

# Dementia in people with a Learning Disability

Definition: A progressive, irreversible loss of mental functions caused by a disease or disorder affecting the brain.

Anyone with an existing cognitive impairment has a greater likelihood of having dementia as they grow older. This includes people with an acquired brain injury and anyone with a learning disability and/or Autism. This is likely because the brain is already damaged in some way and so it is susceptible to further deterioration.

Studies suggest that approximately 1 in 10 people aged 50 to 65 with learning disabilities other than Down's syndrome have dementia. This rises to more than half of those aged 85 or over. This suggests the risk is less than for people with Down's syndrome but still between two and three times greater than for the general population.

People with learning disabilities who develop dementia generally do so at a younger age. This is particularly the case for people with Down's syndrome: a third of people with Down's syndrome develop dementia in their 50s and 1 in 50 people with Down's syndrome develop dementia in their 30s.

Some of the symptoms of dementia can be masked by the adults existing learning disability, for instance, poor memory, shorter attention span, confused thought processes, problems carrying out everyday tasks. There are also a number of other conditions that may present as potentially being dementia and will need eliminating.

Delirium is a sudden change in a person's mental state. It is usually temporary, but if untreated, it can lead to very negative outcomes – even death. People with a learning disability are more prone to delirium. It is triggered by a physical factor such as trauma, urinary tract infection, sleep deprivation, fever, constipation and dehydration. If someone suddenly presents with acute confusion, then delirium should be explored before jumping to a dementia diagnosis.

Frailty is acknowledged as an ongoing condition and is described as a syndrome which results from multi-systems reduction in reserve capacity. This means that the person will be affected by multi organ issues (kidneys, heart etc.) as well as loss of muscle tone and bone density leading to poor mobility and strength. This can have an impact on overall wellbeing and present with some of the symptoms of dementia so this is something else that will need to be ruled out.

A diagnosis of dementia for someone with a learning disability will largely be dependent on the observations of those people who are supporting the individual. They will know what normal, regular behavior is and what the changes have been. It is crucial that clear dated records are kept that identify any changes in behavior, health or general wellbeing. There are specific tests that a health practitioner could do to see if someone has the start of dementia but these are complex and often involve asking questions that the individual may not be able to answer even on a good day.

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See below for some useful links

<https://www.gov.uk/government/publications/people-with-dementia-and-learning-disabilities-reasonable-adjustments/dementia-and-people-with-learning-disabilities>

<https://www.alzheimers.org.uk/about-dementia/types-dementia/learning-disabilities-dementia>

<https://www.dementiauk.org/get-support/maintaining-health-in-dementia/learning-disability-and-dementia/>