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Dementia

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April 2026

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CQC publishes research on good practice for dementia care

Today we have published a research report on good practice in health and social care services when caring for people living with a type of dementia. As part of our dementia strategy, we commissioned this research, which was carried out by IFF Research in partnership with Leeds Beckett University.

The report shows the findings of a review of good practice published by UK and worldwide universities and organisations in health and social care in supporting people with dementia. The review also included 3 discussion groups with experts, other regulators of health and social care, and people with lived experience of dementia or caring for someone with dementia.

The report highlights areas of good practice that help ensure people have a good experience of care and show how this can be achieved. These include:

- care plans should be made together with people with dementia and their carers and families, not for them
- social interaction and structured, meaningful, and inclusive activities not only support wellbeing but also reduce symptoms of dementia
- opportunities to feel part of a community allowed people to continue exercising choice and control in their lives
- supporting people to keep doing things that were important to them in smaller-scale, homelike settings helped maintain a strong sense of 'home'
- where possible, respecting people's preferences to be supported by someone who can speak their first language and relate culturally helps maintain trust, identity, and a sense of belonging.

Alongside our report last year on Health and social care support for people with dementia, we will use the findings from this research to develop our dementia strategy, using conversations with people with lived experience, charities and support organisations, stakeholders with dementia expertise, and government - in line with the immediate recommendations on dementia made recently by the Casey Commission. This work will include producing guidance for providers on how to best care for people with dementia throughout health and social care, which we will start to co-produce from autumn 2026.

The Training Gap: A Hidden Injustice In Dementia Care And How To Fix It

This report reveals huge gaps in dementia training across social care: half of staff receive just one to two hours of dementia learning despite 70% of care home residents living with the condition. It argues that these shortfalls in training are leaving social care staff unprepared, unsupported, and putting people with dementia at risk of inadequate care. It calls on the government to build a bold and ambitious dementia plan, which includes mandatory dementia training for care staff.

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1. **How Can We Improve Personal Care Interactions to Reduce Care Refusals From People With Dementia? A Realist Synthesis**

Authors: Backhouse, Tamara;Killett, Anne;Bratches, Reed W. R. and Mioshi, Eneida

Publication Date: 2026

Journal: Journal of Advanced Nursing (John Wiley & Sons, Inc.) 82(5), pp. 4895–4926

Abstract: Aim: To identify strategies and mechanisms of interventions between caregivers and people with dementia that contribute to reducing refusals of care and determine how they work, in which contexts, why and for whom. Design: Realist synthesis. Methods: There were three stages: (1) initial programme theory development and prioritisation through assessing video-recorded personal care interactions and interview transcripts; scoping the literature and team discussions, (2) literature search, review and synthesis and (3) realist interviews with stakeholders and refinement of evidence-based programme theories. Data Sources: Searches were conducted in MEDLINE, EMBASE, PsycINFO, CINAHL Ultimate, Cochrane CENTRAL Register of Controlled Trials and Web of Science; date range: 2000–2024. Results: A total of 71 sources were included in the synthesis, and interviews with 15 stakeholders. Eight programme theories were generated, evidenced and refined, each incorporating multiple caregiver strategies. The overarching mechanism which made people with dementia more likely to accept assistance with personal care was trusting the caregiver and feeling safe. Seven mechanisms fed into this: a sense of control, positive connection, care feeling manageable, working together, engaging with the care activity (or something non-care related), comfort and needs being known and addressed. Conclusion: Refusals of care from people with dementia can be reduced by multiple caregiver strategies related to communication, approach, the type of care offered and the care interaction process. Mechanisms reflect relational aspects: the quality of the caregiver/person partnership and making the person with dementia feel safe. Practice Implications: Our findings provide programme theories and practical care strategies which could be helpful for those, such as nurses, working to improve personal care practices for people with dementia. Patient Contributions: Public representatives advised the study throughout, providing advice on initial programme theories, evidence-based programme theories and synthesised stakeholder evidence. Reporting Method: This synthesis uses the publication standards for realist synthesis (RAMESES 1). Trial Registration: PROSPERO: 2024 CRD42024496072

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2. **Rethinking dementia in the oldest old: Lessons to learn for the diagnosis and treatment of Alzheimer's disease**

Authors: Bonomi, Chiara Giuseppina;Motta, Caterina;Di Donna, Martina Gaia;Poli, Martina;Koch, Giacomo and Martorana, Alessandro

Publication Date: 2026

Journal: Neural Regeneration Research 21(7), pp. 2926–2927

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3. **Development and Validation of the End-of-Life Assessment Tool for Advanced Dementia: A Multi Method Study**

Authors: Bourke, Carolyn;Chenoweth, Lynn;Georgousopoulou, Ekavi and Williams, Anna

Publication Date: 2026

Journal: Journal of Advanced Nursing (John Wiley & Sons, Inc.) 82(5), pp. 5430–5443

Abstract: Aims: To develop and validate the End-of-Life Care Assessment Tool for Dementia (EoLC-ATD). Design: A methodological study with multiple phases. Methods: Five sub-studies comprising: a review of 90 validated dementia measures to compile an item bank of advanced dementia symptoms; focus groups with registered nurses on advanced dementia symptom identification and relevance of item bank inclusions; Delphi surveys with dementia experts seeking consensus on the EoLC-ATD constructs and items; pilot testing of the EoLC-ATD; and field testing of the EoLC-ATD in persons with dementia. Results: The item-bank included 180 symptoms, most of which focus group nurses (n = 17) identified as occurring in advanced dementia. Delphi surveys with dementia experts (n = 31) achieved 70% consensus for 25 of 26 EoLC-ATD items. Pilot testing of the EoLC-ATD by two nurses in eight persons with dementia showed good agreement for six constructs (Cohen's Kappa 0.856–0.927) and 26 items (Cronbach's alpha 77.0). An 'other sympto' item was included following RN recommendation. The 27-item EoLC-ATD field tested by 17 nurses in persons with dementia (n = 113) accurately identified advanced dementia symptoms (Cronbach's alpha 77.0, $p < 0.001$). Mortality at 180 days after baseline EoLC-ATD was significant ($p < 0.001$, area under the ROC curve $p = 0.769$). Conclusion: The EoLC-ATD accurately and reliably identified symptoms of advanced dementia. Implications for the Profession and/or Patient Care: The EoLC-ATD provides registered nurses with a single measure of advanced dementia symptoms that will help in identifying symptom-responsive palliative care requirements. Impact: The EoLC-ATD will address the current lack of a validated dementia symptom measure for use by aged care home registered nurses to identify unique palliative and end-of-life care needs according to presenting symptoms in persons living with advanced dementia. Reporting Method: STROBE Statement for cohort and mixed methods studies. Patient or Public Contribution: An eight-member Expert Advisory Group, which provided guidance and advice throughout the study, was composed of three carers of persons living with dementia, two dementia care clinicians, a dementia care clinical educator, and two dementia clinician researchers.

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4. **A gated pathway for suspected urinary tract infection in dementia**

Authors: Carpenter, Rob E. and Krouse, Andrew

Publication Date: 2026

Journal: Diagnostic Microbiology and Infectious Disease 115(3), pp. 117387

Abstract: Suspected urinary tract infection (UTI) in people living with dementia is a common diagnostic problem: delirium or functional decline often replaces focal urinary symptoms, while asymptomatic bacteriuria and pyuria are common at baseline, making urine positivity easy to misattribute as causal. The result is a predictable dual harm pattern across emergency and long-term care settings, with avoidable antibiotics in low-certainty episodes and dangerous delay when invasive infection is evolving. This instructional review presents a verification-first, certainty-gated approach organized by clinical stability and attribution difficulty. Gate 1 standardizes management of stable, attributable presentations using minimum criteria with urinalysis as screening and culture confirmation before treatment. Gate 2 defines escalation for stable but unresolved or discordant cases via broadened differential diagnosis and selective adjunct diagnostics only when results are decision-grade. Gate 3 prioritizes immediate therapy with parallel source evaluation when instability suggests sepsis or invasive infection. Gate 4 assigns results ownership through 48-72-hour culture follow-up with explicit stop/continue/de-escalate decisions, particularly post-discharge. We provide a high-yield differential, measurable audit metrics, and guardrails for biomarkers and molecular assays to improve specificity without increasing harmful delay. The outcome of this gated pathway is meant to improve specificity without creating delay by aligning testing, treatment, and follow-up to attributable syndromes and actionable microbiology. (Copyright © 2026 Elsevier Inc. All rights reserved.)

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5. **Health Impacts of Nonpharmacologic Interventions Among People Living With Dementia: A Systematic Review and Network Meta-Analysis**

Authors: Chang, Yi-Hua;Huang, Su-Fei;Yang, Huei-Ru and Liao, Jung-Yu

Publication Date: 2026

Journal: Dementia (14713012) 25(4), pp. 883–898

Abstract: Background: The study compares the health impacts of various nonpharmacologic interventions on cognitive function, daily functioning, depression, and quality of life among people living with dementia. Methods: A comprehensive search was conducted across three databases—PubMed, Airiti Library, and Scopus—to identify eligible randomized controlled trials published in English or Chinese within the past decade, up to December 2023. This study included a systematic review and a network meta-analysis focusing on various health outcomes. Results: Analysis encompassed 26 studies with a total of 3,403 people living with dementia. Interventions that significantly influencing cognitive function included aerobic exercise combined with resistance exercise (SMD = 1.53, 95% CI: 1.13-1.93), resistance exercise alone (SMD = 1.53, 95% CI: 1.12-1.93), and reminiscence therapy (SMD = 1.25, 95% CI: 0.70-1.80). Resistance exercise had the greatest impact on daily functioning (SMD = 0.95, 95% CI: 0.57-1.33), while reminiscence therapy (SMD = 0.65, 95% CI: 0.20-1.10) and music therapy (SMD = 0.56, 95% CI: 0.31 - 0.81) had the most significant effect on depression. A significant effect on quality of life was not found in this study. Conclusions: Resistance exercise, multicomponent exercise incorporating resistance training, and reminiscence therapy as well as music therapy were found to positively impact the health of people living with dementia. These findings suggest that integrating nonpharmacologic practices could enhance dementia care.

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6. **Mapping social health and dementia risk: A register-based study of older adults in Finland**

Authors: Cisotto, Elisa;Moretti, Margherita;Silan, Margherita;Damiens, Joan;Belloni, Pietro;Korhonen, Kaarina and Martikainen, Pekka

Publication Date: 2026

Journal: Social Science & Medicine (1982) 398, pp. 119154

Abstract: This study investigates the role of individual and area-level social health factors in shaping geographic variation in dementia incidence among older adults in Finland. Using nationwide register data on all individuals born between 1935 and 1939 and residing in Finland in 2015 (N = 185,712), we estimate cumulative dementia incidence over a four-year follow-up period (2016-2019). To reduce compositional bias in geographical comparison, we applied Matching on poset-based Average Rank for Multiple Treatments (MARMoT), a non-parametric matching approach that balances observed individual level characteristics across municipalities. Spatial scan statistics were then used to identify geographic clusters of excess dementia incidence considering municipality-level contextual measures after adjustment for individual-level characteristics. Before MARMoT adjustment, several contiguous clusters of elevated dementia incidence were identified, particularly in eastern and southern Finland, with the highest risk cluster exhibiting a 36% higher incidence than the rest of the country. After balancing individual-level characteristics, some clusters attenuated, whereas others persisted or newly emerged, suggesting a confounding role of individual characteristics in the relationship between dementia incidence and place of residence. Excess incidence remained in parts of eastern Finland (21% - 51% excess risk) and emerged in west-central municipalities (27% excess risk). The inclusion of municipality-level indicators did not substantially alter these patterns. These findings underscore the importance of accounting for social health and socio-demographic composition in spatial analysis of dementia and demonstrate the value of integrating matching-based and spatial methods to distinguish compositional from contextual disparities in ageing societies. (Copyright © 2026 The Authors. Published by Elsevier Ltd.. All rights reserved.)

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7. **It "Made a Huge Difference when He had a Dry Bed in the Morning": Impacts of Dementia-Related Incontinence on Unpaid Carers' Sleep, Health, and Quality of Life**

Authors: Gibson, Rosemary;Fearn, Jaime and Burholt, Vanessa

Publication Date: 2026

Journal: Dementia (14713012) 25(4), pp. 768–787

Abstract: Incontinence is a common consequence of dementia. Incidence is more likely at night, having repercussions for sleep quality and the exacerbation of waking symptoms of dementia as well as negative carer affect. However, the person-centred experience is underrepresented. A thematic analysis was conducted on continence-related comments from a pool of 94 carers participating in a postal sleep survey. Then, a narrative analysis was used on interview transcripts from 13 participants who took part in follow-up interviews after their care recipient had transitioned into aged residential care. Themes illustrate how promoting continence or managing incontinence impacts unpaid caregivers in terms of sleep disruptions and subsequent wellbeing. These are presented alongside overarching narratives of sleep, continence, and caregiving. Including the physical nature of continence-related support and its impact on sleep practices, as well as the emotional impact of balancing sleep needs alongside caregiving responsibilities and overall wellbeing with ageing. Toilet use and (in)continence needs can have profound impacts on sleep and wellbeing within dementia care, having the potential to jeopardise the overall home care situation. Findings will inform future research in the field of sleep and ageing as well as strategies for supporting families affected by dementia. In particular, the results will inform the production of a core outcome set comprising appropriate quality indicators for people living with dementia, their caregivers, and family so that adequate continence care can be assessed and supported in future interventions.

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8. **Interventions to support young carers/supporters of people living with dementia: a mixed methods systematic review**

Authors: Goodchild, Kirstie;Parkinson, Ellice and Cross, Jane L.

Publication Date: 2026

Journal: International Journal of Qualitative Studies on Health and Well-Being 21(1), pp. 2650367

Abstract: Purpose: Despite children being young carers for people living with dementia globally, and evidence suggesting they need more support, there is limited research evaluating best practice for dementia-care related interventions for children. The purpose of this work was therefore to comprehensively summarise the existing literature by synthesising studies appraising existing child-focused and dementia-care relevant interventions.; Method: A mixed methods systematic review with a convergent integrated synthesis approach. Four databases were systematically searched from 1st January 2013 to 9th February 2024. Qualitative, quantitative, and mixed methods studies evaluating any intervention programme that aimed to improve children's understanding and/or support for people living with dementia were included.; Results: Seventeen studies, evaluating 15 different interventions (1,345 participants), were eligible for inclusion. Extracted data were inductively synthesised into 18 categories, forming six integrated findings relating to what makes interventions useful for helping children to understand and/or support people living with dementia.; Conclusions: The findings can inform the development of interventions for children with dementia care responsibilities, and further robust research.

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9. **Proficient nurses' empathy in caring for people with dementia**

Authors: Ishii, Yuka;Yao, Li;Oyama, Hitoshi;Fukazawa, Yuri;Toriumi, Yukie and Takayanagi, Chikako

Publication Date: 2026

Journal: International Journal of Qualitative Studies on Health and Well-Being 21(1), pp. 2608193

Abstract: Aim: "Empathy" is a key concept in dementia care and considered important to improve the quality of care. However, how empathy should be promoted among dementia care nurses remains unclear. Thus, this study aimed to clarify the role of nurses' empathy in caring for people with dementia.; Methods: Certified nurse specialists in gerontological and dementia nursing were recruited as participants using snowball sampling. Data were collected from seven participants in March 2023 through focus-group interviews and analyzed qualitatively and inductively.; Results: Six categories related to care experiences were formed using fifty-six codes in five stages. The categories were as follows: i) Turn toward each other, considering personal diversity; ii) Actively approach them by understanding and acknowledging their thoughts; iii) Experience feelings of warmth after comprehending their personalities; iv) Experience an emotional resonance with them; v) Sharpen own senses to deeply understand their experiences; and vi) Work as a team to provide the most suitable care.; Conclusion: The results demonstrated that empathy is a key element in the interactions between nurses and people with dementia that contributes to more harmonious relationships. These findings can be used to educate nurses on dementia care, which may help reduce nurses' burnout.

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10. **The Characteristics of Sites Delivering the Guiding an Improved Dementia Experience (GUIDE) Model**

Authors: Jutkowitz, Eric;Beshaw, Yael D.;Rodgers, Natalie;Epstein-Lubow, Gary;Gaugler, Joseph and Roberts, Laken C.

Publication Date: 2026

Journal: The American Journal of Geriatric Psychiatry : Official Journal of the American Association for Geriatric Psychiatry 34(6), pp. 867–872

Abstract: Objectives: The Centers for Medicare & Medicaid Services voluntary Guiding an Improved Dementia Experience (GUIDE) Model supports comprehensive dementia care. We describe how participant health care organizations present their GUIDE services from a consumer perspective.; Methods: We analyzed CMS GUIDE participant lists, consolidating participants into 235 unique organizations with a website. Using a custom data extraction form each organization's characteristics were independently extracted. We used Cohen's h to compare established-track versus new-track organizations and those operating in multiple states versus a single state.; Results: Large and medium differences were found between established-track (n = 81) and new-track organizations (n = 154) related to public-facing GUIDE materials, GUIDE contact information listed, not-for-profit status, and respite services described. Most multistate (n = 71) and single state (n = 164) differences were small except for primarily virtual care clinic.; Conclusions: While GUIDE variation offers choice, the limited public sharing of service information restricts consumers' ability to make informed decisions about this care model. (Copyright © 2025 American Association for Geriatric Psychiatry. Published by Elsevier Inc. All rights reserved.)

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11. **The Association Between Diabetic Retinopathy Severity and Dementia Risk: A TriNetX Longitudinal Cohort Study**

Authors: Khangura, Millen S.;Spratt, Michelle A.;Gao, Audrey;Manhapra, Ambika;Siegel, Nicole H.;Chen, Xuejing;Poulaki, Vasiliki;Ness, Steven;Stein, Thor and Subramanian, Manju L.

Publication Date: 2026

Journal: American Journal of Ophthalmology 285, pp. 300–309

Abstract: Purpose: Diabetes mellitus (DM) and diabetic retinopathy (DR) have been associated with higher incidence of dementia and may serve as clinical indicators for underlying cognitive disease. This study investigated whether severity of DR is linked to increased risk of dementia.; Design: Retrospective cohort study.; Participants: Participants were categorized into 4 groups: proliferative diabetic retinopathy (PDR), nonproliferative DR (NPDR), type 2 DM (DM2) without DR, and no DM. Individuals under age 65 and those with macular edema were excluded.; Methods: Groups were propensity score matched 1:1 for demographic and clinical covariates. Outcomes included incidence of all-cause dementia, Alzheimer's disease (AD), and vascular dementia (VD), assessed using Cox proportional hazard ratios (HR) with 95% confidence intervals (CIs). Kaplan-Meier analysis evaluated time to dementia onset.; Main Outcome Measures: Incidence and hazard ratios of all-cause dementia, AD, and VD.; Results: The TriNetX database identified 14,034 individuals with PDR, 29,188 individuals with NPDR, 208,640 with DM2 without DR, and 447,054 without DM. In the matched analysis, compared to non-diabetics, all 3 diabetic groups (PDR, NPDR, and DM2 without DR) had a higher risk of all-cause dementia (HR: 1.583, p < .0001 PDR; 1.405, p < .0001 NPDR; 1.262, p < .0001 DM2 without DR), AD (HR: 1.175, P = .0419 PDR; 1.233, p < .0001 NPDR; 1.117, p < .0001 DM2 without DR), and VD (HR: 2.077, p < .0001 PDR; 1.917, p < .0001 NPDR; 1.384, p < .0001 DM2 without DR). Compared to participants with DM2 without DR, those with PDR and NPDR had higher risk for all-cause dementia (HR: 1.202, p < .0001 PDR; 1.113, p < .0001 NPDR) and VD (HR: 1.504, p < .0001 PDR; 1.322, p < .0001 NPDR), but not AD. When stratified by DR severity, PDR was associated with a higher risk of all-cause dementia (HR: 1.121, P = .0003 PDR) and VD (HR: 1.177, P = .0126 PDR), but not AD, compared to NPDR.; Conclusion: Greater severity of DR is associated with an increased risk of all-cause dementia and VD in individuals with DM2 without DR, whereas AD risk appears elevated only when compared to nondiabetic participants. These findings suggest that progressive DR reflect systemic microvascular injury that parallels cerebral small vessel disease. Routine ophthalmologic screening in patients with DM may provide an opportunity for early identification of individuals at higher risk of cognitive decline. (Copyright © 2026 Elsevier Inc. All rights reserved.)

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12. **Perceptions of Sexuality in Dementia: A Qualitative Study**

Authors: Kong, Dinnee;Romli, Muhammad Hibatullah;Devaraj, Navin Kumar;Sallehuddin, Hakimah and Tan, Maw Pin

Publication Date: 2026

Journal: Sexuality & Disability 44(2), pp. 1–20

Abstract: Enjoyment of sexuality among older persons, including people with dementia, is always being neglected. There is limited literature exploring sexuality in dementia within Asia countries where mostly in Taiwan. This study aimed to explore opinions about sexuality in dementia from the biological, psychosocial, and social perspectives, as well as experiences and adaptations in dealing with sexuality among people with dementia, family members, caregivers, and healthcare providers. This study was carried out based on qualitative research with a phenomenological approach and used the Model of Human Occupation as a theoretical framework. Data collection was carried out at two acute hospital memory clinics in Kuala Lumpur and Selangor through convenience sampling. Semi-in-depth interviews were conducted to people with dementia, family members, and healthcare practitioners. Data were analyzed with thematic analysis. The total number of 11 participants recruited included 3 people with dementia, 2 family members, 1 private caregiver, and 5 healthcare practitioners. The majority of them are female, Chinese, in early adulthood, and middle-income group. Five themes emerged from the data analyzed: (a) meaning of sexuality; (b) real-life experience of sexuality; (c) impact of disease; (d) management of sexuality; and (e) social environment. Real-life experience of sexuality among people with dementia in Malaysia was affected by the perceptions from taboos, myths, and religions held by themselves as well as people surrounding them, like family members. Lack of training and policy is a common problem in healthcare professions. The findings of this study were believed to be a foundation for future research design involving people in long-term care as well as the public.

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13. **Inflammatory markers associated with dementia: a systematic review and meta-analysis**

Authors: Kuring, J. K.;Mathias, J. L.;Ward, L. and Tachas, G.

Publication Date: 2026

Journal: Journal of Psychiatric Research 197, pp. 26–40

Abstract: Background: Dementia has been linked to several modifiable risk factors, including mental illness. The inflammatory-mediated neurodegeneration hypothesis posits a causal relationship between the two whereby mental illness triggers an inflammatory response, which in turn acts as a catalyst for the neurodegenerative changes that lead to dementia. Existing meta-analyses have yet to investigate inflammatory markers in Alzheimer's disease (AD), vascular dementia (VaD), dementia with Lewy bodies (DLB), or fronto-temporal dementia (FTD) in the context of the inflammatory-mediated neurodegeneration hypothesis. This meta-analysis therefore explored whether a) AD, VaD, DLB, and FTD are each associated with greater inflammation than healthy controls, independent of comorbid mental or physical health problems with a known inflammatory response, and b) there are any similarities in the inflammatory profiles associated with these dementia subtypes.; Methods: PubMed, EMBASE, PsycINFO and CINAHL searches identified 41 eligible studies.; Results: AD is associated with an inflammatory response, with tentative evidence to indicate that VaD, DLB, and FTD are also associated with inflammation. However, the inflammatory response appears to differ across these conditions.; Limitations: The data for VaD, DLB, FTD and a number of inflammatory markers were limited.; Conclusions: Although tentative, AD, VaD, DLB, and FTD appear to be associated with discrete inflammatory processes that are not attributable to other common comorbid mental or physical health problems that cause inflammation. Whether this inflammatory response plays a causal role in the development of dementia and/or is triggered by prior mental illness remains to be determined. (Copyright © 2026 The Authors. Published by Elsevier Ltd.. All rights reserved.)

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14. **How to Implement Advance Care Planning for People With Dementia: A Scoping Review**

Authors: Li, Wei;Wu, Yifan;Song, Dongpo;Zhi, Shengze;Gao, Shizheng;Fang, Shuyan;Zhong, Qiqing;Li, Jiaxin;Li, Mengyuan and Sun, Jiao

Publication Date: 2026

Journal: Journal of Advanced Nursing (John Wiley & Sons, Inc.) 82(5), pp. 4489–4505

Abstract: Background: Advance care planning for people with dementia is an important process to ensure that patient preferences are respected throughout disease progression. However, the complexity of advance care planning and the challenges in effective communication hinder its implementation. The lack of clear procedural guidance for health care teams and the limited research on practical issues such as building trust and resolving conflicts further complicate this process. Objective: To explore the key components of and processes for advance care planning for people with dementia. Methods: The authors conducted a comprehensive search of databases, including PubMed, Embase, Web of Science, the Cochrane Library, CINAHL, NICE, Open Grey, CNKI, and Wanfang. The inclusion criteria focused on studies reporting advance care planning practices and stakeholder perspectives related to dementia. Results: The review included 45 studies and identified key components and processes for successfully implementing advance care planning in dementia care. These components include enhancing readiness, capturing patient wishes, and executing those wishes. The implementation processes cover assessing participation capacity, selecting surrogate decision-makers, and identifying healthcare providers who implement advance care planning. As the condition of people with dementia progresses, the role of healthcare providers who implement advance care planning becomes increasingly important in advance care planning practices. Conclusions: The success of advance care planning depends on the interconnection of multiple components, and the findings offer practical insights for improving the advance care planning process to ensure that the care preferences of people with dementia are respected throughout the progression of the disease. Reporting Method: PRISMA-ScR. No Patient or Public Contribution: This is a review without patient and public contribution.

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15. **The care experience of people with diagnosed or suspected dementia living in prison: A case study approach**

Authors: MacRae, Rhoda;Chalmers, Natalie;Tolson, Debbie;Taylor, James;Anderson, Kirstin;Thomson, Lindsay and Russ, Tom

Publication Date: 2026

Journal: Dementia (14713012) 25(4), pp. 677–695

Abstract: Complex health and social care needs of people living in prison with diagnosed or suspected dementia is a growing concern for prisons and prison healthcare staff. The literature is replete with recommendations to better understand the health and social needs of this vulnerable population, to move beyond speculation towards actions to improve their health and well-being. Despite this, there is scant literature exploring the lived care experience of individuals being assessed for or diagnosed with dementia in prisons. The aim of this multi method qualitative study was to investigate how those with suspected dementia were identified, assessed and cared for in Scottish prisons. This article presents case study data from one phase of the larger study. Case studies were constructed from five semi-structured interviews with men with a diagnosed (n = 1) or suspected dementia (n = 4), four semi-structured interviews with staff the men nominated and data from the men's health care records. The five men had multiple co-morbidities, three had significant mobility issues, two were in receipt of personal care and accommodated in accessible cells. Four of the five men exemplified previous descriptions of older prisoners in that they were socially and physically isolated, and reliant on support with everyday activities. A 'case by case' approach to referral, assessment and post diagnostic support was taken by staff who reported a complexity associated with meeting healthcare needs and access to specialist services and supports within a prison regime. This research provides unique and hither to seldom explored insight into the lived care experience of men living with a diagnosed or suspected dementia in prison. The findings have implications for how this marginalised vulnerable group are cared for in prison and on release.

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16. **Limbic neurodegenerative disease: How radiologists can identify a common but underdiagnosed cause of dementia**

Authors: Miller, Luke M.;Ozgur, Hasan and Luna, Licia P.

Publication Date: 2026

Journal: European Journal of Radiology 199, pp. 112828

Abstract: Limbic-predominant Age-related TDP-43 Encephalopathy (LATE) is a pathology-based diagnosis which represents an increasingly recognized but substantially underappreciated cause of dementia in older adults, potentially accounting for 15-25% of cases clinically diagnosed as Alzheimer's Disease. Limbic-predominant Amnestic Neurodegenerative Syndrome (LANS) is an overlapping proposed clinical diagnosis based on functional patterns of limbic-predominant neurodegeneration. This educational review examines the pathologic basis, clinical presentation, and multimodal imaging features of LATE and LANS, with emphasis on the role of radiology in the diagnostic algorithm. Both entities are characterized by relatively late presentation and an indolent course of progressive memory loss. Two diagnostic frameworks are presented: the NIA-AA ATN-based approach utilizing amyloid and tau biomarkers to establish "probable" or "possible" LATE diagnoses, and the Mayo Clinic LANS framework emphasizing functional neuroimaging to elucidate patterns of neurodegeneration. As targeted therapies improve, more accurate diagnosis is becoming increasingly important for appropriate patient selection, prognostic counseling, and future targeted therapeutic trials. Radiologists play an essential role in recognizing the characteristic imaging phenotype and raising clinical awareness of LATE and LANS. (Copyright © 2026 The Authors. Published by Elsevier B.V. All rights reserved.)

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17. **Quality of death among older adults with and without comorbid dementia: A nationwide mortality follow-back study**

Authors: Nakazawa, Yoko;Okumura, Yasuyuki;Yamamoto, Hiroshi;Miyashita, Mitsunori;Morita, Tatsuya;Kizawa, Yoshiyuki;Kawagoe, Shohei;Takeuchi, Emi;Yamazaki, Risa and Ogawa, Asao

Publication Date: 2026

Journal: Archives of Gerontology and Geriatrics 145, pp. 106218

Abstract: Background: The prevalence of dementia in older adults is increasing, and deficiencies in end-of-life (EOL) care have been reported. Nonetheless, evidence of dementia as a comorbidity across diseases remains limited. This study aimed to compare the EOL outcomes between older adults with and without comorbid dementia across major causes of death.; Methods: A secondary analysis was conducted using data from a nationwide mortality follow-back survey of bereaved families in Japan that included 45,509 decedents aged ≥65 years. The outcomes were the quality of death (QOD), symptom burden, and EOL discussions. Logistic regression analysis was performed for the five leading causes of death, with primary analyses on cancer and heart disease.; Results: Overall, QOD domains differed. Among decedents with cancer and dementia, adjusted odds for awareness of one's future condition (adjusted odds ratio: 0.29, 95% confidence interval: 0.27-0.32), communication with loved ones (0.47, 0.44-0.50), sense of meaning (0.55, 0.53-0.61), and preferred place of care (0.67, 0.63-0.72) were lower, whereas adjusted odds for freedom from physical distress (1.34, 1.26-1.43) were higher. A similar pattern was observed in heart disease, with lower odds for awareness of one's future condition (0.31, 0.25-0.40) and communication with loved ones (0.44, 0.36-0.54). Patients with dementia had fewer discussions regarding their preferred care settings and EOL care. Dysphagia was more frequently reported, whereas pain and insomnia were less frequently reported.; Conclusion: Comorbid dementia was linked to poorer QOD and EOL communication, underscoring the need for dementia-inclusive care planning and clinician education. (Copyright © 2026 Elsevier B.V. All rights reserved.)

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18. **Barriers and facilitators to accessing and engaging with arts-based non-pharmacological interventions for people living with dementia: A systematic review**

Authors: Polden, Megan;Readman, Megan Rose;Barnard, Tahlia;Godfrey, Abigail;Gray, Annabel and Giebel, Clarissa

Publication Date: 2026

Journal: Dementia (14713012) 25(4), pp. 861–882

Abstract: Background and Aims: Non-pharmacological arts interventions are increasingly being recognised as effective and beneficial ways to support and improve cognition and general well-being for people with dementia. However, accessing and engaging with beneficial arts interventions and support services can be challenging for people with dementia and their carers and it is important to understand barriers and facilitators that may impede access. This systematic review aimed to synthesise evidence on the barriers and facilitators to accessing and engaging with arts interventions and services for people living with dementia. Methods: We systematically searched five electronic databases (PubMed, PsycINFO, CINAHL, Scopus, Web of Science) for studies reporting barriers and facilitators to accessing and engaging with arts interventions for people with dementia in July 2024, screening a total of 7815 articles. Nineteen papers were deemed eligible for inclusion in this review including 567 people with dementia, 320 unpaid carers and 355 paid carers. Results: This review highlights key facilitators and barriers to accessing and engaging with arts interventions for people with dementia. Key facilitators included the assistance of volunteers, the inclusion of unpaid carers in the sessions, and the effective facilitation of sessions. Barriers to access and engagement were identified for people with dementia and their unpaid carers such as increased reliance on unpaid carers and a lack of training and time for paid carers. Conclusions: Increased awareness of these barriers and facilitators could aid in designing future arts interventions and support services to promote wider access and engagement for people with dementia and their carers.

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19. **Effects of a Reminiscence Therapy Program on Neuropsychiatric Symptoms and Quality of Life in People With Dementia: A Pilot Study Comparing Immersive Virtual Reality and Non-immersive Approaches**

Authors: Soares, Maria;Quental, Vanessa;Pereira, Miguel;Corregidor Sánchez, Ana Isabel;Costa, Ana;Portugal, Paula and Coelho, Tiago

Publication Date: 2026

Journal: Dementia (14713012) 25(4), pp. 736–749

Abstract: This study compared the impact of an immersive virtual reality (VR)-based reminiscence therapy program with a similar non-immersive intervention on neuropsychiatric symptoms and quality of life of people with dementia. A pilot randomized controlled trial was conducted with 14 individuals with mild to moderately severe dementia, who participated in eight biweekly individual reminiscence sessions conducted by trained researchers, in which 360° videos of locations with personal relevance were displayed. Participants were randomly divided in two groups: one receiving therapy using VR headsets to promote an immersive experience while the other watched the videos on a monitor (non-immersive approach). Assessment was conducted pre- and post-intervention using the Quality of Life in Alzheimer's Disease Scale to measure quality of life and the Geriatric Depression Scale, Generalized Anxiety Disorder Scale and Neuropsychiatric Inventory to evaluate neuropsychiatric symptoms. Adverse simulation-related symptoms were also assessed with the Simulator Sickness Questionnaire. There were no statistically significant differences between groups at baseline, regarding sociodemographic variables and level of dementia progression. The results indicated significant improvements post-intervention in quality of life from caregivers' perspectives in the non-immersive group ($p <.05$) but not in the VR group. Differences in overall neuropsychiatric symptoms, depressive symptoms and anxiety symptoms between assessments were non-significant. However, slight improvements were visible, particularly regarding anxiety. Only a few instances of mild cybersickness symptoms were reported in both groups. In this study, pre- and post-intervention comparisons do not support the added value of using immersive VR in reminiscence therapy for people living with dementia. This raises questions about whether VR is worthwhile compared to traditional approaches, and how to better capture potential benefits of immersion with VR, which may be more evident considering in-session engagement and well-being or longer intervention programs.

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20. **A Systematic Review of the Needs of Children and Young People of a Parent Diagnosed With Young-Onset-Dementia: Informing a Nursing Intervention**

Authors: Sobers, T.;Wolverson, E.;Gardner, H.;Joddrell, P.;Walpert, M.;Pepper, A. and Harrison Dening, K.

Publication Date: 2026

Journal: Journal of Advanced Nursing (John Wiley & Sons, Inc.) 82(5), pp. 4733–4749

Abstract: Aim: The aim of this study was to understand the needs of children and young people of a parent with young-onset dementia, to inform the development of a nursing model. Background: Children and young people of a parent diagnosed with young onset dementia have a range of needs that are subject to change and aligned to their stage of development and growth. Design: Systematic review. Data Sources: Searches were conducted in PsycInfo (1806–Jan 2025), Medline (1996–Jan 2025) and CINAHL (1961–Jan 2025); search terms were developed in consultation with an academic librarian. Review Methods: The Preferred Reporting Items for Systematic reviews and Meta-Analyses was used to assess the trustworthiness and applicability of the findings and the Mixed Methods Assessment Tool to assess quality. The review protocol was registered on PROSPERO (CRD42024534104). Needs identified from the literature were matched with the activities and interventions of a specialist nursing model. Results: Searches yielded 223 records of which 17 met the inclusion/exclusion criteria, the majority of which used qualitative methods (N = 16). A thematic synthesis approach was used to analyse data to reveal four emergent themes: (1) finding a way, (2) social connection and peer support, (3) preserving childhood and adolescence and (4) practical support, including the needs relating to education. Identified needs: knowledge and information, emotional support, consistency in education and development, maintaining social connections, physical and psychological well-being, and grief and loss were mapped against a specialist nurse role. Conclusion: Children and young people with a parent diagnosed with young-onset dementia face unique challenges compared to older carers. Despite growing awareness of their needs, this population is often overlooked in national dementia strategies. Developing a specialist nurse role is a positive step, but broader systemic support is essential to safeguard their well-being and future opportunities. Reporting Method: This study adheres to the PRISMA reporting guidelines. Patient or Public Contribution: A bespoke Research Advisory Group, consisting of people with young onset dementia, young family carers, clinicians and academics, guided the review.

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21. **Stakeholders' Perspectives on Implementing the iSupport for Dementia Program to Address Inequalities in Dementia Care: A Qualitative Study**

Authors: Xiao, Lily;Tran, Kham;Laver, Kate;Meyer, Claudia;Milte, Rachel;Chang, Hui-Chen Rita;Yu, Ying;Ullah, Shahid;Howard, Anna;Kanakaris, Vicki;Sophou, Mary;Leon, Barbara and Kitson, Alison

Publication Date: 2026

Journal: Scandinavian Journal of Caring Sciences 40(2), pp. e70255

Abstract: Aims: To explore stakeholders' perspectives on (1) the cultural and linguistic appropriateness of the Greek, Italian and Spanish versions of the iSupport for Dementia program and (2) strategies to implement the iSupport program in Australia.; Methods: A qualitative descriptive study was applied. Data were collected from focus groups with family carers of people with dementia from Greek-, Italian- and Spanish-speaking backgrounds and bilingual and bicultural health and social care professionals in community aged care settings in Australia. The reflective thematic analysis method was used to identify themes from the data. The COREQ checklist for qualitative research was followed to report this study.; Results: We found that stakeholders would like to see inclusive language used in the iSupport program to empower and engage carers in the program. They also suggested that the iSupport program should meet diverse learning needs and preferences for carers. They would like to see bilingual and bicultural staff deliver the iSupport program to carers and coach carers based on their individual needs. They suggested that the methods used in carer peer support should be socially inclusive in the digital age. In addition, they would like to see the iSupport program integrated into aged care services.; Conclusion: Implementing the iSupport for Dementia program in multiple languages that incorporates peer support and coaching activities for carers is an opportunity to address health inequalities for people with dementia and their carers from culturally and linguistically diverse backgrounds. Training and supporting bilingual and bicultural health and social care professionals is vital for embedding the iSupport program in aged care services. (© 2026 The Author(s). Scandinavian Journal of Caring Sciences published by John Wiley & Sons Ltd on behalf of Nordic College of Caring Science.)

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22. **Cancer and dementia incidence are strongly correlated worldwide: evidence from cross-national regression analyses**

Authors: You, Wenpeng;Coventry, Brendon J. and Henneberg, Maciej

Publication Date: 2026

Journal: Future Science OA 12(1), pp. 2602336

Abstract: Background: Cancer and dementia are two major global health challenges influenced by population aging and socioeconomic transitions. Both impose substantial burdens, yet their relationship at the population level is insufficiently explored. This study investigated the global association between cancer incidence and dementia incidence, while accounting for developmental, demographic, and healthcare-related factors.; Methods: Data were obtained from the Institute for Health Metrics and Evaluation. Covariates included economic affluence, urbanization, reduced selection opportunity, and life expectancy e(60). Analyses across 204 countries employed correlations, partial correlations, principal component analysis, and multiple linear regression (enter and stepwise). Subgroup analyses were stratified by income level, development status, WHO regions, and geopolitical groupings.; Results: Cancer incidence was strongly correlated with dementia incidence worldwide ($r = 0.873$; $\rho = 0.938$, $p < 0.001$). Associations remained consistent across regions, particularly in upper-middle-income and developing countries. Partial correlations showed the relationship persisted after adjustment, with cancer explaining 59.8% of dementia variance. Regression models revealed that socioeconomic and demographic factors explained 51.7% of the variance, rising to 80.1% with cancer included.; Conclusion: Cancer incidence is a dominant independent predictor of dementia incidence globally, surpassing traditional factors. Findings highlight shared determinants and emphasize the importance of integrated chronic disease strategies, especially in low-resource settings.

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23. **Advance Care Planning and Unlimited Treatment Preferences in Dementia Scenarios: Insights From Community-Dwelling Adults**

Authors: Young, Yuchi;Liu, Yichun;Tu, Yufang;Chiu, Wan-Yu;Shayya, Ashley and O'Grady, Thomas

Publication Date: 2026

Journal: American Journal of Hospice & Palliative Medicine 43(6), pp. 639–646

Abstract: Introduction: Dementia leads to progressive cognitive decline, impairing self-care and decision making. Advance directives (AdvDirs) enable individuals to document healthcare preferences while cognitively capable, ensuring value-aligned care and reducing caregiver burden. This study explores factors influencing preferences for unlimited medical treatment in hypothetical Alzheimer's disease/dementia scenarios among community-dwelling adults. Methods: This cross-sectional study surveyed 163 community-dwelling adults (18+), using structured questionnaires to collect sociodemographic, health, and AdvDir-related data. Key predictors included attitudes toward life-sustaining treatments, comfort discussing death, religious practices, and interest in quality-of-life information related to end-of-life care. The primary outcome was preference for unlimited medical treatment in hypothetical dementia scenarios. Bivariate and multivariate logistic analyses assessed associations, adjusting for covariates. Results: In the dementia scenario, 26.9% of participants preferred unlimited medical treatment. This preference was strongly associated with a pre-existing attitude favoring life-sustaining treatments (OR = 4.24, 95% CI: 1.73 – 10.37, P = 0.002) and religious beliefs (OR = 5.68, 95% CI: 1.51–21.43, P = 0.01). Conversely, an interest in learning about quality of life at the end of life was negatively associated with preferring unlimited treatment (OR = 0.29, 95% CI: 0.09-0.89, P = 0.03). Discussion: Our findings highlight the need to align advance care planning with individuals' values, beliefs, and religious practices. Raising awareness of quality-of-life considerations in end-of-life care may lead to a shift in preference toward palliative care rather than aggressive treatment. Healthcare providers should discuss treatment trade-offs with cultural and religious sensitivity to support informed decision making.

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24. **Differences in Survival Associated With the First Antiseizure Medication in People With Dementia and Epilepsy**

Authors: Zelano, Johan;Larsson, David;Idegård, André and Brigo, Francesco

Publication Date: 2026

Journal: Neurology 106(9), pp. e214929

Abstract: Background and Objective: Epilepsy is an increasingly recognized comorbidity in neurocognitive disorders. Although experts recommend newer antiseizure medications (ASMs), whether there are real-world benefits of selecting particular ASMs for epilepsy in dementia remains unknown. Our objective was to examine whether different ASMs are associated with differences in survival in persons with epilepsy and dementia.; Methods: A cohort study was conducted using Swedish national registers. We included individuals with dementia who received ASM treatment after a diagnosis of epilepsy after January 1, 2006. Data were analyzed until December 2023. Dispensed ASMs (Anatomical Therapeutic Code N03) were used to identify treatment; patients were categorized as starting one of the 4 most common ASMs (carbamazepine, levetiracetam, lamotrigine, valproate) or other ASMs. Recurrent prescriptions were used to determine treatment duration. Associations between all-cause death and ASMs were assessed by Cox proportional hazards regression. We also assessed causes of death and the risk of cardiovascular death.; Results: In Sweden, between 2006 and 2023, we included 5,764 individuals (2,811 men 48.8%] and 2,953 women 51.2%]) using their first ASM after a diagnosis of epilepsy and dementia. Carbamazepine (n = 1,578) was the most common ASM before 2015 and levetiracetam (n = 2098) most common thereafter. In Kaplan-Meier analyses and Cox regression models adjusting for age, sex, year of ASM start, and comorbidities, valproate (n = 746) was associated with increased adjusted hazard ratio (aHR) of death (1.34, 95% CI 1.20-1.48), in contrast to lamotrigine (n = 922, aHR: 0.84, 95% CI 0.75-0.93) and levetiracetam (n = 2098, aHR: 0.93, 95% CI 0.85-1.03). The risks were similar in analyses using restricted mean survival time, propensity score-matched sets of participants, balancing weights in regression models, and cases with epilepsy onset in existing dementia. Cardiovascular causes of death were more common among users of valproate or carbamazepine than among users of lamotrigine and levetiracetam. Compared with carbamazepine, valproate was associated with increased risk of cardiovascular death (aHR: 1.30; 95% CI 1.11-1.52) while lamotrigine (aHR 0.79; 95% CI 0.66-0.94) was associated with a reduced risk.; Discussion: In this population-wide cohort study, use of valproate was associated with the highest risk of death in persons with epilepsy and dementia. Lamotrigine and, in some models, levetiracetam were associated with better survival than both valproate and carbamazepine. This provides real-world support for existing expert guidelines.

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25. **Effectiveness of animal-assisted therapy for dementia patients: An evidence mapping of randomized controlled trials, systematic reviews, and meta-analyses**

Authors: Zhu, Qiuping;Zhang, Huilin;Zhao, Hong;Lu, Jinju;Su, Siyu and Zheng, Zihan

Publication Date: 2026

Journal: Complementary Therapies in Medicine 98, pp. 103357

Abstract: Background: Dementia is a multi-domain disorder syndrome characterized by progressive cognitive decline. At present, there is insufficient evidence regarding the efficacy and safety of animal-assisted therapy for dementia. This study aims to identify, describe, evaluate, and summarize the currently available controlled trial evidence on animal-assisted therapy for dementia, using an evidence map to identify evidence gaps.; Methods: The system searched 9 databases (PubMed, EMBASE, Cochrane Library, Clinical Key, Web of Science, CNKI, Wanfang, CQVIP, and SinoMed) from the time of inception to December 18, 2024. Randomized controlled trials (RCTs) on animal-assisted therapy for dementia or its complications were included. Risk of bias was assessed using the Cochrane RoB 2.0 tool. A bubble plot evidence map was developed to visually summarize evidence across predefined dimensions (e.g., intervention type, outcome domain, effect direction, and study quality). Existing systematic reviews were consulted for background/context only.; Results: A total of 29 RCTs met the inclusion criteria. Many published RCTs had limitations such as suboptimal study design and small sample sizes, resulting in concerns about risk of bias and heterogeneity. The evidence map suggests that AAT may improve neuropsychiatric symptoms and selected patient-centered outcomes (e.g., quality of life and functional independence); however, findings varied across outcomes.; Conclusion: Evidence suggests Animal-assisted therapy may improve neuropsychiatric symptoms and some patient-centered outcomes in dementia, but study quality is low and heterogeneity high; findings should be interpreted cautiously and confirmed in well-designed, adequately powered trials. (Copyright © 2026 The Authors. Published by Elsevier Ltd.. All rights reserved.)

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26. **Virtual reality and dementia care in England: emerging evidence and future directions.**

Authors: Sheppy B.

Publication Date: 2025

Journal: British Journal of Healthcare Management, 31(10):1-4.

Abstract: [Dementia represents one of the most significant public health challenges in England, affecting around 982000 individuals, with this figure predicted to reach 1.4 million by 2040 (Alzheimer's Research UK, 2025). This article explores the emerging evidence base supporting virtual reality applications for people with dementia in England. It draws on research, theoretical models and policy developments, offering insights into how virtual reality could be integrated into dementia care pathways.]

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27. **AI and Wearables for Early Detection of Cognitive Impairment and Dementia: Systematic Review**

Authors: Cejudo A.

Publication Date: 2026

Journal: *Journal of Medical Internet Research,* 28:e86262

Abstract: [Wearable-derived behavioral markers show promise for early risk stratification. Continuous, passive monitoring may enable scalable detection of subtle behavioral changes, supporting earlier and more personalized risk reduction strategies.]

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28. **OECD Health Working Paper no. 190 : policies for people with dementia across OECD countries.**

Publication Date: 2026

Source:
Organisation for Economic Co-operation and Development (OECD)

Abstract: [Across the OECD, on average, 61 people per 1 000 population aged 65 and over were estimated to be living with dementia in 2023. This policy review provides an overview of the most recent dementia policies across 29 OECD countries and changes in the past decade. The analysis suggests that national dementia policies increasingly emphasise prevention through modifiable risks, early diagnosis, and non-pharmaceutical treatment approaches.

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29. **Treatment of Dysphagia in Patients with Dementia: a Systematic Review and Meta-Analysis.**

Authors: Tong L.

Publication Date: 2026

Journal: *Dysphagia,* 41(1):10-22.

Abstract: [Various treatment methods can effectively improve the swallowing function of patients with dementia dysphagia. It may be best to carry out 4-6 weeks of swallowing training for patients with early dementia and dysphagia. In the future, higher-quality multicenter studies will be needed for verification.

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30. **Assessing the Inclusion of Music Therapy and Music Interventions in National Dementia Strategies and Clinical Practice Guidelines: A Scoping Review.**

Authors: McArthur V et al.

Publication Date: 2026

Journal: *Healthcare* (Basel, Switzerland); Online publication date: 2026 Feb

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31. **The Experiences of People With Dementia and Their Informal Carers of Long-Term Condition Reviews in Primary Care: A Qualitative Study.**

Authors: Cole J.

Publication Date: 2026

Journal: *Health and Social Care in the Community,* 2026(1):8897961.

Abstract: [Multimorbidity (having more than one long-term condition) is common for people with dementia and leads to increased healthcare needs and poorer outcomes for those individuals and also their informal carers. In the United Kingdom, part of the management of comorbidities occurs through annual long-term condition reviews in primary care.]

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32. **A service evaluation and audit of dementia assessment in a community learning disability team.**

Authors: Robson L.

Publication Date: 2026

Journal: *Tizard Learning Disability Review,* 31(3):1–10.

Abstract: [The most commonly reported symptoms of dementia centred around forgetting, fatigue, confusion and loss of skills. Dementia was diagnosed in 16% of service users. The findings highlight some aspects of the pathway that are performing well, such as access time and documentation of assessment processes. Service user characteristics underline some of the complexities in dementia assessment for people with intellectual disability, and results have identified areas where this may be better supported.]

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