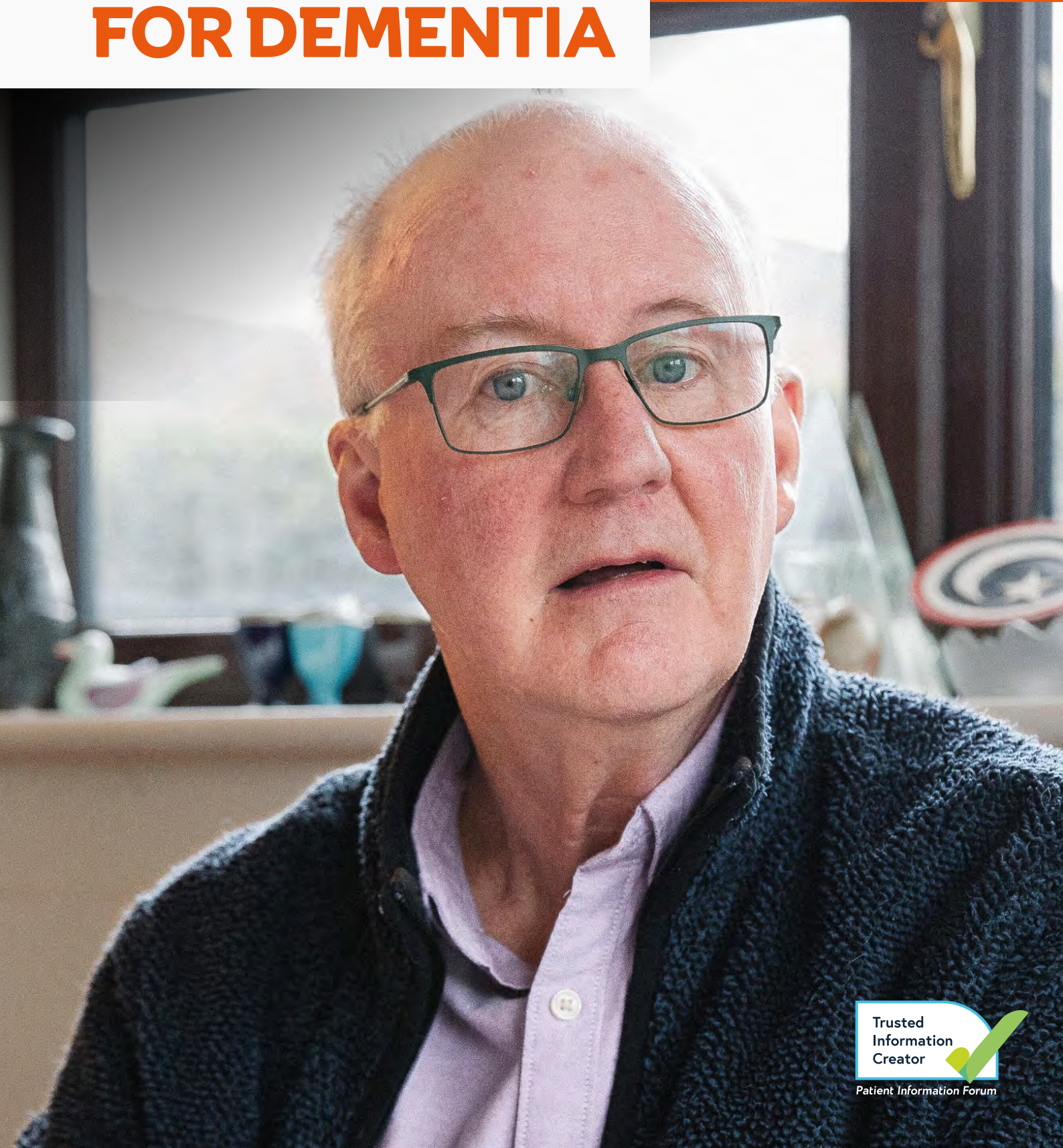


# TREATMENTS FOR DEMENTIA





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## INTRODUCTION

This information is for anyone who wants to know more about treatments currently available for dementia. This might include people with dementia, their carers, friends, and family.

This booklet gives an overview of the treatments currently available for the different types of dementia, including both drug and non-drug treatments.

**It covers treatments for:**

- Alzheimer's disease
- vascular dementia
- dementia with Lewy bodies (DLB)
- frontotemporal dementia (FTD).

This information in this booklet does not replace the advice that doctors, pharmacists, or nurses may provide, but gives you information that we hope you will find useful.

The booklet was updated in February 2024 and is due to be reviewed in April 2026. It was written by Alzheimer's Research UK's Information Services team with input from lay and expert reviewers. Please get in touch using the contact details below if you'd like a version with references or in a different format.

## ANY QUESTIONS

If you have questions about dementia or dementia research, or any feedback on this booklet, you can contact the Dementia Research Infoline on **0300 111 5111**. You can also email [infoline@alzheimersresearchuk.org](mailto:infoline@alzheimersresearchuk.org) or write to us using the address on the back page.

## WHAT IS DEMENTIA?

The word dementia is used to describe a group of symptoms that get worse over time. These symptoms include memory loss, confusion, communication problems and difficulty with day-to-day tasks.

Dementia is caused by a range of diseases that affect how our brains work. Alzheimer's disease is the most common cause. Other causes of dementia include vascular dementia, dementia with Lewy bodies and frontotemporal dementia.

When someone develops a disease that causes dementia, their brain cells become damaged and stop working properly. This damage happens to specific areas in the brain, such as those that control how we think, behave, remember, move and communicate.

For more information about dementia, please ask for our free booklet **'All about dementia'** using the contact details on the back page.

**THE NHS 111 SERVICE CAN GIVE YOU MEDICAL ADVICE 24 HOURS A DAY IF YOU CANNOT REACH YOUR DOCTOR. 📞 111**

## MEDICATIONS FOR DEMENTIA

There are medications that can help people with some types of dementia. If you have been diagnosed with dementia, your treatment will depend on the type of dementia you have. If you are unsure what type of dementia you have, you can ask your doctor.

Following a diagnosis, you can talk with your doctor about the treatments available. Together, you can decide which ones might be best for you. You might also like a family member or carer to be involved in these decisions.

If you are prescribed a drug for dementia, the treatment may be started by your GP or by a specialist doctor. Specialist doctors who see people with dementia include psychiatrists, geriatricians, and neurologists. The ongoing monitoring of your treatment will be done by your GP.

Throughout this booklet, the common name of drug treatments is used, like donepezil and we give the brand names in brackets, for example (Aricept).



# ALZHEIMER'S DISEASE

**Alzheimer's disease is the most common type of dementia. It involves the build-up of two proteins in the brain, called amyloid and tau.**

This damages brain cells and leads to symptoms like memory loss, confusion, communication difficulties and changes in mood such as irritability. For more information about Alzheimer's disease, you can request our booklet **'What is Alzheimer's disease?'** using the contact details on the back page.

## CHOLINESTERASE INHIBITORS

People with Alzheimer's disease might benefit from taking a type of medication called a cholinesterase inhibitor. These medications can help people to think and remember better than they would if they weren't on treatment. This type of medication is used to treat the symptoms of Alzheimer's but it does not slow down or cure the disease.

**There are three cholinesterase inhibitors available to treat Alzheimer's:**

- donepezil (Aricept)
- rivastigmine (Exelon)
- galantamine (Reminyl)

Cholinesterase inhibitors are given to people with mild to moderate Alzheimer's. Doctors will continue to prescribe one of these drugs as long as it is safe and suitable to do so.

### How cholinesterase inhibitors work

In our body, there are billions of nerve cells which send messages to each other. These messages help us to move, think, and remember. In Alzheimer's disease, nerve cells become damaged and lose their ability to send messages. This is why thinking and memory problems are a common symptom.

Our nerve cells rely on chemical messengers to send information from cell to cell. Cholinesterase inhibitors work by increasing the amount of a messenger called acetylcholine. This helps messages to travel around the brain.

By increasing the communication between nerve cells, cholinesterase inhibitors can reduce the symptoms of Alzheimer's and improve a person's ability to carry out daily activities for a time.

These treatments are normally given as tablets or capsules, but they are available in liquid form too. Donepezil is also available as a tablet that dissolves under the tongue. Rivastigmine is available in patches, where the drug is absorbed through the skin. All of these drugs work in a similar way.

So far, research has not found a difference in how effective each different type is. But some people may find one type easier to take than another, for example due to the route of administration or experiencing fewer side-effects. Your doctor will discuss the most suitable one for you.

### Effects of cholinesterase inhibitors

People with Alzheimer's may find that their symptoms improve by taking a cholinesterase inhibitor. This could be an improvement in thinking, memory, communication or with day-to-day activities. Others may find that their symptoms stay the same, or that they do not get worse as quickly as they would have expected. Some people may not notice any effect at all.

As these drugs don't stop Alzheimer's from progressing, even if they work initially, eventually symptoms will begin worsening again. However, they can help some people to function better than they would do without the drug.

**The most common side-effects of cholinesterase inhibitors are:**

- feeling or being sick
- an upset stomach or diarrhoea
- having trouble sleeping
- muscle cramps
- tiredness.

These effects are often mild and usually only temporary. Not everyone will experience side-effects. Talk to your doctor if you experience any side-effects that you're worried about, or that last more than 3 weeks.

# MEMANTINE

**Memantine (Ebixa or Axura) is a drug prescribed to people with moderate or severe Alzheimer's disease, and to people with mild or moderate Alzheimer's if cholinesterase inhibitors are not suitable.**

Memantine is normally given as a tablet, but it is also available as a liquid. Your doctor will discuss the most suitable option for you. Like cholinesterase inhibitors, memantine does not slow down or cure the disease. However, it can help to alleviate some symptoms.

## How memantine works

Memantine helps nerve cells in the brain communicate with each other. It does this by regulating a chemical called glutamate in the brain. This can allow brain cells to work more effectively for longer, reducing symptoms like memory loss and confusion. This can help people to carry out daily activities and to function better than they did before they took the medication.

## Effects of memantine

People with Alzheimer's may find that their symptoms improve with memantine. This could be an improvement in thinking, memory, communication or with day-to-day activities. Others may find that their symptoms stay the same, or that they do not get worse as quickly as they would have expected. Some people may not notice any effect at all.

Some people experience side-effects when taking memantine. The most common are headaches, dizziness, drowsiness, and constipation. These are usually only temporary. Talk to your doctor if you experience any side-effects that you're worried about, or that last more than 3 weeks.

People with moderate or severe Alzheimer's disease are sometimes offered both a cholinesterase inhibitor and memantine to take together. Research has found that this can offer more effective help with symptoms than using one of the medications alone.

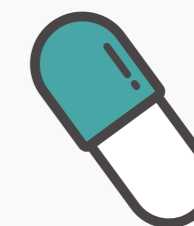
## Summary of treatments for Alzheimer's



Cholinesterase inhibitors and/or memantine to help reduce memory and thinking problems



Complementary treatments to promote wellbeing – like music therapy and aromatherapy



Medication for anxiety, agitation, and aggression when necessary (page 18)



Cognitive therapy (see page 21)



Speech therapy (see page 22)



**FIND OUT ABOUT NEW ALZHEIMER'S TREATMENTS:**

**ALZRES.UK/TREATMENT**

**0300 111 5111**

**OR SCAN THE QR CODE**

# DEMENTIA WITH LEWY BODIES (DLB)

**Dementia with Lewy bodies is caused by small round clumps of protein that build up inside nerve cells in the brain. One of these proteins is called alpha-synuclein and the clumps it forms are called Lewy bodies.**

The protein clumps build up in areas of the brain that control our thinking, memory, vision, and movement. This causes symptoms like forgetfulness, changes to alertness, tremors and hallucinations.

For more information about DLB, you can request our booklet **‘What is dementia with Lewy bodies?’** using the details on the back page.

There are currently no treatments that can reverse the brain cell damage that causes dementia with Lewy bodies. Drugs called cholinesterase inhibitors (details on page 06) may help to improve some of the symptoms of DLB, including thinking skills and visual hallucinations.

A doctor may prescribe this type of drug if you have been diagnosed with DLB. So far, memantine (page 08) has only been shown to have small benefits for people with DLB, but it may be offered to those who can't be given a cholinesterase inhibitor or can't take a cholinesterase inhibitor due to side effects.

Levodopa, a drug used to treat Parkinson's disease, may also be prescribed if someone with DLB has movement problems. However, there is a risk that levodopa may cause or worsen visual hallucinations. If this occurs, tell your doctor as soon as possible. Physiotherapy may also be prescribed for people with DLB to help with their movement problems.

A drug called clonazepam may also be prescribed to help ease rapid eye movement (REM) sleep behaviour disorder, in which people act out their dreams causing a risk to injury during sleep.

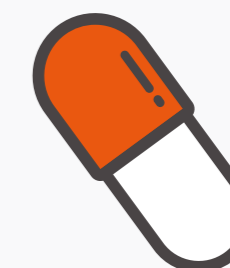
## Summary of treatments for DLB



Cholinesterase inhibitors and/or memantine to help reduce memory and thinking problems



Complementary treatments to promote wellbeing – like music therapy and aromatherapy



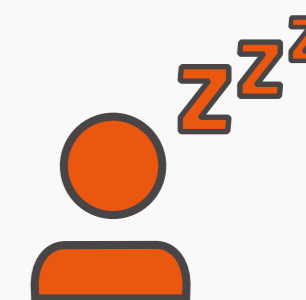
Medication for anxiety, agitation, and aggression when necessary (page 18)



Cognitive therapy (see page 21)



Levodopa and physiotherapy to treat movement problems



Clonazepam for REM sleep behaviour disorder

# VASCULAR DEMENTIA

**Vascular dementia occurs when blood vessels (arteries) become damaged and blood flow to the brain is reduced, which in turn causes damage to brain cells.**

Risk factors for vascular dementia include high blood pressure, stroke, diabetes, and heart problems. People with these conditions have an increased risk of developing vascular dementia.

For more information about vascular dementia, please request our booklet **‘What is vascular dementia?’** using the contact details on the back page.

There are currently no treatments that can reverse the brain cell damage that causes vascular dementia. However, a doctor may prescribe or monitor medicines used to treat underlying conditions that can damage blood vessels and lead to vascular dementia. A doctor may also advise making healthy lifestyle changes, in particular stopping smoking.

Cholinesterase inhibitors and memantine (details on page 6) don't help with symptoms of vascular dementia. However, some people can be diagnosed with both Alzheimer's and vascular dementia, which is often called 'mixed dementia'.

These treatments may be prescribed in such cases. If you've been diagnosed with mixed dementia, you can discuss these treatment options with the doctor.

**THERE ARE CURRENTLY NO TREATMENTS TO SLOW OR STOP VASCULAR DEMENTIA. HOWEVER, THERE ARE SOME TREATMENTS THAT MAY IMPROVE QUALITY OF LIFE.**

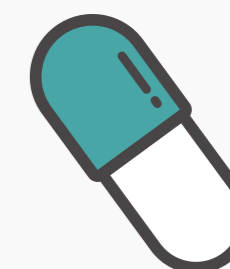
## Summary of treatments for vascular dementia



Medications for mixed dementia, where someone has vascular dementia and Alzheimer's disease (page 6)



Medicines to treat or prevent underlying conditions like stroke, high blood pressure, high cholesterol or diabetes



Medication for anxiety, agitation, and aggression when necessary (page 18)



Cognitive therapy and speech therapy (page 21)



Complementary treatments to promote wellbeing – like music therapy and aromatherapys



Stopping smoking

# FRONTOTEMPORAL DEMENTIA (FTD)

Frontotemporal dementia is a rare form of dementia, accounting for less than 5% of all dementia cases. It is caused by damage to cells in areas of the brain called the frontal and temporal lobes. These areas control our personality, emotions, and behaviour, as well as our speech and understanding of language.

For more information about frontotemporal dementia, ask for our booklet **'What is frontotemporal dementia?'** using the details on the back page.

At the moment, there are no specific drugs to treat frontotemporal dementia. Other drugs may help some symptoms of the disease. For example, an antidepressant may be considered if someone is struggling with mood symptoms. You can find more details about such treatments on page 14.

Some people with FTD have physical symptoms such as problems swallowing or moving, which need careful management. Speech therapy, occupational therapy, or physiotherapy may be offered to help with these symptoms. You can ask your doctor about these treatments.



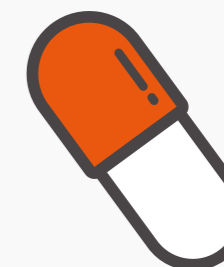
## Summary of treatments for FTD



Occupational therapy and physiotherapy to help with movement problems



Cognitive therapy (see page 21)



Medication for anxiety, agitation, and aggression when necessary (page 18)



Complementary treatments to promote wellbeing – like music therapy and aromatherapy



Speech therapy to change to help with communication and swallowing problems



## TREATMENTS FOR OTHER SYMPTOMS OF DEMENTIA

Depression, anxiety, agitation and aggression are symptoms that some people with dementia may experience. These symptoms are often experienced by people in the later stages of dementia, including those with Alzheimer's disease, vascular dementia, dementia with Lewy bodies and frontotemporal dementia.

### DEPRESSION

People who had depression or anxiety before their dementia may benefit from continued use of antidepressant medications. However, these aren't recommended for people who had no history of depression before their dementia symptoms started. In these cases, people may be offered other complementary treatments.

There are different types of antidepressant. Your doctor will be able to advise you if an antidepressant could help, and which type would be best.

Your doctor may recommend cognitive behavioural therapy (CBT), either as an alternative to antidepressant medication or in combination with it. CBT provides an opportunity for people to talk about their worries and concerns with a specialist. It aims to help people develop different ways of thinking and behaving to manage their symptoms.

There may also be other therapies offered in your local area that could help. These might include exercise or group activities, such as music therapy, which have been shown to be an effective treatment to support some people with depression.

## AGITATION, ANXIETY, AND AGGRESSION

Some people with dementia experience agitation, aggression, delusions (negative or mistaken beliefs), anxiety, hallucinations, sleep disturbances and other behavioural symptoms. These are known as neuropsychiatric symptoms or behavioural and psychological symptoms of dementia (BPSD).

These symptoms can be difficult for the person with dementia and their loved ones to live with, but there are some things that might help. A doctor should first try to identify the cause or trigger of aggression or agitation. A person's physical health may affect their behaviour. For example, pain, being constipated, or needing the toilet can make people distressed, especially when they can't communicate about it. Someone's surroundings can also affect their behaviour, for example poorly lit rooms or unfamiliar places, as well as their feelings towards certain situations.

Finding out if there are triggers that cause aggressive or agitated behaviour means it might be possible to remove, treat or avoid them. Mild behavioural symptoms can often be helped with adjustments to physical surroundings, reassurance, or changes to daily routine.

### Possible triggers could include:

- undetected pain or discomfort
- infections
- depression
- social situations
- noisy or overwhelming environments
- disruption to routine.

**FOR MORE INFORMATION AND SUPPORT,  
YOU CAN SPEAK TO YOUR GP OR DEMENTIA  
UK'S ADMIRAL NURSES ON 0800 888 6678  
OR HELPLINE@DEMENTIAUK.ORG**

## ANTIPSYCHOTIC DRUGS

If someone with dementia is distressed, complementary treatments (page 18) may help them feel better in themselves. However, if these have not worked or are not available and someone is very distressed, they may be offered an antipsychotic drug.

They should be prescribed for a short time only, and anyone with dementia taking an antipsychotic drug should have regular catch-ups with their GP, who will ask about any side-effects. If you have any concerns about antipsychotics being used, you can talk to your doctor.

### Effects of antipsychotic drugs

There are several different antipsychotic drugs. One, called risperidone (Risperdal), can treat severe agitation, aggression, and behavioural changes in people with dementia. Short-term treatment can help to reduce these symptoms.

Rarely, people who are extremely aggressive may be prescribed other antipsychotic drugs at a low dose. Haloperidol (Haldol, Serenace) is another antipsychotic that might be prescribed for a short time (up to 6 weeks). Lorazepam (Ativan, Temesta), a type of drug called a benzodiazepine, is not an antipsychotic drug but may also be used in a similar way for a short time to help reduce very aggressive behaviour.

All antipsychotics can have serious side-effects. They should only be prescribed if there is severe distress or immediate risk of harm to the person themselves or others around them. Long-term use of antipsychotic drugs is associated with an increased risk of stroke and may worsen memory and thinking in people with Alzheimer's disease. For this reason, antipsychotics should not usually be used for longer than three months and the benefits of prescribing them need to be carefully weighed up against the risk of side-effects for each person. Other methods to reduce agitation, anxiety and aggression should be tried first.

The prescription of antipsychotics for people with dementia with Lewy bodies should always be very carefully considered as they can cause movement symptoms to get worse and can lead to an increased risk of death.

If you are concerned about antipsychotics, you can talk with your doctor about what type of medication is being prescribed and why.



## COMPLEMENTARY TREATMENTS

### COGNITIVE THERAPIES

Cognitive behavioural therapies (CBT) aim to reduce symptoms of anxiety, agitation and depression and improve wellbeing. There are several types of cognitive therapy that may benefit people with dementia:

Cognitive stimulation activities are designed to encourage thinking skills and engage people who have dementia. It uses different experiences and learning approaches to stimulate the senses. They are often group-based and include games, with an emphasis on enjoyment. Cognitive stimulation can be provided by health or social care staff with appropriate training. The benefits of cognitive stimulation for people with dementia can include improvement in memory, thinking skills and quality of life.

Reminiscence therapy is where past memories, events and experiences are discussed, usually with photographs and other familiar objects from the past. As long-term memory is usually not affected until the later stages of dementia, a person with dementia may find it comforting revisit earlier parts of their lives.

Cognitive rehabilitation aims to improve how people manage everyday tasks by setting personal goals and finding ways to achieve them. The focus is on developing the person's strengths and helping them to overcome their individual challenges. You can talk to your doctor about a referral for cognitive therapies. They should be able to let you know of services local to you that can provide such treatments.

### PHYSICAL ACTIVITY AND PHYSIOTHERAPY

Physical activity and physiotherapy can be beneficial for people with dementia. Staying active has many health benefits, including reducing the risk of falls and stroke, increasing mobility, and improving mood. Your doctor can talk about local services and make referrals to a physiotherapist if they feel it's appropriate.

## OCCUPATIONAL THERAPY

Occupational therapy provides support to people whose health prevents them doing everyday activities. An occupational therapist can identify difficulties a person with dementia may have in everyday life, such as dressing or preparing food, and will work with the person to find practical solutions like introducing living aids and adapting living spaces.

## COMPLEMENTARY TREATMENTS FOR DEPRESSION, ANXIETY OR AGITATION

Complementary treatments can be used alongside medication and cognitive behavioural therapy. They can help improve wellbeing, making people feel better and cope better with symptoms of anxiety and depression.

**The type of therapy will depend on local availability and the individual's preference, and might include:**

- aromatherapy
- music therapy, singing groups or dancing
- animal-assisted therapy
- massage
- multi-sensory stimulation.

Activities the person can engage with and enjoy might also help. These could include reminiscence therapy, spending time outside, and listening to music. If these don't help much, the person can talk to their doctor about trying something new. These therapies can be provided by a healthcare professional with appropriate training.

Some people with dementia may find one of these therapies helpful and there is some research that suggests they may be beneficial. However, the studies done so far have been small, so more research is needed.

## SPEECH AND LANGUAGE THERAPY

Speech and language therapy can help people with aphasia, which can be a common symptom in vascular dementia and frontotemporal dementia. Aphasia causes problems with speaking, language, and swallowing. Talk to your doctor for a referral to a speech therapist if you experience these symptoms.

## ALTERNATIVE AND/OR HERBAL PRODUCTS

It is best to be wary of 'herbal' or 'alternative' or products that claim to benefit people with dementia, or to improve memory. There has been very little high-quality research into these products, and some may not be safe for people with dementia. For example, despite anecdotal reports, there is currently insufficient evidence from studies in people that coconut oil, ginkgo biloba or turmeric can benefit people with dementia.

The most important thing when considering taking an alternative product is to talk to your doctor or pharmacist. Some of these products might interact with your everyday medication, so the doctor or pharmacist needs to know about anything you might be taking. These products should never be taken as a substitute for prescribed medicines.

**COMPLEMENTARY TREATMENTS CAN BE USED ALONGSIDE MEDICATION AND COGNITIVE BEHAVIOURAL THERAPY. THEY CAN HELP IMPROVE WELLBEING.**



## CARING FOR SOMEONE WITH DEMENTIA

**Accessing services and support can make a big, positive difference to someone with dementia and their family.**

Some services will be provided by local authorities and others can be arranged through your doctor. For advice, you can contact your local social services department to find out what dementia support is available near you. Following a diagnosis everyone with dementia is entitled to an assessment of their needs. Carers are also entitled to their own assessment.

The following organisations provide information, support, and care services to people affected by dementia as well as their families and carers.

The **Admiral Nurse Dementia Helpline** is run by the charity Dementia UK. It offers practical advice and emotional support to people affected by dementia. Tel: **0800 888 6678**. Email: [helpline@dementiauk.org](mailto:helpline@dementiauk.org)

**Alzheimer Scotland** provides the 24-hour National Dementia Helpline in Scotland as well as local services across Scotland for people with dementia and their carers. Tel: **0808 808 3000** Email: [helpline@alzscot.org](mailto:helpline@alzscot.org)

**Alzheimer's Society** runs the Dementia Connect helpline in England, Wales, and Northern Ireland. They offer information, local support and guidance to anyone affected by dementia. Tel: **0333 150 3456** Email: [dementia.connect@alzheimers.org.uk](mailto:dementia.connect@alzheimers.org.uk)

**Age UK** can provide information about help available through social services, as well as information and advice about issues faced by older people. Tel: **0800 169 6565** Website: [ageuk.org.uk](http://ageuk.org.uk)

The **Lewy Body Society** provides support and advice for people with dementia with Lewy bodies, their families, and carers in the UK. Tel: **01942 914 000** Email: [info@lewybody.org](mailto:info@lewybody.org)

**Parkinson's UK** provides support and advice to people with Parkinson's disease, and dementia with Lewy bodies. They also have specialist nurses who can provide medical information. You can contact a helpline advisor on **0808 138 6593**.

**Rare Dementia Support** provides support and information for people with rare types of dementia like frontotemporal dementia. Find out more at [raredementiasupport.org](http://raredementiasupport.org) or email [contact@raredementiasupport.org](mailto:contact@raredementiasupport.org)

## TAKING PART IN RESEARCH

People with and without dementia who take part in research studies or clinical trials play an essential role in helping scientists to understand dementia and test potential new treatments and therapies.

Join Dementia Research is a UK-wide service that allows you to register to take part in dementia research studies. The service will match you to research studies that you are suitable for. If you would like to register to take part visit [joindementiaresearch.nihr.ac.uk](http://joindementiaresearch.nihr.ac.uk) or call the Dementia Research Infoline on **0300 111 5111**.

You can also ask your doctor about any local research studies you can get involved with.



### FIND OUT MORE

If you have questions about dementia, dementia research or how to take part in studies contact the Dementia Research Infoline on **0300 111 5111** or email [infoline@alzheimersresearchuk.org](mailto:infoline@alzheimersresearchuk.org). You can also write to us at the address on the back of this booklet.

The Infoline operates 9.00-5.00pm Monday to Friday. Calls cost no more than national rate calls to 01 or 02 numbers and should be included in any free call packages. Interpreter services are available.

# RESEARCH

Alzheimer's Research UK has funded over £65 million of research into the development of new treatments for dementia and is leading the search for a cure.

We are at a tipping point in dementia research where finding a treatment that can stop diseases like Alzheimer's is closer than ever before.

Bringing together expertise from across the UK and joining forces with pharmaceutical industries is important to achieve this. Alzheimer's Research UK's Drug Discovery Alliance (DDA) unites institutes in Cambridge, Oxford and London (UCL) to bring together discoveries by researchers in universities and drug development by pharmaceutical companies. You can find out more about our research at [alzheimersresearchuk.org/research-projects](http://alzheimersresearchuk.org/research-projects)

With your support, we will continue to fund many more studies into the treatment of dementia. We promise we will not stop until dementia can no longer destroy lives.

**We are Alzheimer's Research UK.  
We exist for a cure.**

**Alzheimer's Research UK is the UK's leading dementia research charity. We provide free dementia health information, like this booklet and others.**

**If you or your loved one have been diagnosed with dementia in the last two years and would like to share your experience to help shape our work visit [alzres.uk/MCV](https://alzres.uk/MCV)**

## **CONTACT US**

**0300 111 5111**

**[infoline@alzheimersresearchuk.org](mailto:infoline@alzheimersresearchuk.org)**

**Alzheimer's Research UK  
3 Riverside, Granta Park, Cambridge CB21 6AD**

## **VISIT**

**[alzheimersresearchuk.org/dementia-information](https://alzheimersresearchuk.org/dementia-information)**

## **ORDER**

**[alzheimersresearchuk.org/supporter-orders](https://alzheimersresearchuk.org/supporter-orders)**

**Or scan the QR code**



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RESEARCH UK** **FOR A  
CURE**

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