Dementia profile (2025)

Suffolk Public Health and Communities Knowledge, Intelligence and Evidence Team
KnowledgeandIntelligence@Suffolk.gov.uk

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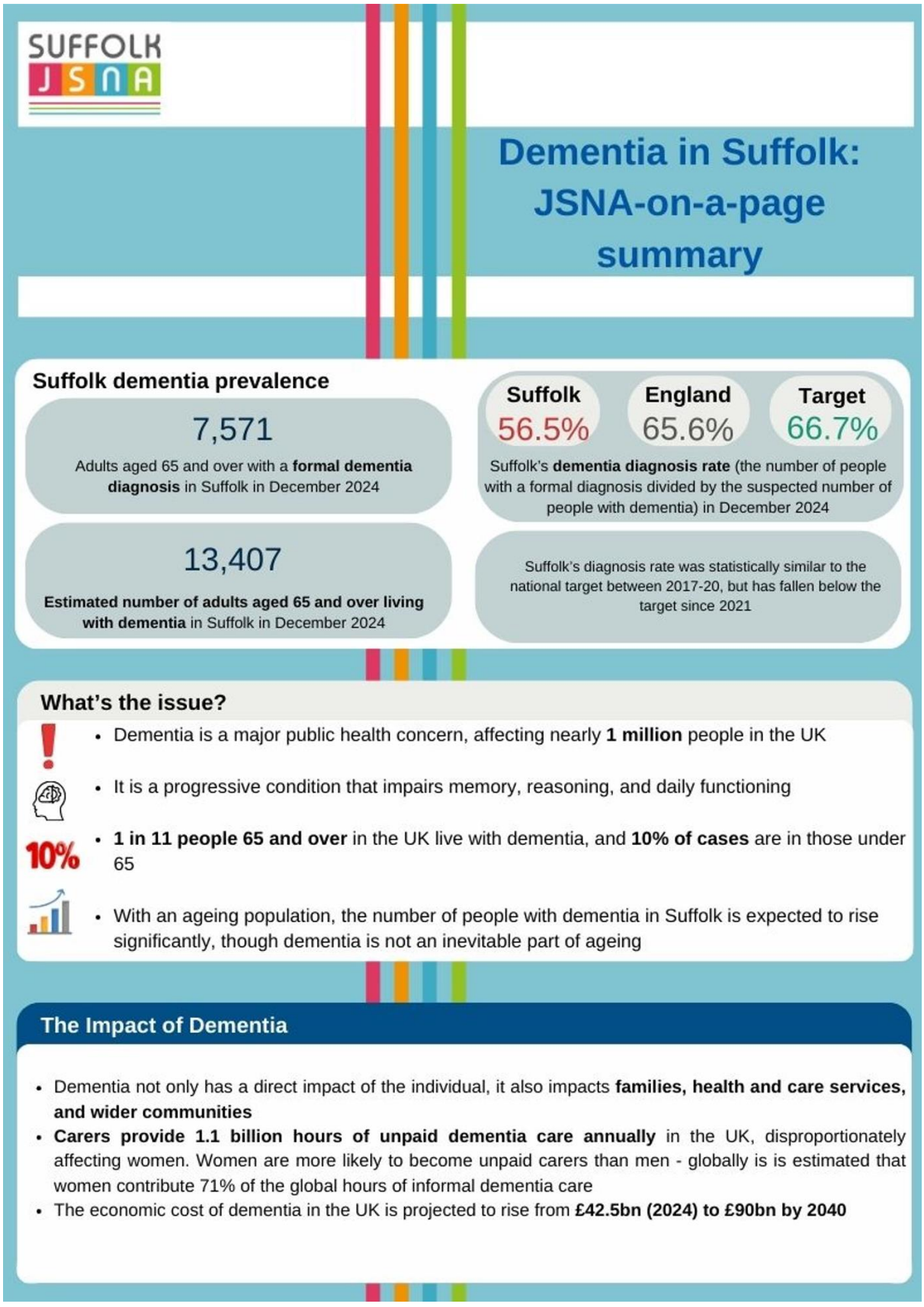
Dementia profile infographic summary



Dementia in Suffolk - Key Facts

- Suffolk has a **higher proportion of adults aged 65 and over** (25.5%) compared to the England average (19.7%)
- Dementia diagnosis rates are increasing due to **better awareness and screening, an ageing population, and the impact of Covid-19 recovery initiatives**

The prevalence of modifiable risk factors in Suffolk is concerning:

- **67.1% of adults** are overweight or obese (higher than England's **64.0%**)
- **13.8% of adults** have depression, which is a risk factor for dementia
- **17.3% of adults** have high blood pressure, exceeding the national average (14.8%).
- **8.0% of adults** have diagnosed diabetes (higher than England's **7.7%**)
- Suffolk has **lower educational attainment**, which may impact future dementia rates

Key Risk Factors

*Dementia risk factors are both **modifiable** (health behaviours) and **non-modifiable** (age, genetics)*

- **Relative Risk** compares the risk between two groups, showing how much more or less likely an event is in one group versus another *(e.g., "Midlife smokers are about 1.3 times more likely to develop dementia than non-smokers (RR 1.30)")*
- **Absolute Risk** shows the actual probability of an event happening in a population (e.g., "*If 10 out of 100 non-smokers develop dementia, and 13 out of 100 midlife smokers do, the absolute risk increase is 3%*")

Non-modifiable risk factors

✓ Ageing - risk doubles every five years at age 65 and over
✓ Genetics - some hereditary factors play a role

Modifiable risk factors

✓ Smoking – Increases dementia risk by **30-50%**
✓ Obesity – Midlife obesity raises dementia risk by **31%**
✓ Physical inactivity – Associated with **20% lower dementia risk** in active individuals
✓ Alcohol – Drinking **>28 units per week** accelerates cognitive decline
✓ High blood pressure – Increases dementia risk, but treatment reduces risk
✓ Diabetes – Midlife diabetes significantly raises dementia risk
✓ Social isolation – Strong link to increased dementia risk

Suffolk's Dementia Strategy (2024-29)

Suffolk's **Dementia Strategy** aims to create a dementia-friendly society through:

- **Preventing Well** – Promoting awareness, risk reduction, and early intervention
- **Diagnosing Well** – Improving assessment processes and timely diagnosis
- **Supporting Well** – Strengthening carer support networks and dementia care services
- **Living Well** – Enhancing local community support for people with dementia
- **Dying Well** – Improving end-of-life care and advanced planning for those with dementia

Dementia Support Services in Suffolk

- **Dementia Intensive Support Team** – Crisis intervention and hospital admission prevention
- **Community Memory Assessment Service (CMAS)** (Ipswich and East Suffolk) – Holistic memory assessments and post-diagnosis support
- **Memory and Treatment Service (MATS) (West Suffolk)**
- **Suffolk Social Care & Customer First** – Practical support for independent living
- **Suffolk Family Carers** – Dedicated assistance for unpaid carers
- **Wellbeing Suffolk** – NHS mental health and talking therapies
- **Alzheimer's Society & Headway Suffolk** – Community-based dementia support groups
- **Shaftesbury Memory and Dementia Support** - Providing signposting to VSFE, education, information and advice

For more information and local support, visit: **Suffolk InfoLink**

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What's the issue?

Dementia impacts the lives of individuals, families, and communities in many ways, bringing emotional, social, and practical challenges, affecting nearly 1 million people in the UK. Dementia and Alzheimer's disease is a leading cause of death in England. It is an umbrella term for a range of progressive disorders affecting the brain (associated with an abnormal build-up of proteins in the brain), characterised by a reduced ability to reason, remember, or make decisions in ways that adversely impact daily life.

While memory loss can occur due to factors like stress or certain medications, dementia is not an inevitable consequence of ageing. Instead, it results from accumulated damage to the brain that leads to an ongoing decline in brain functioning. The condition impacts multiple aspects of a person's life, including:

- Changes in thinking speed and mental sharpness
- Difficulties with language and communication
- Problems with understanding and judgement
- Changes in mood and behaviour
- Challenges with daily activities and maintaining independence

There are different subtypes of dementia, each with distinct causes and symptoms. Alzheimer's disease is the most common form. While dementia primarily affects older people, with 1 in 11 people aged 65 and over living with the condition, it can also affect younger people. Young onset dementia (in people aged under 65 years) accounts for 10% of dementia cases in England[1].

Dementia is not a single disease, but rather a term describing symptoms that occur when there's a decline in brain function. Different diseases can cause dementia, with many associated with an abnormal buildup of proteins in the brain. This protein accumulation causes nerve cells to function less effectively and eventually die, leading to brain shrinkage in different areas. While Alzheimer's disease is the most common form of dementia, there are also other common types such as vascular dementia, Lewy body dementia and Frontotemporal dementia. There are also rarer types of dementia that are caused by other diseases and conditions[2]. The following are the most common types of dementia:

Alzheimer's Disease (most common type, 50-75% of cases):

- Caused by abnormal build-up of two proteins: amyloid (forming plaques around brain cells) and tau (forming tangles within brain cells)
- Associated with decreased levels of neurotransmitters, particularly acetylcholine
- Often affects the hippocampus early, explaining why memory problems are usually among the first symptoms

Vascular Dementia (up to 20% of cases):

- Caused by reduced blood flow to the brain
- Can result from narrowing of blood vessels, a single stroke, or multiple mini strokes
- Leads to damage and death of brain cells

Dementia with Lewy Bodies (10-15%):

- Characterised by tiny clumps of alpha-synuclein protein inside brain cells
- Shares some symptoms with Parkinson's disease, including movement difficulties

- Associated with increased fall risk

Frontotemporal Dementia (2%):

- More common in younger people (typically diagnosed between 45-65 years)
- Caused by protein clumping in the frontal and temporal lobes
- More likely to have a genetic component than other types[3]

Dementia is progressive, meaning symptoms may be mild at first, but they get worse over time, eventually affecting a person's ability to live independently. While there is currently no cure, early diagnosis is crucial as it enables access to appropriate support and treatments that may help slow the progression in some cases[4].

However, recent evidence from the Cognitive Function and Ageing Study II (CFAS II) has shown some encouraging trends. The study compared data from the early 1990s to 2008-11 and found that dementia has become less common for people of the same age compared to two decades ago, with prevalence dropping from 7.5% to 6.4%. The study also found a significant 20% reduction in new cases of dementia (incidence) between generations. While the first group studied had shorter life expectancies than the second, the picture for healthy ageing was more complex. Researchers also found that inequalities matter – people from more deprived backgrounds were more likely to develop cognitive impairments and had shorter lives overall.

These findings suggests that although improved diagnostic methods are identifying more people with dementia, factors such as better education, health promotion, and attention to diet and exercise may be helping to reduce the risk of developing dementia at each age[5]. However, due to the ageing population in Suffolk and across England, the overall number of people with dementia is still expected to increase significantly in the coming years.

In response to these challenges, Suffolk has developed a comprehensive Dementia Strategy for 2024-29. The strategy aims to create a stigma-free society where people with dementia and their families can access responsive, understanding services. It focuses on five key priorities: Preventing Well (improving awareness and pre-diagnosis support), Diagnosing Well (enhancing assessment processes), Supporting Well (providing comprehensive carer support), Living Well (improving local support for quality of life), and Dying Well (enhancing end-of-life care understanding)[6].

Suffolk offers a comprehensive network of dementia support services, including:

- The **Dementia Intensive Support Team** provides crisis intervention and support to prevent hospital admissions, offering specialist advice to people with dementia and their carers
- The **Community Memory Assessment Service (CMAS)** conducts holistic memory assessments, provides diagnoses, and offers post-diagnostic support including access to medication where appropriate
- **Suffolk County Council, Adult Social Care, Customer First** provides practical support services for those needing assistance with independent living due to illness or disability
- **Suffolk Family Carers** offers dedicated support to unpaid carers looking after individuals with dementia, providing guidance and access to available resources
- **Wellbeing Suffolk** delivers NHS Talking Therapies and mental health support services for individuals aged 16 and over

- **Community Mental Health Services (older persons)** offer support to older people who are experiencing mental health problems, due to organic mental illness such as Alzheimer's, or a functional mental illness such as depression, mood disorders or anxiety
- **Memory and Treatment Services (MATS)** support the adult population of West Suffolk with symptoms of mild to moderate dementia who have not already received a diagnosis
- **Shaftesbury Memory and Dementia Support** provides support for people with memory concerns and dementia and for those caring for family or friends in Suffolk

Additional support is available through partner organisations including the Alzheimer's Society and various community-based dementia groups. These services can be accessed through Suffolk InfoLink and other local directories[7].

More information is also available on the Suffolk County Council – Dementia webpage, as well as Help for carers – Suffolk County Council.

Impact of dementia

The impact of dementia extends far beyond the individual diagnosis, also affecting families, communities, and healthcare systems. For individuals with dementia, the condition affects cognitive function, memory, thinking, and behaviour, making it increasingly difficult to maintain independence and perform daily activities[8]. Following diagnosis, people often experience a range of emotional responses including grief, loss, anger, shock, and fear, though some may feel relief at finally understanding their condition. As the disease progresses, individuals may struggle with declining confidence and self-esteem, leading to feelings of insecurity and loss of control over their lives.

The emotional and psychological impact of dementia can be particularly challenging, as people may experience changes in their emotional responses and have less control over their feelings. Individuals with dementia may overreact to situations, experience rapid mood changes, or become more irritable. These changes are often accompanied by symptoms such as anxiety, depression, and withdrawal from social activities. The condition can also lead to a significant loss of identity and self-worth, particularly as independence diminishes.

For family members and informal caregivers, the impact is equally significant. Family members often shoulder the primary responsibility for providing care, with recent estimates indicating that informal carers provide approximately 1.1 billion hours of care annually in the UK. This care burden falls disproportionately on women, who provide approximately 70% of care hours globally[9]. The role of caring can be emotionally, physically, and financially demanding, potentially leading to caregiver burnout and other negative health outcomes. Carers must often balance their caregiving responsibilities with work, family life, and other commitments, while also managing their own emotional responses to watching their loved one's condition progress.

The societal and economic impact of dementia is substantial and growing. In the UK, the estimated economic impact of dementia in 2024 is £42.5 billion, with projections suggesting this figure will more than double to over £90 billion by 2040. Unpaid care and social care costs account for most of this economic burden, representing approximately 50% and 40% of the total impact respectively, with the remaining 10% attributed to healthcare and quality of life costs[10]. Globally, the cost of dementia was estimated at $1.3 trillion USD in 2018, with particularly rapid increases expected in low and middle income countries where populations are ageing at a faster rate.

The impact on healthcare systems and workforces is significant, as dementia requires complex, long-term care management. The condition requires increased healthcare utilisation, specialised care services, and adaptation of existing healthcare infrastructure to meet the needs of people with dementia. This places additional demands on healthcare professionals and support services, requiring specialised training and resources to provide appropriate care.

Living with dementia requires significant adaptation and support. While there is no cure, various interventions can help manage symptoms and maintain quality of life. These include medication, physical activity, social engagement, and cognitive stimulation. Support services, including day care centres, respite care, and support groups, play a crucial role in helping both those with dementia and their carers manage the condition's impact. However, stigma and lack of understanding about dementia can create barriers to diagnosis and care, highlighting the need for greater awareness and education in communities.

Causes and risk factors

There is no way for certain to prevent all types of dementia. Researchers continue to investigate how the condition develops. The NHS states there is good evidence that healthy behaviours/ having a healthy lifestyle can reduce an individual's risk of developing dementia when they are older. This can also prevent cardiovascular diseases such as stroke and heart attacks, which are also risk factors for Alzheimer's disease and vascular dementia (the two most common types of dementia)[11].

This understanding is significant because it means that some dementia risk factors are potentially modifiable through changes in health behaviours and better management of other health conditions. By addressing these factors, individuals may be able to reduce their risk of developing dementia, though it's important to note that no single approach can guarantee prevention.

A risk factor is something that increases the likelihood of developing a disease or condition. Relative risk compares the risk between two groups, showing how much more or less likely an event is in one group versus another. Absolute risk shows the actual probability of an event happening in a population. Some dementia risk factors are difficult or impossible to change, including:

- **Age**: While dementia is not an inevitable part of ageing, the likelihood of developing dementia increases with age
- **Genes**: Genes alone are not thought to cause dementia, but some genetic factors are involved with the less common types of dementia. The NHS states that dementia usually develops because of genetic and environmental factors, for instance smoking, and a lack of regular exercise
- **Air pollution**: Evidence suggests that air pollution may affect the brain and lead to an increased risk of dementia[11]

27 dementia experts came together for the third instalment of the Lancet Commission on dementia prevention, intervention and care. This report reviewed the latest evidence of the factors that affect the risk of developing dementia – with a total of 14 risk factors on the list:

- Air pollution
- Depression
- Diabetes
- Excessive alcohol consumption
- Hearing loss
- High blood pressure
- High cholesterol
- Obesity
- Physical inactivity
- Quality of education in early life
- Smoking
- Social isolation
- Traumatic brain injury
- Uncorrected vision loss[12]

The 2024 update to the standing Lancet Commission on dementia prevention, intervention, and care added two new risk factors (high cholesterol and vision loss) and indicates that nearly half of all dementia cases worldwide could be prevented or delayed by addressing 14 modifiable risk factors[12].

Non-modifiable risk factors

Ageing

Ageing is the biggest risk factor for dementia, meaning as a person gets older, their risk of developing dementia increases. For people aged between 65 and 69, around 2 in every 100 people have dementia. The risk increases with age, estimated to double every five years. This means that for those aged 90 years of age and over, around 33 of every 100 people have dementia.

The risk of dementia increases with age, as the condition often develops gradually over time. This is because dementia is caused by diseases that damage the brain, such as Alzheimer's disease or vascular disease. These diseases can take many years to damage the brain enough to cause the symptoms of dementia, meaning the longer a person lives, the more time there is for dementia to develop.

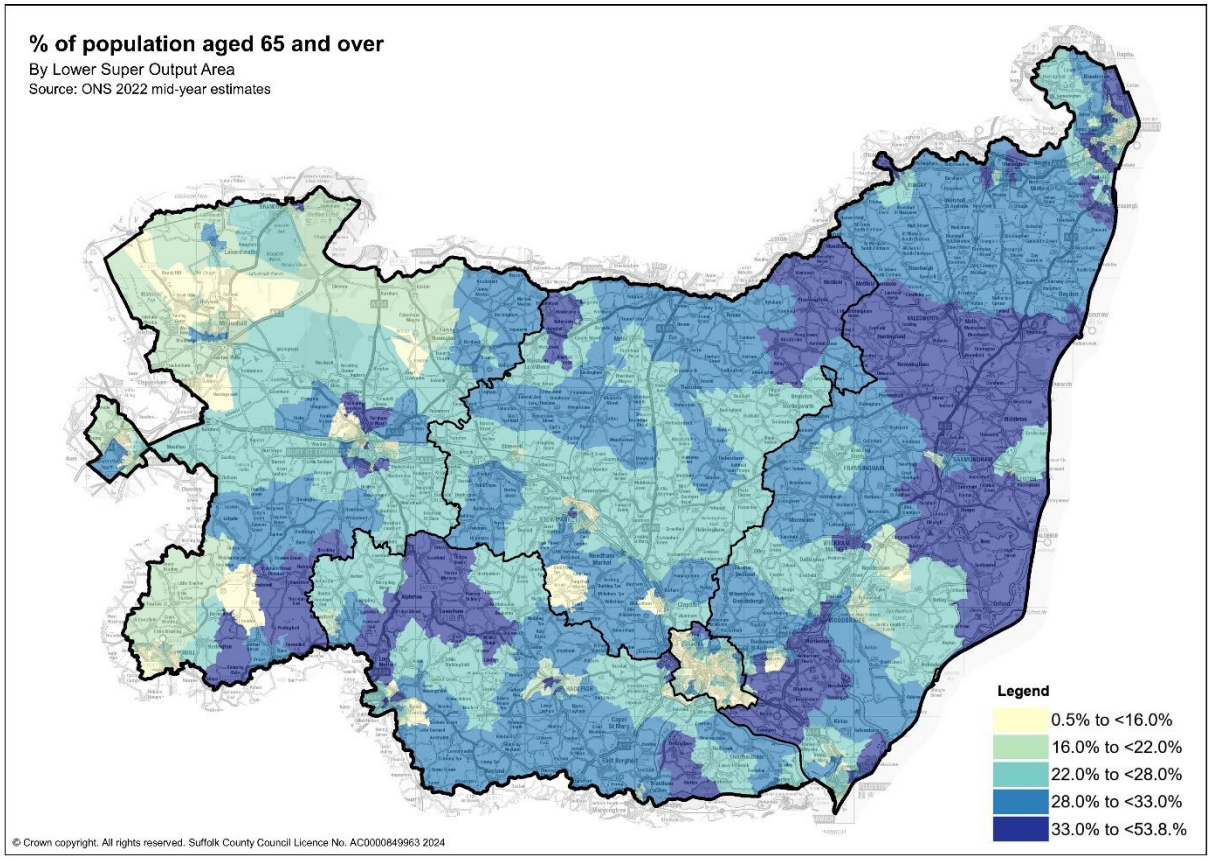
In addition, ageing is accompanied with multiple physiological changes that may contribute to increased dementia risk, including:

- high blood pressure (hypertension)
- blood vessels in the brain that are damaged, twisted or blocked
- a greater risk of having a stroke
- cells in the brain that aren't as active as those of younger people
- a weaker immune system
- a slower ability to recover from injuries

The cumulative effect of these age-related changes, combined with increasing physical frailty, can accelerate cognitive decline and memory impairment. However, it's important to note that dementia is not an inevitable consequence of ageing. While advanced age represents the primary risk factor, at least 1 in 20 people with dementia developed the condition when they were aged under 65[13].

The below figure displays the LSOA areas (Lower layer Super Output Areas) with the highest proportion of individuals aged 65 years of age and over. There are three LSOAs within East Suffolk where over half of the resident population are aged 65 and over: East Suffolk 019A (1,074 out of 1,999/53.7%), East Suffolk 028A (797 out of 1,556/51.2%), and East Suffolk 014C (1,107 out of 2,186/50.6%)[14].

Figure 1. Percentage of Suffolk population aged 65 and over by Lower layer Super Output Area (LSOA), 2022



Source: Office for National Statistics (2024)

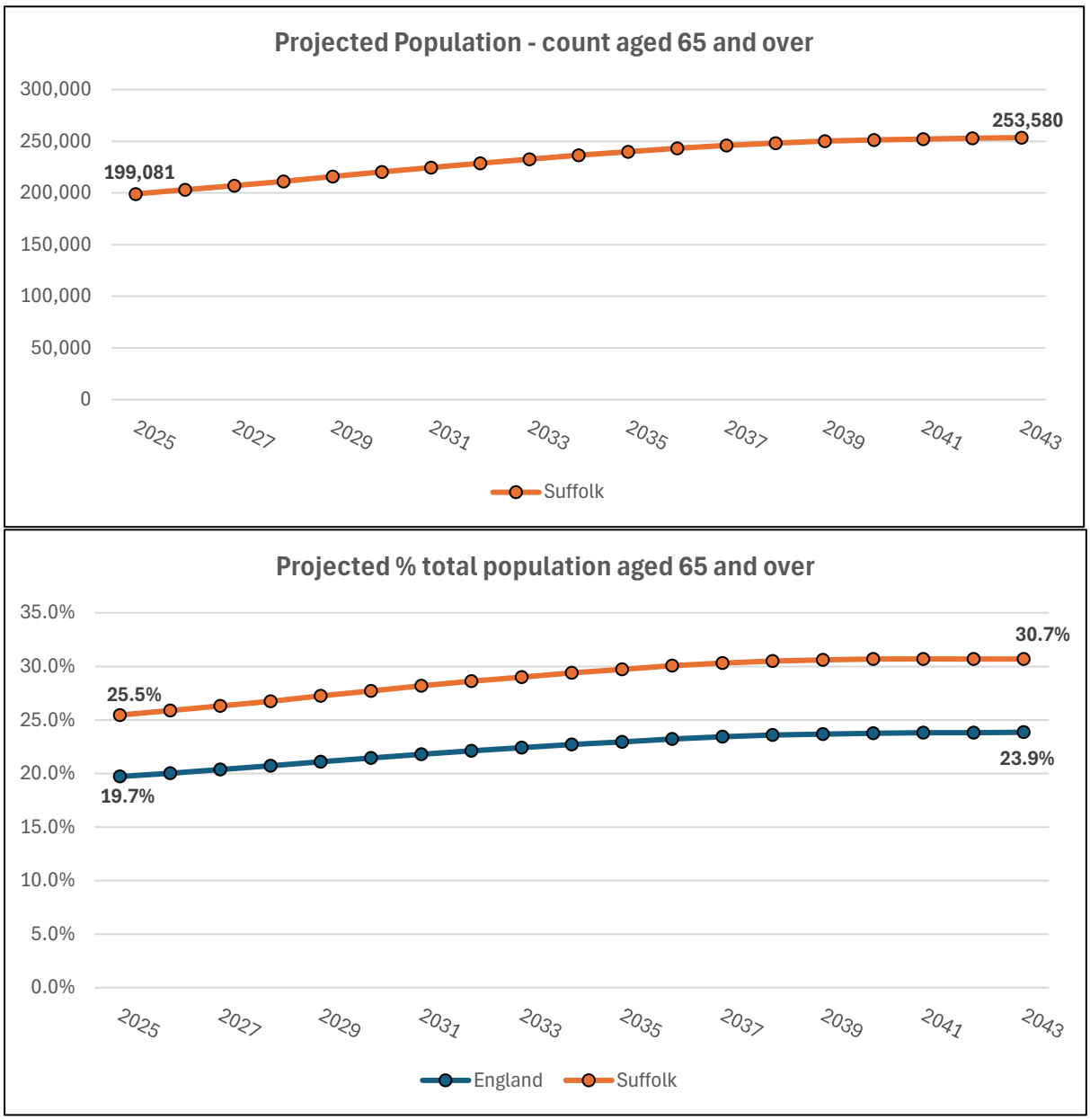
Population projections

The population aged 65 and over in Suffolk is projected to grow significantly over the next two decades, both in absolute numbers and as a proportion of the total population. The latest mid-year population estimates (2023) for Suffolk indicate approximately 186,780 residents aged 65 and over, representing 24.1% of the total population. This is notably higher than the England average of 18.7%.

However, using the latest projection data forecasted changes between 2025-2043 can be explored. By 2043, this number is projected to increase to 253,580 residents aged 65 and over (30.7% of Suffolk's population), compared to England's projected 23.9%. This represents an increase of over 54,000 older residents in Suffolk between 2025 and 2043. The growth trajectory shows that the most rapid increase occurs in the earlier years of this period, with the rate of growth gradually slowing after 2035[15]. This ageing population trend has important implications

for dementia care planning, as the number of people at risk of developing dementia is likely to increase proportionally with the growing older population.

Figure 2. Projected Suffolk population, individuals aged 65 and over, 2025 to 2043



Source: Office for National Statistics (2020)

Sex

Sex differences play a notable role in dementia prevalence and risk. While the overall risk of developing dementia is similar between men and women, there are more women with dementia than men across England. This disparity is primarily attributed to women's longer life expectancy, which means more women survive into the older age groups where dementia risk is highest[13].

The relationship between sex and dementia risk varies with age. Up to age 80, the risk appears similar between men and women. However, some studies suggest women aged 80 and over

may face a higher risk of Alzheimer's disease than men of the same age, though this finding is not consistent across all research.

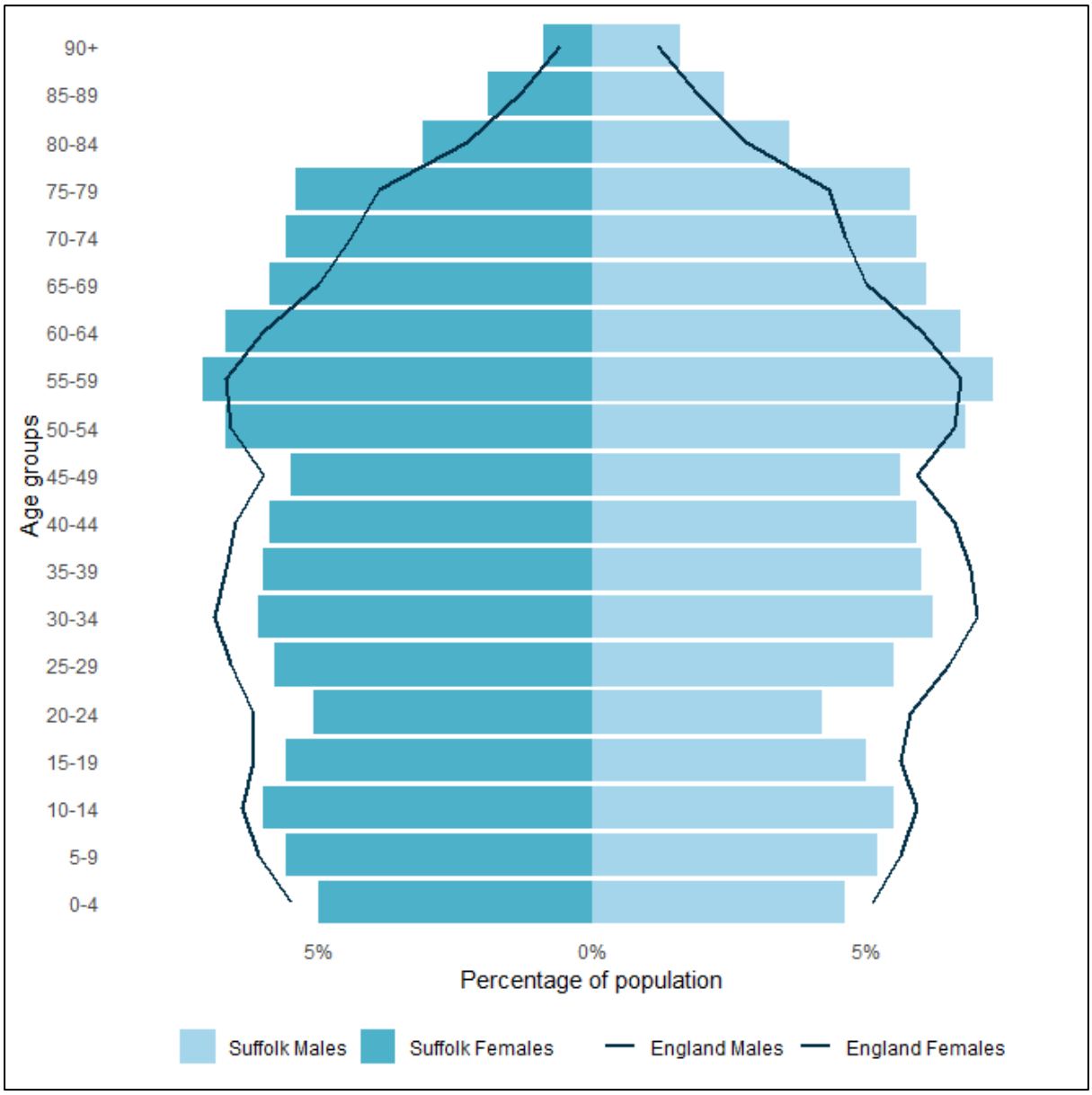
Several biological and social factors may contribute to sex-based differences in dementia risk. Women experience unique biological events throughout their lives, including menstruation, pregnancies, and menopause, which affect hormone levels - particularly oestrogen, which is thought to have protective effects on brain health. Additionally, women appear to be more severely affected by certain risk factors. For example, while the ApoE4 gene variant (a genetic risk factor for Alzheimer's) occurs equally in men and women, its impact on dementia risk appears stronger in women[16].

The reasons for this increased risk are not fully understood but may be linked to historical societal factors. For instance, women in this age group may have had different life experiences and opportunities compared to their male counterparts, including potentially reduced access to education and employment opportunities - factors which are now known to influence cognitive reserve and dementia risk. Since education and lifelong mental stimulation contribute to cognitive reserve - which can help delay dementia onset - these historical disparities may influence current risk profiles[13].

Suffolk has a notably older age structure compared to the England average, with higher proportions of both men and women in the older age groups where dementia risk increases. 13.4% of Suffolk's female population is aged 75 and above, compared to 10.2% across England. Similarly, 11.3% of Suffolk's male population is aged 75 and above, compared to 8.1% across England. This older population structure suggests a potentially higher burden of dementia in Suffolk. The below population pyramid clearly illustrates the ageing population structure, with Suffolk showing notably wider bars than the England average in the age groups above 65 years.

Demographic patterns of disparity in dementia prevalence have important implications for service planning and delivery in Suffolk, especially considering that females are more likely to live alone in older age and may have different care needs and support requirements compared to males.

Figure 3. Suffolk population pyramid (males and females) compared to England, 2023



Source: Office for National Statistics (2024)

Ethnicity

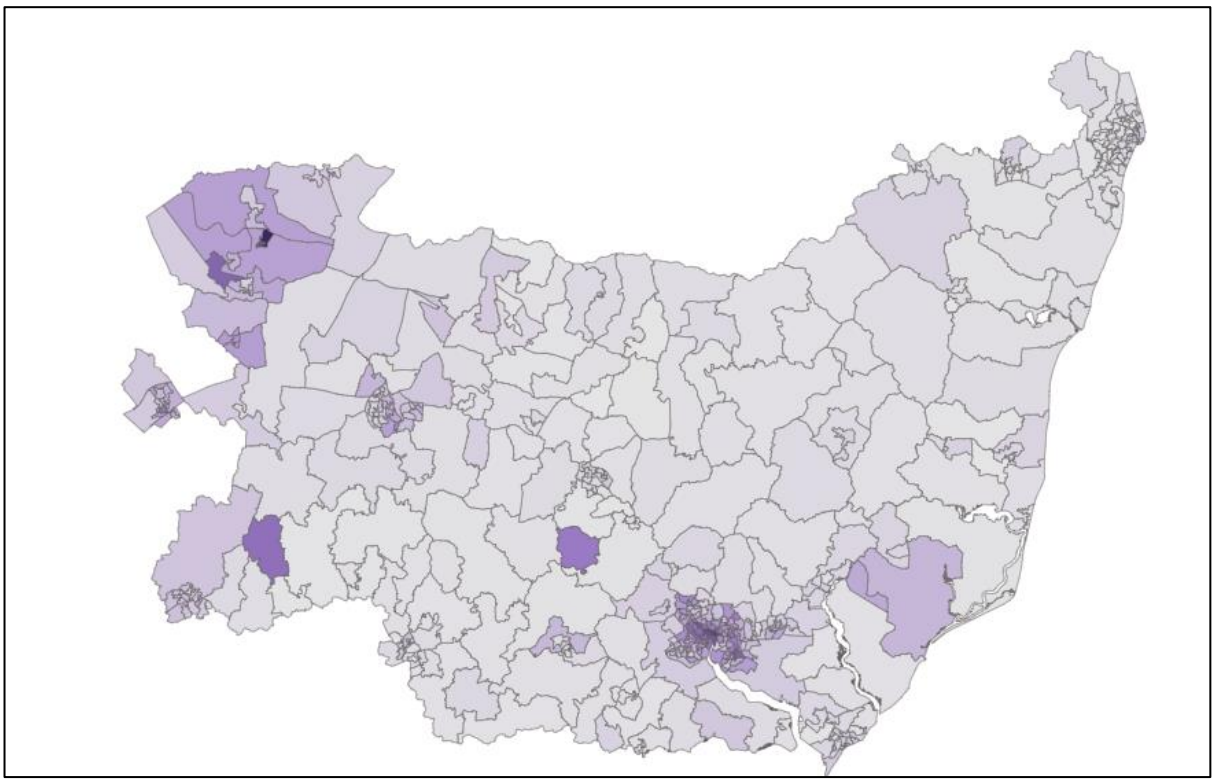
Suffolk has a less diverse population than the national average, with 93.1% of residents from White backgrounds, compared to 81.0% across England[17]. Understanding ethnic differences in dementia risk remains important for equitable service provision. Current research suggests varying patterns of dementia risk and progression across different ethnic groups, though more evidence is needed for definitive conclusions about population-wide differences in risk[13].

Recent research, including a 2022 study using health records, has found that Black people in the UK have higher rates of diagnosed dementia compared to White populations (incidence rate ratio 1.22). Moreover, both South Asian and Black people tend to receive dementia diagnoses at younger ages and have shorter survival times after diagnosis, dying on average approximately three years earlier than their White counterparts[18].

Several factors may contribute to these disparities. People from Black African, Black Caribbean, and South Asian ethnic groups have higher rates of certain dementia risk factors, particularly diabetes and cardiovascular disease. Genetic factors may also play a role, with some studies suggesting that Black people in the UK may be more likely to carry certain genetic risk factors for dementia. Additionally, historical and ongoing socioeconomic disparities, including differences in access to education, employment opportunities, and healthcare services, may contribute to these differences in dementia risk and outcomes[19].

While Suffolk is less diverse than the England average, there are areas of the county with a higher proportion of non-White individuals. This includes three LSOA areas within Ipswich with more than 30% of the population classified as non-White (Ipswich 007H: 34.4%, Ipswich 007G: 31.2% - both a part of Ipswich Central, Ipswich 006C (part of Westgate MSOA): 30.1%). Other areas of the county where more than 30% of the population is classified as non-White include West Suffolk 001D (40.3%) and West Suffolk 001E (30.6%), both a part of the Lakenheath MSOA.

Figure 4. Suffolk non-White population % by Lower Super Output Area (LSOA), 2021



Source: Nomis (2021)

Socioeconomic deprivation

Socioeconomic deprivation represents a significant risk factor for dementia, with research suggesting that more than one in five deaths from dementia are linked to socioeconomic deprivation[20]. Areas of high deprivation typically have limited access to basic resources and services, including suitable housing, education, and employment opportunities, which can impact cognitive health throughout life.

The relationship between deprivation and dementia risk operates through multiple pathways. Limited access to education and mentally stimulating employment opportunities can affect cognitive reserve, while restricted access to healthcare services can make it harder for people

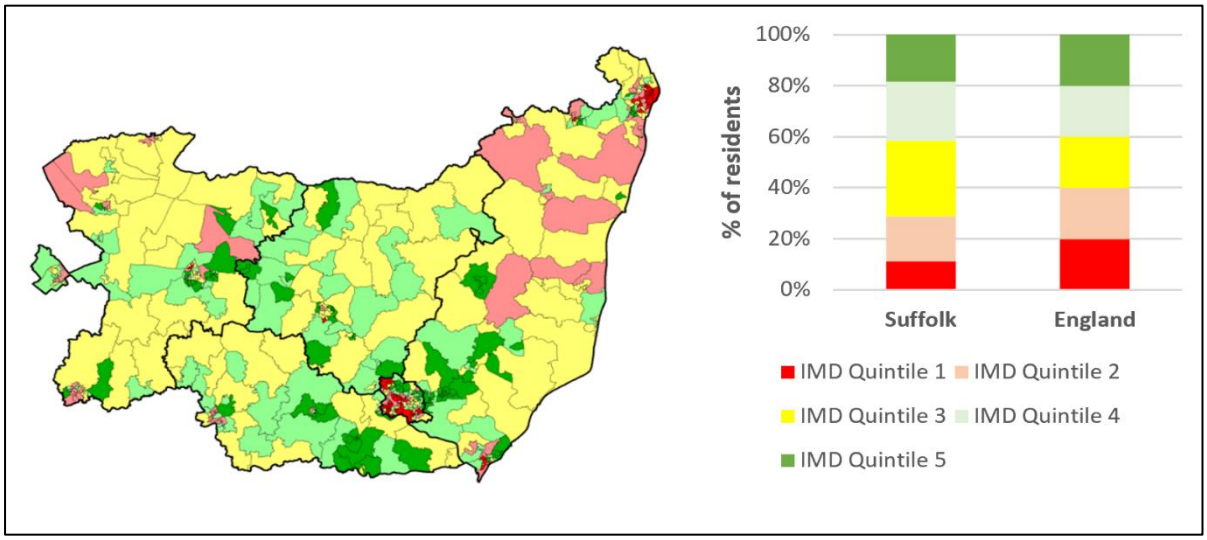
to manage health conditions that increase dementia risk. Additionally, more deprived areas often experience higher levels of air pollution and environmental stressors, which may contribute to poorer health outcomes.

Other factors that could explain higher rates of dementia in more deprived areas include:

- Increased levels of chronic stress
- Reduced access to preventive healthcare services
- Limited opportunities for higher education
- Less access to healthy food options
- Higher rates of cardiovascular disease risk factors

The below figure displays the Index of Multiple Deprivation (IMD) map of Suffolk by Lower Super Output Areas (LSOAs) and an IMD quintile comparison to England. Suffolk is relatively affluent, however 11.3% of LSOAs are within the top 20% most deprived nationally. These areas are situated primarily within Lowestoft and Ipswich. The largest proportion of Suffolk residents (29.7%) live in IMD quintile 3.

Figure 5. Suffolk Index of Multiple Deprivation (IMD) map by LSOA area and IMD quintile comparison to England, 2019



Source: Ministry of Housing, Communities & Local Government (2019)

Modifiable risk factors

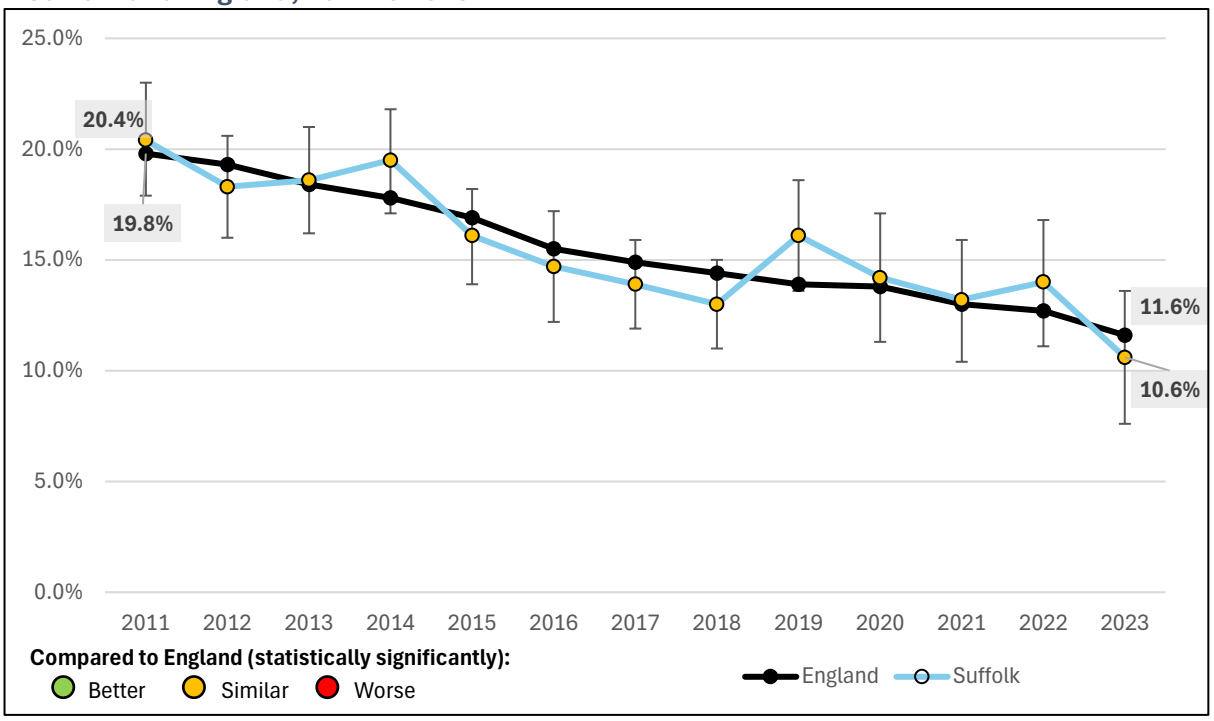
Tobacco smoking

Smoking causes the arteries to become narrower, which can raise blood pressure. It also increases the risk of cardiovascular disease, including several types of cancer[11]. Smoking is associated with a 30–50% increased risk of dementia, and even second-hand smoking could increase dementia risk[21,22]. Some researchers have estimated that 14% of dementia cases worldwide may be attributable to smoking[23].

Recent research shows that smoking in midlife (ages 30-50) poses an even greater dementia risk than smoking in later life[24]. Multiple large-scale studies have found that midlife smoking increases dementia risk by 30-70%, and smoking should now be considered a midlife risk factor (rather than a late-life factor[25]), and the beneficial effect of stopping smoking is encouraging[12].

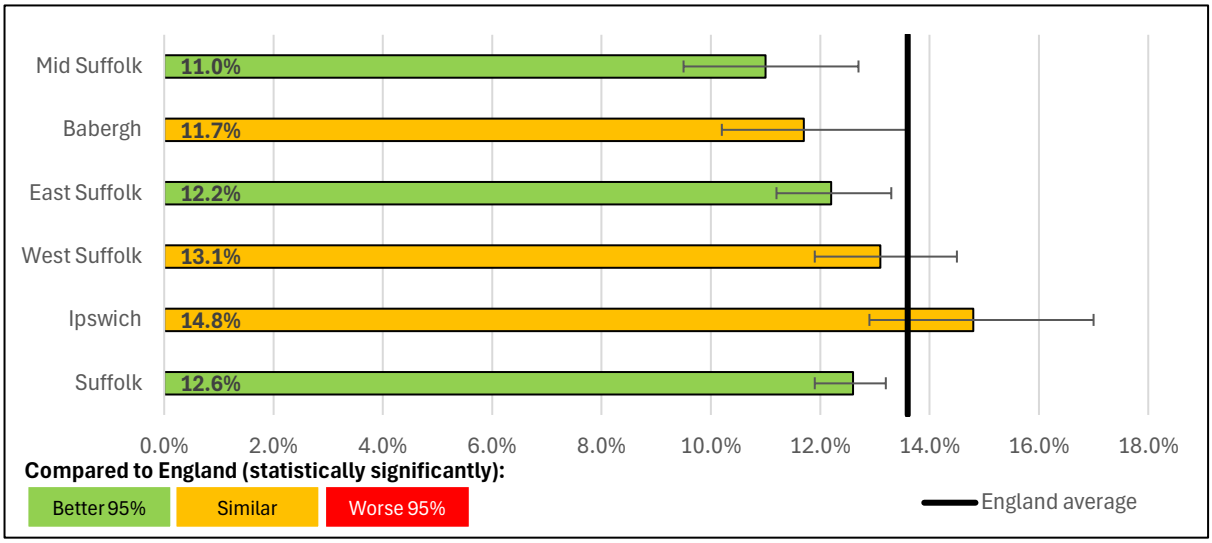
The proportion of adults aged 18 and over in Suffolk classified as current smokers has statistically significantly decreased from 20.4% in 2011, to 10.6% in 2023. The 2023 adult smoking prevalence in Suffolk was statistically similar to the England average (11.6%). While positive, this remains above the Government's target for England to become 'smokefree' by 2030, when adult smoking prevalence falls to 5% or less[26]. Routine and manual workers are also more likely to be classified as current smokers – with 20.8% of routine and manual workers in Suffolk in 2023 currently smoking (statistically similar to the England average of 19.5%).

Figure 6. Smoking prevalence in adults (aged 18 and over) - current smokers (APS), Suffolk and England, 2011 to 2023



Source: Office for Health Improvement and Disparities (2025)

Figure 7. Smoking prevalence in adults (aged 18 and over) - current smokers (GPPS), Suffolk and districts and boroughs compared to England, to 2022/23



Source: Office for Health Improvement and Disparities (2025)

Overweight and obesity

Being overweight or living with obesity can increase an individual's blood pressure and the risk of type 2 diabetes, both of which are linked to a higher risk of Alzheimer's disease and vascular dementia[11].

A systematic review and meta-analysis of nearly 78,000 participants found that midlife obesity was associated with a 31% increased risk of all-cause dementia[27]. Additionally, central obesity (measured by waist circumference or waist-to-hip ratio) has been linked to greater risk of cognitive impairment and dementia, with this risk being particularly pronounced in people aged 65 and over[28].

Those with excess weight are also more likely to have a lower quality diet; a systematic review identified that dietary patterns and some dietary components have been linked with dementia[29]. While obesity is often associated with other risk factors such as physical inactivity, diabetes, and hypertension, studies adjusting for these factors still demonstrate an independent relationship between obesity and dementia risk.

Encouragingly, evidence suggests that even modest intentional weight loss of 2kg can lead to improvements in cognition, particularly when achieved through dietary changes or exercise rather than bariatric surgery[30,31]. However, the relationship between weight and dementia is complex, a meta-analysis found that there is a U-shaped association between Body Mass Index (BMI) and dementia, as dementia risk was increased for both obesity and underweight individuals[32]. This relationship is further complicated by timing, as obesity appears to increase dementia risk when measured more than 15 years before onset but may appear protective if measured less than 10 years before onset - likely due to weight loss occurring in the early stages of dementia[33].

In Suffolk, a noteworthy proportion of the population classified overweight and obese, which is an important consideration given the established risk factors for dementia. Among Suffolk adults (aged 18+) in 2022/23, 67.1% are classified as overweight or living with obesity –

statistically significantly higher than the England average of 64.0%. For obesity specifically, 26.8% of Suffolk adults in 2022/23 are classified as living with obesity, statistically similar to the average across England (26.2%).

This pattern begins to emerge in childhood. While 21.5% of Reception age children (4-5 years) in Suffolk are overweight or living with obesity (statistically similar to England's 22.1%), the proportion increases markedly by Year 6 (age 10-11). Although Suffolk's Year 6 figures are significantly better than the England average (34.1% compared to 35.8% for overweight including obesity), there is a trend as these rates are increasing and getting worse over time. Of note is the rise in severe obesity among Year 6 children, which, despite being significantly better than the England average (4.5% vs 5.5%), has also statistically significantly increased over the previous 5 years of data.

Table 1. Overweight and obesity figures for Suffolk's districts and boroughs, compared to England, 2022/23 (adult indicators) and 2023/24 (child indicators)

Indicator	Period	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Reception prevalence of underweight (Persons, 4-5 yrs)	2023/24	1.2%	0.8%	*	0.5%	1.6%	*	0.9%
Reception prevalence of healthy weight (Persons, 4-5 yrs)	2023/24	76.8%	77.7%	77.4%	77.5%	77.1%	79.4%	78.1%
Reception prevalence of overweight (Persons, 4-5 yrs)	2023/24	12.4%	12.5%	12.9%	12.7%	11.9%	13.3%	12.3%
Reception prevalence of overweight (including obesity) (Persons, 4-5 yrs)	2023/24	22.1%	21.5%	21.9%	22.0%	21.3%	20.0%	21.3%
Reception prevalence of obesity (including severe obesity) (Persons, 4-5 yrs)	2023/24	9.6%	9.0%	9.0%	9.4%	9.7%	6.1%	9.0%
Reception prevalence of severe obesity (Persons, 4-5 yrs)	2023/24	2.6%	2.5%	2.6%	2.3%	2.9%	2.2%	2.4%
Year 6 prevalence of underweight (Persons, 10-11 yrs)	2023/24	1.7%	1.5%	1.2%	1.8%	1.5%	1.5%	1.1%
Year 6 prevalence of healthy weight (Persons, 10-11 yrs)	2023/24	62.5%	64.4%	65.7%	65.9%	61.5%	63.9%	64.9%
Year 6 prevalence of overweight (Persons, 10-11 yrs)	2023/24	13.8%	13.6%	14.5%	13.3%	13.6%	13.9%	13.2%
Year 6 prevalence of overweight (including	2023/24	35.8%	34.1%	33.1%	32.6%	37.0%	35.1%	33.6%

obesity) (Persons, 10-11 yrs)								
Year 6 prevalence of obesity (including severe obesity) (Persons, 10-11 yrs)	2023/24	22.1%	20.5%	18.6%	19.1%	23.4%	20.6%	20.4%
Year 6 prevalence of severe obesity (Persons, 10-11 yrs)	2023/24	5.5%	4.5%	3.5%	3.8%	5.9%	4.1%	4.9%
Overweight (including obesity) prevalence in adults, (using adjusted self-reported height and weight) (Persons, 18+ yrs)	2022/23	64.0%	67.1%	61.9%	72.5%	66.0%	66.2%	65.0%
Obesity prevalence in adults, (using adjusted self-reported height and weight) (Persons, 18+ yrs)	2022/23	26.2%	26.8%	21.8%	27.2%	25.3%	32.4%	27.7%

Compared to England (Statistically significantly): Better 95% | Similar | Worse 95%

Source: Office for Health Improvement and Disparities (2025)

Physical inactivity

A lack of regular physical activity can increase the risk of cardiovascular disease, becoming overweight or obese, and type 2 diabetes, which are all linked to a higher risk of dementia. Older adults who do not exercise are also more likely to have problems with memory or thinking[11].

Physical activity at any age appears to benefit cognitive function through multiple mechanisms. Exercise can improve blood flow to the brain, reduce blood pressure, and trigger biological changes that enhance brain plasticity and reduce inflammation[34]. Research has shown that people who regularly engage in moderate-to-vigorous physical activity tend to have greater brain volume compared to those who are less active or inactive[35,36].

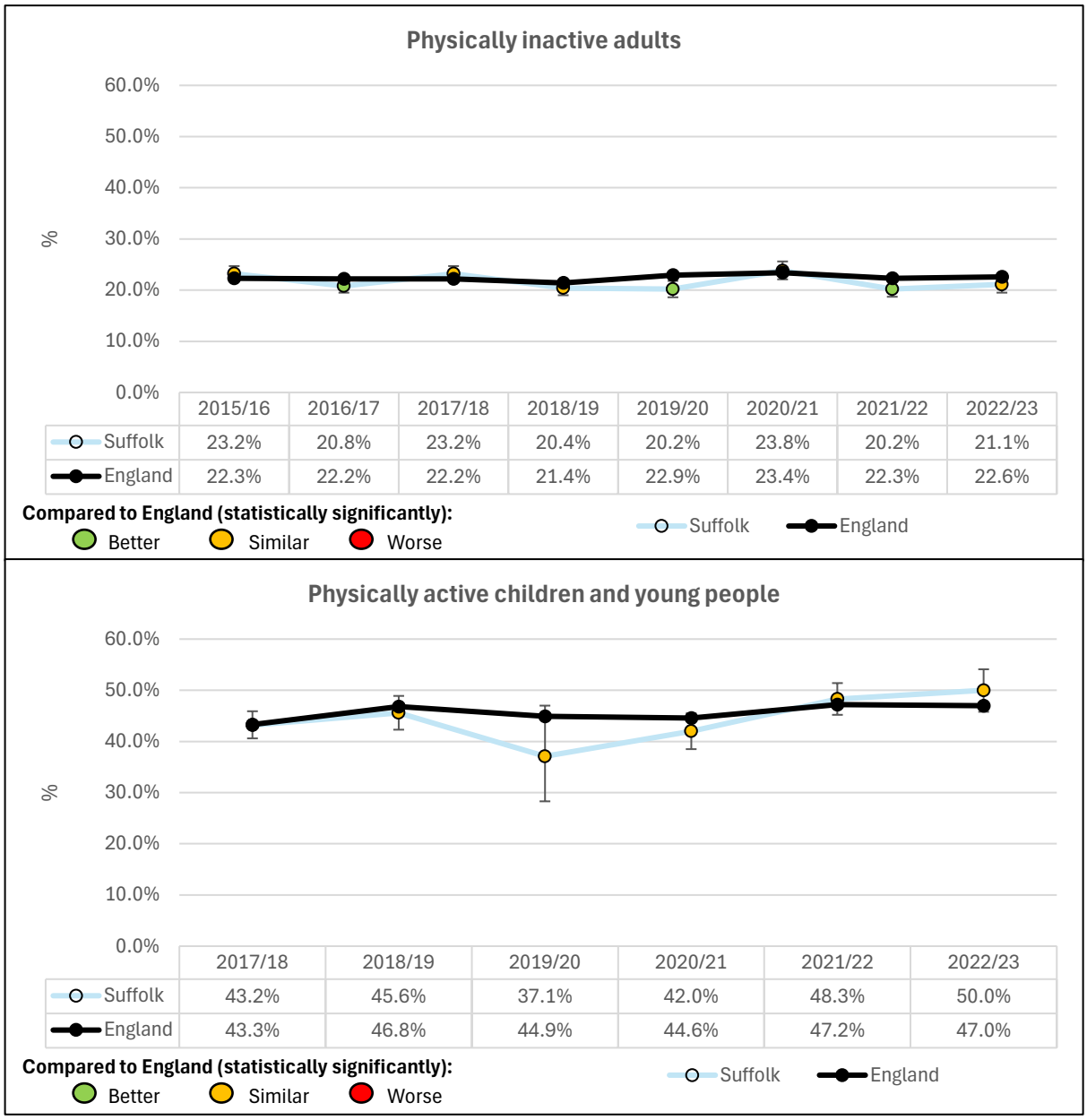
The Lancet Commission previously concluded that the link between exercise and dementia is likely to be bidirectional[25], however physical activity is difficult to study as it changes over a person's lifetime – decreasing when someone becomes ill, varies across communities, socioeconomic status and between sexes, and occurs at various intensities.

However, a large systematic review and meta-analysis of nearly 258,000 people found that physical activity was associated with a 20% lower risk of developing dementia and a 14% lower risk of Alzheimer's disease, with these protective effects observed both in the short term and over follow-up periods of 20 years or more, regardless of the age at which people started exercising[37].

The Chief Medical Officer (CMO) recommends that adults undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two (MVPA). For Suffolk in 2022/23, 21.1% of adults were classified as physically inactive, statistically similar to the proportion across England (22.6%). The Suffolk rate in 2022/23 is also statistically similar to the rate of physically inactive adults in Suffolk in 2015/16 (23.2%).

The Chief Medical Officer recommends that children and young people (5 to 18 years) are physically active for an average of at least 60 minutes per day across the week. For children and young people in Suffolk, 50.0% are physically active in 2022/23, statistically similar to the average across England (47.0%). Again, the physically active children and young people figure for 2022/23 for Suffolk is statistically similar to the figure six years prior in 2017/18 (43.2%).

Figure 8. Percentage of physically inactive adults (2015/16 – 2022/23) and physically active children and young people (2017/18 – 2022/23) in Suffolk and England



Source: Office for Health Improvement and Disparities (2025)

Alcohol

Drinking alcohol is linked to reduced volume of the brain's white matter, which helps to transmit signals between different brain regions. This can lead to issues with the way the brain functions. Alcohol consumption above recommended limits (of 14 units per week) over a long period of time may shrink the parts of the brain involved in memory. Drinking more than 28 units per week can lead to a sharper decline in thinking skills as people get older[13].

Drinking excessive amounts of alcohol also increases the risk of stroke, heart disease and some cancers, as well as damaging the nervous system, including the brain[11]. Research has shown that consuming more than 21 UK units of alcohol per week in midlife is associated with

an 18-22% increased risk of dementia compared to lighter drinking[25]. Heavy alcohol consumption has been linked to reduced grey matter volume in the brain, and experiencing alcohol-induced loss of consciousness further increases dementia risk regardless of overall consumption levels[38].

While some studies suggest a complex relationship between alcohol consumption and dementia risk, recent evidence from a large South Korean study of over 3.9 million people found that sustained heavy drinking (3 or more units per day) increased the risk of dementia[39]. Importantly, reducing alcohol consumption from heavy to moderate levels was associated with a lower risk of dementia, suggesting that changes in drinking behaviour can be beneficial. The evidence indicates that excessive alcohol consumption increases dementia risk, while sustained light drinking or reducing excessive consumption is associated with lower risk[12].

In Suffolk, alcohol-related health outcomes are generally better compared to the England average, though alcohol remains an important modifiable risk factor for dementia. Suffolk has statistically significantly lower rates of alcohol-specific mortality (11.8 per 100,000 compared to England's 15.0 in 2023) and alcohol-related mortality (32.9 per 100,000 compared to England's 39.7 in 2022).

Hospital admission episodes for alcohol-specific conditions are also notably lower in Suffolk (387 per 100,000 in 2022/23) compared to the rate across England (581 per 100,000). However, there are some areas of concern - admission episodes for alcohol-specific conditions among under 18s are statistically similar in Suffolk between 2020/21-2022/23 (30.5 per 100,000) compared to the England average (26.0 per 100,000).

The potential years of life lost due to alcohol-related conditions was statistically significantly lower for Suffolk males in 2022 (978 per 100,000), compared to the national average (1,211 per 100,000). However, potential years of life lost due to alcohol-related conditions for Suffolk females (455 per 100,000) was statistically similar to the England average in 2022 (536 per 100,000).

Figure 9. Key alcohol mortality indicators and alcohol admissions indicators for Suffolk compared to England

Indicator	Period	Suffolk			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Mortality								
Alcohol-related mortality	2022	→	283	32.9	39.7	73.7		25.3
Alcohol-specific mortality	2023	→	95	11.8	15.0	31.4		6.7
Under 75 mortality rate from alcoholic liver disease (1 year range)	2023	↑	61	8.8	12.0	25.4		5.3
Under 75 mortality rate from alcoholic liver disease (3 year range)	2021 - 23	–	173	8.2	11.7	24.7		5.1
Mortality from chronic liver disease, all ages (1 year range)	2023	→	90	10.9	15.0	33.5		5.6
Mortality from chronic liver disease, all ages (3 year range)	2017 - 19	–	209	8.7	12.2	31.9		5.4
Potential years of life lost (PYLL) due to alcohol-related conditions (Male)	2022	→	3,730	978	1,211	2,263		639
Potential years of life lost (PYLL) due to alcohol-related conditions (Female)	2022	→	1,865	455	536	1,196		199
Admissions								
Admission episodes for alcohol-specific conditions	2022/23	↓	3,026	387	581	1,981		220
Admission episodes for alcohol-related conditions (Narrow)	2022/23	→	3,705	461	475	856		247
Admission episodes for alcohol-related conditions (Broad)	2022/23	↓	12,042	1,414	1,705	3,430		994
Admission episodes for alcohol-specific conditions - Under 18s	2020/21 - 22/23	–	135	30.5	26.0	75.5		3.8

Source: Office for Health Improvement and Disparities (2025)

Depression

The relationship between dementia and depression is complex. It appears that untreated depression increases the risk of developing dementia. However, depression can happen as part of the overall symptoms of dementia itself[11].

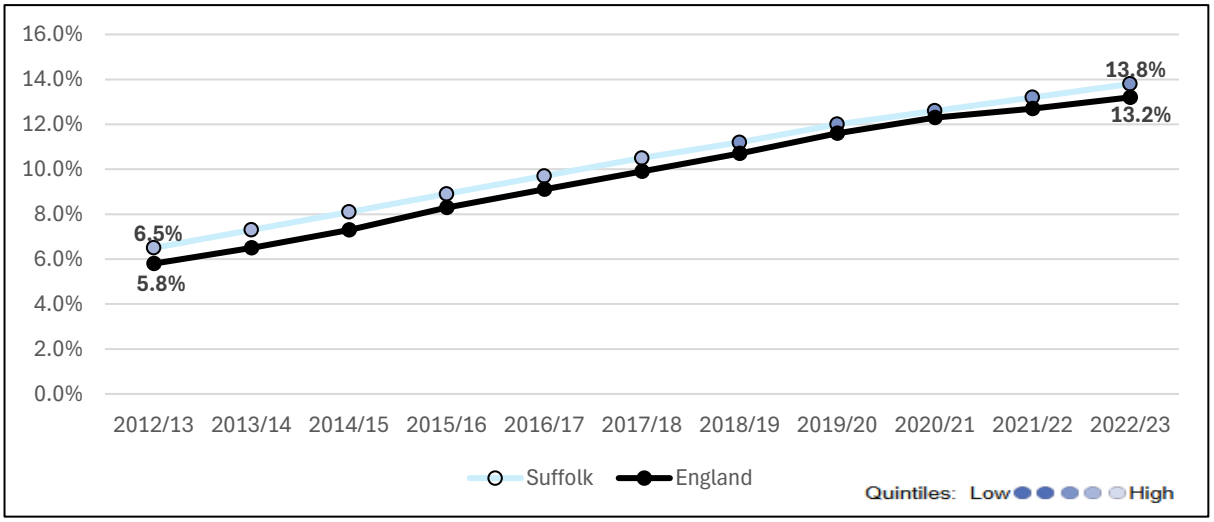
The NICE guideline 16: Disability, dementia and frailty in later life – mid-life approaches to delay or prevent onset states there is emerging evidence on the importance of psychosocial risk factors throughout life such as loneliness, isolation and depression. These factors may reduce resilience to disease onset and progress. The ambition is therefore to reduce the number of people with depression, as this may reduce the resilience to dementia onset and progression[40].

Studies on depression and dementia suggest that depression increases the risk of dementia at all adult ages, although in late life, some of the association is caused by preclinical dementia. The Lancet Commissions therefore classify depression as a midlife risk factor because there is a clear midlife risk. One study found no difference between identical or non-identical twins, leading to the conclusion that the risk factors for dementia were not accounted for by genetic risk or early life environment; however, the risk of midlife depression and future dementia was lower in those with 8 or more years of education than in those with less than 8 years of education[41].

Furthermore, mechanisms linking depression to dementia risk are unknown, however it is hypothesised that depression might lead to reduced self-care and social contact, as well as oversecretion of cortisol leading to inflammatory response[12]. The findings on the effect of medication and therapy for depression in reducing the risk of dementia suggest the importance of treating depression both for quality of life and because it might reduce the risk of dementia in the future[12].

For Suffolk in 2022/23, 13.8% of patients aged 18 and over were diagnosed with depression, as recorded on practice disease registers. This percentage was statistically significantly higher than the England average in the same year (13.2%). Depression prevalence has also statistically significantly increased by 112.3% – doubling from 6.5% in 2012/13 to 13.8% in 2022/23.

Figure 10. The percentage of patients aged 18 and over with depression, as recorded on practice disease registers, Suffolk and England, 2012/13 to 2022/23



Source: Office for Health Improvement and Disparities (2024)

High blood pressure

High blood pressure (also called hypertension) in middle age increases the risk of developing all types of dementia[25]. However, research shows that blood pressure patterns change as dementia develops - typically increasing throughout life but starting to decrease about 5 years before someone is diagnosed with dementia[42]. This pattern has been observed in several large studies that followed people over many years.

Research has also found that it is not just high blood pressure that matters, but also how much an individual's blood pressure varies over time. A study of over 2,000 older adults found that greater changes in blood pressure readings were linked to a higher chance of developing dementia[43].

Treating high blood pressure appears to help reduce dementia risk. Large studies combining results from multiple clinical trials show that people taking blood pressure medications have a lower risk of developing dementia compared to those who do not receive treatment. One major review looking at over 96,000 people found that those taking blood pressure medication had better protection against both dementia and general cognitive decline[44]. This finding has been confirmed by other large studies[45,46].

Not all blood pressure medications may work the same way. Some research suggests that certain types of blood pressure medicines (specifically angiotensin receptor blockers and calcium channel blockers) might be more effective at reducing dementia risk than others, though more research is needed to confirm this[47].

The evidence shows that leaving high blood pressure untreated increases dementia risk compared to people with normal blood pressure. However, when people receive treatment for their high blood pressure, this extra risk is significantly reduced[47].

High blood pressure is a significant health concern in Suffolk. Data for 2023/24 shows that 17.3% (143,424) of Suffolk residents have diagnosed hypertension, which is statistically significantly higher than both the East of England (15.1%) and England average (14.8%). The prevalence of hypertension in Suffolk has also been statistically significantly higher than the England average each year since 2012/13 to 2023/24, increasing from 14.7% in 2012/13, to 17.3% in 2023/24.

Furthermore, 9.1% of adults in Suffolk in 2021 have undiagnosed high blood pressure, placing Suffolk in the highest quintile nationally for undiagnosed cases.

Despite the higher rates of hypertension in Suffolk, mortality rates from hypertensive disease in Suffolk are significantly better than the national average:

- Overall mortality rate: 110.1 per 100,000 in Suffolk, statistically significantly lower compared to 133.2 in England
- Males: 129.8 per 100,000 in Suffolk, statistically significantly lower compared to 157.3 in England
- Females: 92.4 per 100,000 in Suffolk, statistically significantly lower compared to 112.6 in England

Table 2. Hypertension indicators for Suffolk, compared to England 2021, 2021-23, and 2023/24

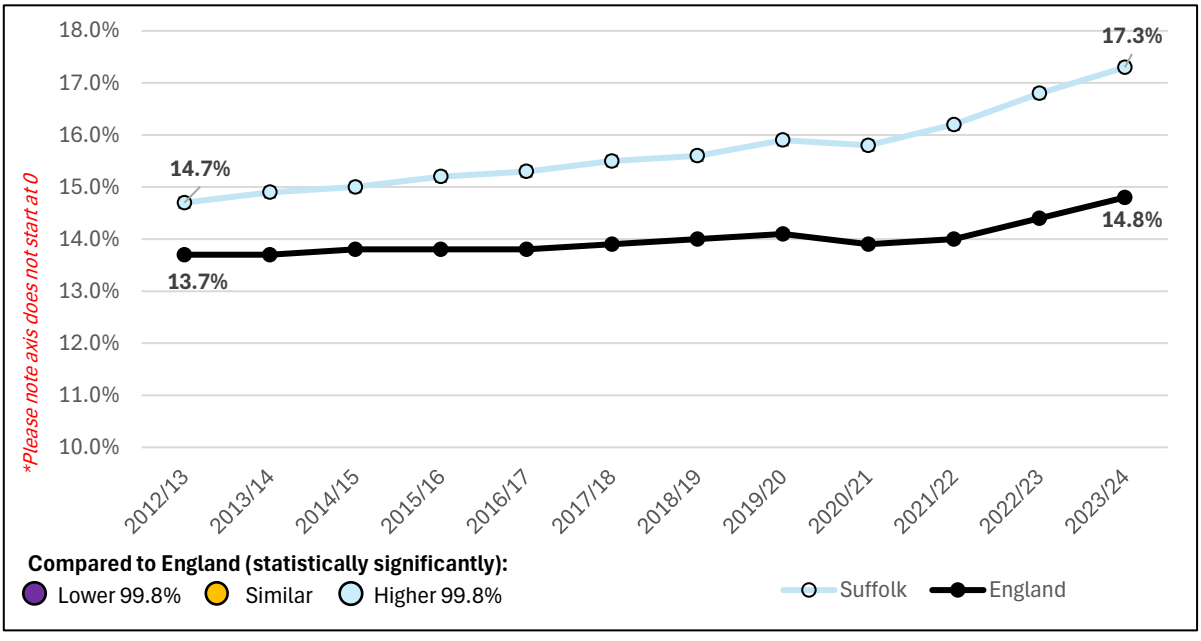
Indicator	Period	Count	Suffolk value	East of England value	England value	England worst/lowest	England best/highest
Hypertension: QOF prevalence	2023/24	143,424	17.3%	15.1%	14.8%	7.4%	20.3%
Mortality rate for deaths involving hypertensive disease, all ages (Persons)	2021-23	3,215	110.1 per 100,000	147.8 per 100,000	133.2 per 100,000	312.6 per 100,000	51.1 per 100,000
Mortality rate for deaths involving hypertensive disease, all ages (Male)	2021-23	1,642	129.8 per 100,000	173.2 per 100,000	157.3 per 100,000	360.5 per 100,000	61.0 per 100,000
Mortality rate for deaths involving hypertensive disease, all ages (Female)	2021-23	1,573	92.4 per 100,000	126.0 per 100,000	112.6 per 100,000	273.2 per 100,000	42.5 per 100,000
Estimated prevalence of undiagnosed adult hypertension	2021	-	9.1%	-	8.6%	6.8%	9.7%

Compared to England (Statistically significantly): Better 95% | Similar | Worse 95%

Quintiles: Low | | | | High | Higher 99.8%

Source: Office for Health Improvement and Disparities (2024)

Figure 11. Percentage of patients with established hypertension, as recorded on practice disease registers, Suffolk and England, 2012/13 to 2023/24



Source: Office for Health Improvement and Disparities (2024)

Diabetes

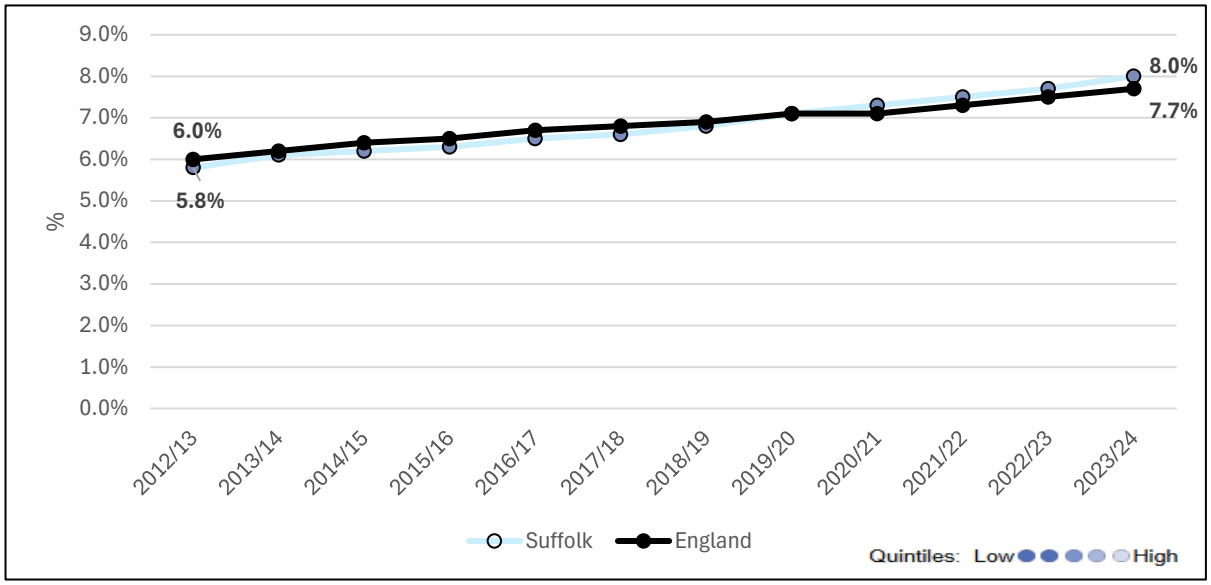
Diabetes has been identified as a significant risk factor for dementia, with recent evidence highlighting the crucial role of age of onset. The Lancet Commissions 2024 report emphasises that midlife diabetes poses a greater risk than late-life onset, with research showing that for every 5-year decrease in type 2 diabetes onset age, the risk of dementia increases until age 70[12,48]. While the World Health Organization acknowledges potential detrimental effects of late-life diabetes on brain health and dementia risk, the evidence is less conclusive for older age groups[49].

The way diabetes affects brain health and leads to dementia involves several pathways. Diabetes can damage both small and large blood vessels throughout the body, including in the brain. When the body becomes resistant to insulin, this also reduces the brain's ability to use insulin effectively, changing how the brain functions. These changes can lead to the build-up of harmful proteins in the brain that are associated with Alzheimer's disease and can trigger inflammation that may damage brain cells[50,51]. Studies have shown that people with diabetes often have higher levels of inflammatory markers in their body[48], which is linked to a higher risk of developing dementia.

While strict diabetes control is important, evidence suggests that intensive treatment compared to standard diabetic control does not significantly decrease dementia risk. However, certain diabetes medications have shown promising results in risk reduction. A comprehensive systematic review and meta-analysis found that certain inhibitors and agonists were associated with lower dementia risk, while sulfonylureas were linked to increased risk[52].

Diabetes prevalence in Suffolk has statistically significantly increased over the past decade, rising from 5.8% in 2012/13 to 8.0% in 2023/24. This data, collected through the Quality and Outcomes Framework (QOF), includes all patients aged 17 and over with diagnosed diabetes mellitus. This represents an increase from 35,836 to 54,803 people with diagnosed diabetes in the county. While Suffolk's rates were statistically significantly lower than the national average in 2012/13 (6.0%), the county has now exceeded the England average, which stands at 7.7% in 2023/24. This upward trend reveals nearly 19,000 additional people being diagnosed with diabetes in Suffolk over this eleven-year period.

Figure 12. The percentage of patients aged 17+ years with diabetes mellitus, Suffolk and England, 2012/13 to 2023/24



Source: Office for Health Improvement and Disparities (2024)

Table 3. Diabetes indicators for England and Suffolk, 2023/24 and 2022/23

Indicator	Period	Count	Value	East of England value	England value	Worst/ lowest	Best/ highest
Diabetes: QOF prevalence	2023/24	54,803	8.0%	7.6%	7.7%	2.7%	10.7%
Preventable sight loss: diabetic eye disease	2023/24	8	1.2 per 100,000	3.0 per 100,000	3.0 per 100,000	12.7 per 100,000	0.0 per 100,000
Admissions for diabetes (0 to 9 years)	2022/23	30	38.0 per 100,000	35.5 per 100,000	32.5 per 100,000	94.8 per 100,000	0.0 per 100,000
Admissions for diabetes (10 to 18 years)	2022/23	60	77.4 per 100,000	71.3 per 100,000	73.3 per 100,000	156.8 per 100,000	33.4 per 100,000
Admissions for diabetes (under 19 years)	2022/23	85	54.3 per 100,000	52.8 per 100,000	52.4 per 100,000	100.4 per 100,000	23.7 per 100,000

Compared to England (Statistically significantly): Better 95% | Similar | Worse 95%

Quintiles: Low | | | | High

Source: Office for Health Improvement and Disparities (2024)

High LDL cholesterol

Individuals with high cholesterol levels also often have other health conditions such as high blood pressure, diabetes or obesity, which are also risk factors for dementia. High LDL (Low-Density Lipoprotein) cholesterol is often called “bad” cholesterol as it can build up in the walls of arteries, leading to blockages and increasing the risk of heart disease and stroke. High LDL cholesterol, particularly in midlife, is emerging as a significant risk factor for dementia. Multiple large-scale studies have demonstrated a clear association between elevated LDL cholesterol and increased dementia risk:

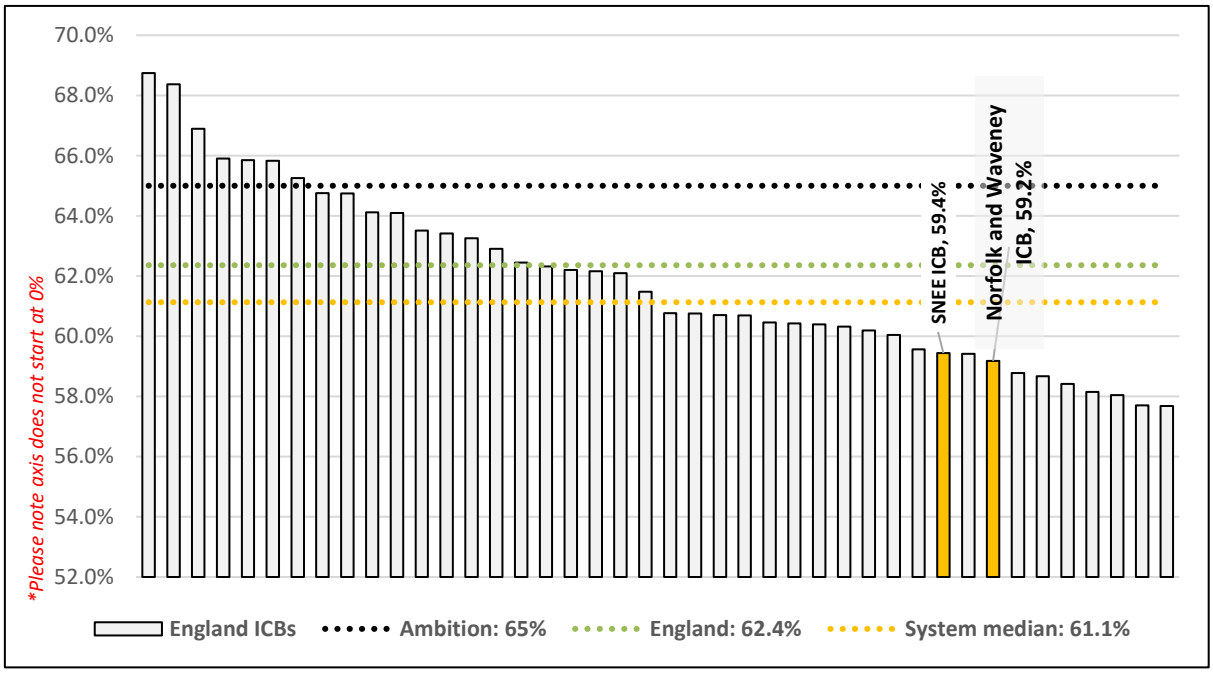
- A meta-analysis of 1,138,488 UK participants found that each 1 mmol/L increase in LDL cholesterol was associated with an 8% increase in all-cause dementia incidence[53]
- Another study of 1,189,090 participants showed that LDL cholesterol above 3 mmol/L significantly increased dementia risk [54]
- The risk appears strongest for individuals under 65 years old, with higher LDL cholesterol linked to increased dementia risk both within 10 years and more than 10 years after baseline [55]

Regarding potential interventions, statins show promise. A meta-analysis of 36 cohort studies found statin use was associated with reduced risk of all-cause dementia and Alzheimer's disease by about 20%[56].

The management of cholesterol levels represents a critical aspect of preventing cardiovascular disease and potential dementia risk reduction. In the Suffolk and North East Essex Integrated Care Board (SNEE ICB) area, current data for September 2024 reveals that 59.4% of patients aged 18 and over with a high cardiovascular risk score (QRISK of 20% or more) and no existing cardiovascular disease are receiving lipid-lowering therapy.

This percentage falls short of the NHS's target of 65% coverage by March 2025. The QRISK assessment tool helps healthcare professionals identify patients at significant risk of cardiovascular events, with a score of 20% or higher suggesting a substantial likelihood of future health complications.

Figure 13. Patients with no GP recorded CVD and a GP recorded QRISK score of 20% or more, who are currently treated with lipid lowering therapy, Suffolk and North East Essex ICB, September 2024



Source: CVD Prevent (2024)

Quality of education in early life

Educational attainment and quality of education in early life play a significant role in reducing dementia risk. Research from the Lancet Commission on Dementia Prevention (2024) has consistently shown that people with more childhood education and higher educational attainment have lower dementia risk. This protective effect appears to be driven by educational attainment rather than simply years spent in education, highlighting the importance of quality over quantity in education.

The relationship between education and dementia risk operates through several interconnected mechanisms. Education helps build cognitive and brain reserve, often leads to higher occupational attainment and improved financial situations and typically results in better access to healthcare and increased health awareness. These factors combine to create more opportunities for ongoing cognitive stimulation throughout life. Studies have demonstrated that high cognitive stimulation at work, when combined with higher education levels, provides the strongest protection against dementia. Research has shown that compared to those with little education and low cognitive stimulation at work, people with high cognitive stimulation at work but little education had a 20% lower risk of dementia. This reduction in risk was even more pronounced - at 37% lower - for those with both high cognitive stimulation and high education levels[57].

The protective effect of education works through multiple biological and social pathways. These include higher levels of proteins that support brain repair through axonogenesis and synaptogenesis, greater efficiency of functional brain networks, improved maintenance of cognitive reserve, and better overall health outcomes through improved socioeconomic circumstances. Quality of education, particularly as measured by reading levels at ages 14-15,

has been found to be especially important[58,59], with research suggesting that differences in educational quality can account for approximately half of the disparities in dementia prevalence across different population groups[60].

Understanding the links between education, occupation and dementia risk is relevant for Suffolk's population. By understanding early life educational attainment, the potential impact on future dementia risk within Suffolk can be better understood. Areas where preventive interventions may be most beneficial can also be identified.

In Suffolk, educational attainment shows some poorer outcomes when compared to national averages. School readiness (the percentage of children achieving a good level of development at the end of Reception (age 5)) shows broadly similar outcomes to England, with a statistically similar (66.2%) of children achieving a good level of development at the end of Reception compared to 67.2% nationally.

However, gaps begin to emerge as children progress through education. By Year 1 (age 6), Suffolk performs statistically significantly worse than England in phonics screening (77.5% vs 78.9%), though outcomes for pupils with free school meal status remain statistically similar to the England average.

The most notable differences appear in secondary education. Attainment 8 scores (a measure of achievement across 8 qualifications at age 15-16) are statistically significantly lower in Suffolk (43.2) compared to England (46.1), with both boys (41.3 vs 43.9) and girls (45.1 vs 48.4) performing below national averages. Progress 8 scores, which measure pupils' progress between primary and secondary school, are also significantly worse in Suffolk (-0.16) compared to England (-0.03).

Please note, confidence intervals are not reported, however GCSE attainment also has a gap, with 39.9% of Suffolk pupils achieving grade 5 or above in English and Mathematics compared to 46.2% nationally. When looking at grade 4 or above, Suffolk achieves 62.8% compared to England's 65.4%. This pattern is consistent across both sexes, though girls continue to outperform boys in both Suffolk and nationally.

Primary school attainment at age 10-11 also has smaller gaps across reading (74% compared to 75%), writing (70% compared to 72%), and mathematics (70% compared to 74%). These educational outcomes are relevant considering the protective effect of education against dementia risk. Lower educational attainment in the county could potentially increase dementia risk in later life due to the impact on the population's cognitive reserve.

Table 4. Early education outcome indicators for Suffolk and England, 2022/23 and 2023/24

Indicator	Period	Suffolk value	Compared to England	England value
School readiness: percentage of children achieving a good level of development at the end of Reception (5 yrs)	2022/23	66.2%	Similar	67.2%
School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception (5 yrs)	2022/23	50.7%	Similar	51.6%

School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1 (6 yrs)	2022/23	77.5%	Significantly worse	78.9%
School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1 (6 yrs)	2022/23	65.4%	Similar	66.5%
Average Attainment 8 score (15-16 yrs)	2023/24	43.2	Significantly worse	46.1
Average Progress 8 score of all pupils (15-16 yrs)	2023/24	-0.16	Significantly worse	-0.03
Percentage of pupils achieving grades 5 or above in English and Mathematics GCSEs (15-16 yrs)	2023/24	39.9%	Not compared	46.2%
Percentage of pupils achieving grades 4 or above in English and Mathematics GCSEs (15-16 yrs)	2023/24	62.8%	Not compared	65.4%
Percentage of pupils meeting the expected standard in reading (10-11 yrs)	2023/24	74.0%	Not compared	75.0%
Percentage of pupils meeting the expected standard in writing TA (10-11 yrs)	2023/24	70.0%	Not compared	72.0%
Percentage of pupils meeting the expected standard in maths (10-11 yrs)	2023/24	70.0%	Not compared	74.0%

Compared to England (Statistically significantly): Worse 95% | Similar | Better 95%

Source: Office for Health Improvement and Disparities (2024); Department for Education (2024); Department for Education (2024)

Social isolation and personal wellbeing

Social isolation is a significant modifiable risk factor for dementia. Recent systematic reviews have demonstrated that people with less frequent social contact have a higher risk of developing dementia, compared to those with more frequent social interaction[61,62]. Other studies with longer follow-up periods (of 8.8 and 12 years), have strengthened this evidence. These studies defined social isolation as meeting at least two of three criteria: living alone, seeing family or friends less than once a month, and participating in no weekly group activities[63].

Loneliness, while distinct from social isolation, also increases dementia risk. Studies show increased risk of 34-91% over follow-up periods of 5-14 years[64–68]. The protective effect of social contact is thought to work through multiple mechanisms which include building cognitive reserve, promoting health behaviours, and reducing stress and inflammation[12].

Participation in social activities is also linked, but is distinct from social isolation, and has been associated with decreased dementia risk. Social contact in any form also has a potential

beneficial effect on dementia risk by building cognitive reserve, promoting healthy behaviours and reducing stress and inflammation.

Adult social care users aged 18 and over in Suffolk in 2023/24 report slightly below the national average (but statistically similar) for social contact, with 44.8% indicating they have as much social interaction as they would like, compared to the England average of 45.6%. For older adults (65+ years), Suffolk performs marginally better, with 43.4% of social care users reporting satisfactory social contact, compared to the national average of 41.5% (again, statistically similar).

Only 23.8% of adult carers report having as much social contact as they would like, significantly lower than the England average of 30.0%. This suggests that carers in Suffolk may be experiencing more pronounced social isolation compared to their counterparts nationally.

Table 5. Adult social care social isolation indicators for Suffolk and England, 2023/24

Indicator	Period	Count	Suffolk value	England value	England worst	England best
Social isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs)	2023/24	4,285	44.8%	45.6%	33.9%	55.3%
Social isolation: percentage of adult social care users who have as much social contact as they would like (65+ yrs)	2023/24	2,450	43.4%	41.5%	25.2%	54.4%
Social isolation: percentage of adult carers who have as much social contact as they would like (18+ yrs)	2023/24	100	23.8%	30.0%	15.4%	47.4%

Compared to England (Statistically significantly): Worse 95% | Similar | Better 95%

Source: Office for Health Improvement and Disparities (2025)

Self-reported wellbeing data indicates that for most indicators, Suffolk is statistically similar or better than the England average. Notably, the percentage of people reporting a low happiness score stands out as statistically significantly lower than the England average,.

4.4% of Suffolk residents report a low satisfaction score (compared to England's 5.6%), 3.5% report a low worthwhile score (versus 4.4% nationally), and 5.3% report a low happiness score (statistically significantly lower than England's 8.9%). 20.8% of Suffolk residents report a high anxiety score, statistically significantly lower compared to the national average of 23.3%.

Table 6. Self-reported wellbeing indicators for Suffolk and England, 2022/23

Indicator	Period	Suffolk value	England value	England worst	England best
Self-reported wellbeing: people with a low satisfaction score	2022/23	4.4%	5.6%	12.5%	1.9%
Self-reported wellbeing: people with a low worthwhile score	2022/23	3.5%	4.4%	9.8%	1.6%
Self-reported wellbeing: people with a low happiness score	2022/23	5.3%	8.9%	17.1%	3.5%
Self-reported wellbeing: people with a high anxiety score	2022/23	20.8%	23.3%	33.8%	10.4%

Compared to England (Statistically significantly): Worse 95% | Similar | Better 95%

Source: Office for Health Improvement and Disparities (2024)

Air pollution

Recent evidence supports air pollution as a significant risk factor for dementia[12]. Multiple systematic reviews and meta-analyses since 2019 have consistently shown associations between air pollution exposure and increased dementia risk. A key meta-analysis found that for every 1 µg/m^3 increase in PM2.5, there was a 3% increased risk of dementia[69].

Both outdoor (ambient) and indoor (household) air pollution contribute to risk. Indoor pollution from solid fuel use, including wood and coal-burning stoves, is particularly concerning - these contribute to 38% of the UK's PM2.5 emissions[70]. The risk appears to be heightened in individuals with pre-existing cardiovascular conditions[71].

Encouragingly, evidence suggests that improving air quality can reduce dementia risk. Studies have shown that reducing PM2.5 levels is associated with decreased dementia risk[72], supporting the implementation of strict clean air policies[73].

Air pollution, particularly fine particulate matter (PM2.5), is increasingly recognised as a risk factor for dementia. In Suffolk, PM2.5 concentrations are measured annually and population-weighted to account for human exposure. PM2.5 refers to tiny particles in the air that are 2.5 micrometres or smaller in diameter.

In Suffolk, the average concentration of fine particulate matter (PM2.5) in 2023 was 7.0 µg/m^3, identical to the England average. Within Suffolk, there was some variations across districts:

- Ipswich has the highest concentration at 7.4 µg/m^3
- East Suffolk has the lowest at 6.8 µg/m^3
- Babergh and Mid Suffolk both measure 6.9 µg/m^3
- West Suffolk records 7.1 µg/m^3

The fraction of mortality attributable to particulate air pollution in Suffolk (5.3%) is not comparable, but close to the England average value (5.2%), with Ipswich showing the highest attribution at 5.6% and East Suffolk the lowest at 5.1%.

Table 7. Fraction of mortality attributable to particulate air pollution, and fine particulate matter for England, Suffolk, and districts and boroughs, 2023

Indicator	Period	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Fraction of mortality attributable to particulate air pollution (new method)	2023	5.2	5.3	5.2	5.1	5.6	5.2	5.3
Air pollution: fine particulate matter (new method - concentrations of total PM2.5)	2023	7.0	7.0	6.9	6.8	7.4	6.8	7.1

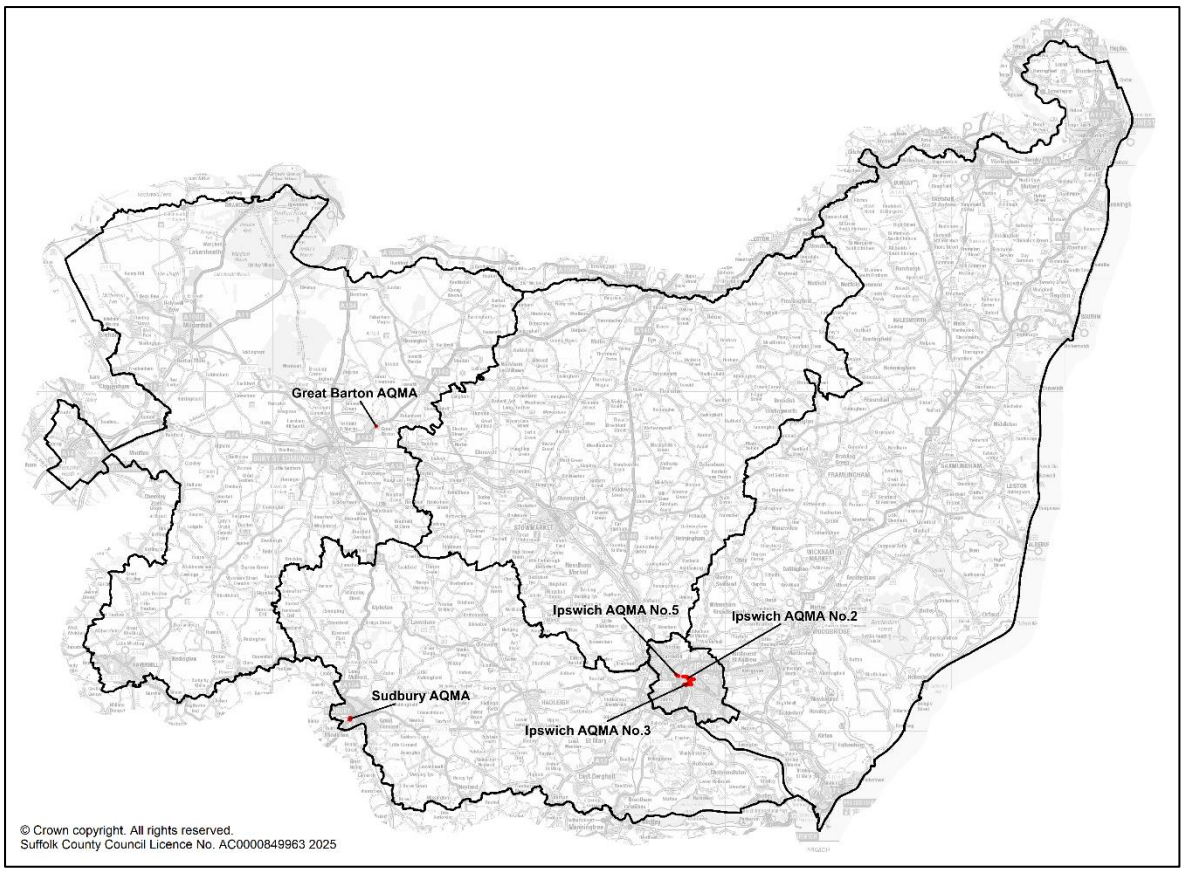
Quintiles: Best | | | | Worst

Source: Office for Health Improvement and Disparities (2024)

As of February 2025, Suffolk has 5 designated Air Quality Management Areas (AQMAs):

- Three are located in Ipswich
- One in Great Barton in West Suffolk
- One in Sudbury in Babergh

Figure 14. Suffolk Air Quality Management Areas (AQMAs) as of February 2025



Source: Department for Environment Food & Rural Affairs (2024)

Traumatic brain injury

Traumatic brain injury (TBI) has been identified as a significant risk factor for developing dementia. Recent research, including several large-scale studies, shows that people who experience TBI are about 1.7 to 1.8 times more likely to develop dementia compared to those who have not experienced head injuries. This finding has been consistently demonstrated across multiple studies involving millions of participants[25].

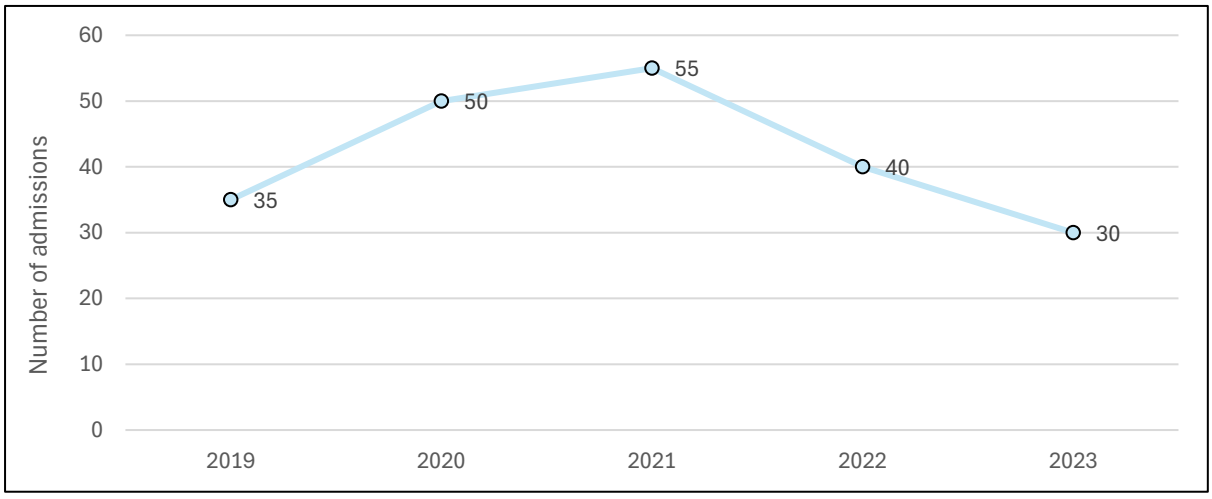
Sports-related head injuries have received particular attention. Rugby players face the highest risk of concussion among contact sports, followed by American football and ice hockey. Professional soccer players, especially defenders who frequently head the ball, show higher rates of neurodegenerative disease compared to the general population. A Scottish study found that former professional soccer players were over three and a half times more likely to develop neurodegenerative disease compared to matched controls[74]. Similar findings have been reported in Swedish and French studies[75].

It is important to note that playing sports generally remains beneficial for overall health - many studies show lower overall mortality rates among professional athletes. The key is to implement proper safety measures, including appropriate head protection, limiting high-impact collisions, preventing immediate return to play after a concussion, and adapting game rules to reduce injury risk[12].

Researchers also believe that TBI may lead to dementia through several mechanisms, including damage to nerve fibres, accumulation of certain proteins in the brain, and inflammation. Some research suggests that TBI might bring forward the onset of dementia by 2-3 years in those affected[76].

Analysis of hospital episode statistics for Suffolk residents shows varying patterns in primary condition of concussion (ICD-10 code S06.0) admissions between 2019 and 2023. Starting from 35 admissions in 2019, there was a marked increase during the pandemic years, with admissions rising to 50 in 2020 and peaking at 55 in 2021. This represents an almost 50% increase from the pre-pandemic baseline. However, numbers have steadily declined since then, dropping to 40 admissions in 2022 and reaching their lowest point of 30 admissions in 2023.

Figure 15. Total hospital admissions for a primary diagnosis of concussion (ICD 10 code: S06.0) for Suffolk residents, 2019-23



Source: Hospital Episode Statistics (2025)

Hearing loss and untreated vision loss

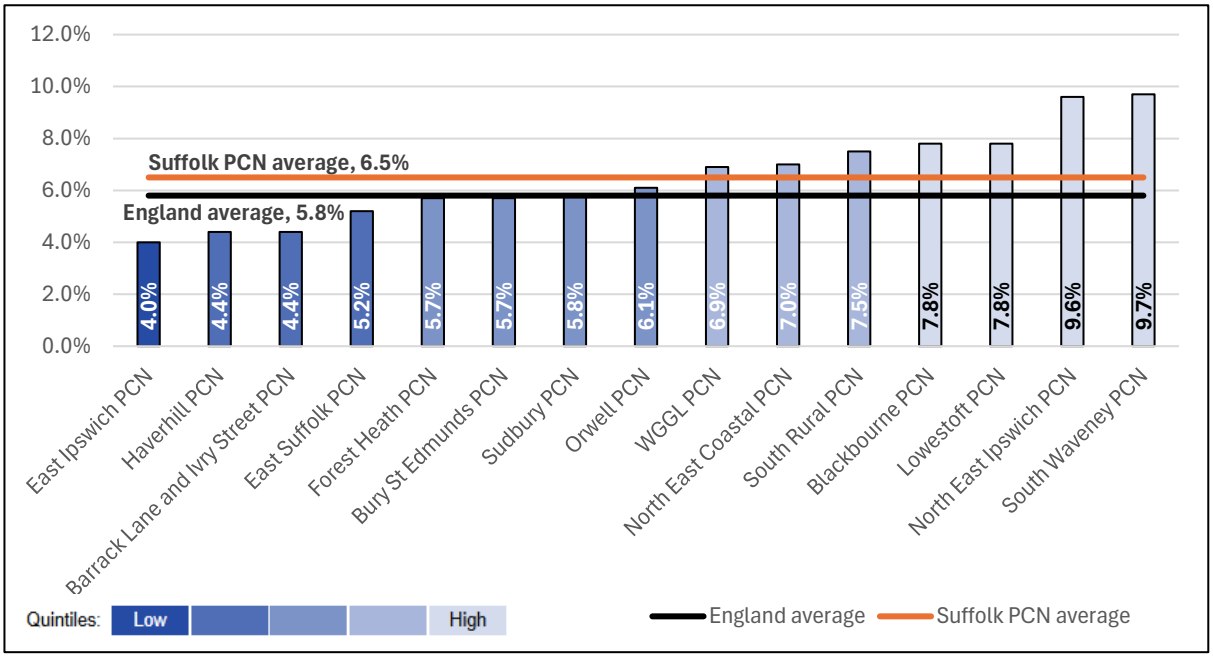
Hearing loss affects approximately 20% of people globally, with 62% of cases occurring in those aged 50 years old and over[77]. Recent studies show that people with hearing loss have a 37% increased risk of developing dementia compared to those without hearing loss[12]. The risk increases with severity - every 10dB decrease in hearing ability is associated with an increased dementia risk ranging from 4% to 24%. Encouragingly, hearing aid use appears protective - studies show that people with hearing loss who use hearing aids have a significantly lower risk of both cognitive decline and dementia compared to those who don't use assistive devices[78–81].

Visual impairment, affecting 12.6% of adults aged 50 or older, has also emerged as an important risk factor[82]. The Lancet Commission meta-analysis indicated that vision loss is associated with a 47% increased risk of dementia[83]. Specific conditions like cataracts and diabetic retinopathy are linked to increased dementia risk. Research suggests that diabetic retinopathy remains a risk factor for dementia even after accounting for diabetes severity, including long-term blood sugar levels and kidney function. This indicates that while diabetes itself increases dementia risk, diabetic retinopathy may further elevate that risk through mechanisms such as chronic inflammation and vascular damage in the eyes and brain. Notably, treatment can help - studies show cataract surgery is associated with reduced dementia risk, and addressing vision loss is a key opportunity for dementia prevention, as most cases are treatable but often go unadressed[84].

The GP Patient Survey asks “Which of the following long-term conditions or illnesses do you have?”. The below figure shows the percentage of persons aged 16 and over reporting deafness or hearing loss in the 2024 GP Patient Survey across Suffolk Primary Care Networks (PCNs), compared to England.

Confidence intervals for this indicator are not reported, so we cannot be sure of statistical significance. Results show that most PCNs across Suffolk had a similar percentage of people self-reporting deafness or hearing loss when compared to the England estimate of 5.8% in 2024. South Waveney (9.7%), Norh East Ipswich (9.6%), Blackbourne (7.8%) and Lowestoft (7.8%) PCNs had the highest rates of self-reported deafness or hearing loss across the county.

Figure 16. Percentage of persons aged 16 and over reporting deafness or hearing loss in the 2024 GP Patient Survey across Suffolk Primary Care Networks, compared to England

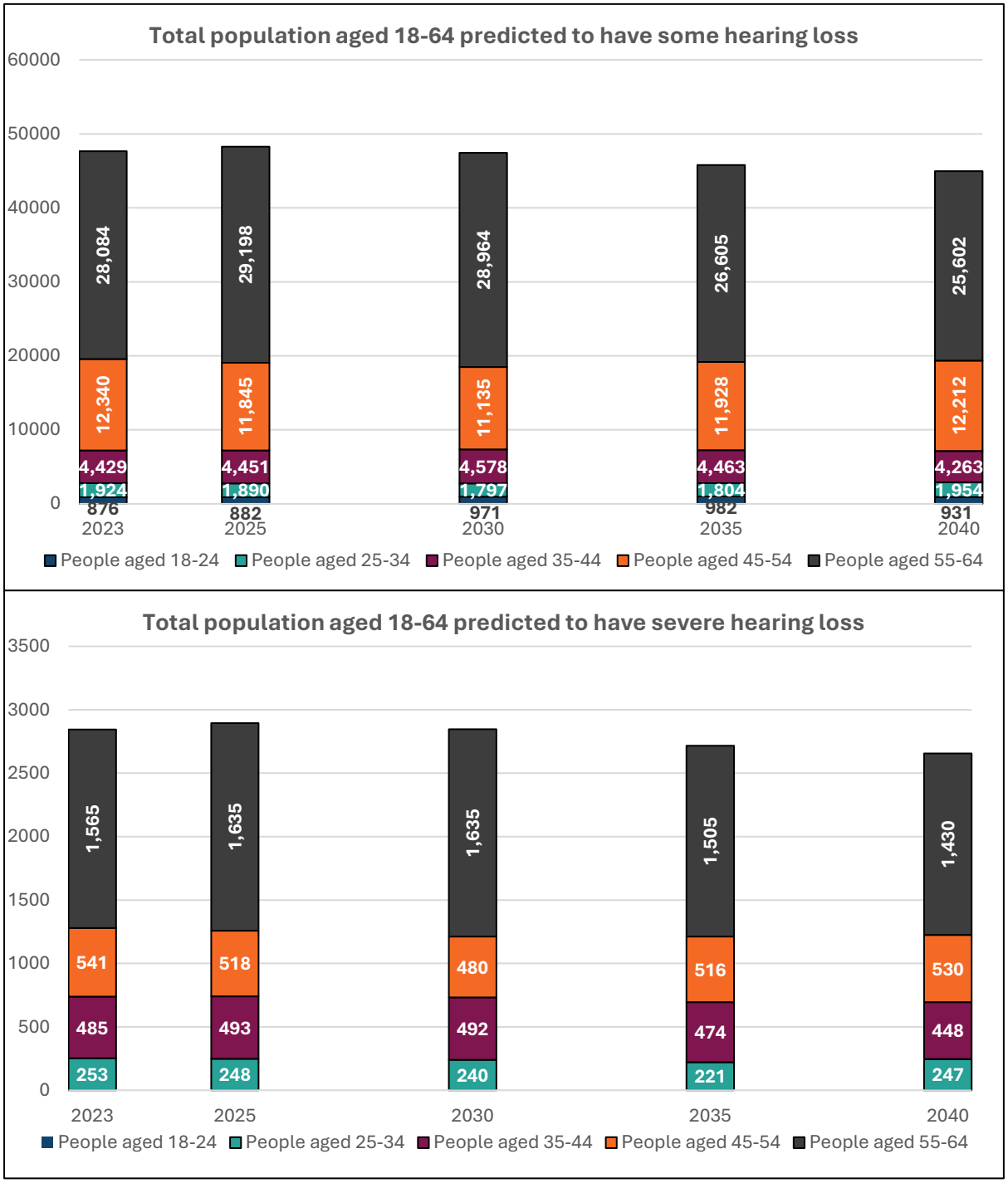


Source: Office for Health Improvement and Disparities (2024)

According to Projecting Adult Needs and Service Information System (PANSI) data, the hearing loss projections for Suffolk's population aged 18-64 reveal changing hearing health. Between 2023 and 2040, the total number of people experiencing some hearing loss will fluctuate, peaking at 48,266 in 2025 before gradually declining to 44,963 by 2040. The age distribution of hearing loss shows distinct patterns across different age groups. Younger adults aged 18-24 and 25-34 demonstrate minimal changes in hearing loss prevalence, while the 45-54 and 55-64 age groups consistently represent the largest proportions of individuals with hearing challenges.

The 55-64 age group stands out as the most affected, with hearing loss numbers ranging from 28,084 in 2023 to 25,602 in 2040. Severe hearing loss follows a similar trajectory, maintaining a relatively stable total population between 2,844 in 2023 and 2,656 in 2040. Again, the 45-64 age groups predominate, with the 55-64 age group consistently showing the highest number of individuals experiencing severe hearing loss.

Figure 17. PANSI estimates – total population aged 18 to 64 in Suffolk predicted to have either some hearing loss, or severe hearing loss, 2023-2040

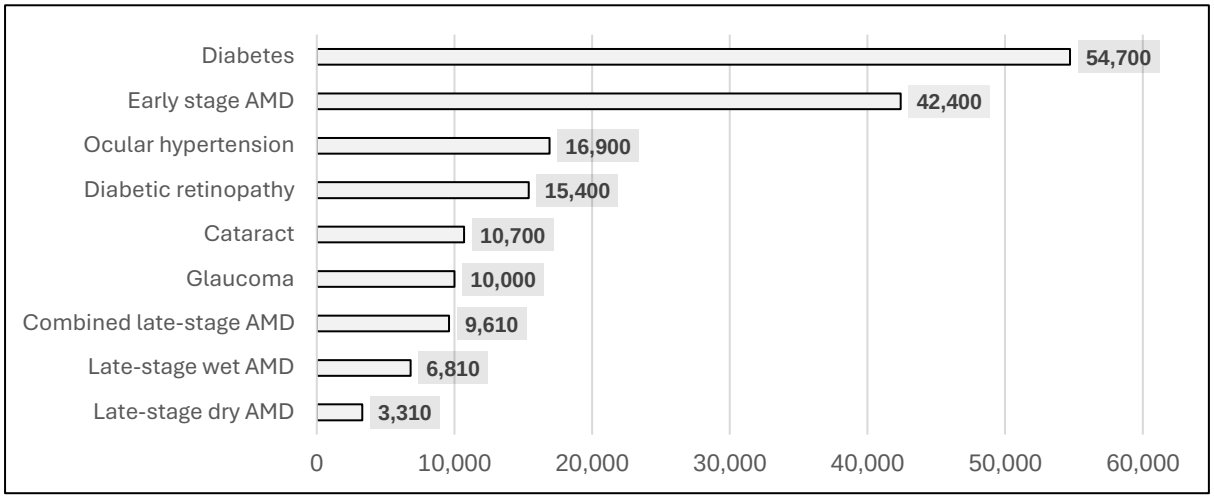


Source: PANSI (2025)

The below shows the prevalence of sight threatening eye conditions across Suffolk, in 2022. Results show there were an estimated 169,830 people with sight threatening eye conditions across Suffolk in 2022. However, this may be an overestimate as there are people living with several different sight threatening eye conditions and includes people with the early stages of these diseases who have not experienced any reduction in their vision at this point[85].

There were an estimated 42,400 people living with early stages of age-related macular degeneration (AMD) in Suffolk, 2022. Comparing all types of late-stage AMD, the prevalence of combined AMD was highest affecting 9,610 people. This was followed by late-stage wet AMD affecting 6,810 people. An estimated 3,310 people were living with late-stage dry AMD in Suffolk, 2022. 10,700 people were estimated to be living with cataracts. 16,900 people were estimated to be living with ocular hypertension (increased pressure inside the eye) and a further 10,000 people were estimated to be living with glaucoma in Suffolk, 2022. Finally, 54,700 adults across Suffolk were estimated to have diagnosed diabetes. An estimated 15,400 people were living with diabetic retinopathy, of these 1,420 were living with severe diabetic retinopathy, a later stage of the disease that is likely to result in significant and potentially certifiable sight loss.

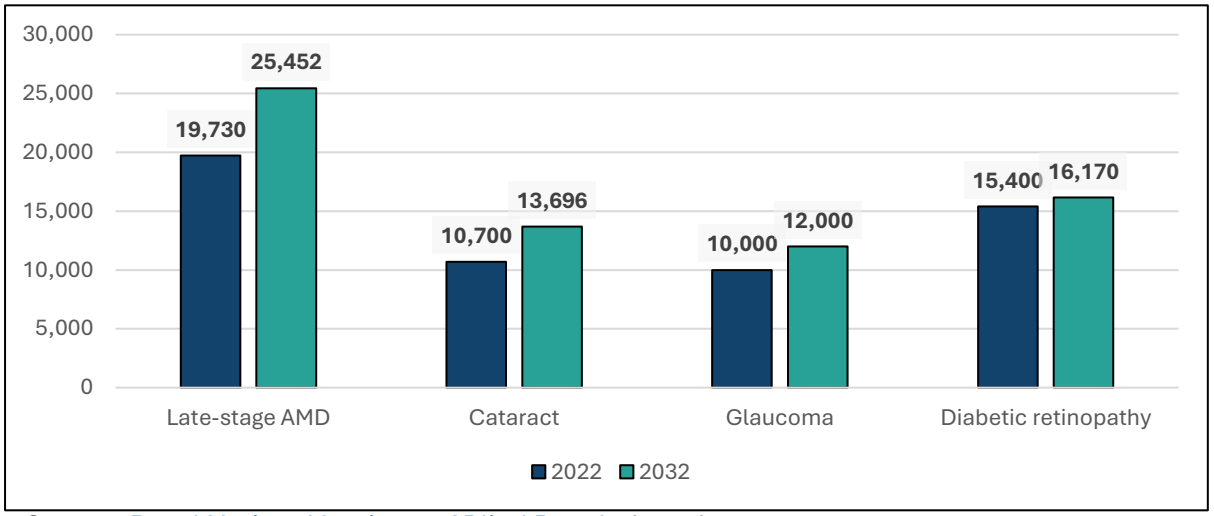
Figure 18. Estimated prevalence of sight threatening eye conditions across Suffolk, 2022



Source: Royal National Institute of Blind People (2023)

The below figure shows the available predicted prevalence of sight threatening eye conditions across Suffolk in 2032 as reported by the Royal National Institute of Blind People. Compared to Suffolk prevalence in 2022, results show that the prevalence of late-stage AMD is projected to

Figure 19. The estimated prevalence of sight threatening eye conditions across Suffolk in 2022, compared to the estimated prevalence projections for 2032

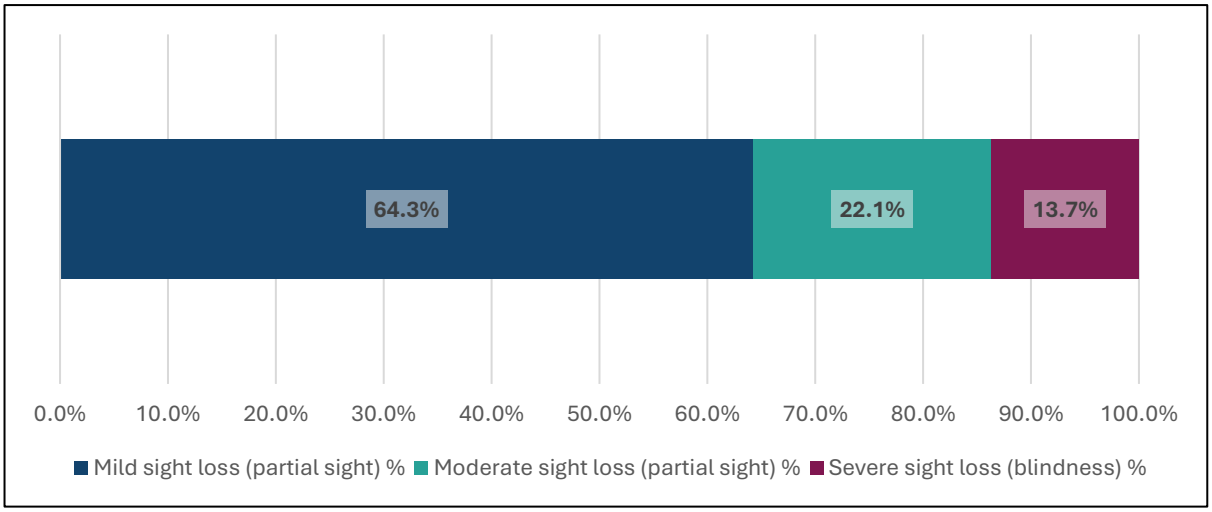


Source: Royal National Institute of Blind People (2023)

increase by 29% (5,722 people) by 2032. The prevalence of cataracts is expected to increase by 28% (2,996 people) between 2022 and 2032 across Suffolk. The prevalence of glaucoma is projected to increase by 20% (2,000 people) between 2022 and 2032, and the prevalence of diabetic retinopathy is expected to increase by 5% (770 people) between 2022 and 2032.

In 2022, the estimated prevalence of sight loss in Suffolk was 4.1% - 0.8 percentage points higher than the England estimate of 3.3%. In Suffolk, 2022, there was an estimated 31,910 people living with sight loss. The below figure provides a breakdown of the prevalence of sight loss across Suffolk, 2022, by severity. Of these people living with sight loss in Suffolk, 64.2% (20,500 people) were living with mild sight loss, 22.1% (7,040 people) were living with moderate sight loss, and 13.7% (4,370 people) were living with severe sight loss.

Figure 20. Breakdown of severity of those living with sight loss across Suffolk, 2022



Source: Royal National Institute of Blind People (2023)

The prevalence of people living with sight loss in Suffolk increases with age. The below table shows the number of people living with sight loss in Suffolk, in 2022, split by age group. Results show that the prevalence of people living with sight loss is highest in individuals aged 85 years and over (11,100 people) and prevalence is lowest in individuals aged 0 to 17 years (310 people).

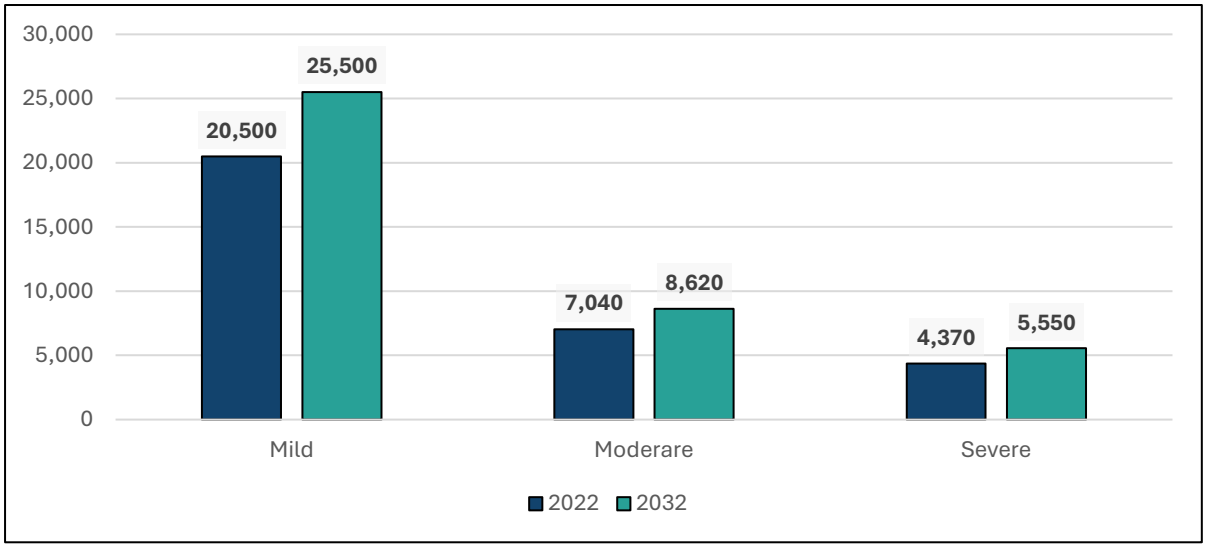
Table 8. Number of people living with sight loss in Suffolk, by age group, 2022

Age category	Number of people living with sight loss	Age standardised rate per 100,000 of people living with sight loss
0 to 17 years	310	210.69
18 to 64 years	4,940	1,137.33
65 to 74 years	6,050	6,464.90
75 to 84 years	9,500	15,533.79
85 years and over	11,100	45,378.36

Source: Royal National Institute of Blind People (2023)

The below figure shows the 2032 projections of estimated sight loss prevalence in Suffolk, by severity, compared to prevalence estimates recorded in 2022. Compared to Suffolk prevalence in 2022, results show that the prevalence of mild sight loss is expected to increase by 24.4% (5,000 people) by 2032. Moderate sight loss prevalence is estimated to increase by 22.4% (1,580 people) by 2032. Severe sight loss is estimated to increase by 27% (1,180 people) by 2032.

Figure 21. The estimated prevalence of sight loss, by severity, across Suffolk in 2022, compared to the estimated prevalence projections for 2032



Source: Royal National Institute of Blind People (2023)

What do the statistics show?

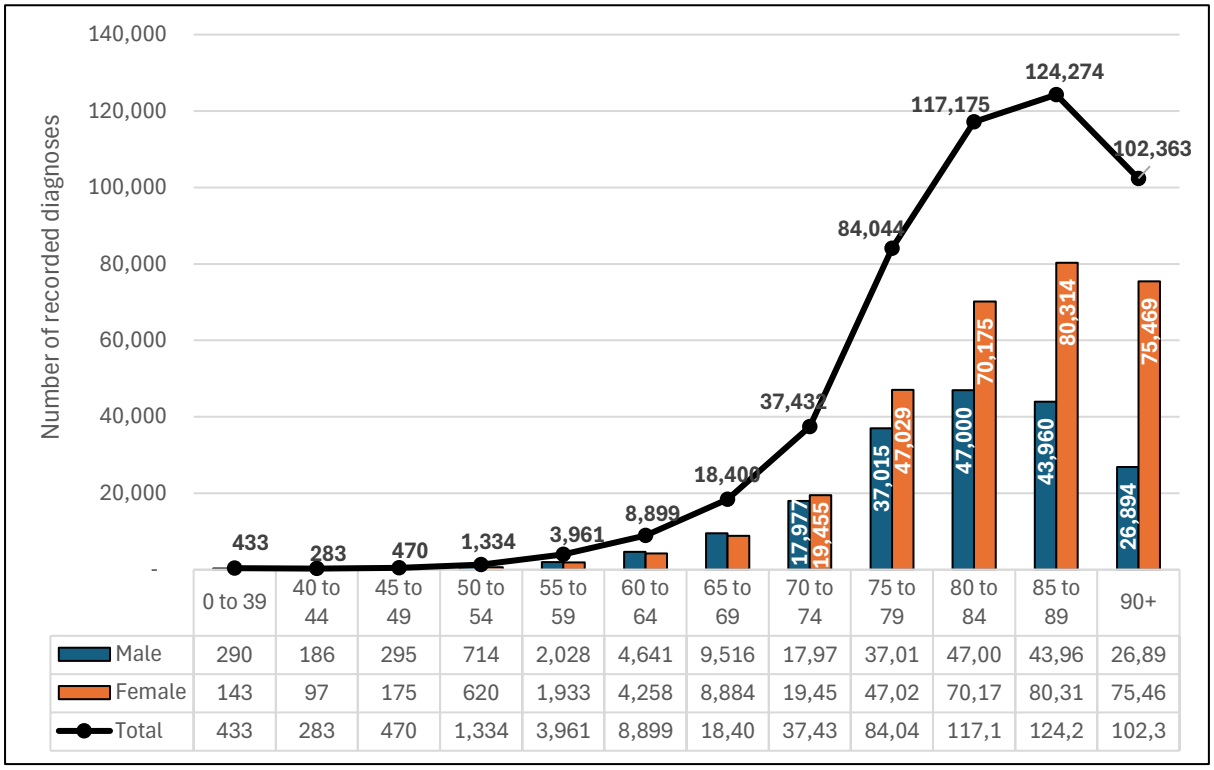
National data

As of November 2024, across England, 499,068 patients had a recorded diagnosis of dementia. 65.8% of patients aged 65 or over who are estimated to have dementia, had a recorded diagnosis of dementia on 31st of November 2024. 34,293 (6.9%) of those with a recorded diagnosis of dementia in November 2024 received their diagnosis before the age of 65[86].

These figures are based on those who have a formal diagnosis with a GP in England and are affected by under-reporting. These figures may exclude those with dementia who are not registered to a GP, health illiterate or encountering language barriers, or those with limited access to a GP. In addition, while older age is the largest risk factor for dementia, those aged under 65 and experiencing symptoms may also be underrepresented and underdiagnosed. Data from Alzheimer's Research UK estimates that 982,000 people with dementia in the UK[87]. This number is projected to rise to 1.4 million in 2040[88].

The prevalence of recorded dementia diagnoses increases significantly with age, peaking in the 85-89 age group at 24.9% of all diagnoses. Nearly half (45.4%) of all recorded diagnoses are in people aged 85 and over. There is a notable sex disparity, particularly in older age groups - while the male-to-female ratio is relatively balanced in younger age groups, women account for a higher proportion of diagnoses in the older age groups. This is most pronounced in the 90+ category, where women account for 73.7% of diagnoses.

Figure 22. Recorded dementia diagnosis (count) by age group and sex, England, November 2024

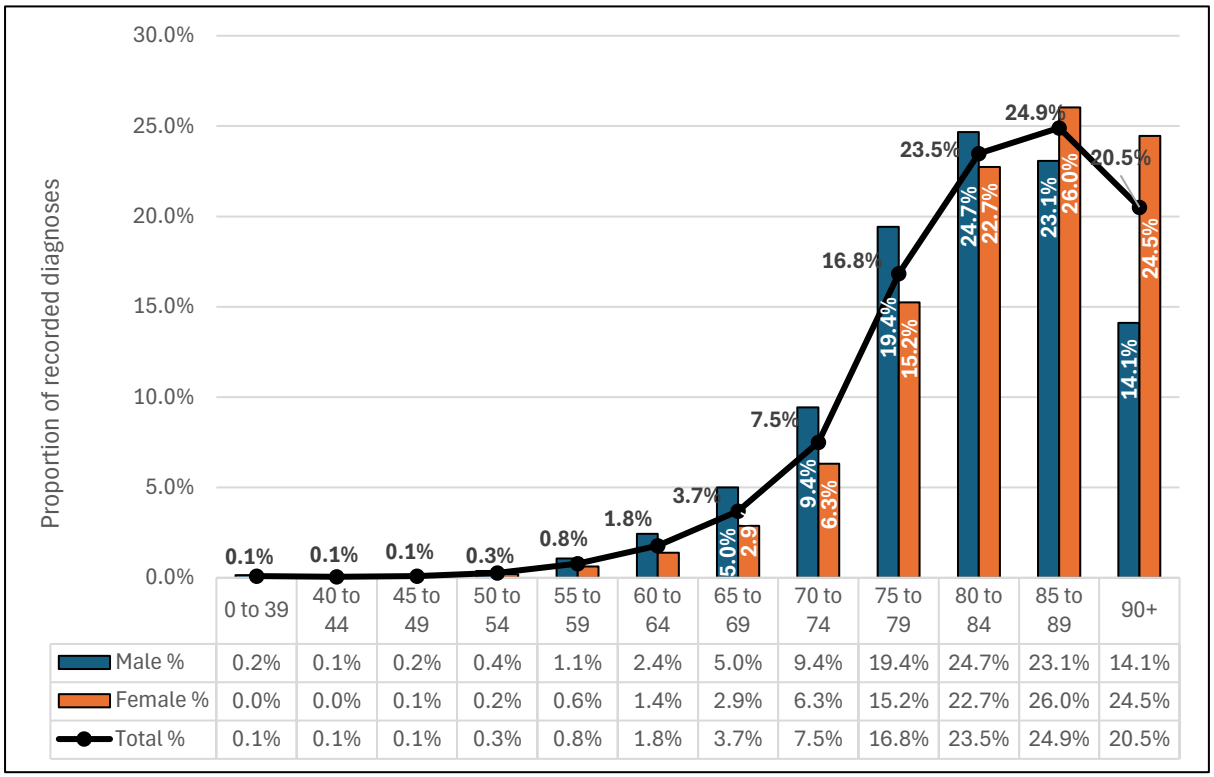


	0 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 to 89	90+
Male	290	186	295	714	2,028	4,641	9,516	17,97	37,01	47,00	43,96	26,89
Female	143	97	175	620	1,933	4,258	8,884	19,45	47,02	70,17	80,31	75,46
Total	433	283	470	1,334	3,961	8,899	18,40	37,43	84,04	117,1	124,2	102,3

Source: NHS England (2024)

The true prevalence of dementia is believed to be much higher. Estimates vary across sources, but all are consistent in suggesting a large gap between recorded diagnoses and estimated dementia cases. NHS England estimates that 734,850 individuals aged 65 and over are estimated to be living in England with dementia as of November 2024[86]. This estimate assumes that a large proportion of individuals (over 1 in 3/34.2%) of dementia cases among individuals aged 65 and over are undiagnosed/not recorded, and are not receiving suitable care, support and treatment to manage the disease.

Figure 23. Recorded dementia diagnosis (proportion) by age group and sex, England, November 2024



	0 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85 to 89	90+
Male %	0.2%	0.1%	0.2%	0.4%	1.1%	2.4%	5.0%	9.4%	19.4%	24.7%	23.1%	14.1%
Female %	0.0%	0.0%	0.1%	0.2%	0.6%	1.4%	2.9%	6.3%	15.2%	22.7%	26.0%	24.5%
Total %	0.1%	0.1%	0.1%	0.3%	0.8%	1.8%	3.7%	7.5%	16.8%	23.5%	24.9%	20.5%

Source: NHS England (2024)

Of the 499,068 people with a recorded diagnosis of dementia in England in November 2024, 96.9% were aged 65 and over. Women account for 61.8% of all diagnoses, and this sex disparity is more pronounced in the older age group, where women make up 62.3% of diagnoses in those aged 65 and over, compared to 47% of diagnoses in those under 65.

3.1% of recorded dementia diagnoses across England in November 2024 were for males or females under the age of 65.

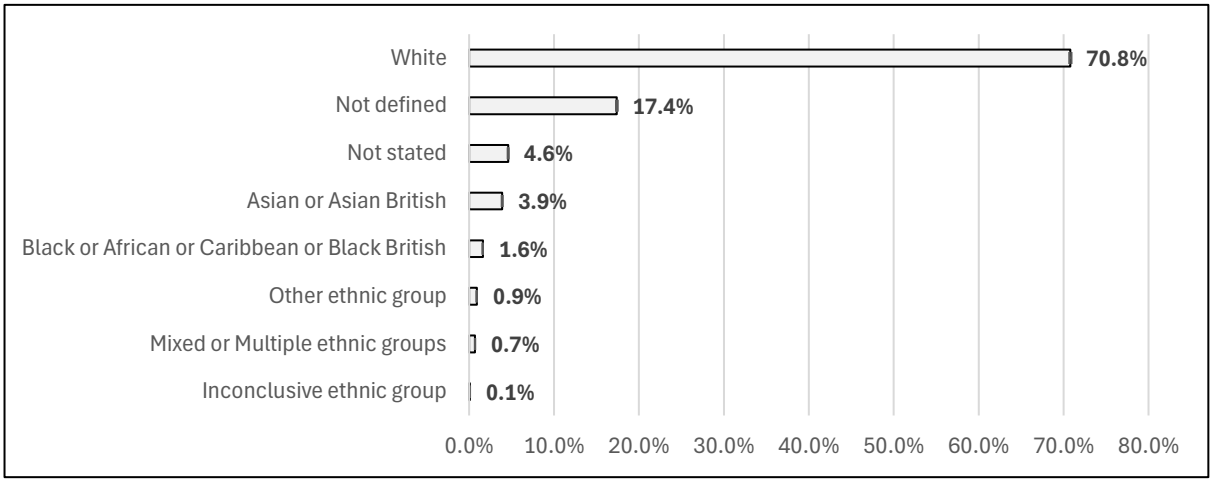
Table 9. Recorded dementia diagnosis by broad age group and sex, England, November 2024

	Number of recorded diagnoses			Proportion of recorded diagnoses		
Age group (years)	Male	Female	**Total**	Male %	Female %	**Total %**
Under 65	8,154	7,226	**15,380**	4.3%	2.3%	3.1%
65 and over	182,362	301,326	**483,688**	95.7%	97.7%	96.9%
Total	**190,516**	**308,552**	**499,068**			

Source: NHS England (2024)

In December 2024, most recorded dementia diagnoses in England were among people from White ethnic backgrounds (70.8%). However, a large proportion of records had either undefined ethnicity (patients whose ethnicity is not recorded/17.4%), or unstated ethnicity (patients who were given an opportunity to state their ethnicity but chose not to do so/4.6%), limits understanding of the full ethnic distribution. Among the clearly defined ethnic groups, Asian or Asian British individuals accounted for 3.9% of diagnoses, followed by Black, African, Caribbean or Black British (1.6%), Other ethnic groups (0.9%), and Mixed or Multiple ethnic groups (0.7%). A small proportion (0.1%) had inconclusive ethnic group recording due to multiple, conflicting records.

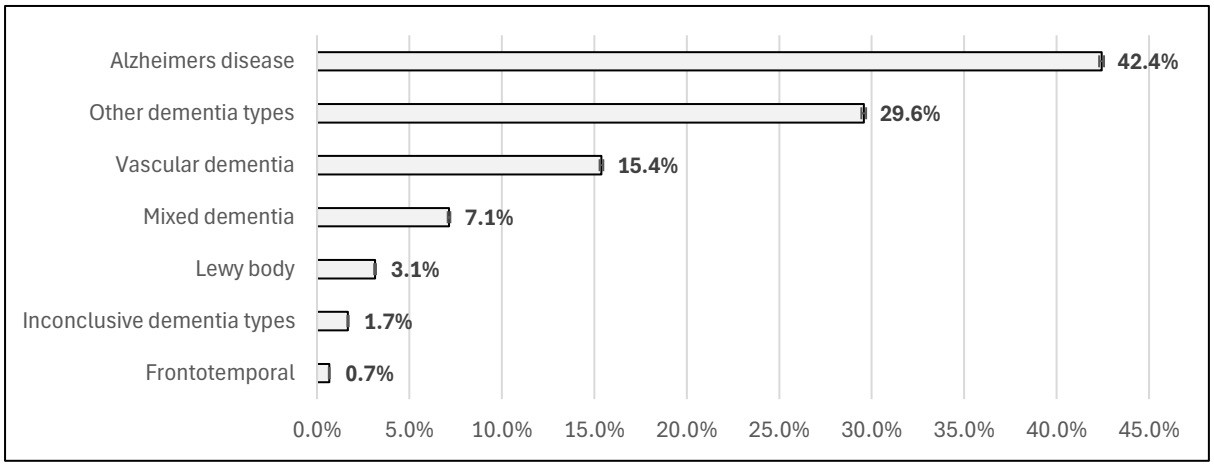
Figure 24. Proportion of recorded dementia diagnoses by ethnic group, England, December 2024



Source: NHS England (2025)

Nationally, as of December 2024, Alzheimer's disease was the most common recorded type of dementia, accounting for 42.4% of all diagnoses. This was followed by other dementia types (29.6%) and vascular dementia (15.4%). Mixed dementia represented 7.1% of diagnoses, while Lewy body dementia accounted for 3.1%. A small proportion of diagnoses were recorded as frontotemporal dementia (0.7%), and 1.7% of cases had inconclusive dementia type recordings due to multiple, conflicting records.

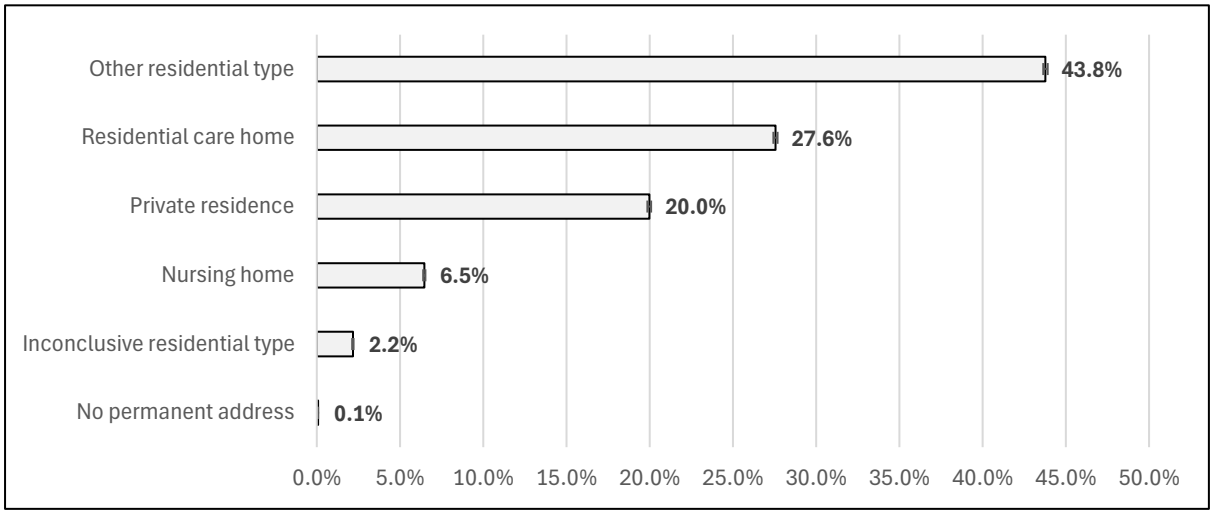
Figure 25. Proportion of recorded dementia diagnoses by dementia type, England, December 2024



Source: NHS England (2025)

As of December 2024, for 43.8% of people with recorded dementia diagnoses in England, their most recent residential type was Other residential type/not recorded. Of those with clearly recorded living arrangements, 27.6% were in residential care homes, 20.0% were living in private residences, and 6.5% were in nursing homes. For 2.2% of people, their residential status was inconclusive due to multiple, conflicting records in their patient file. A very small proportion (0.1%) were recorded as having no permanent address. The high proportion of other residential types (where the most recent residential type is not recorded) suggests there is considerable room for improvement in the recording of living arrangements for people with dementia.

Figure 26. Proportion of recorded dementia diagnoses by residential type, England, December 2024



Source: NHS England (2025)

Local data

Service performance data, including waiting lists and times, is currently unavailable due to a recent transition in service providers. As of April 2025, the dementia service in Suffolk (excluding Waveney) has moved from Alzheimer's to Shaftesbury, with the new provider implementing a phased introduction to address an existing backlog. During this transition period, comprehensive service metrics cannot be provided as historical data from the previous provider is no longer relevant to current service delivery.

Diagnosis

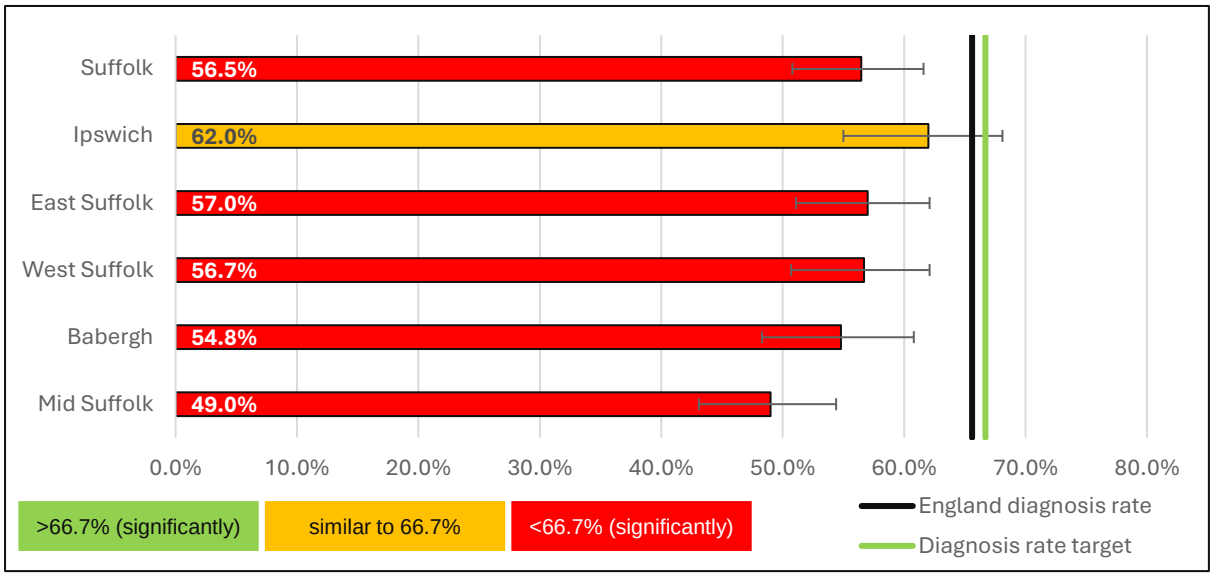
Latest figures from NHS England for Suffolk in December 2024 reveal that 7,571 individuals aged 65 and over have a recorded diagnosis of dementia with a GP practice.

While published in 2012, the prime minister's challenge for dementia included a commitment to increase the number of people with dementia who have a formal diagnosis. The rationale for this being that a timely diagnosis allows those with dementia, their carers, and health and care staff to be able to plan accordingly and work together to improve health and care outcomes. This commitment supports the mandate by the NHS in 2014 which set a target of increasing the Estimated Dementia Diagnosis Rate by two thirds (>66.7%) by March 2015[89].

The dementia diagnosis rate is the rate of persons aged 65 and over with a recorded diagnosis of dementia per person, estimated to have dementia, given the characteristics of the population and the age and sex specific prevalence rates of the Cognitive Function and Ageing Study II. This is expressed as a percentage with 95% confidence intervals. Significance is determined by the non-overlapping of confidence intervals with the 66.7% benchmark.

However, across Suffolk there is an estimated 13,407 patients aged 65 and over who are estimated to have dementia, producing a diagnosis rate of 56.5% for Suffolk in December 2024, statistically significantly lower than the England diagnosis rate of 65.6%, and below the target of two thirds. Each of Suffolk's districts and boroughs also had a dementia diagnosis rate statistically significantly below the target (66.7%) in December 2024, apart from Ipswich (62.0%), which had a rate statistically similar to the national target.

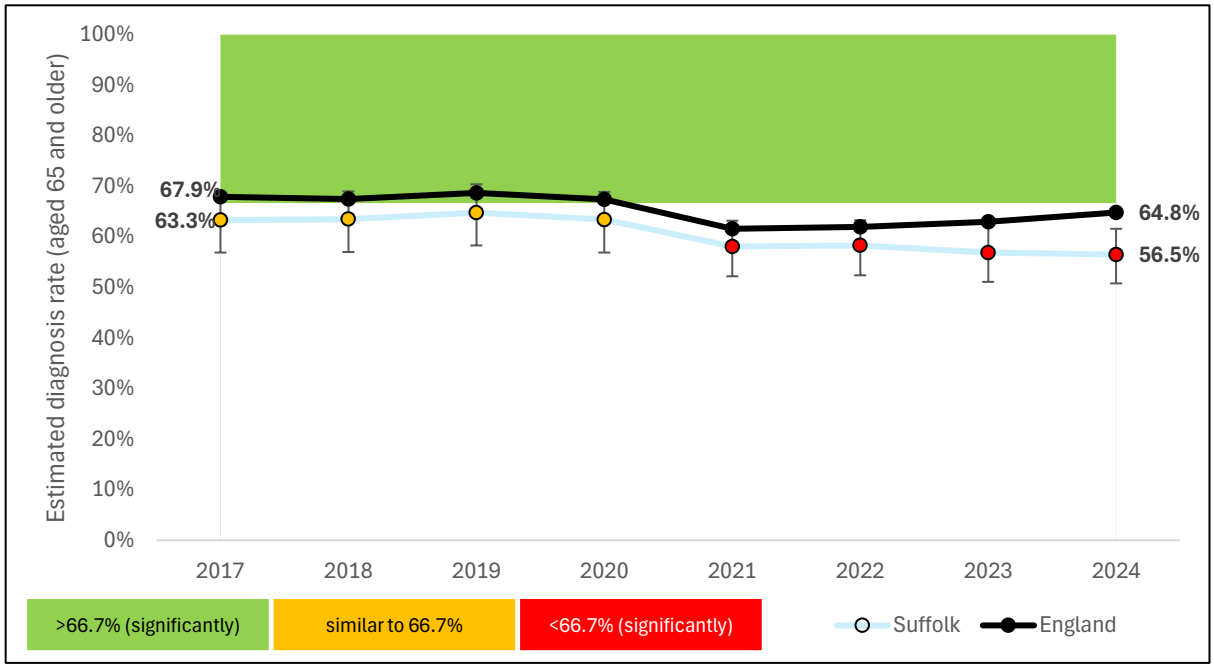
Figure 27. Estimated dementia diagnosis rate (aged 65 and over) for Suffolk, districts and boroughs, compared to the England average and national target, December 2024



Source: NHS England (2025)

The following figure displays the estimated dementia diagnosis rate (aged 65 and older) for Suffolk and England, 2017 to 2024. Between 2017 and 2020, Suffolk had an estimated dementia diagnosis rate statistically similar to the national target of two thirds. However, in the years since (2021 to 2024), Suffolk's estimated dementia diagnosis rate has been statistically significantly below the target (mirroring the trend across England).

Figure 28. Estimated dementia diagnosis rate for Suffolk and England compared to national target (66.7%), 2017 to 2024



Source: Office for Health Improvement and Disparities (2024)

Table 10. Number of patients recorded and estimated with dementia (ages 65+), diagnosis rate and confidence limits for England, Suffolk and districts and boroughs, December 2024

Area	Number of patients with dementia, ages 65+		Diagnosis rate	95% confidence limits	
	Recorded	Estimated		Lower	Upper
England	**482,890**	**735,787**	**65.6%**	**59.1%**	**71.0%**
Suffolk	**7,571**	**13,407**	**56.5%**	**50.8%**	**61.6%**
Babergh	833	1,519	54.8%	48.3%	60.8%
East Suffolk	2,741	4,809	57.0%	51.1%	62.1%
Ipswich	1,321	2,130	62.0%	55.0%	68.1%
Mid Suffolk	836	1,706	49.0%	43.1%	54.4%
West Suffolk	1,840	3,243	56.7%	50.7%	62.1%

Source: NHS England (2025)

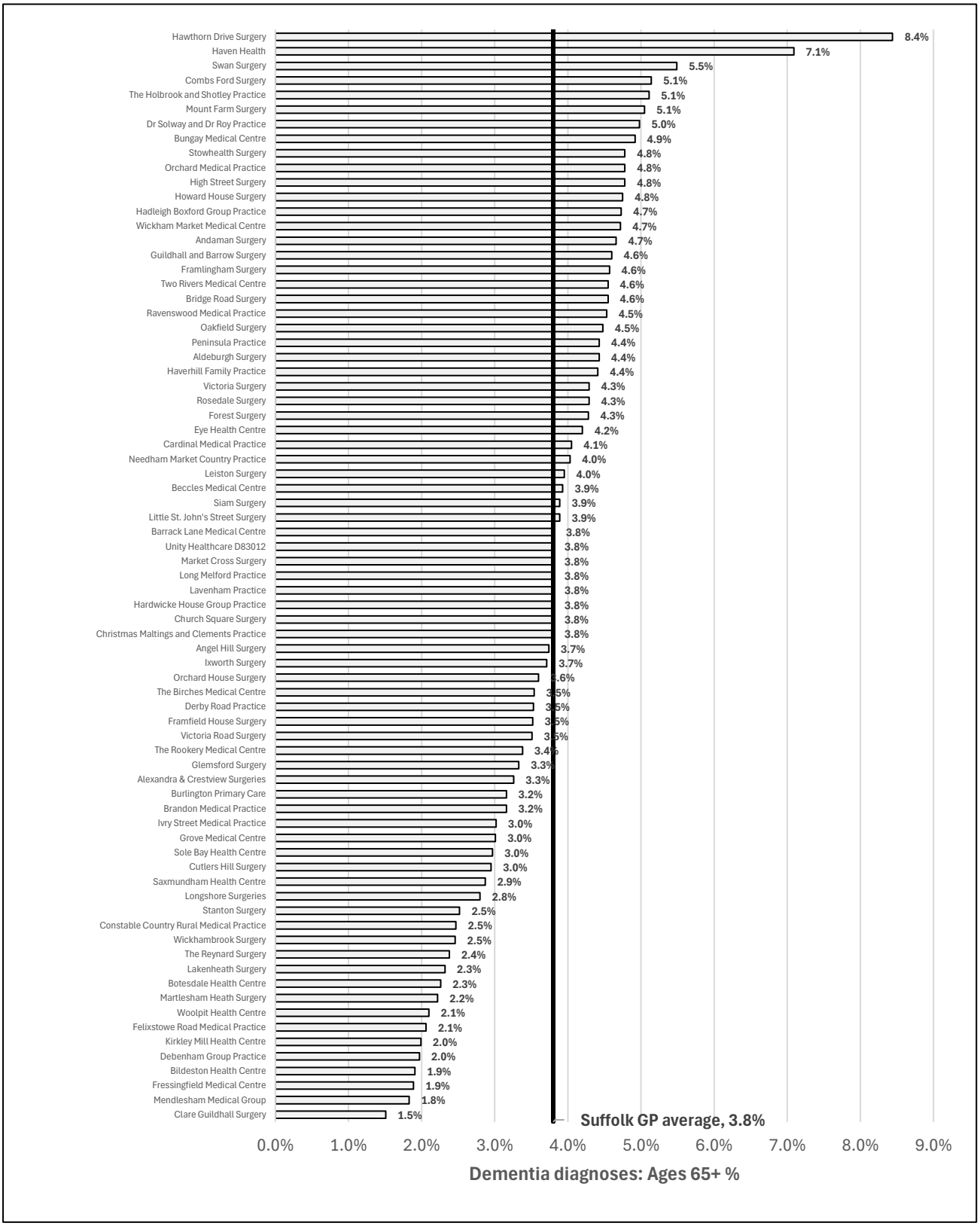
Dementia diagnoses

In Suffolk, dementia diagnoses among people aged 65 and over varies considerably across GP practices. According to NHS Digital data from December 2024, diagnosis rates range from 1.5% at Clare Guildhall Surgery to 8.4% at Hawthorn Drive Surgery in Ipswich. The average diagnosis rate across all Suffolk GP practices is 3.8%, though there is notable variation between different areas of the county.

Several practices record higher diagnosis rates, with Hawthorn Drive Surgery (8.4%) and Haven Health in Felixstowe (7.1%) showing the highest percentages. Other practices with rates above

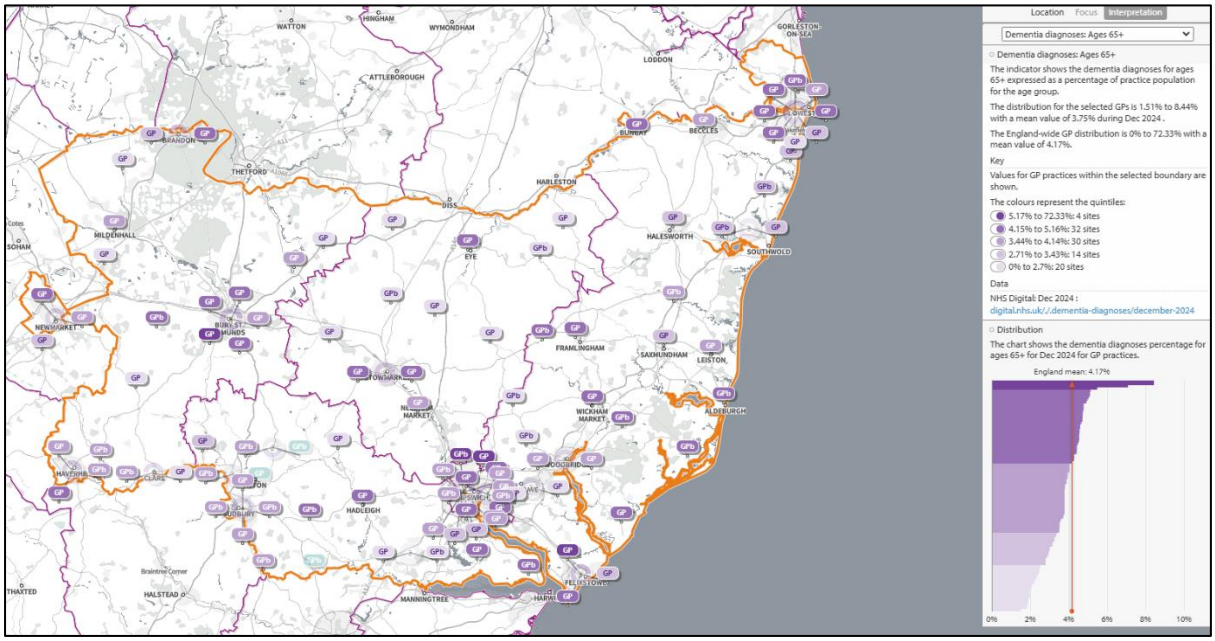
5% include Swan Surgery in Bury St Edmunds (5.5%), Combs Ford Surgery in Stowmarket (5.1%), The Holbrook and Shotley Practice (5.1%), and Mount Farm Surgery in Bury St Edmunds (5.1%).

Figure 29. Dementia diagnoses: ages 65+ by Suffolk GP, December 2024



Source: ShapeAtlas (2025)

Figure 30. Map of dementia diagnoses: ages 65+ by Suffolk GP, December 2024



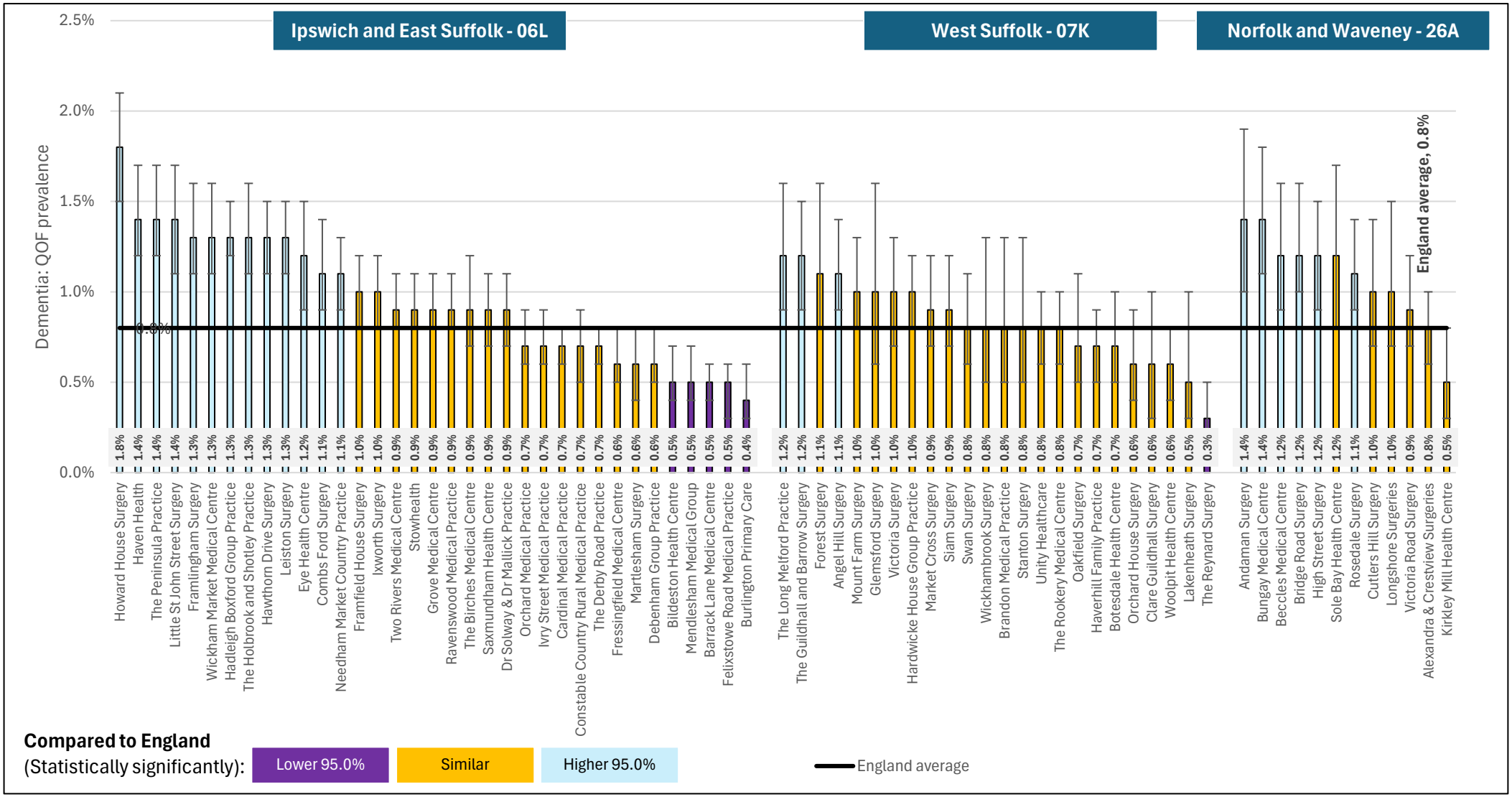
Source: ShapeAtlas (2025)

Dementia prevalence

In 2023/24, the recorded prevalence of dementia across GP practices in Suffolk showed notable variation, with most practices recording rates statistically similar to the England average of 0.8%. In Ipswich and East Suffolk sub-ICB, Howard House Surgery recorded the highest prevalence at 1.8%, while several practices including Haven Health, The Peninsula Practice, and Little St John Street Surgery all recorded 1.4%. At the lower end, several practices including Burlington Primary Care and Felixstowe Road Medical Practice recorded prevalence rates of 0.4-0.5%, statistically significantly lower than the England average.

For West Suffolk sub-ICB, prevalence rates ranged from 0.3% at The Reynard Surgery to 1.2% at The Long Melford Practice and The Guildhall and Barrow Surgery. For Suffolk GP practices that fall within the Norfolk and Waveney sub-ICB area, Andaman Surgery and Bungay Medical Centre both recorded a dementia prevalence of 1.4%, while Kirkley Mill Health Centre recorded the lowest rate in the sub-ICB area at 0.5%.

Figure 31. Dementia Quality Outcomes Framework (QOF) prevalence for Suffolk GPs by sub-ICB area, compared to England, 2023/24



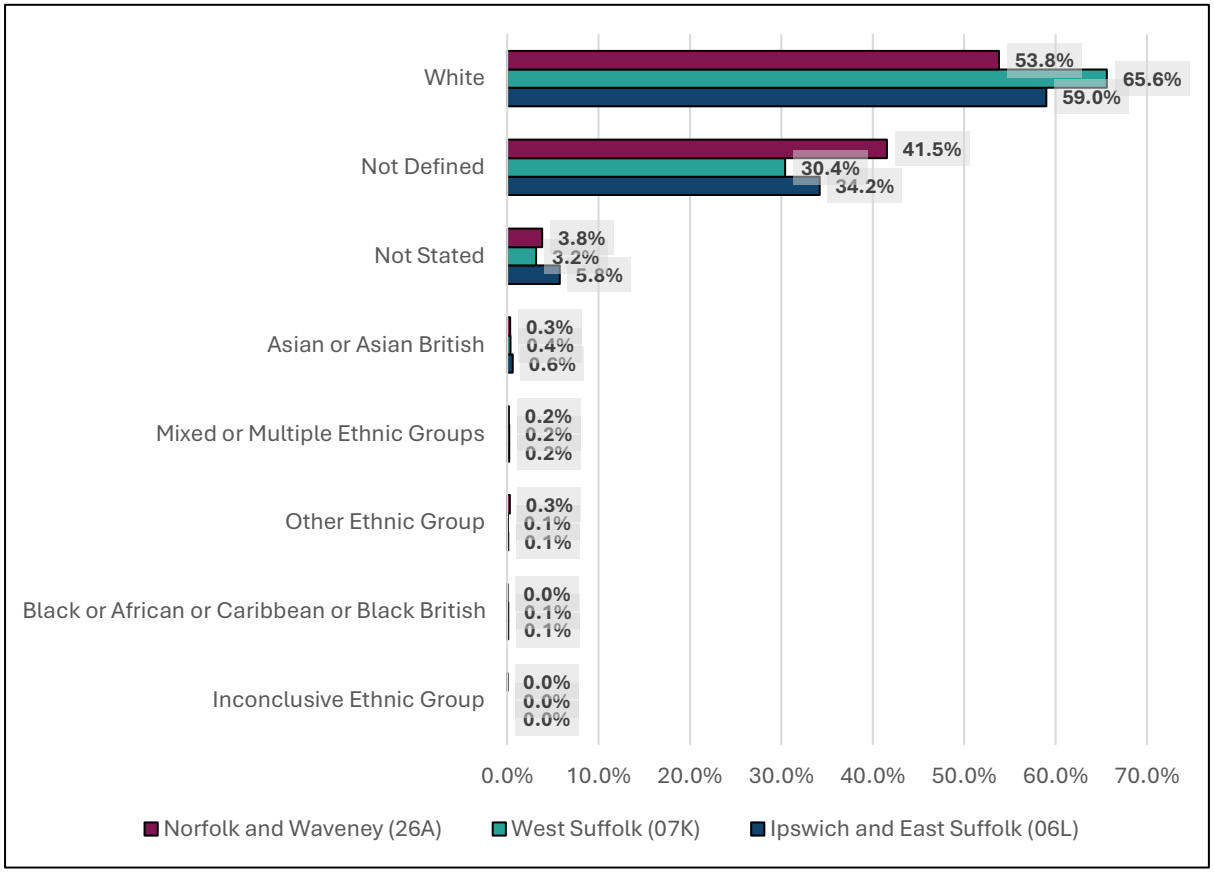
Source: Office for Health Improvement and Disparities (2024)

Analysis of the Primary Care Dementia Data from December 2024 shows significant variation in the prevalence of dementia across different ethnic groups within Suffolk's three sub ICB areas. In Ipswich and East Suffolk (06L), the White ethnic group accounts for the majority of dementia prevalence at 59.0% (2,281 cases), while ethnic minority groups collectively represent just 1.0% of cases, with Asian or Asian British at 0.6% (24 cases), Black or African or Caribbean or Black British at 0.1% (4 cases), Mixed or Multiple Ethnic Groups at 0.2% (8 cases), and Other Ethnic Groups at 0.1% (5 cases). Notably, a significant portion of the data falls under "Not Defined" ethnic classification (34.2%, 1,322 cases) and "Not Stated" (5.8%, 223 cases).

The pattern is similar in West Suffolk (07K), where the White ethnic group represents an even higher proportion of dementia prevalence at 65.6% (1,592 cases). Ethnic minority groups account for 0.8% of prevalence, with Asian or Asian British at 0.4% (9 cases), Black or African or Caribbean or Black British at 0.1% (3 cases), Mixed or Multiple Ethnic Groups at 0.2% (5 cases), and Other Ethnic Groups at 0.1% (2 cases). In this region, 30.4% (738 cases) are classified as "Not Defined" and 3.2% (77 cases) as "Not Stated."

In Norfolk and Waveney (26A), the White ethnic group makes up 53.8% (6,271 cases) of dementia prevalence, while ethnic minority groups collectively represent 0.8% of cases: Asian or Asian British at 0.3% (36 cases), Black or African or Caribbean or Black British at 0.0% (2 cases), Mixed or Multiple Ethnic Groups at 0.2% (22 cases), and Other Ethnic Groups at 0.3% (34 cases). This area has the highest proportion of "Not Defined" ethnic classifications at 41.5% (4,840 cases), while "Not Stated" accounts for 3.8% (446 cases).

Figure 32. Primary Care Dementia Data: Ethnic group by Suffolk's Sub ICB Locations, December 2024

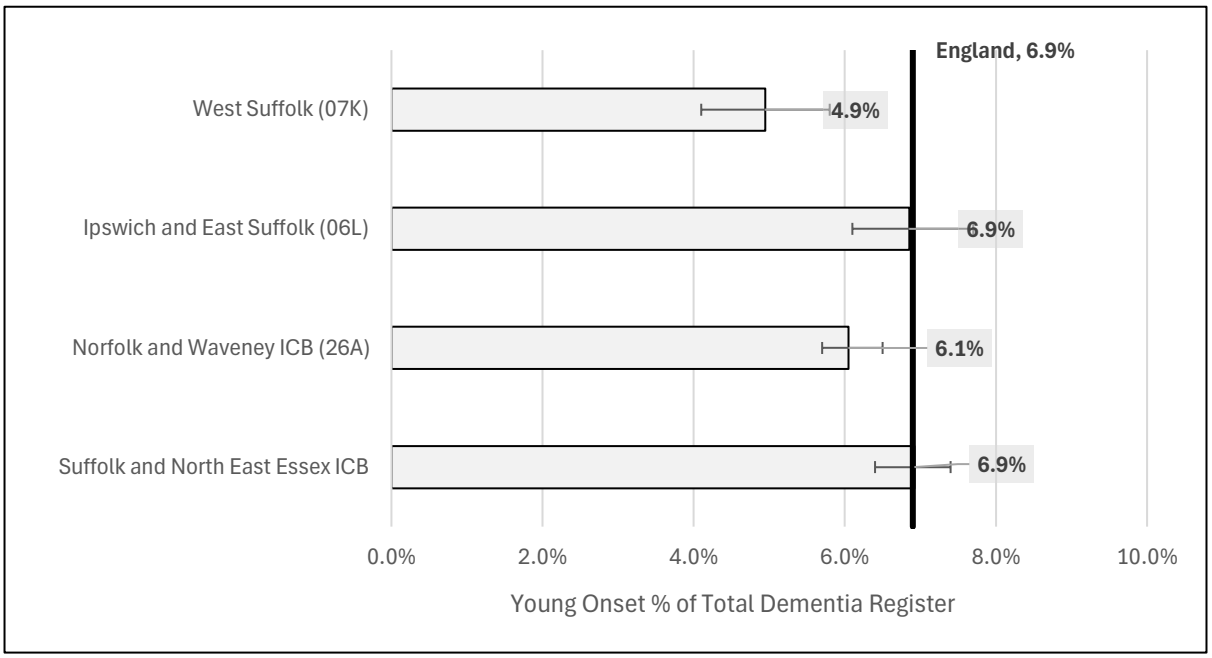


Source: NHS Digital (2025)

Primary Care Dementia Data from December 2024 reveals important patterns in young onset dementia prevalence across sub ICB areas covering Suffolk. Nationally, England reports 34,229 young onset Dementia cases out of 498,221 total dementia cases, representing 6.9% (95% CI: 6.8%-7.0%). Suffolk and North East Essex (SNEE) ICB had a statistically similar proportion with 712 Young Onset Dementia cases among 10,288 total cases, also at 6.9% (95% CI: 6.4%-7.4%).

There were some variations however, with Norfolk and Waveney ICB (26A) recording 705 young onset dementia cases from 11,652 total dementia cases in December 2024, accounting for 6.1% (also statistically significantly lower than the England average). Ipswich and East Suffolk sub ICB (06L) had a statistically similar young onset dementia prevalence compared to the England average, with 265 young onset dementia cases (out of 3,867 total cases/6.9%). West Suffolk sub ICB (07K) had the lowest proportion of young onset dementia cases, as 120 out of 2,426 (4.9%), statistically significantly lower than the England and Suffolk and North East Essex ICB averages.

Figure 33. Primary Care Dementia Data: Young Onset dementia cases as a proportion of total dementia cases by sub ICB and ICB December 2024



Source: NHS Digital (2025)

Mortality

Dementia and Alzheimer's disease is a leading cause of death in England. In Suffolk in 2023, there were 1,080 deaths from dementia and Alzheimer's disease for all persons, all ages, where dementia and Alzheimer's disease was recorded as the underlying cause of death. 381 of these deaths (35.3%) were for males, with 699 (64.7%) for females in 2023. It should be noted that the place of death data in Table 12 includes deaths where dementia was either the underlying cause or a contributory cause, which explains why the total number of deaths in this table exceeds 1,080.

The overall mortality rate from dementia and Alzheimer's disease for all ages was 106.2 per 100,000 in Suffolk in 2023, statistically similar to the England average (111.7 per 100,000). The rate for males was 95.3 per 100,000, and for female 117.9 per 100,000, both statistically similar to the England averages (100.6 per 100,000 for males, 117.9 per 100,000 for females). These rates have also remained statistically similar over the previous 5 years. Prior to the Covid-19 pandemic, dementia and Alzheimer's mortality rates in Suffolk were tracking alongside the national trend; however, the pandemic had a significant impact contributing to excess mortality and potential knock-on effects of dementia-related deaths in subsequent years.

Figure 34. Dementia and Alzheimer's disease mortality rate for all ages (persons, males, females, 1 year and 3 year range), Suffolk and England, 2023

Indicator	Period	Suffolk			East of England	England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Dementia and Alzheimer's disease									
Mortality rate from dementia and Alzheimer's disease, all ages (Persons, 1 year range)	2023	→	1,080	106.2	106.5	111.7	166.3		55.5
Mortality rate from dementia and Alzheimer's disease, all ages (Male, 1 year range)	2023	→	381	91.2	95.3	100.6	161.4		42.0
Mortality rate from dementia and Alzheimer's disease, all ages (Female, 1 year range)	2023	→	699	115.3	113.2	117.9	182.2		62.8
Mortality rate from dementia and Alzheimer's disease, all ages (Persons, 3 year range)	2021 - 23	–	3,173	106.1	107.8	109.9	159.2		63.8
Mortality rate from dementia and Alzheimer's disease, all ages (Male, 3 year range)	2021 - 23	–	1,183	97.4	95.6	97.9	154.8		54.5
Mortality rate from dementia and Alzheimer's disease, all ages (Female, 3 year range)	2021 - 23	–	1,990	110.8	114.9	116.6	172.1		63.3

Recent trends: – Could not be calculated → No significant change ● Better 95% ● Similar ● Worse 95%

Source: Office for Health Improvement and Disparities (2024)

Within Suffolk, there are notable variations at district and borough level. East Suffolk and Mid Suffolk performed statistically significantly better than the England average in 2021-23, with overall mortality rates for all persons of 100.9 and 94.3 per 100,000 respectively. The other districts - Babergh (114.0), Ipswich (112.3), and West Suffolk (115.0) - all recorded rates statistically similar to the England average. Mortality rates for males and females from dementia and Alzheimer's disease in 2023 were statistically similar to the England averages for males and females in the same year.

Table 11. Dementia and Alzheimer's disease mortality rate for all ages (persons, males, females, 1 year and 3 year range), Suffolk, districts and boroughs, and England, 2023

Indicator	Period	England	Suffolk	Babergh	East Suffolk	Ipswich	Mid Suffolk	West Suffolk
Mortality rate from dementia and Alzheimer's disease, all ages (Persons, 1 year range)	2023	111.7	106.2	114.0	101.2	112.3	94.4	114.7
Mortality rate from dementia and Alzheimer's disease, all ages (Male, 1 year range)	2023	100.6	91.2	87.4	94.9	101.5	82.4	83.4
Mortality rate from dementia and Alzheimer's disease, all ages (Female, 1 year range)	2023	117.9	115.3	129.8	105.1	120.0	101.4	132.8
Mortality rate from dementia and Alzheimer's disease, all ages (Persons, 3 year range)	2021-23	109.9	106.1	114.0	100.9	112.2	94.3	115.0
Mortality rate from dementia and Alzheimer's disease, all ages (Male, 3 year range)	2021-23	97.9	97.4	93.1	94.0	105.2	93.3	104.8
Mortality rate from dementia and Alzheimer's disease, all ages (Female, 3 year range)	2021-23	116.6	110.8	126.0	104.6	116.3	95.9	119.3

Compared to England (Statistically significantly): Worse 95% | Similar | Better 95%

Source: Office for Health Improvement and Disparities (2024)

In Suffolk during 2023, there were 940 deaths of people aged 65 and over with dementia in care homes, representing 59.5% of all dementia deaths in this age group. This proportion was significantly higher than the England average of 56.4%. Hospital deaths accounted for 385 cases (24.4%) and home deaths for 230 cases (14.6%).

Table 12. Dementia and Alzheimer's place of death data for individuals aged 65 and older, Suffolk and England, 2023

Indicator	Period	Suffolk count	Suffolk value	England value	England worst/lowest	England best/highest
Place of death - care home: People with dementia (aged 65 years and older)	2023	940	59.5%	56.4%	18.8%	72.5%
Place of death - home: People with dementia (aged 65 years and older)	2023	230	14.6%	14.6%	7.6%	32.4%
Place of death - hospital: People with dementia (aged 65 years and older)	2023	385	24.4%	24.4%	12.9%	50.0%

Compared to England (Statistically significantly): Lower 95% | Similar | Higher 95%

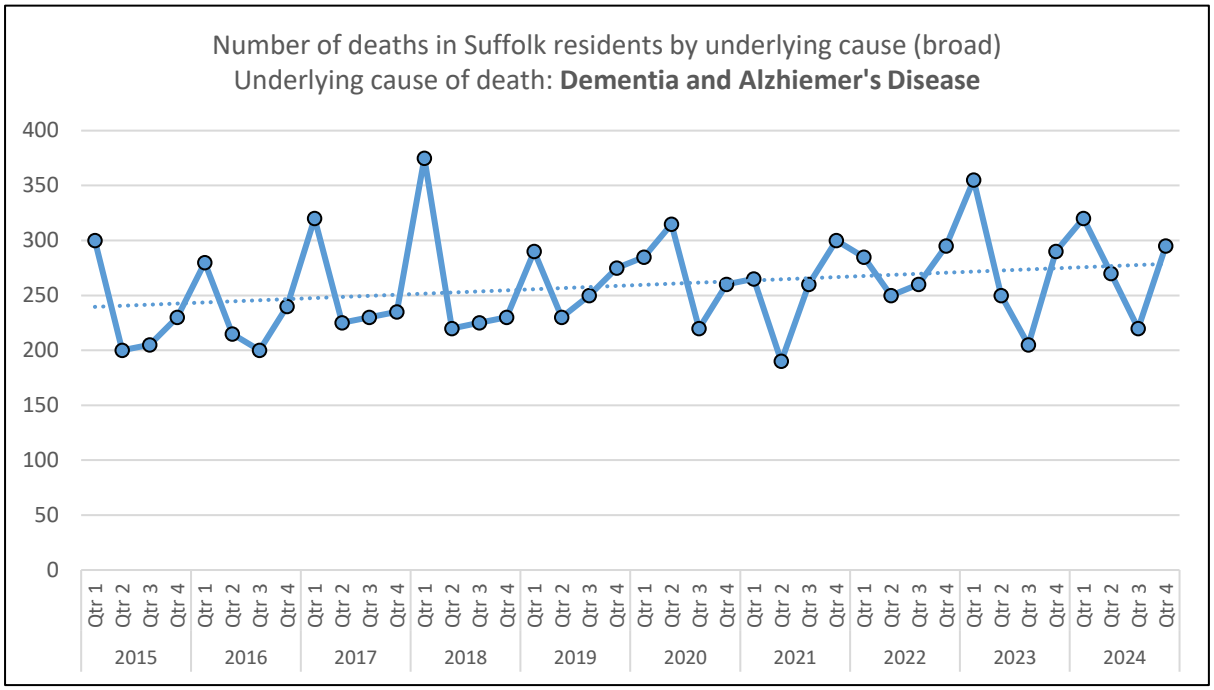
Source: Office for Health Improvement and Disparities (2024)

Local dementia mortality data differs slightly from national statistics due to variations in how causes of death are classified, with ongoing work to better align local and national reporting systems.

Using Civil Registration deaths data, mortality from dementia and Alzheimer's disease in Suffolk has varied over the past decade between 2015-2024. In 2015, monthly deaths ranged between 25-40 cases, with an average of around 30 deaths per month. There was a gradual increase in mortality over subsequent years, with 2019-20 showing notably higher figures, particularly during the early months of 2020 when monthly deaths peaked at 75 in April and remained elevated during May (65 deaths).

The period from 2021 to 2024 has shown continued fluctuation but with generally higher baseline numbers when compared to 2015-16. Monthly deaths during this period ranged from between 35 to 60 cases, with spikes such as in January when 75 deaths were recorded. Data from 2024 shows relatively stable figures, averaging around 45-50 deaths per month, with some monthly variation. This data is suppressed and rounded and therefore may not exactly match the calculations used for rates published on Fingertips.

Figure 35. Number of deaths in Suffolk residents by underlying cause (broad) for Dementia and Alzheimer's Disease, by quarter, 2015-2024



Source: Suffolk Mortality Dashboard (2025)

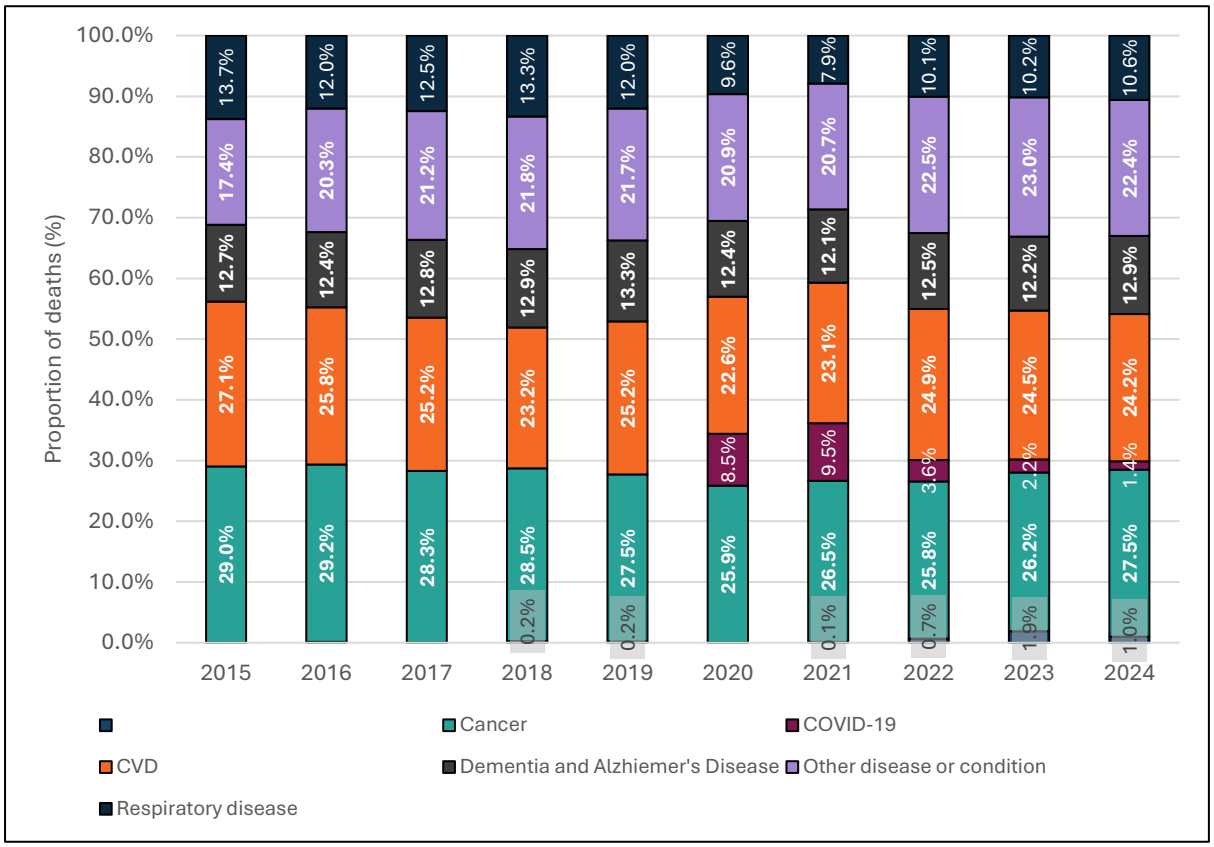
The underlying cause of mortality is the disease or condition that initiated the chain of events leading to death. It is considered the root cause that set off the sequence of medical complications resulting in death.

Analysis of mortality data for Suffolk residents from 2015 to 2024 shows that dementia and Alzheimer's disease has consistently accounted for approximately 12-13% of all deaths in the county. In 2015, these conditions were responsible for 12.7% of deaths, and this proportion has remained relatively stable over the decade, reaching 12.9% in 2024.

During the COVID-19 pandemic, while there were significant changes in the overall pattern of mortality, with COVID-19 accounting for up to 9.5% of deaths in 2021, the proportion of deaths attributed to dementia and Alzheimer's disease remained steady at around 12-13%. This suggests a consistent burden of these conditions even during periods of significant public health challenges.

The local data shows a slightly different picture compared to national statistics, which reported dementia and Alzheimer's disease as accounting for 11.6% of deaths in England in 2023[90]. This variation is primarily due to differences in how causes of death are categorised locally compared to the Office for National Statistics (ONS) classification system. Local data currently uses a custom grouping of ICD-10 codes that may not exactly match the ONS categories (F01, F03, G30). Work is underway to develop a new classification system that will better align with national categories while maintaining the ability to analyse local trends.

Figure 36. Proportion of deaths in Suffolk residents by underlying cause (broad), 2015 to 2024



Source: Suffolk Mortality Dashboard (2025)

In Suffolk during 2024, there were 1,105 deaths where dementia and Alzheimer's disease was recorded as the underlying cause, representing 12.9% of all deaths in the county. The data shows a clear and strong association with age, with these conditions having their greatest impact among the oldest residents.

Most deaths from dementia and Alzheimer's disease (800 deaths, 72.4%) occurred in people aged 85 years and over. A further 300 deaths (27.2%) were in the 65-84 age group, meaning that 99.5% of all deaths from dementia and Alzheimer's disease were in people aged 65 and over. There were only 5 deaths recorded in people aged 45-64, and none in those under 45 years.

Table 13. Proportion of deaths in Suffolk residents by underlying cause (broad) and age group, 2024

Underlying cause (broad)	Under 25 years	25-44 years	45-64 years	65-84 years	85 years and over	Total
Cancer	5	35	335	1,335	650	**2,365**
CVD	0	20	195	845	1,015	**2,075**
Other disease or condition	45	100	200	695	890	**1,925**
Dementia and Alzheimer's Disease	0	0	5	300	800	**1,105**
Respiratory disease	0	0	55	440	415	**915**
COVID-19	0	0	0	50	60	**115**
(Blank)	10	15	10	30	25	**95**
Total	**65**	**175**	**805**	**3,695**	**3,855**	**8,590**

Source: Suffolk Mortality Dashboard (2025)

For Suffolk in 2024, analysis of mortality from dementia and Alzheimer's disease shows variations across different levels of deprivation as measured by IMD quintiles. Of the 1,105 deaths where these conditions were recorded as the underlying cause, the distribution across IMD quintiles reveals some notable patterns.

The data reveals there were 355 deaths in Quintile 3, followed by 285 deaths in Quintile 4, and 220 in Quintile 5 (least deprived). The lower numbers were seen in the more deprived areas, with 180 deaths in Quintile 2 and 70 deaths in Quintile 1 (most deprived).

However, it's important to consider the relative population size of each quintile in Suffolk. Only 3.0% of Suffolk's lower super output areas fall within the most deprived quintile nationally (Quintile 1), whereas the least deprived quintiles (Quintiles 3-5) represent a much larger share of the county's population (86.6% combined). This helps explain why the absolute number of deaths appears lower in more deprived areas.

When examining the proportion of all deaths within each quintile:

- **Quintile 1** (20% most deprived): 8.7% of deaths were from dementia and Alzheimer's disease (70 out of 805 deaths)
- **Quintile 2**: 12.3% (180 out of 1,465 deaths)
- **Quintile 3**: 12.8% (355 out of 2,775 deaths)
- **Quintile 4**: 14.3% (285 out of 1,995 deaths)
- **Quintile 5** (20% least deprived): 14.2% (220 out of 1,545 deaths)

Table 14. Number of deaths in Suffolk residents by underlying cause (broad) and Index of Multiple Deprivation (IMD) quintile, 2024

Underlying cause (broad)	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5	Total
Cancer	195	400	795	545	430	**2,365**
CVD	205	355	650	485	375	**2,075**
Other disease or condition	235	315	610	440	325	**1,925**
Dementia and Alzheimer's Disease	70	180	355	285	220	**1,105**
Respiratory disease	90	175	315	195	140	**915**
COVID-19	5	20	30	30	25	**115**
(Blank)	10	20	20	20	25	**95**
Total	**805**	**1,465**	**2,775**	**1,995**	**1,545**	**8,590**

Source: Suffolk Mortality Dashboard (2025)

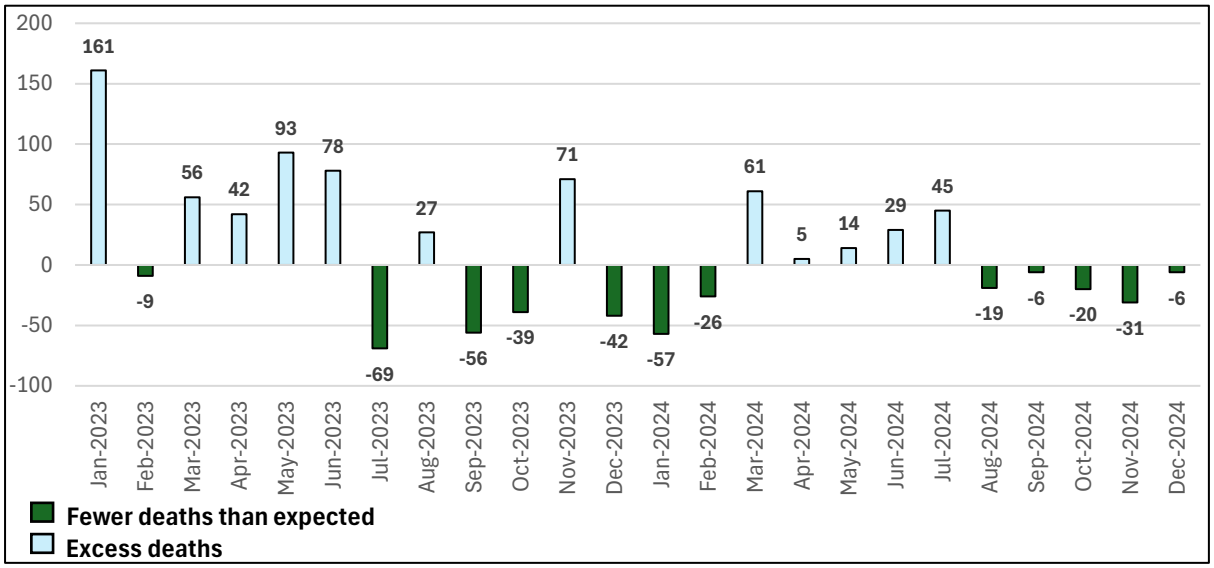
Excess mortality

Data from the Office for Health Improvement and Disparities shows the pattern of excess deaths from dementia and Alzheimer's disease across the East of England region, however local patterns in Suffolk may differ. Excess mortality is defined as the difference between the number of deaths registered in a month and the number expected. Data shows that Suffolk experienced negative excess mortality between December 2023 and November 2024, with 768 fewer deaths than expected (a ratio of 0.92). This trend aligns with national patterns, where overall deaths have been lower than expected for most of 2024[91].

In early 2023, there was significant excess mortality, particularly in January when 161 more deaths were recorded than expected. The spring and early summer of 2023 also saw higher than expected death rates, with May and June showing excess deaths of 93 and 78 respectively. However, this pattern shifted in the latter half of 2023, with several months showing fewer deaths than expected, notably July with 69 fewer deaths than anticipated.

For 2024, the trend generally showed more moderate variations from expected death rates. The most significant excess mortality was observed in March 2024 with 61 more deaths than expected, while most other months showed relatively small fluctuations from expected figures. The latter months of 2024 consistently recorded slightly fewer deaths than expected, with November showing 31 fewer deaths than anticipated.

Figure 37. Monthly excess deaths by date of registration, East of England, dementia and Alzheimer's disease, January 2023 to December 2024



Source: OHID Excess Mortality in England (2025)

Projections

The number of people aged 65 and over predicted to have dementia in Suffolk is projected to increase significantly over the next two decades. POPPI (Projecting Older People Population Information System) had a baseline of 14,224 people with dementia in Suffolk in 2023. This figure is expected to rise by 49% to reach 21,194 by 2040. This represents an additional 6,970 people with dementia in Suffolk.

Looking at the age breakdown, some notable trends emerge:

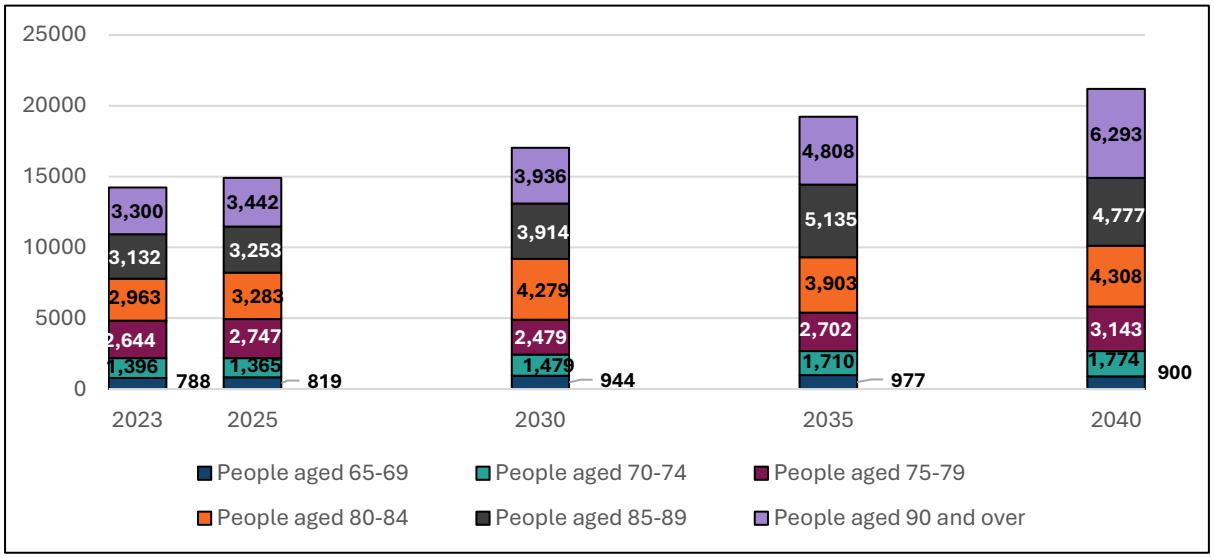
- The most substantial increases are projected in the oldest age groups, particularly among those aged 90 and over, where numbers are expected to nearly double from 3,300 in 2023 to 6,293 in 2040
- The 85-89 age group is predicted to see significant growth, rising from 3,132 to 4,777 people
- More modest increases are projected in the younger age groups (65-74)

Regarding the future dementia projections by sex differences:

- Women consistently make up most people with dementia, accounting for around 61% of cases throughout the projection period
- By 2040, it is estimated there will be 12,963 women and 8,231 men with dementia in Suffolk

- The sex gap is particularly pronounced in the older age groups, with women aged 90 and over accounting for 4,319 cases compared to 1,974 men by 2040[92]

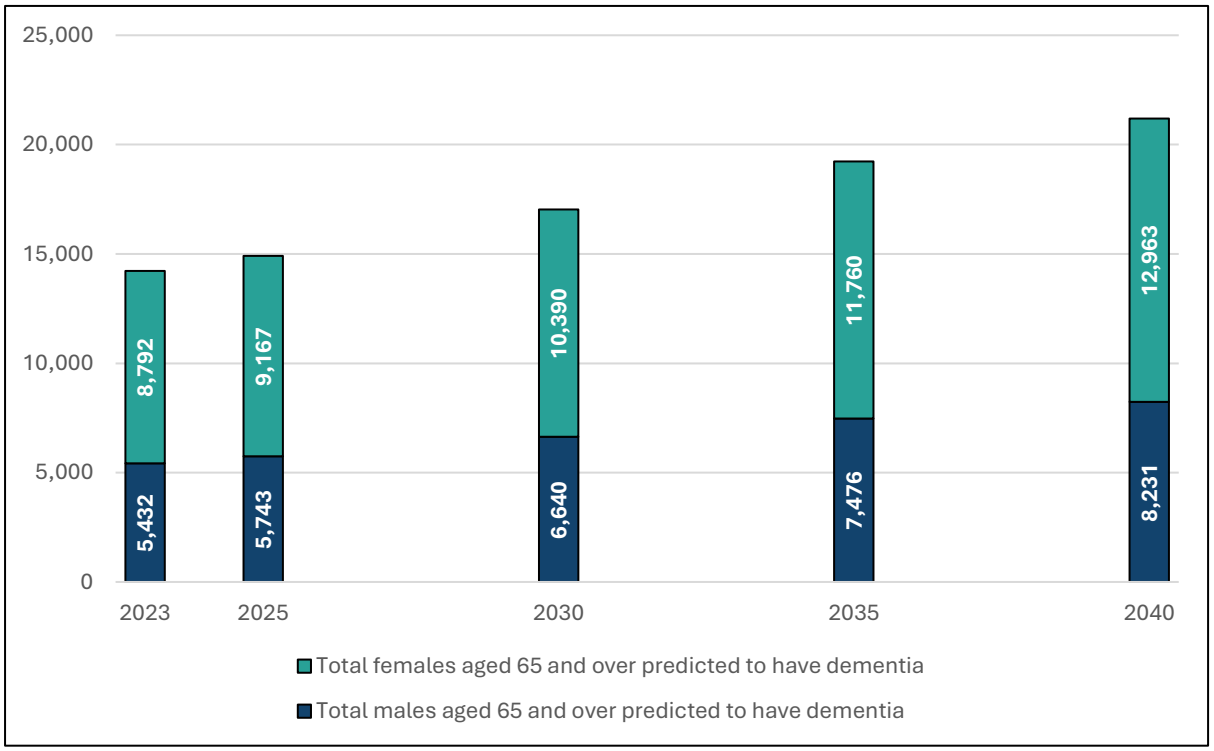
Figure 38. Forecasted change in the number of people with dementia in Suffolk by age band, 2023-40



Source: POPPI (2025)

This estimated growth has implications for health and social care planning in Suffolk, particularly for the oldest age groups who may require more intensive support and care services.

Figure 39. Forecasted change in the number of people with dementia in Suffolk by sex, 2023-40



Source: POPPI (2025)

Table 15. Forecasted change in the number of people with dementia in Suffolk by age band, 2023-40

	2023	2025	2030	2035	2040
People aged 65-69 predicted to have dementia	788	819	944	977	900
People aged 70-74 predicted to have dementia	1,396	1,365	1,479	1,710	1,774
People aged 75-79 predicted to have dementia	2,644	2,747	2,479	2,702	3,143
People aged 80-84 predicted to have dementia	2,963	3,283	4,279	3,903	4,308
People aged 85-89 predicted to have dementia	3,132	3,253	3,914	5,135	4,777
People aged 90+ predicted to have dementia	3,300	3,442	3,936	4,808	6,293
Total population aged 65+ predicted to have dementia	**14,224**	**14,909**	**17,030**	**19,236**	**21,194**

Source: POPPI (2025)

Table 16. Forecasted change in the number of people with dementia in Suffolk by sex, 2023-40

	2023	2025	2030	2035	2040
Males aged 65-69 predicted to have dementia	345	362	420	434	398
Males aged 70-74 predicted to have dementia	682	663	729	846	877
Males aged 75-79 predicted to have dementia	1,113	1,150	1,034	1,145	1,341
Males aged 80-84 predicted to have dementia	1,267	1,411	1,833	1,669	1,875
Males aged 85-89 predicted to have dementia	1,133	1,193	1,450	1,903	1,767
Males aged 90+ predicted to have dementia	893	964	1,175	1,481	1,974
Total males aged 65+ predicted to have dementia	**5,432**	**5,743**	**6,640**	**7,476**	**8,231**
Females aged 65-69 predicted to have dementia	443	457	524	544	502
Females aged 70-74 predicted to have dementia	714	702	750	864	897
Females aged 75-79 predicted to have dementia	1,531	1,597	1,445	1,558	1,802
Females aged 80-84 predicted to have dementia	1,697	1,872	2,445	2,235	2,434
Females aged 85-89 predicted to have dementia	2,000	2,060	2,464	3,232	3,010
Females aged 90+ predicted to have dementia	2,407	2,478	2,761	3,328	4,319
Total females aged 65+ predicted to have dementia	**8,792**	**9,167**	**10,390**	**11,760**	**12,963**

Source: POPPI (2025)

POPPI data reveals that East Suffolk is projected to see the largest increase in dementia cases, rising from 5,471 in 2023 to 8,309 in 2040 - a 51.9% increase. This district consistently accounts for the highest number of cases, representing approximately 38-39% of the total number of Suffolk's population with dementia between 2023-2040.

West Suffolk has the second-highest number of cases, projected to increase from 3,098 to 4,543 by 2040 (a 46.6% increase).

Babergh and Mid Suffolk have similar baseline numbers in 2023 (1,913 and 1,919 respectively), but their trajectories differ slightly. Mid Suffolk is projected to see a larger increase, reaching 3,067 cases by 2040 (a 59.8% increase) compared to Babergh's 2,885 (50.8% increase).

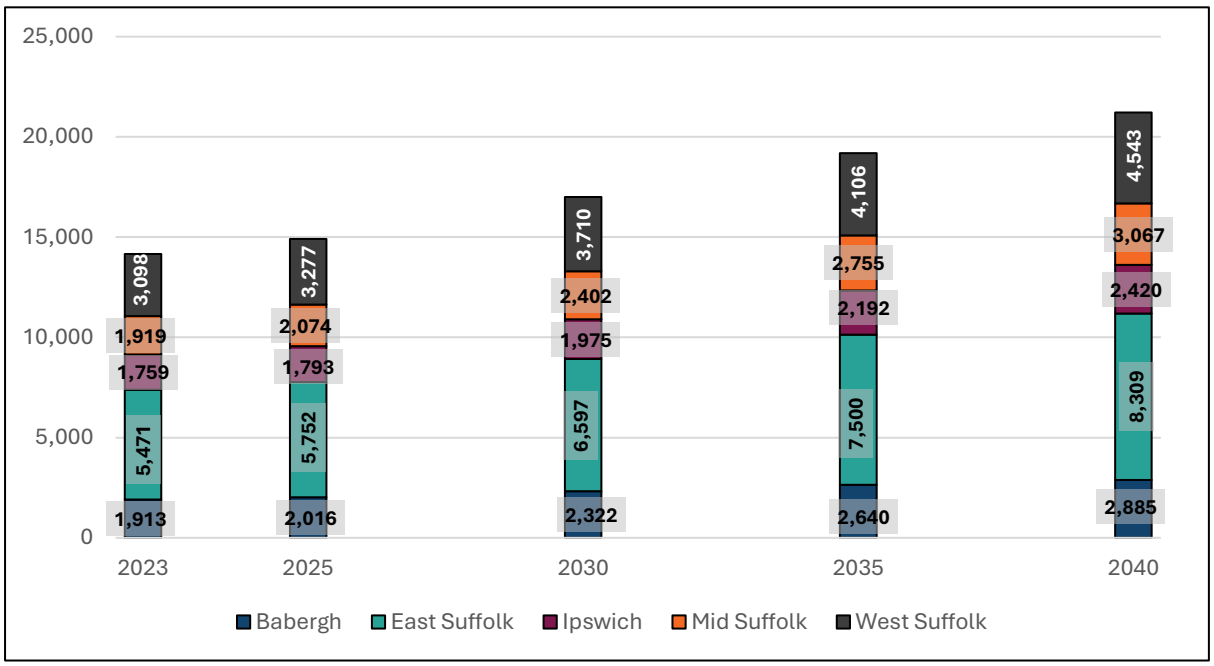
Ipswich shows the lowest numbers and the most modest increase over the period. Cases are projected to rise from 1,759 in 2023 to 2,420 by 2040 (37.6% increase). This could be partially explained by the younger demographic profile of Ipswich compared to Suffolk's other districts.

Across all Suffolk lower tier local authorities, there is a consistent pattern of particularly steep increases in the oldest age groups (85+ and especially 90+), while the younger age groups (65-74) show more modest changes.

Percentage increase in dementia cases 2023-2040 by district:

- Mid Suffolk: 59.8%
- East Suffolk: 51.9%
- Babergh: 50.8%
- West Suffolk: 46.6%
- Ipswich: 37.6%

Figure 40. Forecasted change in the number of people with dementia in Suffolk by district and borough, 2023-40



Source: POPPI (2025)

Table 17. Forecasted change in the number of people with dementia in Suffolk by lower-tier local authorities, 2023-40

	2023	2025	2030	2035	2040
Babergh	1,913	2,016	2,322	2,640	2,885
East Suffolk	5,471	5,752	6,597	7,500	8,309
Ipswich	1,759	1,793	1,975	2,192	2,420
Mid Suffolk	1,919	2,074	2,402	2,755	3,067
West Suffolk	3,098	3,277	3,710	4,106	4,543

Source: POPPI (2025)

Early onset dementia

Early-onset dementia can be caused by a range of conditions, with Alzheimer's disease being the most common, though often presenting in atypical forms. Genetics plays a larger role in younger cases, with conditions like familial Alzheimer's, CADASIL, and frontotemporal dementia (FTD) often running in families. Vascular dementia is linked to cardiovascular health, while alcohol-related brain damage (ARBD) is another key risk factor. People with Down's syndrome are at higher risk due to genetic factors. Dementia with Lewy bodies (DLB) and rarer neurological conditions can also contribute to early-onset cases[93,94].

Early-onset dementia affects a smaller but significant population in Suffolk, with 218 people aged 30-64 estimated to have the condition in 2023. Unlike the projections for those aged 65 and over, the numbers are expected to decrease slightly over time, falling to 203 cases by 2040 (a 6.9% decrease).

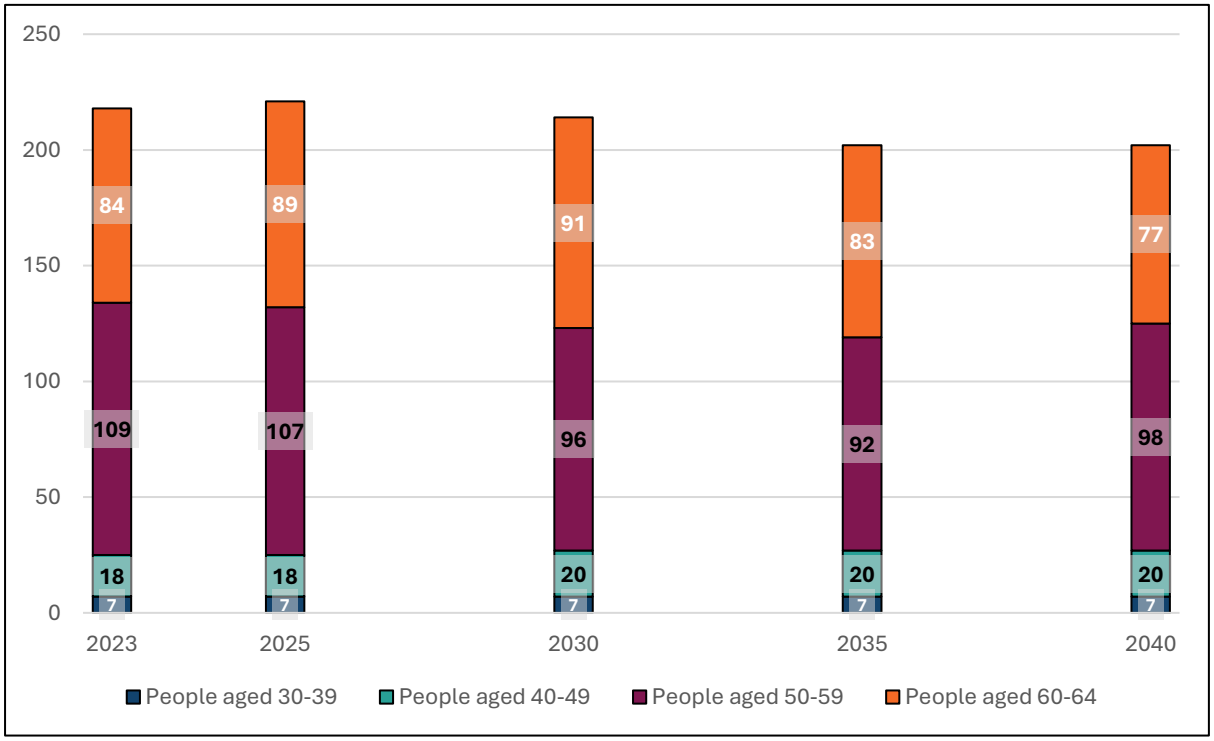
The data shows some notable sex differences:

- Men account for approximately 59% of early-onset cases
- In 2023, there were 129 men and 89 women predicted to have early-onset dementia
- By 2040, this is projected to be 119 men and 84 women

The age distribution shows that early-onset dementia becomes more prevalent with age:

- The highest numbers are seen in the 50-59 age group (109 cases in 2023, reducing to 98 by 2040)
- The 60-64 age group has the second-highest prevalence
- Younger age groups (30-49) have notably lower numbers, with relatively stable projections over time

Figure 41. Forecasted change in the number of people predicted to have early onset dementia in Suffolk by age group, 2023-40



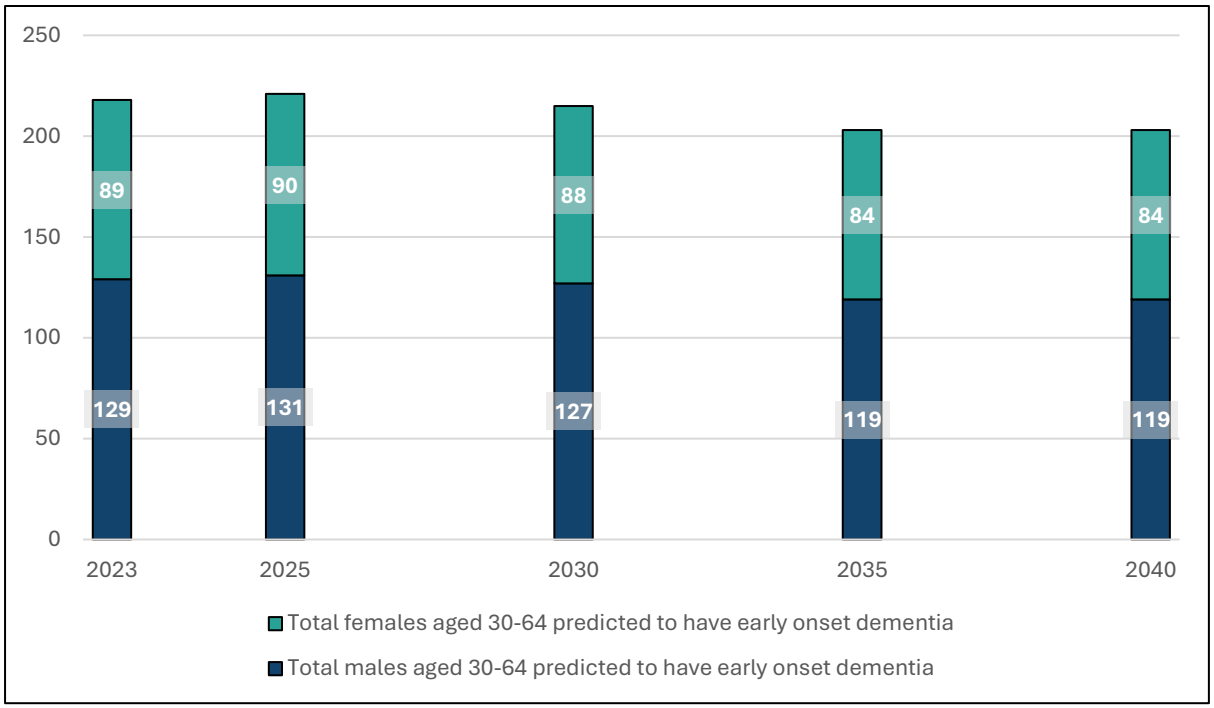
Source: PANSI (2025)

Table 18. Forecasted change in the number of people with early onset dementia in Suffolk by age band, 2023-40

	2023	2025	2030	2035	2040
People aged 30-39 predicted to have early onset dementia	7	7	7	7	7
People aged 40-49 predicted to have early onset dementia	18	18	20	20	20
People aged 50-59 predicted to have early onset dementia	109	107	96	92	98
People aged 60-64 predicted to have early onset dementia	84	89	91	83	77
People aged 30-64 predicted to have early onset dementia	**218**	**221**	**215**	**203**	**203**

Source: PANSI (2025)

Figure 42. Forecasted change in the number of people predicted to have early onset dementia in Suffolk by sex, 2023-40



Source: PANSI (2025)

Table 19. Forecasted change in the number of people predicted to have early onset dementia in Suffolk by sex and age group, 2023-40

	2023	2025	2030	2035	2040
Males aged 30-39 predicted to have early onset dementia	3	3	3	3	3
Males aged 40-49 predicted to have early onset dementia	8	8	9	9	9
Males aged 50-59 predicted to have early onset dementia	66	65	58	55	59
Males aged 60-64 predicted to have early onset dementia	52	55	56	51	47
Total males aged 30-64 predicted to have early onset dementia	**129**	**131**	**127**	**119**	**119**
Females aged 30-39 predicted to have early onset dementia	4	4	4	4	4
Females aged 40-49 predicted to have early onset dementia	10	10	11	11	11
Females aged 50-59 predicted to have early onset dementia	43	42	38	37	39
Females aged 60-64 predicted to have early onset dementia	32	34	35	32	30
Total females aged 30-64 predicted to have early onset dementia	**89**	**90**	**88**	**84**	**84**

Source: PANSI (2025)

Conclusion

Dementia has a significant public health impact in Suffolk, reflecting the national trend and local demographic patterns. The condition primarily affects older adults, with the Suffolk's forecasted ageing population indicating a rising burden of dementia in the coming years. Suffolk has a higher proportion of residents aged 75 and over compared to the national average, which suggests increased demand for dementia-related healthcare services and support, both now and in the future.

The profile highlights a combination of modifiable and non-modifiable risk factors contributing to dementia prevalence. Ageing remains the strongest risk factor, but other influences such as sex, ethnicity, and socioeconomic status also play a role. Females are generally more likely to live longer, and develop dementia than males, and evidence suggests that certain ethnic groups may face a heightened risk due to genetic, health, and social determinants. Socioeconomic deprivation is associated with an increased dementia burden, with individuals from lower-income backgrounds often experiencing limited access to healthcare, education, and preventive measures.

Modifiable risk factors such as smoking, obesity, physical inactivity, and high alcohol consumption contribute to dementia risk, emphasising the importance of targeted prevention strategies. Mental health factors, including depression and social isolation, are also linked to cognitive decline, this also reiterates the need for strong social support networks and early intervention. Additionally, environmental factors such as air pollution and traumatic brain injuries are emerging concerns, further reinforcing the complexity of dementia prevention.

Dementia has a profound impact not only on individuals but also on families, carers, and wider society. The emotional, financial, and social burdens are substantial, requiring coordinated efforts across the system. With the anticipated projected increase in dementia cases, both nationally and locally we must be prepared by ensuring adequate diagnosis rates, timely interventions, and accessible support services for those affected.

This dementia profile provides an overview of the key risk factors, prevalence and trends, projections, and associated implications for Suffolk. Moving forwards, proactive measures focusing on prevention, earlier diagnosis, and enhanced support for individuals and carers will be crucial in managing the growing impact of dementia across the county.

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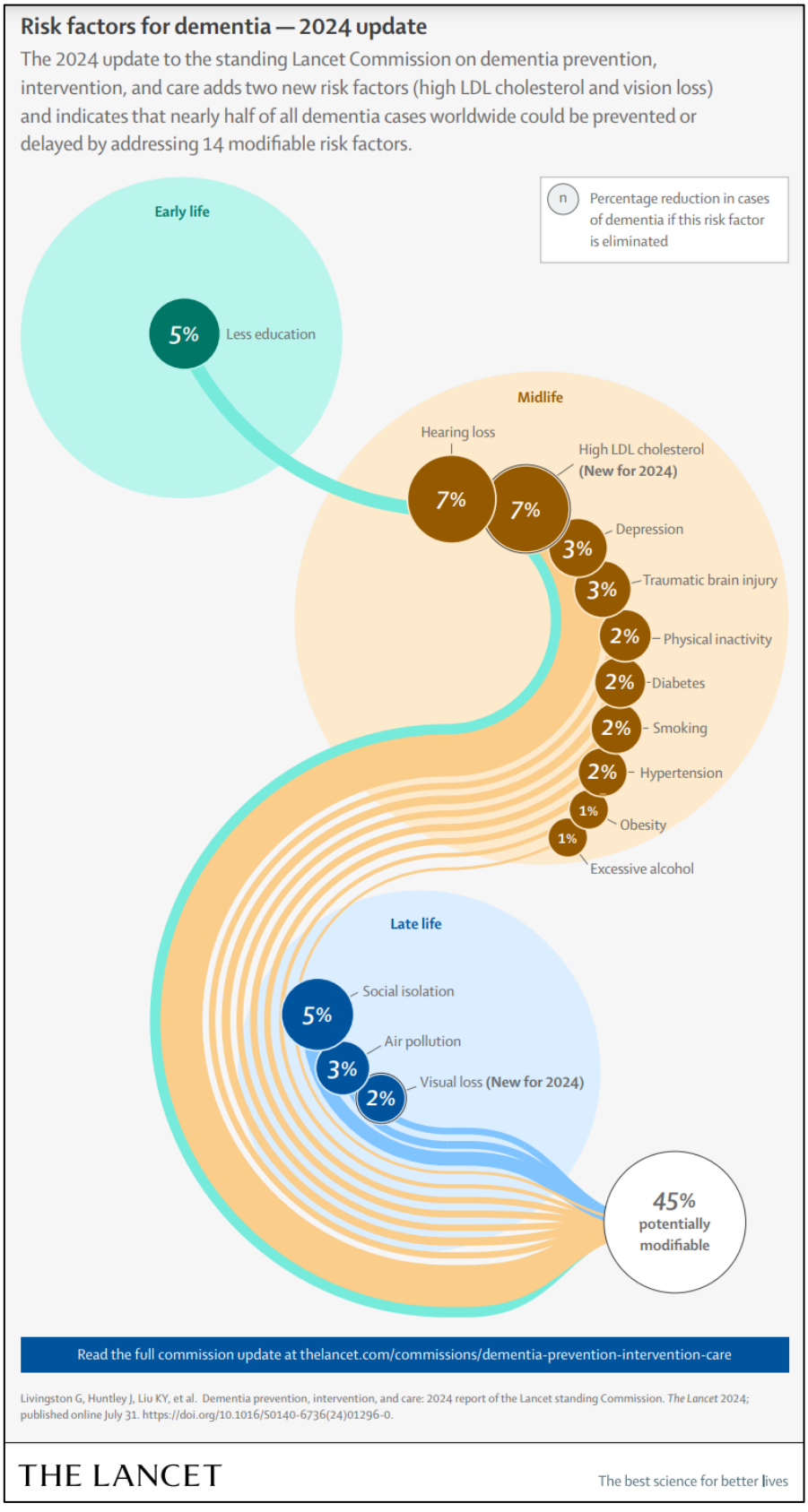
Appendix

Figure 43. Lancet infographic - Dementia Risk Factors 2024



Source: The Lancet (2024)