More of us are living longer, increasing the chances that dementia will affect us in some way. Martin Ince looks at what is being done to meet the challenge.
More of us are living longer, increasing the chances that dementia will affect us in some way. Martin Ince looks at what is being done to meet the challenge.
More people in Britain are living longer lives than ever before. But while this is a cause for celebration, there is a downside. In the UK and around the world older people, their carers and the support systems on which they rely, are all coming under pressure from the growing number of individuals who are wholly or partly disabled by dementia.

The problem is a large and complex one and calls for a wide range of approaches. With this in mind, the ESRC and the National Institute for Health Research are putting £20 million into six linked projects on making dementia less damaging to people with dementia and those around them.

John Keady, Professor of Mental Health Nursing and Older People at the University of Manchester, is chief investigator for one of the projects. His research on ‘dementia-friendly neighbourhoods’ is intended, he says, to involve people with dementia, and their care partners, as a key part of the research process. “Our approach to people with dementia has already made enormous progress since the 1980s, when asylums were still a care option,” he says. “Now about two-thirds of those living with dementia in the UK live at home. In 2012 the Prime Minister called for Dementia-Friendly Communities in the UK as part of his Dementia Challenge and this has been very positive.” Responses have included the Dementia without Walls initiative in York, supported by the Joseph Rowntree Foundation.

Professor Keady’s work focuses on “seeing people with dementia as ordinary people, not as something other than us”. This means researching their everyday experience of the outside world. He is keen on “turning the tables a little” by letting people with dementia define the outlines of the research. He is doing this directly and via the involvement of user groups and advocacy groups in the project. This approach, he insists, celebrates the achievements of people living with dementia and those around them, and refuses absolutely to regard them as a problem. “Most research on the stresses caused by dementia has focused on the numbers and the costs,” he says. “Of course this is very important. But our interest is in how people with dementia live with their diagnosis and especially how they use outside space. British society can be very disabling. We know that many people with dementia are afraid to leave the front door, often because of issues like busy streets or the tiny print on the bus timetable. So we are working with partner bodies to create better everyday experiences for people with dementia.”

“At the moment,” says Keady, “research in this field is limited. We want it to become feasible for people living with dementia to connect to the research more easily and, at some point, to be able to research their own needs.”

Managing agitation

One of the most severe effects of living with dementia in less than ideal conditions is severe agitation, ranging from restless movement to abusive shouting and occasional violence. Gill Livingston, Professor of the Psychiatry of Older People at University College London, says that this agitation is not unavoidable. Instead, it is a consequence of unmet needs among people with dementia. “Agitation is distressing for the individual and for carers and is a predictor of people being admitted to nursing homes,” says Livingston. “There are drugs to treat it but they tend to be toxic and not very effective, although better ones are now being developed. But there are a range of non-pharmacological measures that help a bit.” Her aim is to improve the use of these interventions in a way that improves the lives of individuals with dementia and the experience of people around them.

Part of the problem is that it can be difficult for someone with dementia to know, and explain to others, what is distressing them. And once they become agitated, it is hard to stop the behaviour. The answers, Professor Livingston says, tend to involve measures that help the person to “feel right”, such as dealing with thirst and hunger, making them more comfortable, ensuring that they have rewarding activities to think about, and making sure that there are clear two-way communications with them. So one strand of the work involves teaching carers how to communicate more effectively.

She says that her approach is not just to create knowledge, but also to implement it at the level of social organisation. For example, there is little research on successful interventions for dementia in long-term care settings. “We are carrying out interviews with staff to find out what they have tried, and if they have not, why not. In addition, we are looking at interventions that keep people at home and out of the care system.” Because family members are there non-stop, unlike nursing home staff, it is important to have interventions that reduce stress for them.

Livingston echoes Keady’s stance by pointing out that people with dementia are sometimes mistakenly regarded as...
“not a proper person”. In fact, she says, “These people are very much still alive and how we consider these problems is a vital social issue.”

COSTS AND BENEFITS
Dementia is often thought of as a financial challenge to health budgets and even whole economic systems. Martin Knapp, Professor of Social Policy at the London School of Economics, is modelling its future financial and outcome impacts out to the year 2040. The costs fall on social care and healthcare budgets, and on family carers.

He says: “The study we are doing is designed to inform service commissioners and providers who are thinking about their future options, as well as government when it forms strategy. But we hope it will also be of interest to people with dementia, and to the carers who have to think how to face the future.” Professor Knapp points out that the number of people with dementia in the UK grew from 350,000 to 816,000 between 1974 and 2014, and growth in numbers is likely to quicken. He puts the total cost to the UK economy at £26 billion per year, up by 24 per cent in the past seven years. This figure is higher than some other estimates because it includes the price of unpaid care from family members.

These numbers, says Knapp, will all grow. “A girl born today has a 40 per cent chance of living to 100,” he points out. “If she manages that, she has a 70 per cent chance of getting dementia.” One person in one hundred gets dementia by the age of 65, but the probability doubles every five years after that. And very old people who develop dementia may have children who are 70 and in no shape to become caregivers themselves.

The result, he thinks, will be “real costs” for the state, for families and for people who are obliged to pay more of the core costs of their care. The Alzheimer’s Society said in 2014 that over two million British people could be living with dementia by 2015. Alzheimer’s itself accounts for just over 60 per cent of dementia cases.

Other projects within the ESRC/NIHR programme are looking at reducing dementia risk at early stages of dementia onset; at improving quality of life for people with dementia and those around them; and at the effects of Alzheimer’s disease on the visual system. The visual-processing part of the brain is susceptible to damage from Alzheimer’s, but visual aids may make it possible to improve the ability to see and locate objects.

www.nihr.ac.uk
www.esrc.ac.uk/news-and-events/announcements

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WHY DOES BRITAIN HAVE SUCH LOW RATES OF BREASTFEEDING COMPARED WITH COUNTRIES SUCH AS NORWAY AND SWEDEN?

THERE ARE MYRIAD reports from researchers, the NHS, charities and the press – including several in Britain In – that highlight the benefits of breastfeeding. Research, including our own in the International Centre for Lifecourse Studies in Society and Health, has found breastfeeding good for babies and their mothers. In the longer term, adults who were breastfed are less likely to have heart disease as their risk of obesity and risk of high blood pressure and diabetes is reduced.

The problem with much of the research is that it is based on observations of people who were not breastfed by chance. If breastfeeding is more common among highly-educated, better-off mothers who are more health-conscious, as is often the case in Britain today, then their children are less likely to suffer negative health consequences later in life for reasons unrelated to breastfeeding. Indeed the strength of the relationship between breastfeeding and later life health tends to be much weaker in high-quality studies that use statistics to even out the other differences between children.

DOES BREASTFEEDING AFFECT IQ LEVELS?
The most consistent finding is of long-term effects of breastfeeding in the areas of cognition, educational achievement and later-life occupational success. A recent review for the World Health Organisation concluded that there is strong evidence that this effect of breastfeeding is causal although modest at best. So does it matter if research shows that on average children score 2-3 points higher on IQ tests if breastfed or that they have a 2-3 per cent increased probability of upward social mobility in later life? I would say differences across the population of two or three IQ points translate into little individual risk to a child who has other advantages such as a loving parent, a good school and a safe environment to play.

All the same, the reported health benefits to babies, including a reduced risk of chest infections and diarrhoea, are very real. While breastfed, babies have some protection from these common conditions, helping to avoid distressing hospitalisations. For mothers themselves, breastfeeding has health advantages too and saves them time and money compared with bottle-feeding. So why does Britain have such low rates of breastfeeding compared with the almost universal rates in countries such as Norway and Sweden?

In the longer term, adults who were breastfed are less likely to have heart disease

It is no coincidence that when Save the Children created a Breastfeeding Policy Scorecard, they ranked Norway as the best country for breastfeeding policies and support to families. The Scorecard for the UK shows we have good policies for maternity leave but have some way to go in other areas. The number of women trying to breastfeed improved to over 80 per cent of new mothers after the Baby Friendly Initiative was put into practice in UK hospitals. But it looks as though the financial constraints following the 2008 recession have affected hospital practices as the latest figures have dropped back again.

Current guidelines are that mothers should exclusively breastfeed for the first six months and continue to breastfeed with a gradual introduction of solids after that. This advice can conflict with a woman’s desire or need to go back to work. The law says an employer must provide somewhere for a breastfeeding mother to rest but it doesn’t go as far as insisting on the provision of private facilities or paid breaks while breastfeeding. Yet ESRC-funded research at the University of Essex found that mothers breastfed for longer when breastfeeding facilities were on offer. Employers gained too as the mothers returned to work sooner. This sounds like a win-win situation to me.

www.ucl.ac.uk/icls

The professor’s lecture on Breastfeeding and social mobility can be found on YouTube: www.youtube.com/watch?v=Mf1eFjexUwo
SEASONED ADVICE

What are the most effective ways to reduce an adult’s salt intake?

IN 2003 THE UK government set a target of reducing the average salt intake of adults to 6g per day. To help achieve this it adopted a two-pronged salt reduction strategy, encouraging voluntary product reformulation by the food industry and simultaneously running a consumer awareness campaign highlighting the negative health risks associated with high salt intake.

Recent research by Rachel Griffith, Martin O’Connell and Kate Smith at the Institute for Fiscal Studies finds that between 2005 and 2011 there was a 5.1 per cent reduction in the average salt content (grams per 100g) of British households’ grocery purchases. The research decomposes the 5.1 per cent reduction into the proportion that was due to product reformulation by firms to reduce the salt content of food products, and households switching between food products, such as from salted to unsalted butter, or from crisps to apples.

The researchers found that the decline in average salt content of grocery purchases was entirely due to product reformulation by firms. The effect of consumer switching was to slightly increase the average salt content of a shopping basket between 2005 and 2011. If consumers had not switched to saltier products, the average salt content of purchases would have fallen by 6.5 per cent (compared to the 5.1 per cent that actually occurred). The research splits the overall effect of product reformulation on the salt content of grocery purchases into the contribution made by six broad food groups. Reformulation of products in the processed food and grains groups was principally responsible for the decline in the average salt content of household shopping. This was primarily due to reformulation of bread, condiments, breakfast cereals, biscuits, pastries and pies.

The impact of reformulation was larger for households in lower socioeconomic groups, in part because these households, on average, buy a larger share of their groceries as processed food. But households in the lowest two socioeconomic groups (groups D and E) switched more strongly, on average, towards saltier food products compared with households from higher socioeconomic groups, partly offsetting the greater benefit they received from product reformulation.

TARGETING THE RIGHT PEOPLE

These results highlight one of the advantages of targeting product reformulation compared with a public information campaign. Reformulation has the potential to affect all consumers, while the provision of information is likely to affect different groups of households to varying degrees (if at all). In particular, reformulation is an effective way of changing the diets of individuals who may be unable or unwilling to process the information provided to them. It may also be that these are the individuals that policymakers are most interested in targeting – households from lower socioeconomic groups bought more salt per person per day, on average, over 2005-2011.

The research findings suggest that the UK government’s salt reduction programme has been successful in reducing the average salt content of households’ grocery baskets, although average dietary salt intake remains above the government’s target level. Product reformulation has been entirely responsible for this decline. There is little evidence that the information campaign had any impact, although it is possible that in the absence of it individuals may have switched more strongly to salty foods. It is also possible that product reformulation itself could have driven some households to switch towards saltier products, because they like the taste of salt. Nevertheless, these findings point to the potential for product reformulation to help the government to achieve its aim of reducing average intake of other nutrients such as sugar.

www.ifs.org.uk/publications/7330

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ACROSS THE SPECTRUM

Why are an increasing number of children being diagnosed with autism?

There has been a dramatic increase in the number of children diagnosed with autism over the last 40 years. In the mid-1960s, autism was seen as a rare, severe condition, but increasing recognition of a broader range of difficulties with communication, social interaction and repetitive behaviours has led to changes in diagnostic classification and practice. Today in the UK estimates suggest that more than one in 100 children are diagnosed with an autism spectrum disorder (ASD).

The reason behind this dramatic rise is hotly debated. A study led by Dr Ginny Russell from the University of Exeter, funded by the ESRC’s Secondary Data Analysis Initiative, has analysed data from a ten-year period to try to establish whether increasing prevalence is entirely the result of broadening definitions and changing diagnostic practice, or whether there is a ‘real’ increase in the number of children with symptoms of autism. Is it simply, as some argue, that diagnostic practice has changed so more children are being classified with ASD, or has there been a real change in the number of children with symptoms, so that a greater proportion have ASD?

While most researchers argue that the rise reflects wider inclusion criteria, many people affected by these conditions, including parents, teachers and individuals with autism, as well as some clinicians, believe the shifts in diagnostic practice do not tell the whole story. Their concern is that there is additionally a true rise in the underlying incidence of ASD, and that changes in environmental factors are the cause.

“It’s important to know whether the rise is ‘real’ – that is, whether more children have ASD symptoms – or is the result of increasing diagnosis, because, if there is some cause or trigger in modern life leading to increased incidence of ASD, we need to know about it so that we can try deal with it and stop the increase,” explains Dr Russell. Notoriously MMR was implicated by activists in the UK (despite the lack of evidence to support an association with autism) and in the USA the ‘Moms against Mercury’ continue to campaign for removal of thimerosal, a type of mercury used in vaccines, believing it causes autism and other neurodevelopmental problems.

Potential causes

“Other proposed triggers include ultrasound scans, increasing maternal and paternal age, drugs taken during pregnancy, changes in modern diet, exposure to chemicals/carbon monoxide and even childhood social activities/education and health sectors.

Preliminary findings are unclear: The study found a big increase in diagnosis over the period but initial findings suggest there could also be a parallel increase in the proportion of children with symptoms has increased. Initial findings are unclear: The study found a big increase in diagnosis over the period but initial findings suggest there could also be a parallel increase in the proportion of children with symptoms has increased. Preliminary findings are unclear: The study found a big increase in diagnosis over the period but initial findings suggest there could also be a parallel increase in the proportion of children with symptoms has increased.

Watch this space.”

MYTHS & FACTS

- MYTH: Autism is something you can turn on and off when it suits
- FACT: Having autism is like having blue eyes or dark hair – it’s part of you. It is a lifelong condition
- MYTH: All people with autism require constant care
- FACT: Some people live with autism for their entire lives without getting a formal diagnosis
- MYTH: All people with autism are good at maths, art and music
- FACT: People with autism will often learn a lot about a topic they’re fascinated with and be perceived as experts
- MYTH: All adults with autism prefer their own company and don’t want any friends
- FACT: 65% of people with autism surveyed in 2012 said they would like more friends

Source: www.autism.org.uk
While most researchers argue that the rise in the number of children with symptoms of autism is ‘real’ – that is, whether more children have autism – the cause is still unclear. It is rare for children to be diagnosed with autism without symptoms, so it is more difficult to communicate and interact with others, which can lead to high levels of anxiety and confusion.

It is mostly a ‘hidden disability’ as it is rarely possible to tell that someone has the condition from their outward appearance. People with autism have difficulties in three main areas: The triad of impairments are:

- Social communication
- Social interaction
- Social imagination

While there are similarities with autism, people with Asperger syndrome have fewer problems with speaking and are often of average, or above average, intelligence.

The characteristics of Asperger syndrome vary from one person to another but people with the condition may have:

- Love of routines
- Special interests
- Sensory difficulties

Source: www.autism.org.uk

If autism spectrum disorder is rising in real terms then there must be an underlying cause or trigger

potential environmental triggers have been rigorously tested.

The study examined whether the number of children diagnosed with ASD has increased in a ten-year period, and whether the number of children with symptoms has increased. Preliminary findings are unclear: The study found a big increase in diagnosis over the period but initial findings suggest there could also be a parallel increase in the proportion of children with symptoms of autism: not what was expected. The study also reveals differences in the characteristics of children who are diagnosed, or brought to the clinic, which has important implications for service provision in education and health sectors.

Dr Russell hopes work in this area will continue. “Although there has been an increase in diagnosis, if our figures imply that there is also a real underlying rise in the number of children with ASD, that warrants further investigation. If ASD is rising in real terms then there must be an underlying cause or trigger, so further research is needed to identify that cause. Watch this space.”

source: www.autism.org.uk

WHAT IS ASPERGER SYNDROME?

Asperger syndrome is a form of autism that affects how you relate to other people throughout your life. When you meet a person you start to make judgements about them – from visual cues, voice tone and body language – and then decide whether they are possibly content or unhappy, cross or pleased, and respond accordingly. People with Asperger syndrome can find it harder to read the signals that most of us take for granted, so it is more difficult to communicate and interact with others, which can lead to high levels of anxiety and confusion.

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- Sensory difficulties

Source: www.autism.org.uk

monoxide and even childhood social activities/computer use,” Dr Russell says.

Of these, there is some evidence to suggest autism is associated with drugs used in pregnancy – such as drugs to treat epilepsy and depression – and that increasing maternal or paternal age may be associated with ASD. But of the growing list of potential triggers that have been suggested, few

socialsciences.exeter.ac.uk/sociology/staff/russell
**ISOLATION**

**Two’s company?**

How common is loneliness among old people in Britain?

Old age is a time of loneliness, with old people experiencing increased levels of loneliness. But there are more lonely old people because the number of people in this age group has increased. For researchers loneliness has four key elements: it defines the gap between expectations a person has about the quality and quantity of social relations that they would like and reality; it is ‘unwanted’ by the individual; it is a subjective experience; and it may have negative consequences for quality of life, health and service use. These criteria distinguish loneliness from similar but different concepts such as social isolation, living alone and being alone. It is common, but incorrect, to see living alone used as a definition of loneliness.

How common is loneliness among older people in Britain? Ten per cent of those who are 65 years old and over report experiencing chronic loneliness – a percentage largely unchanged since the first study undertaken in Wolverhampton in 1948. But there are more lonely older people now than in 1948 because the total number of people who are in this age group has more than doubled from four million to nine million.

In 1948 there were about 400,000 lonely older people compared with about 900,000 in 2014, but at both time points the majority of older people are not lonely. So what is it that stops most older people feeling lonely and why does the image of old age as a time of loneliness persist?

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**UNEMPLOYMENT**

**Stress testing**

Research into molecular precursors of disease finds evidence for stress leading to ill health among jobseekers

The link between unemployment and poor health is well established. Unemployed people are at greater risk of mortality and ill health, with elevated levels of psychological distress compared to employed counterparts. What’s less clear is how unemployment actually damages health. Job loss – which often means loss of status and social support as well as income – might negatively affect health through stress caused by poverty, or by causing changes in health-related behaviours like smoking and exercise. Jobseekers might also be less healthy because poor physical or mental health makes job loss more likely, or re-employment more difficult.

Amanda Hughes, Meena Kumari (University of Essex), Anne McMunn and Mel Bartley at the ESRC International Centre for Lifecourse Studies at UCL wanted to separate stress from other processes using biological signatures in blood samples called inflammatory markers. Influenced by psychosocial stress, these molecules are also clinically important, with mildly raised levels shown to predict atherosclerosis (narrowing of the arteries due to fatty deposits) and heart disease. Crucially, these mild increases reflect early stages of disease before people begin to feel ill – so they should not on their own influence job loss or re-employment.

Research suggests long-term unemployment may be especially damaging

Using ten years of data from the Health Survey for England and Scottish Health Survey, the researchers found that unemployed men and women had higher levels of inflammatory markers than employed counterparts, after taking into account socio-demographic factors, smoking, alcohol consumption, body mass index, pre-existing illness and depressive/anxiety symptoms. Older jobseekers (aged 48-64) were more affected than younger jobseekers and effects were stronger in Scotland than England.

The authors suspect the stronger relationship in Scotland may reflect accumulation processes – with inflammatory markers more affected if a person has been unemployed for a long time – as unemployment was higher in Scotland and unemployment spells on average longer than in England during the years of the study. This would also explain the stronger effects for older jobseekers, who are likely to have accumulated more lifetime unemployment than younger counterparts.

Alternatively, unemployment may be less stressful for jobseekers in low-unemployment areas who can expect to find work sooner, and for younger jobseekers, less likely to face age discrimination or possess outdated skills. The research suggests long-term unemployment may be especially damaging to some stress-related aspects of health and highlights the need to protect older jobseekers in the labour force.

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PEOPLE WHO LIVE and work near a high number of takeaway food outlets tend to eat more fast food, and are more likely to be obese than those who encounter fewer of these outlets. These new research findings lend support to policies aimed at restricting the number of takeaway outlets as part of efforts to combat the obesity epidemic. A study led by Dr Thomas Burgoine and Dr Pablo Monsivais from the UK Research Councils-funded Centre for Diet and Activity Research at the University of Cambridge, examined takeaway food outlet exposure for 5,500 adults in Cambridgeshire. They found that those with the highest exposure consumed an extra 40g of calorie-rich food a week, equivalent to half a small serving of French fries, relative to those with the lowest exposure. Those most exposed were also almost twice as likely to be obese.

Although these findings may seem intuitive, earlier research on the influence of takeaway food outlets produced inconsistent results. This might have been at least partly due to the earlier studies focusing only on exposure in the residential neighbourhood. This study was the first to also account for takeaway food exposure near work and along journeys in between. It appears that the work environment is more important than previously supposed: Individuals were exposed to 48 per cent more takeaway food outlets at work than at home.

And those with the greatest overall takeaway food outlet exposure tended to be mostly exposed at work. These findings also suggest that the associations between exposure and obesity are not simply an issue of more takeaways trading in poorer residential neighbourhoods, which tend to have higher levels of obesity.

Over the past decade, takeaway food outlets have proliferated in UK cities and neighbourhoods while consumption of food outside the home has increased by almost a third. Research indicates that the foods people eat away from home tend to be less healthy than the meals they prepare for themselves. While the availability of takeaway food is likely to be just one of a number of factors that contribute to a person’s risk of gaining weight, these findings support the idea of regulating the number of takeaway outlets in towns and cities as part of wider efforts to combat the obesity epidemic.

Some local authorities have already begun to place restrictions on takeaway outlets, such as exclusion zones around schools, and limits on how many hot food takeaways can operate on a high street. Further research and evaluation will be needed to see whether these measures have a positive impact on health.

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HOW RESEARCH IS FINDING WAYS TO SOLVE THE GROWING PROBLEM OF ANTIMICROBIAL RESISTANCE

THE WORLD IS FACING the major public health threat of increasing antimicrobial resistance. The organisms against which antimicrobial drugs are used (bacteria, viruses and fungi) evolve through processes of natural selection so that they are resistant to these drugs. The continued use of the drugs then favours the spread of these resistant microbes - a particular problem for antibiotics, which are designed to deal with bacterial infections. The development of resistance is encouraged by the overprescription of antibiotics and people not completing the recommended full course of antibiotics. The widespread use of antibiotics to promote growth as well as to treat infections in livestock animals has also contributed.

Many of the major advances of modern medicine rely on the use of antibiotics either to prevent or treat infection, so the growth of bacterial resistance threatens the effectiveness of many medical procedures that we now take for granted. For example, antibiotics are routinely given to prevent infections in common procedures such as hip replacements, caesarean sections and chemotherapy. These would no longer be safe if antibiotics didn’t work. The infection rate after hip replacements is less than two per cent, and if infections do occur they can be successfully treated with antibiotics, but, if antibiotics were no longer effective, it’s estimated that around 50 per cent of those receiving hip replacements would develop infections and around 30 per cent would die. Tuberculosis is already now increasingly resistant to all the previously effective antibiotics.

A KEY ROLE FOR SOCIAL SCIENCES
All seven of the UK research councils are collaborating in research to find ways of mitigating the problem of antimicrobial resistance. There is an important role for social science: Although the mechanisms that lead to antimicrobial resistance are biological, the conditions promoting, or mitigating against, these biological mechanisms are profoundly social. How farmers, vets and regulatory systems manage livestock production for human consumption; how regulatory and fiscal frameworks incentivise or deter antimicrobial development, production and use; how the public and healthcare professionals understand, value and use antimicrobials; the context in which animals and humans interact; the ways in which particular groups of humans are exposed to specific microbial infections – all these are shaped by social, cultural, political and economic forces.

So social science has a key role to play in measuring, modelling, understanding and, where appropriate, changing the social environment in relation to antimicrobial resistance.

The ESRC has prioritised research to develop: a better understanding of the health and socio-economic costs of antimicrobial resistance; the social networks and community dynamics that promote or prevent resistance; and business models to promote new antibiotics or alternatives to antibiotics. The development and evaluation of ways of changing behaviour (among doctors, patients, vets and regulators) is also important. This social science contribution will range from the global level (for example, studies of international migration), to the local level (studies of interactions between patients and doctors, or between vets and farmers or racehorse trainers). It is likely to include a wide range of social science disciplines (including economics, sociology, psychology, anthropology, geography, history, business studies, political science and policy analysis).

My mother trained as a nurse in the 1930s. One of her colleagues died of septicaemia after a needle used for suturing fell into her foot and punctured her skin while she was assisting at an operation. In a pre-antibiotic era such ‘trivial’ incidents could be killers. There is therefore an urgent need for research to find ways of not reverting to the dangers of a pre-antibiotic world, and of ensuring responsible stewardship of valuable resources such as antimicrobials.

www.gla.ac.uk/researchinstitutes/healthwellbeing/staff/sallymacintyre

PROFESSOR DAME SALLY MACINTYRE
Honorary Senior Research Fellow, Institute of Health and Wellbeing, University of Glasgow
Getting a Grip on Dementia
The figures behind a disease that is increasingly affecting British society

Different Types of Dementia

- Alzheimer's disease: The most common cause of dementia. Symptoms include memory loss and mood changes as the brain is affected, leading to the death of brain cells.
- Vascular dementia: This is caused by problems in the supply of blood to the brain, typically after a stroke, for example.
- Dementia with Lewy bodies: Small round structures (Lewy bodies) develop inside nerve cells leading to the degeneration of brain tissue, which can be a precursor to DLB and Parkinson's disease.
- Fronto-temporal dementia: Nerve cells in the frontal and/or temporal lobes of the brain die, leading to behavioral changes and language problems.
- Creutzfeldt-Jakob disease: Variant CJD hit the news when it developed in people who had eaten meat from cattle infected with bovine spongiform encephalopathy (BSE) in the 1980s, leading to the 'mad cow disease' tag.
- Korsakoff's syndrome: The syndrome is a brain disorder usually associated with long-term heavy alcohol consumption.
- HIV-related: HIV infection can cause a number of different problems with the brain that affect up to half of people with HIV.
- Mild cognitive impairment: A relatively new term for those with some problems with memory who do not actually have dementia.
- Rarer causes: Dementia can occur during the course of diseases such as Huntingdon's and multiple sclerosis.

Dementia Costs the UK £26.3 Billion a Year

WHAT IMPACTS DEMENTIA HAVING ON SUFFERERS AND CARERS IN THE UK?

- According to forecasts there will be around 1,140,000 people with dementia in the UK by 2025 and over 2,000,000 by 2031.
- 1 in 688 people under 65 have dementia.
- 1 in 14 people over 65 have dementia.
- 1 in 6 people over 80 have dementia.
- 7 out of 10 people with dementia are living with another medical condition or disability.
- 65% of dementia costs fall to the State.
- 2/3 of dementia costs fall on people with dementia and their families - around £17.4bn a year.
- £30,000 costs per person with dementia each year.
- £90 per person is spent on research.
- 1/3 of dementia costs falls to the State.

People

- £17.4bn a year
- £11.6bn unpaid care
- £1.7bn healthcare
- £4.5bn state social care
- £5.8bn individual social care
- £0.1bn other

Carers

- 43% of unpaid carers don't receive enough support.
- In 2013, unpaid carers worked with dementia for 1,340,000 hours, or over 150,000 years.

Earnings

- £90 per person is spent on research.

Costs

- Over £30,000 cost per person with dementia each year.
- £17.4bn a year
- £30,000

Sources: Alzheimer's UK, second edition. www.alzheimers.org.uk; some figures have been rounded up.