits to which they are entitled. The Society's information sheet *Welfare benefits* and and government website at www.dwp.gov.uk give details of the various benefits and how to claim them. Alternatively, check with the Benefits Enquiry Line, your local department for work and pensions (previously the benefits agency) or your local citizens advice bureau or advice agency.

Using an 'agent'

If a person would like their benefits to be paid through a local post office but would prefer not to collect them in person, they can nominate another person, known as an 'agent to collect their money on their behalf.

Many people arrange for someone else to collect their benefits occasionally on an informal basis. They simply fill in the person's name and sign the declaration on the reverse of the relevant benefit order form. However, those wishing to make a regular arrangement should inform their local department for work and pensions so that the person's name can be put in the benefits book as an 'authorised agent'.

An agent can only be appointed by someone who understands what this involves and is able to manage their own finances, with support from others. This arrangement can be very helpful and is best arranged in the earlier stages of dementia.

New arrangements

Over a period of two years, starting in April 2003, a new method of paying benefits will be phased in. You will be informed of this by letter at the appropriate time. There will be three options:

- You can have your benefits paid into your bank or building society account.
- You can have your benefits paid into a basic account at your bank or building

society, with additional access at your post office.

- You can access your benefits at your post office with a card and PIN number. You can also nominate someone else to have a card to access your account.

Appointeeship

The person with dementia may eventually become unable to manage their income from benefits. Someone else may then need to administer this income in the person's best interests to ensure that all benefits are claimed and essentials paid for. This can be arranged through an 'appointeeship'.

The person prepared to act on behalf of the person with dementia should contact their local department for work and pensions. They should explain that the person with dementia is no longer able to manage their affairs and that they wish to become their appointee. Once they have completed the relevant form, a representative from the department for work and pensions may visit the person with dementia or ask for medical or other evidence to confirm that they are no longer able to act on their own behalf. The representative should also check that the prospective appointee is suitable and understands their responsibilities.

Wherever possible, the appointee should be a close relative who either lives with the person with dementia or visits them frequently. In certain circumstances, the appointee might be a friend, neighbour or caring professional.

The appointee:

- Should report any change in the person's circumstances that may affect benefit entitlement.
- May sign on behalf of the person with dementia, if they are a non-tax payer, to enable bank and building society interest to be paid without deducting income tax.
- Can only deal with the person's income from benefits, except for small amounts of savings (about £500), which can be used to meet unforeseen emergencies.

An appointee can resign if they feel that they are no longer able to carry out the task. The department for work and pensions can also revoke the appointeeship it it has evidence that the appointee is not acting in the person's best interests.

If someone starts to act on behalf of the person with dementia under a registered enduring power of attorney, or is made a receiver by the court of protection (see the Society's information sheet *Enduring power of attorney and receivership*), this person automatically takes over from the appointee in dealing with benefits.

Banking

There are ways in which banking can make it easier for a person with dementia to manage their money. These include:

- Having benefits paid directly into the bank or building society account on a four-weekly basis.
- Paying regular bills through direct debit or standing order.

For arrangements involving power of attorney, enduring power of attorney or receivership, see the Society's information sheet *Enduring power of attorney and receivership*.

Joint accounts

A joint account may be a useful way of managing finances in the early stages of dementia. However, joint accounts are only suitable for people who are close and trust each other. Both parties are responsible if the account is overdrawn.

It is not necessary to place all of the person with dementia's money in a joint account. The account could simply hold enough to cover

reasonable expenses. A joint account can be arranged so that:

- Either person is able to write cheques.
- Both signatures are needed on cheques
- One or both account holders have a cash card.

Some people open a joint account for convenience, although only their money is held in the account. For example, a mother might have a joint account with her daughter so that her daughter may write cheques or draw money on her behalf.

A husband and wife or partners may be accustomed to pooling their resources in a joint account. However, if there is a possibility that the person with dementia will move into a care home in the near future, it is usually better for them to keep their money in a separate account rather than the joint account. This is because of the way local authorities carry out financial assessments. Although the person with dementia is only assessed on half the value of the joint account, it may take longer to reduce the joint account to a point where the person is eligible for financial assistance.

Trusts

If the person with dementia has financial assets, such as property or savings, they can set up a trust. This ensures that the assets are managed in a way that the person chooses, both now and in the future.

People in the early stages of dementia should consult a solicitor while they are still able to convey their wishes clearly. There are a number of different kinds of trusts and ways of arranging them.

It is important that the trust is set up well before the person needs care in a care home. The local authority needs to be sure that the person with dementia has not set up a trust to deliberately deprive themselves of assets that could contribute towards the cost of their care.

Wills

Everyone should make a will. A will ensures that when a person dies, their money and possessions go to people of their choice. People with dementia who wish to make a will or change their will should seek legal advice from a solicitor as soon as possible.

People with dementia may still have 'testamentary capacity', or the legal capacity to make or change a will. The solicitor will make a decision about this, often after taking medical advice.

People who no longer have 'testamentary capacity' because of their dementia cannot make or change a will. No one can do so on their behalf, except for the court of protection, which in certain circumstances can make a statutory will. A solicitor can explain further. See the Society's information sheet *Enduring power of attorney and receivership*.

A partner, relative or close friend of the person with dementia may also want to make or change their will. They may wish to leave some or all of their estate to people other than the person with dementia – for example, children.

If a person wishes to leave some or all of their estate to a person with dementia, they should consider setting up a trust to ensure that the assets are used in the person with dementia's best interests. They should also check what effect a bequest will have on any state benefits the person receives.

Where to go for help

People with dementia and their carers may need help managing their financial and legal affairs.

Citizens advice bureau

The local citizens advice bureau (CAB) is often the best starting point for advice. The service is free, confidential and independent. Trained CAB advisers offer information and advice on a range of issues including benefits, housing, debt and employment. They may be able to help you resolve your problems or they may refer you to other professionals or organisations.

Many CABs have a solicitor and some also have an accountant able to give free advice. If you are not fluent in English, the CAB may be able to refer you to a professional who can advise you in your own language or to an interpreting service.

Local arrangements and opening times vary. You may need to make an appointment or you may have to walk in and wait your turn. Some CABs have telephone advice sessions but lines tend to be very busy. An increasing number of CABs provide an email service, and you can also send a letter.

For details of your nearest CAB, look in the telephone book, ask at your local library or consult the CAB website at www.nacab.org.uk. The website gives opening times and details of specialist services. Basic advice and information is also available at www.adviceguide.org.uk

Some local neighbourhood advice centres provide advice on financial or other problems. To find out what services exist in your area, ask at your library or town hall.

Financial advice

If you are managing savings or investments, you may need professional financial advice. You can seek advice from an adviser attached to a bank or group of companies, who can advise you on the range of products they provide. Alternatively, you can see an independent adviser who can advise you on a wider range of products.

Under the Financial Services Act 1986, all financial advisers must be authorised by a self-regulatory organisation or professional body. If you wish to find out whether an adviser is authorised, or if you have any queries or complaints, ring the Financial Services Authority consumer helpline on 0845 606 1234 (8am–6pm weekdays). Calls are charged at local rates.

If you wish to consult an independent financial adviser, ask for a recommendation from someone you trust or contact the Independent Financial Advisers Promotion Ltd at 17/19 Emery Road, Brislington, Bristol BS4 5PF. Their telephone number if 0117 971 1177. They will send you details of four advisers in your area and a voucher offering a free consultation.

You may need to talk to several advisers on the phone before making up your mind. Some charge a fee and others a commission and some charge either/or. Check before you make an appointment.

Finding a solicitor

The Alzheimer's Society can recommend legal firms with specialist experience in legal problems arising in relation to dementia. Check with the solicitor whether you qualify for public funding.

You can telephone the Community Legal Services Directory helpline for details of solicitors, advice agencies and information providers committed to providing a high standard of services in your area. Telephone 0845 608 1122 (7am–11pm Monday–Saturday; 9am–6pm Sunday). All calls are charged at local rates. Alternatively, visit their website at www.justask.org.uk

The Law Society's website (www.solicitors-online.com) gives details of law firms and solicitors practising in England and Wales and provides useful information about legal specialties and fees, as well as tips about what to ask and what to expect from a solicitor.

Firms offering legal and financial advice

Some law firms also employ independent financial advisers, making it easier to combine financial and legal advice.

LawNetLtd is a network of law firms throughout the country. It can refer you to firms in your area with experience of advising people with dementia and their families on legal and financial matters.

LawNet Ltd
First Floor, 93–95 Bedford Street,
Leamington Spa CV32 SBB
Telephone: 01926 886990
Email: admin@lawnet.co.uk
Website: www.lawnet.co.uk

Solicitors for Independent Financial Advice (SIFA) can refer you to legal firms that offer financial advice to complement their legal advice.

Solicitors for Independent Financial Advice (SIFA)
10 East Street, Epsom, Surrey KT17 1HH
Telephone: 01372 721172
Website: www.solicitor-sifa.co.uk

Other sources of help

Age Concern England
Freepost SWB 30375, Ashburton,
Devon TQ13 7ZZ
Freephone information line: 0800 00 99 66
(everyday 7am–7pm)
Website: www.ace.org.uk

Fact sheets are available from the website, by writing to the above address or by telephoning the information line. Useful fact sheets include *Making your will* and *Legal arrangements for managing financial affairs*.

Alzheimer's Society
Gloucester & District Branch
Information line: 01452 525222
Alzheimer's Helpline: 0845 3000336
(8.30am–6.30pm weekdays)

Publishes many helpful information and advice sheets.

Benefits Enquiry Line (BEL)
0800 88 22 00 (8.30am–6.30pm weekdays;
9am–1pm Saturdays)
Deaf, hard of hearing or speech impaired people who use a textphone can call BEL free on 0800 24 33 55.

This free helpline is for people with disabilities or sickness and their carers. Advisers can send you forms and advise you but they have no access to personal records.

Counsel and Care
16 Bonny Street, London NW1 9PG
Advice line: 0845 300 7585 (weekdays
10am–12.30pm and 2pm–4pm)
Email: advice@counselandcare.org.uk
Website: www.counselandcare.org.uk

Help the Aged
207–221 Pentonville Road, London N1 9UZ
Telephone: 020 7278 1114
Seniorline freephone: 0808 800 6565
(9am–4pm weekdays)
Email: info@helptheaged.org.uk
Website: www.helptheaged.org.uk

Publishes useful booklets on managing your finances.

Resources for dementia

Citizens Advice Bureau

Pals: Advice and support regarding care:
01242 242 156
Gloucester: 01452 528 017
Cinderford: 01594 823 937
Coleford: 01594 833717

Old age mental health teams

Gloucester
Holly House, 6 West Lodge Drive, Coney Hill, Gloucester GL4 4QH
Tel: 01452 891 380
(In patients, day hospital and community team)

Cheltenham
Charlton Lane Centre, Charlton Lane, Cheltenham GL53 9DZ
Tel: 01242 272 181
(In patients, day hospital and community team)

Brownhill Day Hospital
Tel: 01242 272 424

Stroud
Weavers Croft, Field Road, Stroud, Glos GL5 2HZ
Tel: 01453 562 160
(In patients, day hospital and community team)

Tyndale Day Hospital and Community Team
Tel: 01453 562 390

Forest of Dean
Colliers Court, Latimer Road, Cinderford, Glos GL14 2QA
Tel: 01594 598 080
(Inpatients, day hospital and community team)

Stonebury Day Hospital and Community Team
Tel: 01594 598265

Cotswold
Old Age Psychiatry Team
Baunton Ward, Cirencester Hospital, Cirencester, Glos GL7 1QR
Tel: 01285 884 595
(Day hospital and community team)

Old age physicians and neurologists

Gloucester Royal Hospital	01452 528 555
Cheltenham General Hospital	01242 222 222
Memory Clinic	01242 222 222

Social Services

For all new referrals countywide
Tel: 01452 426868

NHS Direct

Tel: 0845 46 47

Alzheimer's Society

National Helpline	0845 300 0336
Legal Medical Information	
Cheltenham & District	01242 511 111
Gloucester & District	01452 525 222
Stroud & District	01453 755 586

Age Concern Gloucestershire

Tel: 01452 422 660

Crossroads

Carer relief service	
Cheltenham	01242 584 844
Forest of Dean	01594 823 414
Stroud	01453 544 110

Dementia Care Trust

Offer support and practical help for carers
Tel: 01452 550066

Cotswold District

Tel: 01452 550067

Carers Gloucestershire

Tel: 01452 386 283

Help the Aged Senior Line

Free welfare advice for older people
Tel: 0808 800 6565

Local day centres

Contact Guide Information Service
Tel: 01452 331 131

Sage

Driving assessment for older drivers
Tel: 01452 425 551

Samaritans

Tel: 0845 790 9090
Glos: 01452 306333

Benefits Agency

Tel: 01452 366000

Out of hours social worker, contact the Police:

Gloucester	01452 521 201
Cheltenham	01242 521 321

Out of hours duty psychiatrist, contact:
Gloucester Royal Hospital
Cheltenham General Hospital

Guide Information Service

Health, disability and community information for Gloucestershire. Including, support organisations, illnesses, treatments, local NHS and Social Services, benefits and patients' rights.

Information booklets

Understanding Forgetfulness and Dementia, by Dr C Martyn & Dr C Gale. Family Doctor Series. Pub. Family Doctor Publications. Available from chemist stores, £3.50.

How to Cope with Memory Loss, by MIND Publications. Available from Mind mail order, 15–19 Broadway, London E15 4BQ

Memory and Dementia, by The Royal College of Psychiatrists. Contact: www.rcpsych.ac.uk

Who Cares? Information and Support for the Carers of Confused People, by Health Promotion England. Available from, Health Promotion, Albion Chambers, Nettledon Road, Gloucester

A wide range of information and advice sheets are available from the Alzheimer's Society (see useful numbers sheet in guidelines) or contact: www.alzheimers.org.uk or Alzheimer's Society, Gordon House, 10 Greencoat Place, London SW1P 1PH.

Suggested reading

Primary Care and Dementia (2001) by S Iliffe and V Drennan. Bradford Dementia Group Good Practice Guides. Jessica Kingsley Publishers. ISBN 1 85302 799 5

Alzheimer's at your Finger Tips (1997) by H Clyton, N Graham, and J Warner, Glass Publishing. ISBN 1 872362 710

The 36 Hour Day: a family guide to caring at home for people with Alzheimer's and other confusional illnesses (1992) by N Mace, P Rabins, E McEwen. Pub. Age Concern & Hodder and Stoughton. ISBN 0 340 56382 6

Dementia: A guide for Health Care Professionals (1997) by S Thompson. Pub. Arena. ISBN 1 8574233 48

The Essential Dementia Care Handbook (2002) by G Stokes and F Goudie. Winslow Press

State of the Art in Dementia Care (1997) edited by M Marshall. Centre for the Policy on Ageing. ISBN 090 41 39 99 9

Living in the Labyrinth (1993) by Diana Friel McGowan. Elder Books. ISBN 0951 86842 X

Caring for Maria (1994) by Bernard Heywood. Element Books. ISBN 1 8523 0502 9

Useful websites

Alzheimer's Association
www.alz.org

Alzheimer's Society
www.alzheimers.org.uk

Dementia Services Development Centre
www.stir.ac.uk/Departments/HumanSciences/dsd

Dementia Voice
www.dementia-voice.org.uk/

The Learning Network (Dementia Advice and Support Service)
www.mhilli.org.uk