

Supporting a person with dementia who has depression, anxiety or apathy

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Depression, anxiety and apathy are known as 'psychological conditions' because they affect a person's emotional and mental health. It's common for people with dementia to experience these conditions. This factsheet looks at how they can affect a person with dementia. This can be different to how they affect people who don't have dementia.

It also looks at ways to support a person with dementia who has depression, anxiety or apathy. This includes day-to-day support that carers and other people can provide. It also includes non-drug treatments, such as talking therapies or 'psychological therapies', and explains the different types and how they can help.

The information in this factsheet focuses on supporting someone with dementia who has depression, anxiety or apathy. However, anyone can experience these conditions. For more information about this if you're caring for someone with dementia see 'How can talking therapies help carers?' on page 22.

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Supporting a person with dementia who has depression, anxiety or apathy

This factsheet focuses on three psychological conditions – depression, anxiety and apathy – and describes therapies and treatments that can help a person with dementia who has one or more of these conditions. It also gives tips on day-to-day things that those around them can do to help.

Be aware that sometimes a person with dementia may behave in a way that appears they have depression, anxiety or apathy even though they don't. There may instead be another reason for their behaviour – they may be reacting to their environment or how they are being treated. For example:

- they may seem depressed because they are bored and don't have enough stimulation
- they may seem anxious because they have an underlying unmet need
- they may seem apathetic because they are finding it difficult to choose between too many options.

Those close to the person can try to find ways to support them and meet their needs. For more information see factsheets 524, **Understanding and supporting a person with dementia**, 525, **Changes in behaviour**, and 500, **Communicating**.

Depression

Most people feel low or sad from time to time. This is not the same as being depressed. Depression is a condition that can last for several weeks or months. When a person has depression a number of negative feelings can dominate their life, including sadness, hopelessness and a loss of interest in things they used to enjoy.

At least one in five people in the UK will have depression at some time in their lives. However, it is more common in people with dementia, particularly if they have vascular dementia or Parkinson's disease dementia. Depression is often diagnosed when a person is in the early stages of dementia. However it can develop at any stage. Depression can also come and go.

Causes of depression

If a person has had depression in the past they are more likely to have it again if they develop dementia.

Depression often has more than one cause. The causes vary a lot from person to person including:

- a history of traumatic or upsetting events
- other health conditions or disabilities – particularly heart problems, breathing difficulties, chronic pain or hormonal problems
- side-effects of medications – including certain sleeping pills, steroids, beta-blockers and drugs used to treat Parkinson's disease
- not having enough meaningful things to do, social isolation or a lack of social support
- not getting enough good-quality sleep
- bereavement – this can make a person more vulnerable to depression, although grief itself is not normally thought of as a type of depression
- feeling stressed about issues such as money, relationships or the future
- drinking too much alcohol.

These causes can be similar for everyone – whether they have dementia or not. However, if a person in the early stages of dementia has depression, it might be directly linked to them worrying about their memory and the future.

People with vascular dementia often have more insight and awareness of their condition than people with Alzheimer's disease. This may explain why it's more common for people with vascular dementia to have depression.

The diseases that cause dementia can also sometimes cause depression.

People who live in a care home seem to be at particular risk of developing depression. This is why good staff training and regular visits from family members and friends can help to improve their wellbeing.

Symptoms of depression

Depression can affect people in different ways. There are also different levels of depression – doctors talk about people having 'mild', 'moderate' or 'severe' depression. Common symptoms include feeling sad, hopeless or irritable for much of the time. A person may lose interest or pleasure in activities they once enjoyed, or they may feel worthless, guilty or have low self-confidence.

People with depression can have disturbed sleep, such as waking in the very early morning. They may also struggle to think clearly or concentrate, or they may become more forgetful.

Older people who have depression may have slightly different symptoms than younger people. They are likely to feel more agitated and to have more health anxiety (worries about their own health). They are also more likely to have more physical symptoms, such as aches and pains.

Depression can drain a person's energy and make them feel hopeless. It could even make them think about ending their own life. This is why depression should be taken very seriously. It should not be dismissed as a person just feeling 'a bit down'.

As well as having negative feelings, if a person with dementia has depression, it can make problems with their thinking and memory worse. Depression may also make any changes in their behaviour worse. They may be agitated and aggressive. They may also have problems sleeping or refuse to eat. For people in the later stages of dementia, symptoms of depression often include tearfulness and weight loss.

Some symptoms of depression are similar to symptoms of dementia. This includes being withdrawn and having problems with memory and concentration. However, there are key differences between the symptoms of depression and dementia – see below.

Differences between depression and dementia

- Depression tends to develop much more quickly than most types of dementia – over weeks or a few months.
- It is common for people with dementia to have problems with their speech and awareness of where they are and what time it is. This is unusual in depression.
- A person with depression may sometimes say they can't remember something but then remember when they are prompted. However, a person with dementia (particularly Alzheimer's disease) is likely not to remember recent events. They may also try to cover up their memory loss.
- A person with severe depression may have problems with their reasoning or memory. However, this is likely to be because they have poor concentration. Their problems with reasoning or memory should get better with treatment or when the depression lifts. This does not happen with dementia.

Treatment for depression

A person who has depression should be offered a range of treatments, depending on how long they've had it and how severe it is. If they have mild depression they may be offered a support group or self-help (activities and techniques they can do by themselves). If they have more severe or persistent depression their GP may prescribe an antidepressant medication, as well as (or followed by) referring them for a talking therapy (see page 19).

The difficulties people with dementia may have with their mental abilities can make it harder to treat depression. This could include difficulties with their attention, communication, memory or reasoning. To have the most benefit, some types of talking therapy need a person to have these mental abilities intact. This includes cognitive behavioural therapy (CBT) (see page 21). However, there's no reason why a person with dementia can't benefit from talking about their thoughts and feelings with a professional counsellor or therapist, at least during the earlier stages of the condition.

Antidepressant drugs are widely used to treat depression. However they don't seem to be as effective in people with dementia (see page 9). As a result, treating depression in a person with dementia can be more about improving their quality of life through:

- care and support that matches their needs, personality and preferences
- dealing with any underlying issues that may be the cause of depression, such as loneliness, or treating pain
- generally helping them live as positively as possible.

If a person has depression they should be offered a range of treatments, depending on how long they have had it and how severe it is.

Routines, activities and surroundings

People with dementia who have depression may benefit from:

- having a daily routine they find reassuring
- doing regular physical activity, such as walking, cycling, tai chi or Pilates
- doing regular activities with other people – social isolation can make depression worse
- spending time doing reminiscence and life story activities, such as making a scrap book or photo album about their life
- having more one-to-one interaction with another person – some people enjoy talking, holding hands or gentle massage
- changes to their environment – for example, reducing bright lights and loud noises or avoiding large groups of people.

These ways of managing depression don't need a counsellor, psychotherapist or doctor. However, it can be very helpful to ask a professional for advice.

Support groups can also be very helpful. They can give people a chance to talk to others who are going through a similar experience. To find groups in your local area, use our online dementia directory at **alzheimers.org.uk/dementiadirectory**

Antidepressant medication

Depression is sometimes caused by a person having low levels of certain chemicals in their brain (known as 'neurotransmitters'). Antidepressant medication can increase the levels of some of these chemicals. This can help to improve a person's mood over weeks and months.

A person with dementia who has depression is likely to be offered antidepressant medication if the depression is severe or it hasn't responded to other types of therapy. However there isn't much evidence that these drugs are effective for treating depression in people who have dementia.

Complementary and alternative treatments

If the person wants to try complementary or alternative therapies to manage their depression they should speak to their doctor first. These include aromatherapy, massage and bright light therapy. Most alternative therapies are unlikely to conflict with conventional treatments. However some may interact with other drugs the person is taking – for example St John's wort or cannabidiol (CBD) oil. That is why they should always check with their GP first.

How to support a person with dementia who has depression

Encourage the person to:

- talk about their thoughts and feelings
 - If something upsetting or traumatic has happened they may find it helpful to talk about it – however if it was a severe emotional trauma, ask a professional counsellor or psychotherapist for help first (see 'Talking therapies' on page 19).
 - Try to be patient and understanding rather than trying to make them 'cheer up'.
 - If they don't feel comfortable talking to someone they know about sensitive issues, they may instead find it helpful to talk to a professional counsellor or therapist.

- be sociable and spend time with other people, which can help them to feel less isolated
- continue with treatment
 - If they start a course of talking therapy, encourage them to keep doing it even if they feel the improvement is slow to start with.
- stay physically active
 - Whether it's gentle or vigorous, doing regular activity can reduce a person's feelings of depression, as well as helping with sleeping problems and apathy.
 - If they can, support and encourage them to regularly go outdoors and spend time in natural environments (such as a park or garden).
- do other activities they enjoy
 - Some people may benefit from doing life story work or reminiscence therapy (see page 8 for examples).
- eat a wide range of healthy foods.
 - Having an unhealthy diet and drinking too much alcohol or caffeine may cause depression or make it worse.
 - Make sure the person has healthy, nutritious and enjoyable food to eat, ideally in the company of family and friends if they prefer it that way.

There are other ways of helping someone with dementia who has depression. Look at the person's environment and remove or reduce anything that makes them feel distressed. It can help to support and encourage the person to stay active and engaged. Doing creative or group activities can also help, such as dancing or singing.

Faith or social groups may be important to the person. If so, they should be supported to keep attending services or meetings and staying involved. There may also be other local groups they can join, including support groups. You can find what is available in their area by using our online dementia directory at [alzheimers.org.uk/dementiadirectory](https://www.alzheimers.org.uk/dementiadirectory)

Anxiety

Everyone feels anxious from time to time. It is caused by the fear or thought that something bad is about to happen. When a person feels anxious they may also have physical changes, such as higher blood pressure, heart rate and sweating. For most people feeling anxious will pass quickly when they no longer sense any danger. However, a person with anxiety can find it very difficult to stop thinking and feeling that something bad is about to happen.

Anxiety is the main symptom of a number of mental health conditions. These include generalised anxiety disorder (GAD), panic attacks and phobias. Some people may also have obsessive thoughts that can make them feel anxious. Anxiety can have a serious impact on a person's everyday life.

It is common for people with dementia to have anxiety. It can make symptoms of dementia worse – particularly symptoms that affect a person's attention, planning, organising and decision-making.

Anxiety seems to be more common in people with dementia who still have good insight and awareness of their condition. It can be particularly common in people with vascular or frontotemporal dementia (FTD). It is less common in people with Alzheimer's disease.

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Causes of anxiety

Some causes of anxiety are similar to causes of depression (see page 4). The causes of anxiety in a person who has dementia are often similar to the causes in people who don't have dementia. These include:

- having a history of traumatic or upsetting events
- worrying about difficult issues such as health or money problems or relationships
- damage to the parts of the brain that regulate emotion
- having a family history of anxiety.

People who have had anxiety in the past are more likely to have it again. However people in the early stages of dementia may have anxiety that is linked directly to their worries about their memory and the future. People with vascular dementia often have better insight and awareness of their condition than people with Alzheimer's disease. This may explain why it's more common for people with vascular dementia to have anxiety.

People who live in a care home may have anxiety that is linked to a lack of individual care and needs that are overlooked. For example, they may have no one to talk to regularly or daytime activities to keep them active. As their condition progresses, people with dementia become more disorientated, forgetful and less able to think things through. For some people this struggle to make sense of the world can cause anxiety. However, there are things that carers and people around them can do to support a person with dementia to feel less anxious as their condition progresses. For more information see factsheets 417, **Supporting a person in the later stage of dementia** and 524, **Understanding and supporting a person with dementia**.

Symptoms of anxiety

People with dementia who have anxiety may have a range of psychological symptoms. As well as feeling anxious they may feel tired, uneasy, irritable, and struggle to concentrate. They may also have physical symptoms – fast or irregular heartbeats (palpitations), shortness of breath, dizziness, nausea or diarrhoea.

A person with dementia who has anxiety may also have changes in their behaviour, such as being agitated or hoarding. They may constantly ask for reassurance and not want to be left alone. Or they may closely follow a carer or family member around. They may also be restless and pace or fidget.

Treatment for anxiety

Anxiety can be treated with a range of approaches, depending on the person's needs.

If a person with dementia has mild anxiety, it may help to listen to their worries and reassure them. Many things can cause anxiety or make it worse. Addressing these as much as possible can help make a person feel less anxious. For example, if they are worried that they will lose their balance and fall, doing things to stop this from happening can help to make them feel less anxious. This could include encouraging the person to do exercises to become physically stronger, installing grab rails or reducing any clutter in their environment.

If pain is contributing to the person's anxiety, they should have regular pain relief to help them feel more comfortable. If they are worried about becoming lonely or cut off from people, their friends and family members can help to make them feel included and remain socially active.

Reducing anxiety can involve a range of people. This can include the person's family and friends as well as professionals, such as GPs, psychotherapists, occupational therapists, physiotherapists and social workers.

It may help to adapt a person's home so it feels calmer, safer and less stressful. For more information see factsheet 429, **Using equipment and making adaptations at home**. It may also help to create a familiar routine for their everyday life that includes meaningful, stimulating and engaging activities.

People with more severe and persistent anxiety may benefit from psychological therapies such as cognitive behavioural therapy (CBT) (see page 21). There is also evidence that doing music therapy (with a qualified therapist) reduces agitation, which can be a symptom of anxiety.

Some people may also be prescribed medication to treat their anxiety.

How to support a person with dementia who has anxiety

Encourage them to:

■ talk about their worries or fears

- If something very upsetting or traumatic has happened recently or in the past, the person may find it helpful to talk about their feelings – however, if it was severe emotional trauma, ask a professional counsellor or psychotherapist for help first (see ‘Talking therapies’ on page 19).
- If they are not comfortable discussing sensitive issues with someone they know, it may help if they instead talk to a professional counsellor or therapist.

■ continue with treatment

- Encourage them to keep taking anti-anxiety medication or doing a course of therapy, even if they think improvement is slow at first.

■ stay active

- Doing physical activity can reduce feelings of anxiety and sleeping problems.
- Doing group activities can also help to reduce anxiety (such as dancing or singing).
- If they can, support and encourage them to regularly go outdoors and spend time in natural environments (they may need emotional support to do this).

■ eat a wide range of healthy foods and not to drink too much alcohol or caffeinated drinks.

- An unhealthy diet can contribute to feelings of anxiety.

Some people with anxiety may also want to try complementary and alternative therapies. This could include aromatherapy, acupuncture, massage therapy and herbal medicines (for example Ginkgo biloba and CBD oil). If a person wants to try these they should speak to their doctor first.

Apathy

Many people sometimes have less energy or 'drive', or lose their 'spark'. However apathy is different. If a person has apathy they will have little or no motivation to do things that they would usually find meaningful and worthwhile.

Apathy is much more common in people with dementia than in older people who don't have dementia. About 2–5% of older people without dementia have apathy, but about 50–70% of people with dementia have apathy. People who have any type of dementia can have apathy. However, it is particularly common in people with frontotemporal dementia (FTD).

People with dementia tend to become more likely to develop apathy as their condition progresses. However, apathy can start during the very early stages in some types of dementia – such as frontotemporal dementia, dementia with Lewy bodies (DLB) or Parkinson's disease dementia. Once a person has apathy it tends to continue, rather than coming and going.

Causes of apathy

People with dementia often develop apathy due to damage to the frontal lobes of their brain. This part of the brain controls our motivation, planning and sequencing of tasks.

If a person with apathy is withdrawn, stops doing things and loses their confidence and abilities, their apathy can get worse. People who are close to them may be able to help prevent this. See 'How to support a person with dementia who has apathy' on page 17 for more information.

50–70%

About 50–70% of people with dementia have apathy.

Symptoms of apathy

A person with dementia who has apathy will be less motivated to do things. They may also:

- have no energy or motivation to do routine or daily tasks, such as brushing their teeth or having a shower
- rely on other people to suggest and organise activities
- not be interested in joining conversations or talking to new people
- not be worried about their own problems
- have unemotional responses to news or personal events – they may seem to be uninterested or detached.

Some of these symptoms are also common in people who have depression, such as losing interest in things and lacking energy. This is why it can be hard to know whether a person has depression or apathy, even for a doctor. The main difference is that a person with depression will feel sad, tearful, hopeless or have low self-esteem (see ‘Symptoms of depression’ on page 5). A person with apathy will not have these symptoms of low mood. Instead they will feel that they have no energy or ‘spark’.

Differences between depression and apathy

A person with depression will feel sad, tearful, hopeless or have low self-esteem. A person with apathy will not have these symptoms of low mood. Instead they will feel that they have no energy or ‘spark’.

A person with dementia who has apathy often won’t be worried by their symptoms. However their symptoms can make their life less enjoyable. Their symptoms can also put a strain on those who are helping and supporting them. It can be frustrating when you’re caring for someone who needs more support with daily tasks and is withdrawn and unresponsive.

Treatment for apathy

Compared with depression and anxiety there is less evidence about what treatments can help a person with dementia who has apathy.

Drugs only play a small part in treating apathy. Some people who take medication for Alzheimer's disease or mixed dementia (for example donepezil, rivastigmine or galantamine) are more motivated and have better memory and concentration. A person with apathy may also be offered an antidepressant drug. However, there isn't much evidence that antidepressants help people with apathy who have Alzheimer's disease, mixed dementia or vascular dementia. In fact, there is some evidence that these drugs make apathy worse.

Therefore non-drug approaches should generally be tried first. For example, music therapy, group art therapy, reminiscence and cognitive stimulation that are delivered by a trained professional can help. However, these therapies are not available everywhere. Contact your local dementia support worker or adult social services to find out what is available in your area.

People with dementia who have apathy may also benefit from doing general creative activities, such as music and art, rather than a specific therapy with a trained professional. Even if they find it difficult to take an active role in these activities, they can still benefit from being involved.

How to support a person with dementia who has apathy

- Try to find tasks and activities the person will enjoy and find meaningful.
 - They may find it helpful to have a daily routine.
- Break tasks down into simple steps.
 - They may find it easier to do several small steps rather than one big step.
 - This can also help them feel they are achieving things.

- Gently prompt or help the person to start an activity, such as dressing.
 - Give lots of encouragement to keep them engaged, but try not to fuss over them.
 - Be positive and focus on what they have achieved.
- Don't blame the person for being 'lazy', unhelpful or uncaring.
 - The person is not choosing to have apathy.
 - If you feel frustrated, try to remain as calm as you can to avoid the person reacting negatively.

Seeing a doctor

A person with dementia should see a doctor if there is a sudden change in their behaviour or if their condition has deteriorated more quickly than expected. These changes could be caused by an illness or the effects of medication. They could also be caused by depression, anxiety or apathy.

To diagnose depression, anxiety or apathy the doctor will talk to the person with dementia and their carer (or someone close to them). The doctor will try to assess the person's behaviour, mood and any changes that have happened, such as if they have become more agitated or they have less energy.

It can be difficult for a doctor to diagnose depression in a person with dementia because the symptoms of depression and dementia can be similar (as explained on page 6). Symptoms of apathy and depression can also overlap (see page 16).

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Talking therapies

In psychological therapy or ‘talking therapy’ sessions, a person will be supported to talk about how their thoughts and feelings affect their mood and behaviour.

How do talking therapies work?

Talking therapy sessions are delivered by a professional, such as a counsellor, a clinical or counselling psychologist, a psychotherapist, or a psychiatrist. People can have some types of talking therapy over the telephone or online. This includes counselling and cognitive behavioural therapy (CBT) (see ‘Types of talking therapy’ on page 20).

The approach to therapy will be adapted to each person. It will be based on them and the therapist working together to find out what might be causing the person’s problems, as well as ways to manage these problems.

Successful therapy depends on developing a trusting relationship between the person and the therapist. It is important that the person is comfortable with the therapist’s approach and manner. Their relationship is confidential. This means the therapist won’t tell anyone what they discuss during therapy. There are some exceptions to this, which the therapist should explain during the first meeting. For example if the person with dementia gives their consent, they may be accompanied and supported in the sessions by a family member.

Benefits for people with dementia

Talking therapies can be effective for people in the early to middle stages of dementia. Talking therapies are unlikely to help if a person is in the later stages. This is because they are likely to have problems with their attention, communication, understanding and memory, which are all key to being able to benefit from talking therapies. However, there are other ways to support people in the later stages of dementia, such as through sensitive listening or sensory stimulation. See factsheet 524, **Understanding and supporting a person with dementia** for more information.

Talking therapies can give a person with dementia the chance to speak openly about their feelings, including how they feel about a recent diagnosis. This can help them adjust and live with their condition more successfully. They might find it helpful to discuss problems with a therapist rather than their friends or family members. A therapist can give them a safe space to explore the reasons why they feel how they do. This can be comforting. It can also help them maintain healthy relationships with their friends and family members.

There is evidence that having talking therapy over several weeks may reduce depression and anxiety in people in the early stages of dementia. The therapy needs to be adapted to the person's level of communication, understanding and memory. It's therefore likely to be most effective if the therapist has experience of working with people with dementia as well as a good understanding of the condition.

Suitable talking therapies are not always available in the person's local area. People in care homes may find it particularly difficult to access talking therapy services. See 'How to find a therapist' on page 25 for more information.

Types of talking therapy

There are many different types of talking therapy. The main ones are explained below. The most suitable type will depend on what the person wants to get out of it, their stage of dementia and the symptoms they are having.

Counselling

Counselling is the general term for a range of talking therapies, including individual, group and couples sessions. It aims to help a person better understand their problems and then explore ways to manage them. A counsellor won't give the person 'answers'. They will give them time and guidance to look at their problems with a professional.

Counselling is often used to help a person cope with events they've found difficult. It can be particularly helpful for people who have recently been diagnosed with dementia. Being assessed for suspected dementia can be confusing, stressful and make the person feel anxious.

Many people with dementia struggle to make sense of their diagnosis and how their life is changing. They may feel lost, confused, vulnerable or anxious. Counselling can help them manage these worries. It can make them feel less depressed and hopeless, and help them accept their diagnosis.

Psychotherapy

Psychotherapy is a term for another range of talking therapies. The type of psychotherapy that a person is offered will depend on what is most appropriate for them.

A psychotherapist will help a person understand how their personality, beliefs and experiences influence their thoughts, feelings, relationships and behaviour. This can change the way they think and behave. It can also help them deal with problems and difficult situations more successfully.

Psychotherapy can help people with dementia feel less depressed and anxious. This can help them maintain a good quality of life and cope with their condition.

Cognitive behavioural therapy

This is one specific type of psychotherapy. Cognitive behavioural therapy (CBT) is based on the fact that the way we think about something (our 'cognition') affects how we feel and then how we behave.

CBT for depression or anxiety is most suitable for people in the earlier stages of dementia. They may have fewer difficulties with their memory, communication and reasoning. They are also usually more aware of their condition and their own thoughts and emotions than a person in the later stages of dementia. This will mean they can effectively engage with the therapy.

CBT sessions may need to be adapted to meet the specific needs of the person with dementia. This might include having shorter sessions, using memory aids (such as cue cards or digital devices) and summarising ideas throughout the sessions. If the person with dementia agrees, a family member or close friend may attend sessions with them. This supporter can also help them use CBT strategies outside of the sessions.

How can talking therapies help carers?

Dementia is a complex, unpredictable and progressive condition. As a result, caring for a person with dementia is unlike caring for a person with other conditions.

Caring can be very rewarding and fulfilling. It can also be very stressful, particularly if there are no or few other people who can help. You may suppress your feelings to protect the person you're caring for and become socially isolated and sleep-deprived. This reduces the ability to cope with negative feelings and stress. As a result, it is common for carers to feel anxious and depressed.

When you are caring for a person with dementia it's important that you look after yourself and take regular breaks. For more information see factsheet 523, **Carers – looking after yourself**, and booklet 600, **Caring for a person with dementia: A practical guide**.

Carers may also find talking therapies useful. Therapy can help to explore your feelings in private. This may be especially important when you're making decisions about how to look after the person with dementia.

Carers may also find talking therapies useful. Therapy can help to explore your feelings in private. This may be especially important when you're making decisions about how to look after the person with dementia. For example if they move into residential care you may need time to adjust and learn to accept that you now have less responsibility for them. Therapy can also help if you are feeling guilty or embarrassed about how you feel about the person with dementia.

Counselling

Counselling can help carers be more aware of their thoughts and behaviours. It gives them a chance to think about how to manage their reactions and cope more effectively.

Counselling can also help carers think about the impact their thoughts and behaviours may have on the person with dementia. The way a carer approaches a person with dementia will affect how the person feels and behaves, both positively and negatively. If a carer is stressed and becomes short-tempered, the person with dementia will be more likely to feel anxious, depressed or develop challenging behaviours. The carer may then feel guilty as a result.

Rather than face-to-face sessions, telephone counselling may be more convenient for people who have caring responsibilities. Online counselling and therapy through apps that allow video calls may also be available.

Caring for a person with dementia can affect personal relationships. Therefore partners may find relationship counselling or couples therapy helpful. Relate offers relationship counselling – see ‘Other useful organisations’ on page 26 for details. Some carers also find it very helpful to speak to professionals who specialise in dementia care, such as an Admiral Nurse (available in some parts of the UK but not everywhere). There is more information on Admiral Nurses on the Dementia UK website (see ‘Other useful organisations’ on page 26).

Psychotherapy

Psychotherapy can make carers feel less distressed. Carers who have depression may find CBT particular helpful, including face-to-face and telephone sessions.

It's very important that the therapy is tailored to the individual and their circumstances. Computerised CBT (cCBT) packages for carers generally aren't specific to each individual. However cCBT may still be helpful and should be considered if it is the only available option, such as when a carer doesn't have much time available for therapy.

Former carers

If the person with dementia has died, talking therapies can help carers to cope and manage upsetting and stressful thoughts. Therapy may also help them to accept the past and plan for the future. For example, it can help someone to come to terms with their new situation and any loss they may feel. Some talking therapies are specifically focused on helping people deal with losing someone close to them, such as bereavement counselling or bereavement CBT.

What to look for in a therapist

It is important for anyone who is having therapy to feel comfortable with their therapist. The relationship will depend on a number of factors, including the personalities of both the person and the therapist.

For both someone with dementia or a carer, it is likely to be most helpful to find a therapist who has experience or an understanding of the condition.

It is important to meet the therapist face to face (for sessions in person) or to speak to them on the telephone to have a chat and see whether they seem suitable. It is also important to check that the therapist:

- is accredited by the relevant professional body (see ‘Other useful organisations’ on page 26)
- abides by a professional code of ethics
- has regular professional supervision to make sure their practice is safe and ethical
- explains their approach, confidentiality, fees (if applicable), length of sessions and responsibilities (theirs and the person who is having the therapy) before committing to sessions.

It is important to meet the therapist face to face (for sessions in person) or to speak to them on the telephone to have a chat and see whether they seem suitable.

How to find a therapist

Many GPs can give people details about therapists in the local area. Some GP surgeries also have talking therapy services based in their practices.

Many of the talking therapies for depression and anxiety mentioned in this factsheet are available through an NHS England programme called Improving Access to Psychological Therapies (IAPT) (see 'Other useful organisations' on page 26). A person's GP can refer them to a local IAPT service. The service will assess them and offer support. This could include signposting to relevant activities, self-help materials or psychological therapies. Some IAPT services also let people refer themselves to the service without having to go through their GP.

Talking therapies that people access through the NHS are usually free of charge, although there can be a long waiting list.

Some local charities, faith groups and other organisations may also offer counselling or informal support services. A person's GP or local social services department may have more information about this. Or, use our dementia directory to find local support services for people with dementia and carers — visit **alzheimers.org.uk/dementiadirectory**

Another option is to find a private therapist. A person's friends and family members may be able to recommend a therapist they have had sessions with. Someone who has a lower income will generally be charged less than a person who can afford to pay the full rate.

Other useful organisations

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

0330 320 0851
babcp@babcp.com
www.babcp.com

The BABCP can help people find an accredited CBT therapist. It can give them a list of CBT therapists in their local area.

British Association for Counselling and Psychotherapy (BACP)

01455 883300 (10am–4pm Monday–Friday)
bacp@bacp.co.uk
www.bacp.co.uk

The BACP represents counsellors and psychotherapists. It can give people information about counselling and psychotherapy services, including a list of counsellors and psychotherapists in their local area. It can also advise people about what to look for in a therapist.

British Psychological Society (BPS)

0116 254 9568
info@bps.org.uk
www.bps.org.uk

The BPS has a list of clinical and counselling psychologists who offer private therapy services.

Counselling Directory

0333 325 2500 (10am–4pm Monday–Friday)
www.counselling-directory.org.uk

The Counselling Directory website includes a searchable database of counsellors and psychotherapists who are members of a recognised professional organisation. It also has information about how talking therapies may help.

Dementia UK

0800 888 6678 (9am–9pm Monday–Friday, 9am–5pm Saturday–Sunday)

helpline@dementiauk.org

www.dementiauk.org

Dementia UK provides specialist dementia support for families through its Admiral Nurse service.

Health and Care Professions Council (HCPC)

www.hcpc-uk.org/check-the-register

www.hcpc-uk.org

The HCPC keeps a register of health and care professionals who meet certain standards for their training, professional skills, behaviour and health. You can search the register to check whether a named psychologist is included, as well as make complaints about registered professionals.

Improving Access to Psychological Therapies (IAPT)

www.england.nhs.uk/mental-health/adults/iapt

IAPT is an NHS programme of services for therapies that are approved for depression and anxiety by the National Institute for Health and Care Excellence (NICE). It is only available in England. You can search for IAPT services in your area at www.nhs.uk/service-search and search for 'IAPT'.

Mental Health Foundation

020 7803 1100

www.mentalhealth.org.uk

Mental Health Foundation is a charity that promotes good mental health. It has information on a range of different areas and support.

Mind

0300 123 3393 (infoline, 9am–6pm Monday–Friday)

info@mind.org.uk

www.mind.org.uk

Mind is a charity that offers information and advice on all aspects of mental health. It provides a range of support services through local Mind associations.

Relate

www.relate.org.uk

Relate offers relationship counselling for individuals, couples and families in England and Wales. It provides advice and support by phone, face-to-face and through its website. For Relate in Northern Ireland see www.relateni.org or call 028 9032 3454.

UK Council for Psychotherapy

020 7014 9955 (9am–5pm Monday–Friday)

www.psychotherapy.org.uk

The UK Council for Psychotherapy is a UK professional body for psychotherapists and counsellors. The website includes a searchable register of psychotherapists and psychotherapeutic counsellors.

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Our information is based on evidence and need, and is regularly updated using quality-controlled processes. It is reviewed by experts in health and social care and people affected by dementia.

Reviewed by: Dr Rebecca Poz, Clinical Neuropsychologist, Norfolk and Suffolk NHS Foundation Trust, and Miguel Vasconcelos Da Silva, Research Nurse, Care Home Research Network (CHRN), King's College London

This factsheet has also been reviewed by people affected by dementia.

To give feedback on this factsheet, or for a list of sources, please email publications@alzheimers.org.uk

People affected by dementia need our support more than ever. With your help we can continue to provide the vital services, information and advice they need.

To make a single or monthly donation, please call us on **0330 333 0804** or go to alzheimers.org.uk/donate

We are Alzheimer's Society. We are a vital source of support and a powerful force for change for everyone affected by dementia. We provide help and hope.

For support and advice, call us on **0333 150 3456** or visit alzheimers.org.uk



Alzheimer's Society operates in England, Wales and Northern Ireland.
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