Sunday Care Therapy

Occupational Therapy-led Home Care Provider

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“Beyond Care: The Transformative Power of Occupational Therapy in Dementia Care”

27th Nov 2025 Theatre 2
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Occupational Therapist

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Key statistics for 2025

- Prevalence: Approximately 982,000 to 1 million people in the UK are estimated to be living with dementia.

- Death rate: Dementia is the UK's leading cause of death, affecting women disproportionately—nearly 48,500 women died from the condition compared to just under 27,000 men in the previous year.

- Age: The likelihood of developing dementia increases with age, with 1 in 6 people over 80 having the condition.

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Dementia Statistics

- Care homes: Around 70% of people in care homes have dementia or severe memory problems.
- Young onset: Around 1 in 20 people with dementia are younger than 65, with over 70,800 people in the UK having young-onset dementia.
- Diagnosis: On January 31, 2025, NHS England Digital reported 495,904 recorded diagnoses of dementia. Of these, 65.4% of patients aged 65 and over had a recorded diagnosis.
- Projected growth: The number of people with dementia is projected to rise to 1.4 million by 2040.

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Dementia Statistics

- Cost: Dementia costs the UK an estimated £42 billion a year.
- Hospital visits: People with undiagnosed dementia visit A&E three times more often than those without the condition.
- Lifetime risk: A 2025 study estimated that 42% of people aged 55 will develop dementia in their lifetime.

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Dementia Statistics

- Unmet need for social care: Almost 300,000 people were waiting for a social care needs assessment in England as of late 2022, with staff shortages and provider closures contributing to long wait times.
- Limited access to post-diagnosis care: A 2022 World Alzheimer Report found that up to 85% of people with dementia do not receive crucial post-diagnosis care.
- Long waits for diagnosis: Waiting times for a dementia diagnosis can be as long as two years in some areas, leading to delays in receiving formal support and treatment.

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What the future estimated costs

- Increased demand: The number of people with dementia is predicted to rise substantially, which will strain existing resources and create new challenges for the health and social care systems.
- Informal care burden: While informal care is often a significant part of the system, it comes at a high personal cost to family members, highlighting the need for more formal support services.
- Complexity of costs: The total cost of dementia is complex to measure and includes both direct costs (e.g., hospital stays, medication) and indirect costs (e.g., loss of earnings, caregiver burden).
- Need for proactive policy: The projected rise in costs necessitates proactive policy changes and strategic planning, rather than reactive measures. The government needs to prioritise dementia care to ensure a sustainable and compassionate future for those affected.

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DEMENTIA STATISTICS IN THE UK

~982,000
people in the UK are living with dementia

42,300
people in the UK have early-onset dementia

£42 billion
Total cost in 2024

£90 billion
could rise to

1.4 million
could increase to

1/3
of people with dementia have not received a formal diagnosis

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Understanding the states of dementia.

The **most widely accepted staging system** is the **Global Deterioration Scale (GDS)**, developed by Dr. Barry Reisberg.

As a therapist the GDS gives you a clear indication of what interventions are best suited generally for your patient at that particular stage.

The GDS also gives us an ability to communicate effectively our interventions with our clients families.

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What are the stages of dementia?

Stage 1 - Preclinical
Stage 2 - Mild Decline
Stage 3 - Mild Cognitive Impairment
Stage 4 - Mild to moderate
Stage 5 - Moderate to severe
Stage 6 - Severe
Stage 7 - Late Stage

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Stage	1	2	3	4	5	6	7
Name	Preclinical	Mild Decline	Mild Cognitive Impairment	Mild / Moderate Dementia	Moderate to severe Dementia	Severe Dementia	Final Stages Dementia
Time frame	20+ Years	Up to 20 years	1 -3 years	2 -3 Years	1 1/2 - 2 Years	2 - 2 1/2 Years	1 - 2 years
Presentation	Normal, maybe some forgetfulness	Occasional forgetfulness	Anxiety, noticeable forgetfulness	Formal diagnosis. Aggression ADL difficulty	Difficulty with IDL. Profound confusion	Professional care is needed. Sleep issues	Difficulty with everything.

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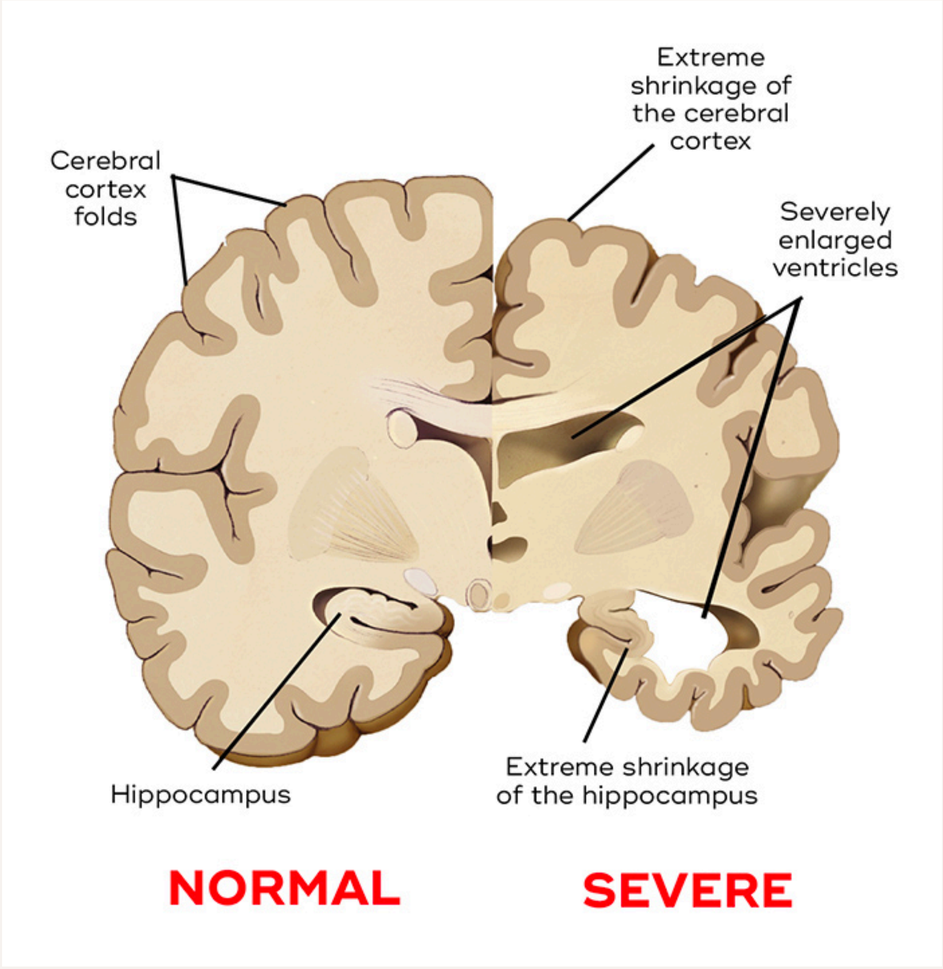
Stage 1



Stage 6/7

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Stages we are going to concentrate on today, 5-7

Stage 5

Stage	5	Intervention
Timeline	1.5 - 2 years	Allens Cognitive Levels & Moho
What needs assistance	• Driving • Finance • Hygiene	Preserve identity
Emotions	• Aggression or withdrawal • Confusion • Anxiety	Introduction of repetition for priming & procedural memory
Important things to help	• Reduce anxiety • Regular exercise • Good habits & routines.	Grade activities for success.

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Stage 6

Stage	6	Interventions
Timeline	2 - 2.5 years	
What needs assistance	• All activities of daily living. • Professional help is usually required. • Sleep cycles are severely effected. • Can become attached to one person.	Person Environment and Occupation.
Emotions	• Aggression or withdrawal • Confusion • Anxiety • Noticeable personality changes.	Create a positive sensory environment.
Important things to consider	• Stress management • Regular exercise • Wandering might begin. • Be aware of diet & swallow.	Sundowing becomes more prevalent. Observation, monitoring and adaptation is essential.

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Stage 7

Stage	7	Intervention
Timeline	1 - 2 years	Bio mechanical framework. Biopsychosocial
What needs assistance	• May require assistance with everything	Tactical stimulation is vitally important.
Emotions	• May become unresponsive	Pain intervention is essential.
Important things to help	• This stage is all about making comfortable. • Requires a lot of ongoing monitoring.	Skin monitoring & sensory input.

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As an OT we look at domains of practice.

From our experience delivering 1000's of hours of care monthly we have identified the following key domains as therapists we should be doing our interventions in.

Eating and Drinking.

Social Integration.

Sleep.

Exercise.

Stress management

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Domain 1

Eating and Drinking

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Eat the rainbow

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Diet!

Fortunately diet pays a massive role in maintaining your brain health!

Unfortunately our modern diets literally could not be worse for our brain health!

Diets high in processed foods, sugar and cholesterol continually cause inflammation to our bodies and brains. This compounded over years and years can lead to deterioration of connective tissue (& development of Amyloid plaques / Tau plaques) in the brain. This could be happening without you even realising as stage 1 & 2 of dementia have no to little impact on your day to day life!

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What changes can we make to our diet?

- Eat the rainbow! Aim for at least 10 portions of different fruit and veg everyday!
- Season with herbs and spices!
- Drink coffee, not first thing in the morning or past 15.00
- Eat a square of dark chocolate
- Drink herbal tea
- Get healthy fats, Avocado 🥑 & Extra virgin olive 🫒 oil

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Evidence bases interventions

Texture Modification & Swallowing Safety

- Follow SLT recommendations for IDDSI (International Dysphagia Diet Standardisation Initiative) levels.
- Appropriate position as per your assessment and recommendations.
- Monitor for signs of aspiration (coughing, watery eyes, voice change).

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Diet in later stages of Dementia.

Just like at every stage in your life, what you eat is vitally important.

As discussed diets high in processed foods, saturated fats and sugars put inflammation markers on our bodies increasing negative changes in our brain.

It is also important to acknowledge that in later stages of dementia, eating at all may be a challenge! What can we do to increase our clients ability to eat?

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Reduce or aim to eliminate the following -

- Processed meats (pretty much most meat including chicken)
- Dairy (butter and margarines are the worst)
- Excess alcohol
- Refined foods (replace white with brown / whole grain)
- Processed foods (most fast foods)
- Surgery drinks and snacks

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Be mindful,

Ask the family to notice what is happening, has your client started to eat less?

Struggling to finish meals or meal time takes ages?

Have you noticed more coughing around meal times?

If you notice changes start to keep a record, so you have evidence to bring to your GP!

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Sensory intervention is essential.

Sensory and Emotional Engagement

- Serve familiar meals with recognisable smells and presentation to trigger appetite and memory.
- Calm, quiet, and well-lit mealtime environments reduce confusion.
- Music therapy during meals may improve intake and reduce agitation.

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Dementia is highly complex and everyone presents differently with it, but there are some common issues that may be due to the changes in their visual field or visual perception.

1. **No white on white** - Contrast is key to make items seen. Eg. mash potatoes on a white plate. You just made dinner invisible!

2. **Contrast block colours** - The contrasting colours that works for each person are going to be different so play around!

3. **Make lighting functional** - Turn the lumens up and focus them on what needs to be seen.

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VS

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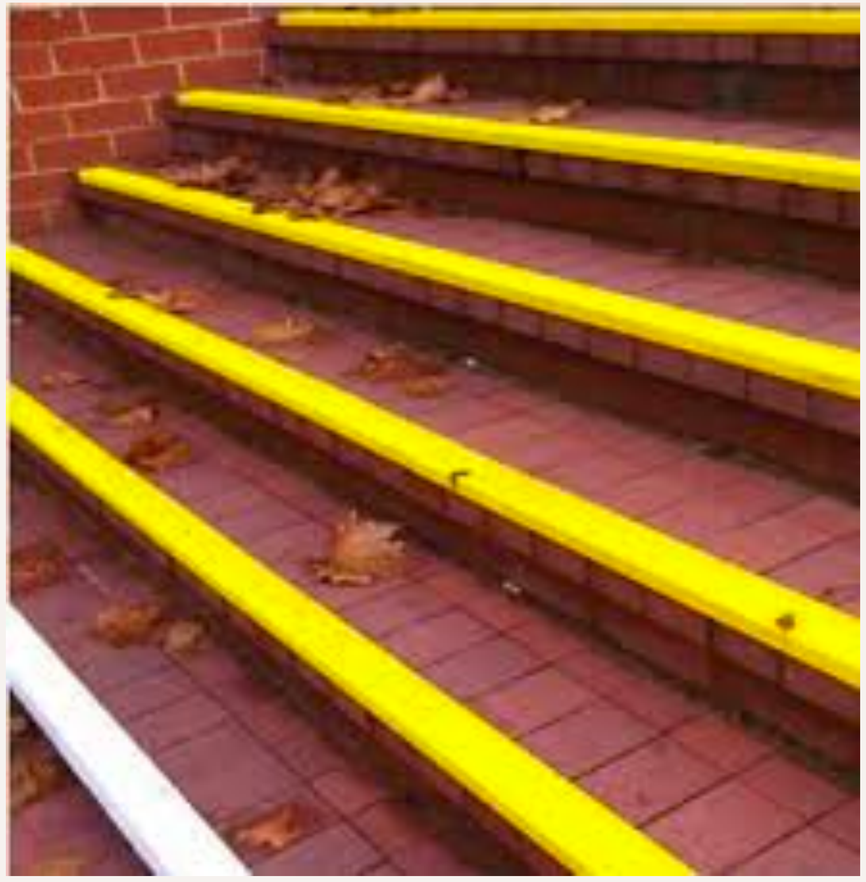
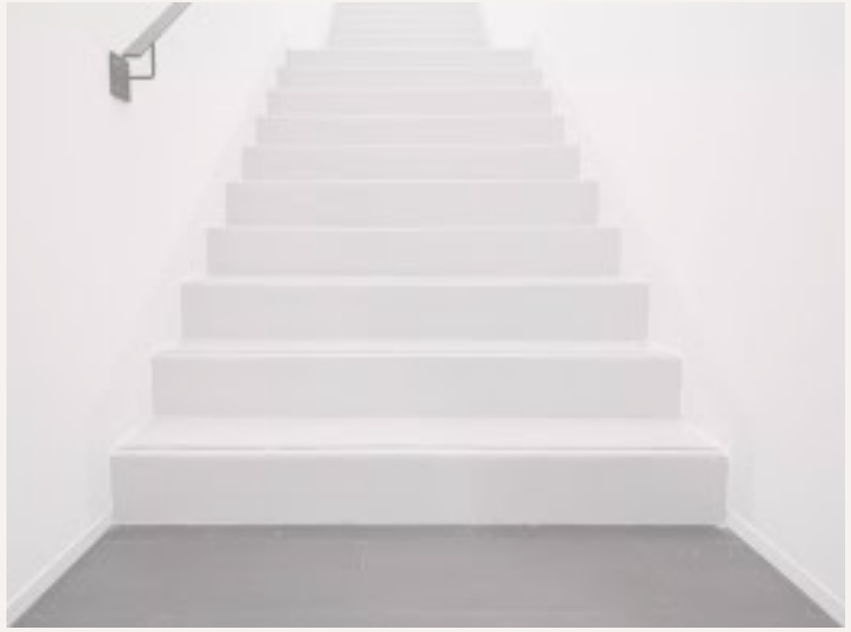


Contrasting colours

On stairs,



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Functional Lighting

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Breakfast in bed!

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Functional positions when eating in bed

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Second Domain

Social interaction / integration!

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It’s all about being social,

Social isolation is associated with an increased mortality risk

Social interaction decreases all cause mortality &
Has been show to arrest the development of dementia.
But how??

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It’s all about being social,

We are designed to be social creatures, here are some benefits of socialising!

- Social interaction generates emotions that are important and motivating.
- Social interactions decrease depression and low moods
- Social interactions require complex communication skills that involve different brain functions, from facial recognition to use of language!

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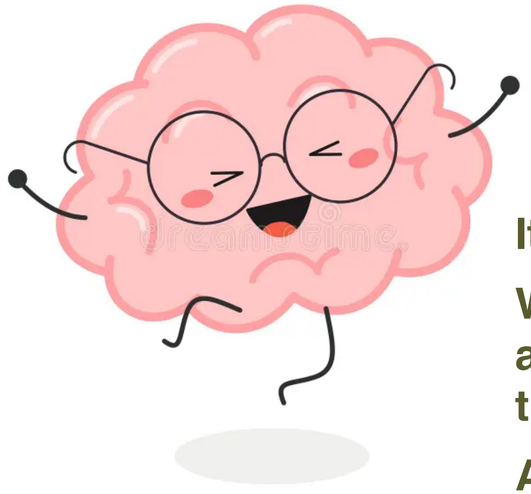
Social interaction, involves several different parts of the brain, keeping it active!



It’s all about blood flow:

When engaged in social activities its all about blood flowing to different parts of the brain. The main parts stimulated are:

Amygdala (this is all about feelings)

Prefrontal Cortex (personality centre)

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But it is so much more!

Notice what is happening, when you are in a social situation you have to take in a lot of information.
Sounds, vision, smells, touch. Our sensory system is being dramatically involved in social situations.
Our memory has to go into overdrive, from facial recognition to language processing.

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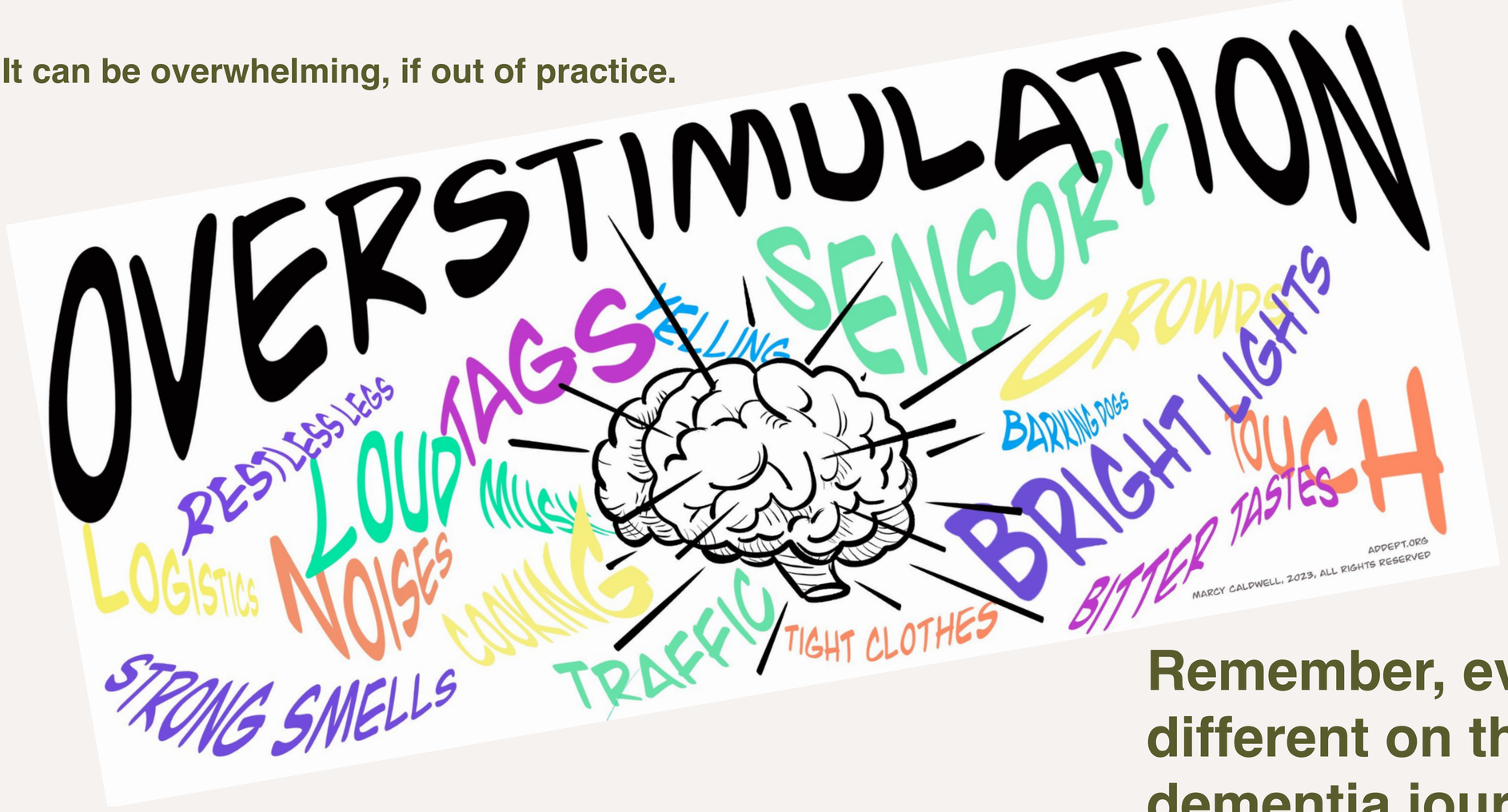
It can be overwhelming, if out of practice.



Remember, everyone is different on their dementia journey, depression and anxiety commonly are part of the process .

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So what can we do to make it effective?

The SCT 6 steps to effective social integration!

Step 1: Out of practice, start small.

Step 2: Start on their terms, with support. Their environment, if withdrawn, having trouble navigating conversations is stressful, so have a support (a key person) and be in a familiar environment.

Step 3: Make it part of the routine. Think priming memory.

Step 4: Make it positive, use positive language and framing. Such as “Aren’t we lucky we get to play cards with John today”. We are emotional beings, who mirror each other.

Step 5: Use reminders of who they are meeting, “John is your good friend from bingo”

Step 6.
And probably the most important step, that takes the most amount of energy from you.

Fake it till you make it!!

Try and model the feels you want them to experience!

Bonus tip* Think Vision & Hearing.

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The fact that people living in blue zones (average age is 100) are highly social is no coincidence!

Socialising keeps us healthy, social isolation is a killer!

Studies have shown time and time again, that people who are lonely, their cognition deteriorates faster and risk of death increases!

You don’t need to think you are socially isolated for the effects to still be true! So being introverted is not an excuse not to socialise.

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Third Domain

Exercise.

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Exercise!

Normal ageing?
Is the concept being challenged?

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Why is exercise important?

It is all about blood flow!

Exercise gets the blood flowing, to the brain! Study after study shows that the more you exercise, the less risk you have of developing cognitive impairments, or can help improve the symptoms of existing dementia related cognitive impairments.

Enhances the brains connectivity!

Reduces inflammation!

Actually promotes the growth of brain cells!
Aerobic activity has been shown to increase neurogenesis, by contrast in activity has shown to suppress neurogenesis!

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Let’s get physical!

- The aim is to have a minimum of 150 Minutes per week, or ideally 30minutes a day of moderate-intensity activity, such as brisk walking.
- The emphasis is clear, the exercise needs to be brisk with an elevated heart rate, but this can include resistance training as well.
- Once the heart rate is increased it allows blood flow to the frontal lobe, the region dedicated to planning, organisations, judgement and self control. This protects agains cognitive decline and improves executive function.
- The more active the better, try not to think, if I get my 30 min done I can sit down for the rest of the day! The more you move and the less you sit the better!

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What consists of exercise for our later stages of dementia?

Exercise is complex, what I deem as exercise and what Gladys deems as exercise are different, but both have their place!

What other things around the house can be seen as exercise?

If you don’t use it, you loose it!

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But Gladys is bed bound she can’t exercise!!

What consists of exercise for our later stages of dementia?
ANYTHING FUNCTIONAL!!

Folding clothes.
Drying the dishes.
Balloon boxing.
Having a morning wash!

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Forth Domain

Sleep 🛌 😴 💤

WHY SLEEP IS SO IMPORTANT
for Someone on a Dementia Journey

1 Seep helps the brain clear waste and toxins

During deep sleep, the brain's glymphatic system flushes out metabolic waste, including beta-amyloid and tau proteins.

Sleep strengthens memory and learning

Sleep is essential for memory consolidation - the process of converting short-term memories into long-term ones.

Sleep reduces daytime confusion and agitation

Poor sleep increases sundowning, restlessness, wandering, irritability, hallucinations, and emotional dysregulation.

Sleep protects physical health and reduces risk of falls

Lack of sleep affects balance, reaction speed, strength, and judgment, increasing the risk of falls.

Sleep supports the immune system

Sleep boosts immune response and helps the body repair itself.

Sleep helps regulate mood and behaviour

When sleep is disrupted, people with dementia may experience. increased anxiety and low mood.

Sleep preserves what cognitive function remains

Sleep is the brain's maintenance window.

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Sleep helps the brain clear waste and toxins

During deep sleep, the brain's **glymphatic system** becomes highly active.
This system flushes out metabolic waste, including **beta-amyloid and tau proteins**, which are linked to Alzheimer's disease.

➡️ **Poor sleep = more toxic buildup**
➡️ **More toxic buildup = faster cognitive decline**

This is one of the strongest biological links between sleep and dementia progression.

Sleep strengthens memory and learning

Sleep is essential for **memory consolidation** — the process of converting short-term memories into long-term ones.

For people with dementia:

- Poor sleep worsens short-term recall
- It increases confusion
- It disrupts day–night orientation
- It reduces ability to learn new routines

➡️ **Good sleep supports remaining memory pathways and slows decline.**

Sleep reduces daytime confusion and agitation

Poor sleep increases:

- Sundowning
- Restlessness
- Wandering
- Irritability
- Hallucinations
- Emotional dysregulation

When the brain is tired, it becomes less able to filter sensory input — leading to **sensory overload**, which is common in dementia.

➡️ **A well-rested brain behaves more predictably.**

Sleep protects physical health and reduces risk of falls

Lack of sleep affects:

- Balance
- Reaction speed
- Strength
- Judgement

For someone already vulnerable to falls, poor sleep dramatically increases risks.

➡️ **Good sleep supports mobility and reduces hospital admissions.**

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Sleep supports the immune system

Older adults with dementia are more susceptible to:

- Infections
- Chest complications
- Delirium triggered by illness

Sleep boosts immune response and helps the body repair itself.

➡️ Better sleep = fewer infections = fewer delirium episodes.

Sleep preserves what cognitive function remains

Good sleep supports:

- Attention
- Working memory
- Problem-solving
- Orientation
- Language processing

Although sleep cannot reverse dementia, it **optimises remaining cognitive capacity**, helping people maintain independence longer.

Sleep helps regulate mood and behaviour

When sleep is disrupted, people with dementia often experience:

- Increased anxiety
- Low mood
- Reduced motivation
- More behavioural expressions of unmet need

Because emotional regulation is already compromised in dementia, sleep becomes an essential stabiliser.

➡️ **Good sleep often means calmer days and smoother care routines.**

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Create a predictable daily routine

People living with dementia thrive on structure. A consistent pattern helps regulate the internal body clock.

✔️ Same wake-up time
✔️ Same mealtimes
✔️ Same bedtime
✔️ Same sequence (wash → toileting → warm drink → bed)

Why it helps: Predictability reduces anxiety and supports circadian rhythm stability.

Increase daytime activity — especially movement

Daytime inactivity is one of the biggest causes of nighttime wakefulness.

✔️ Short walks
✔️ Gentle stretching
✔️ Chair-based exercises
✔️ Helping with small household tasks
✔️ Spending time outside (daylight exposure boosts melatonin regulation)

Why it helps: Physical movement improves sleep pressure and reduces agitation.

Limit daytime naps (or structure them carefully)

For individuals with dementia, naps can be helpful — but long, late naps disrupt nighttime sleep.

✔️ Keep naps short: 20–30 minutes
✔️ Avoid naps after 3pm
✔️ If someone *must* sleep later, keep the environment bright and upright (not lying in bed)

Why it helps: Maintains the natural sleep–wake cycle.

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Optimise the sleep environment

Make the bedroom a place that supports settling:

✓ Soft, warm lighting
✓ Minimal clutter
✓ Comfortable temperature (slightly cool helps sleep)
✓ Familiar objects for reassurance
✓ Quiet background noise if helpful (fan, soft music)

Why it helps: People with dementia process sensory input differently; a calm environment prevents overstimulation.

Ensure basic needs are met before bed

Even small discomforts can cause nighttime waking.

Check:
✓ Pain
✓ Hunger
✓ Thirst
✓ Toileting needs
✓ Temperature
✓ Need for reassurance
✓ Uncomfortable bedding or clothing

Why it helps: People with dementia may not communicate discomfort verbally.

Support good sensory regulation before bed

Individuals with dementia may misinterpret sensory information, leading to fear or restlessness.

Try:
✓ Warm bath or foot bath
✓ Light massage (hands, shoulders)
✓ Weighted blanket if tolerated
✓ Aromatherapy (lavender, bergamot)
✓ Reduce noise and visual clutter

Why it helps: Lowers sensory overload and reduces evening agitation.

Manage sundowning with proactive strategies

If evenings bring agitation or confusion:

✓ Reduce stimulation late in the day
✓ Offer soothing occupation (folding towels, sorting objects)
✓ Do not confront or correct — use reassurance
✓ Keep lighting bright early evening to prevent shadows

Why it helps: Sundowning is worsened by fatigue and sensory misinterpretation.

Address nighttime waking in a calm, structured way

If the person wakes:

✔️ Approach calmly, softly
✔️ Avoid bright lights
✔️ Check for discomfort
✔️ Offer water or toileting support
✔️ Guide them gently back to bed
✔️ Avoid stimulating conversation or TV

Why it helps: Prevents reinforcing wake→activity cycles.

Review medications and health factors

Poor sleep may be linked to:

- Pain
- Urinary frequency
- Restless legs
- Sleep apnoea
- Depression/anxiety
- Medication side effects

If sleep problems persist, an occupational therapist or GP should review.

(Note: For clinical advice, always consult a qualified healthcare professional.)

Use daytime light exposure — and evening darkness — intentionally

✔️ Bright light in the morning
✔️ Natural sunlight when possible
✔️ Avoid screens or bright lights 1–2 hours before bed

Why it helps: Light is the strongest signal controlling melatonin.

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Sleepy time 😴

Sleep is essential for good cognitive processing and ongoing formation of memories!

Here are the 2 main reasons we need a good night sleep for cognition!

1, when asleep our brain is detoxified of amyloid and oxidative byproducts.

2, when we sleep our brain consolidates memories from short term into long term. Unneeded memories are let go and new connections are provided for the one we keep.

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Other reasons sleep is so important!

- Better mood!
- Better immune system
- Better learning
- Better concentration
- Better coordination
- Reduced risk of diabetes
- Reduced risk of drug & alcohol abuse

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