UNDERSTANDING THE CONDITION

Vascular dementia

A clear guide from Oxford Psychiatry Group for people with symptoms or a diagnosis, and for families and carers.

Read what feels useful now

Vascular dementia is caused by reduced blood flow damaging brain tissue. Symptoms and rate of change vary. Vascular changes on a scan do not by themselves prove dementia; diagnosis depends on symptoms, daily function, clinical assessment and relevant investigations.

Common patterns

Changes may involve slowed thinking, concentration, planning, organisation, decision-making, memory, language, mood, motivation, walking or balance. Symptoms can begin suddenly after a stroke, change in steps or develop gradually with small-vessel disease. Some people have vascular and Alzheimer's disease together, called mixed dementia. **NHS vascular dementia**

Stroke warning signs

A sudden facial droop, arm weakness or speech difficulty may be a stroke, even if it improves. Use the FAST check: Face, Arms, Speech, Time to call 999. Sudden confusion or marked deterioration can also follow infection, dehydration, pain, medicine effects or delirium and needs prompt assessment. **NHS stroke**

Risk without blame

Risk rises with age and with high blood pressure, diabetes, high cholesterol, heart disease and previous stroke or transient ischaemic attack (TIA). Smoking, inactivity and excess alcohol can add risk. Not every stroke causes dementia, and having risk factors is not a moral failing. **NHS vascular dementia**

Prepare for an appointment

Bring a current medicine list and examples of changes in thinking and everyday tasks. With consent, information from someone who knows the person well can help. Mention mood, sleep, alcohol, hearing, sight and changes in physical health.

ASSESSMENT AND TREATMENT

Get a specialist diagnosis and plan

No single score or scan should be used in isolation.

Specialist memory assessment

Testing needs oversight from a specialist psychiatrist with experience in memory-clinic practice. At Oxford Psychiatry Group, that specialist should lead the diagnostic assessment and interpret cognitive results in the wider clinical picture. A suitably trained clinician may administer individual tests. This is consistent with National Institute for Health and Care Excellence (NICE) guidance: diagnosis follows a comprehensive assessment in a specialist dementia diagnostic service, not one test alone. **NICE NG97**

Tests in context

Assessment may include physical examination, blood pressure, blood and urine tests, cognitive testing and information about daily function. Magnetic resonance imaging (MRI) is advised by NICE when subtype is uncertain and vascular dementia is suspected; computerised tomography (CT) is used if MRI is unavailable or unsuitable. Language, education, culture, sensory needs, anxiety and fatigue can affect scores. **NICE NG97**

Treat vascular causes

Established brain damage cannot be reversed, but treatment may reduce further damage. Plans may address blood pressure, cholesterol, diabetes or an irregular heart rhythm, and stroke prevention where indicated. Aspirin, clopidogrel or anticoagulants are not suitable for everyone and should only be taken for a specific prescribed reason. **NHS treatment**

Dementia medicines

Donepezil, galantamine, rivastigmine and memantine are not routinely recommended for vascular dementia. NICE says to consider them only when Alzheimer's disease, Parkinson's disease dementia or dementia with Lewy bodies is also suspected. A specialist should explain the target, likely benefit and review plan. **NICE NG97**

LIVING WELL

Protect health and independence

Care combines vascular prevention, rehabilitation, emotional support and practical help.

Rehabilitation and psychological support

Attend reviews for vascular risk. Physiotherapy may support strength, balance and walking; speech and language therapy may support communication or swallowing; occupational therapy can work on daily tasks. NICE recommends group cognitive stimulation therapy for mild to moderate dementia and considering adapted psychological treatment for anxiety or depression. **NICE NG97**

Support and carers

Stroke Association offers stroke information and support on 0303 3033 100. Dementia UK's Admiral Nurse Dementia Helpline is 0800 888 6678, and Alzheimer's Society's Dementia Support Line is 0333 150 3456. An unpaid carer can ask the council for a carer's assessment. **Stroke Association** | **Dementia UK** | **Alzheimer's Society**

Through Oxford Psychiatry Group

Oxford Psychiatry Group provides older-adult psychiatry, specialist memory assessment, diagnostic review, treatment guidance, personalised wellbeing planning and support for patients and carers. Use the contact details in your clinical letter or enquire through our website. **Oxford Psychiatry Group**

Terms used

National Health Service (NHS); National Institute for Health and Care Excellence (NICE); general practitioner (GP); transient ischaemic attack (TIA); magnetic resonance imaging (MRI); computerised tomography (CT); Driver and Vehicle Licensing Agency (DVLA); accident and emergency (A&E).

Driving and urgent changes

A driver must tell the DVLA and motor insurer. Call 999 for possible stroke, immediate danger, serious fall or sudden severe illness. A sudden change needs medical assessment rather than an assumption that dementia has progressed. **GOV.UK driving**

Trusted sources used in this leaflet

Clinical guidance: **NICE NG97**

NHS information: **Vascular dementia**

Support: **Stroke Association** | **Dementia UK**

This leaflet gives general information and does not replace an individual clinical, legal, educational or occupational assessment. Guidance and links were checked on 4 September 2026. External services and availability can change.