After the shock of being given a diagnosis of dementia, you could be excused for thinking that your life has come to an end, and that there is no hope for what lies ahead. It can seem like you are staring at a bleak, dark hole of a future.

I know - I’ve been there. And I can reassure you that, however it may feel at the beginning, it is still possible to live a life of quality with dementia. Not the life you had before, perhaps, but a life full of promise.

Perhaps you are reading this booklet because you think you may have dementia and want to find out more. Or perhaps you already have a diagnosis and are looking for ways you can get help and continue to live a happy life. Either way, take heart.

If you do have dementia, you will still be able to do many things you did before by yourself, and others you will be able to manage with a little assistance. You may even find time to return to old hobbies or to learn to do things you always wished you’d had time for. It is a time for opportunity which you should grab with both hands.

I no longer feel isolated and alone. I have made many new friends, including many who support me, and of course, others with dementia. We are a great bunch of people.

This booklet tells you that “people with dementia often live happy, fulfilling lives for many years after they have been diagnosed”. If you take a positive outlook and are determined to get on with life as best you can, I think you will be pleasantly surprised at what you can achieve. I certainly know many positive people who fall into that category.

I sincerely hope that if you do have dementia, you come to be one of them.

James McKillop
01 Introduction p1
Who this booklet is for, and how it can help you

02 Is It Dementia? p3
Some basic facts about dementia, and how to find out more if you think you may be affected

03 Living With Dementia p13
How dementia affects people and how they can continue to live fulfilling lives

04 Planning For The Future p25
Practical steps to take if you have a diagnosis of dementia

05 Useful Contacts p47
Where to get more information and help

Acknowledgements
The Mental Health Foundation is grateful to people living with dementia and their carers whose experience and knowledge contributed both to this booklet and to ‘Becoming a Carer’.

We would also like to thank the professionals consulted during the writing of this booklet.
‘The more I know, the better I have been able to cope. I don’t feel so frightened.’
This booklet is for people who want to find out more about living with dementia. Perhaps you have recently been told you have dementia and want to know more about what this might mean for you and those around you. Or maybe you have been experiencing problems which you think may be due to dementia and want to learn more about it, how it affects people and where to go for help.

For many people, this can be a worrying time – you might be scared about having dementia and about the impact it may have on those close to you. And while it is true that having dementia can be challenging, there are many ways you can get help and lots of information to help you make more sense of the experience.

This booklet explains some of the basic facts about dementia, gives ideas on where you can get practical and emotional help, offers advice on planning for the future, and details some strategies which other people have used to cope with dementia. Finally, it recommends places to go for information and help for people with dementia. Once you have read this booklet, you may want to get in touch with some of these organisations.
Is It Dementia?
Many older people worry that they may develop dementia. However, there is a big difference between normal forgetfulness, which happens to all of us at times, and dementia.

This section explains some of the basic facts about dementia and how you can find out more if you are worried.

What is dementia?
The word dementia is used to describe a number of different conditions that affect the brain. Each of these leads to a decline in mental ability, such as memory loss, confusion, and problems with speech, concentration, thinking and perception.

Who is likely to develop dementia?
Most people who develop dementia are over 65, although it does affect some younger people, usually in their forties and fifties (about one in a thousand).

One in 20 people over 65 has dementia, and one in five over the age of 85.

But while dementia is most common in older people, it is not an inevitable part of ageing – the vast majority of older people stay mentally healthy.

What forms of dementia are there?
The most common types of dementia are Alzheimer’s disease and vascular dementia. Although they have similar symptoms, they develop in different ways. Alzheimer’s disease, which accounts for about 60 per cent of dementia, is linked to changes in the structure of the brain, which causes brain cells to die. It usually starts gradually and progresses at a slow, steady pace. Vascular dementia happens when a series of small strokes cut off the blood supply to parts of the brain. Unlike Alzheimer’s disease, it often develops in sudden steps as these strokes happen.
Other less common, types of dementia include:

– Lewy body disease (similar to Alzheimers, although people with Lewy body disease are more likely to experience hallucinations - seeing, hearing, smelling or feeling things that aren’t there – and physical difficulties, such as tremors and falls)

– Pick’s disease (also known as frontal lobe dementia, referring to the part of the brain affected)

– Huntingdon’s disease or chorea (a rare form of dementia that usually develops at a younger age)

– Creutzfeld Jakob disease (the human form of ‘mad cow disease’, which is also very rare and thought to be linked to eating infected beef).

Dementia can also happen as a result of Parkinson’s disease, AIDS, a brain tumour, head injuries or alcohol misuse.

Some of these can be treated, which is one reason why it is important to get medical help if you think you may have dementia. However, this booklet looks at the most common forms of dementia, which are not currently curable (see next page, can dementia be treated?)

‘Learning about dementia has taught me how to live my life again. I am not going to let it control me.’
What are the early signs of dementia?
The most common early sign of dementia is a loss of short-term memory – you may sometimes forget things you have just said or done, even though you remember clearly things that happened a long time ago.

Other signs might include losing interest in things you used to enjoy, finding it difficult to do everyday things you previously took in your stride, confusion, sleeping badly or at unusual times, difficulty with making decisions or feelings of depression.

Some people with early dementia say they know something is wrong, but can’t identify exactly what it is. Others say that they feel like they are living under a cloud. People around you may experience some things you say or do as ‘odd’ or ‘uncharacteristic’. However, just because you are having some symptoms – forgetfulness, say, or low mood – this does not necessarily mean you have dementia.

Can dementia be treated?
Unfortunately, the most common forms of dementia can’t be cured. Drugs may help reduce the effects in the short term, but they don’t work for everyone. But people often live with dementia for many years, and it is not usually a direct cause of death. And while there is no cure for dementia, there are lots of ways of coping. Some of these are discussed in this booklet.

‘Understanding what was wrong with me made me feel less afraid’
Finding out more
The thought that you may have dementia can be frightening. But it’s usually much better to confront that fear, and try to be practical about dementia, if you can. Dementia-like symptoms are sometimes caused by other treatable conditions, such as depression, thyroid problems or urinary tract infections, so it is always worth seeking medical advice. If you do have dementia, a diagnosis will give you and those you love a chance to plan for the future and get the help and support you will need.

The first thing to do if you think you have dementia is contact your GP. A good GP will be able to discuss your concerns, carry out a full health check, including an examination of your memory, and, if necessary, refer you to specialists for further help. It can be a good idea to take someone you trust with you when you go to the doctor – they can support you in explaining your worries, and perhaps write down notes of the plan agreed by you and your doctor.

And if you can’t find a new GP to take you on, your primary care trust must help you. For more details, contact NHS Direct 0845 46 47.

Some people also find it helps to write down questions for the doctor beforehand, so that they do not forget them when they are in the surgery.

It can take a long time to make a firm diagnosis, so you may need to be patient. Some doctors are reluctant to diagnose dementia until they can be totally sure the symptoms are not due to other causes. But any doctor should listen to your concerns, be prepared to investigate them fully (including making a referral to a specialist if necessary), and agree to review your situation regularly. They may also refer you to a memory clinic, where a team of experts can give you practical and emotional support.

Most people with dementia say it is important to them to know as much as possible about their condition, and you can insist that your doctor keeps you fully informed. If your GP is not helping as you would like, you do have the right to change doctor.
Living With Dementia
It’s not always easy, but knowing I have friends and a family who love me helps. They are very proud of me, they tell me.’

‘It’s not easy to come to terms with having dementia. It can be painful to find out that you have a condition that can’t be cured, and perhaps hard to accept that your life may need to change a lot over time.

You might feel frustrated at not being able to communicate as well as you used to, and sad at the prospect of having to give up doing things you enjoy. But some people say that having dementia can bring unexpected rewards such as bringing them closer to loved ones, or proving how strong they are in the face of difficulties.

This section explains more about how dementia can affect you, and how people with dementia cope with the condition and continue to live their lives.
How might having dementia affect me?
You may sometimes forget to do things, repeat tasks you have already completed, or do, say and see things in a way that other people might think is unusual or ‘odd’. You may find it harder to keep up with conversations, make decisions, and express how you feel.

You might have trouble remembering people’s names, dates or everyday words, or become less physically co-ordinated.

Over time, dementia can reduce your ability to carry out everyday tasks, such as washing, going to the toilet, getting dressed, cooking or cleaning. However, not everyone with dementia will have all of these difficulties, and every person will experience them in their own way.

How quickly will the dementia progress?
It varies from person to person. In many cases, the progression is slow, giving you time to adjust to changes in your abilities, although symptoms will probably vary from day to day. In the early stages of dementia, many people continue to live fairly independent lives. Problems are likely to become more severe as the illness progresses and, later on, people can become severely affected, both physically and mentally.

People with later stage dementia often experience severe memory loss, are sometimes unable to recognise familiar people, places or objects, and may have problems with basic things like walking, talking or eating. By this stage, they may become completely dependent on others to care for them. But it is important to remember that many people with dementia live happy and fulfilling lives for years after their dementia has been diagnosed.

What should I say to friends and family about having dementia?
Many people find it difficult to tell those around them that they have dementia. Some feel they would be judged or overprotected if other people knew about their dementia, while others say that they don’t want people to worry about them. Some don’t want to ‘rock the boat’, preferring to keep things as ‘normal’ as possible. However, it is usually best to tell people you love about having dementia.

Being honest increases the chances of getting as much support as possible, while those people around you are more likely to be understanding and helpful if they know what is going on.

You could also tell them about your fears, and explain carefully how they can best be helpful.
I feel angry and scared about having dementia. Is this normal?
Yes. People experience many different emotions when they find out they have dementia. These can range from shock and disbelief to fear, anger, sadness and despair. It can take time to adjust to the idea of having dementia and, while difficult feelings are not pleasant, they are normal. If you are finding it hard to cope, speak to your GP. He or she may be able to refer you to a community nurse, counsellor or psychologist, who can help you work through your feelings.

I’m worried that other people will start treating me like a child just because I have dementia. What can I do?
Having dementia does not mean that you are any less an adult. You have a right to be treated with respect and dignity, and to be listened to and understood. However, sometimes people close to someone with dementia may try to overprotect them or assume that they are less capable than they really are. If this happens, talk to them about how you are feeling and how you would like them to help you live with dementia.

What can I do to stay healthy and look after myself?
It is important that, as far as possible, you continue to carry out daily tasks and do things which you have always enjoyed.

Don’t give up on life
Even if you have decided to stop doing some things that used to occupy you (such as work), you may be able use your time to learn new skills, or take on volunteer work. It’s important to stay positive and to look after yourself – by taking regular exercise for example, and eating healthily. Having dementia may change what you can manage over time, but you can still choose to make the most of and enjoy what you can do.

What kinds of support can I ask for?
There are many different kinds of help available for people with dementia. It can be difficult to depend on others, or to ask for support, especially if you are used to taking full responsibility for yourself. But asking for help when you need it can be a sign of strength, and it might be easier to live independently when you have the support of others.

Many people with dementia ask their friends and family to help them and, indeed, some report that doing this can bring them closer together.

Carers of people with dementia could read our booklet, Becoming A Carer, which explains more about how to offer care and relate to people with dementia.
You can ask your GP to monitor your health on a regular basis, and your local social services department may be able to provide help around the home – such as with laundry, meals and safety aids – and a place to go during the day, such as a day centre. (See section 4: Accessing Services).

Several voluntary organisations offer practical help (see Section 5: Useful Contacts), and some also run helplines you can call for advice, support and help. For example, you can call the Alzheimer's Society helpline on 0845 300 0336 and Age UK on 0800 169 65 65.

You might also find it helpful to join a support group for people with dementia. Support groups are places where you can meet people who are going through similar experiences, get advice on coping with dementia, share stories and make new friends. Having dementia can bring up distressing feelings, and most people find it an enormous relief to be able to talk about their experiences with other people who know what they are going through.

‘I don’t have to pretend anymore. It was wearing me out.’
Strategies People With Dementia Have Found Helpful

– Follow a daily routine. This can stimulate your memory and help you feel calm and balanced. If there are regular things you need to remember, like locking doors or taking medication, write them on a notice board and pin them up somewhere prominent.

– Go easy on yourself. It’s OK to take your time over essential tasks that you might have done more easily in the past. It’s also fine to ask someone to repeat themselves if you haven’t understood or have forgotten something they said.

– Carry a notebook with lists of people’s names, telephone numbers and daily tasks written inside – you can refer to it if you have trouble remembering things.

– Stay in touch with friends and family. Maintaining a social life can help prevent you from becoming isolated.

– Keep important items, like keys, spectacles or your notebook, in the same place, so you get in the habit of knowing where to look for them.

– Write telephone numbers of important people – your friends, family, GP, and care staff (such as your CPN) - on a pad near the phone.

– Focus on what you can do, rather than what you can’t. Keeping positive will help you enjoy life.

– Ask your bank to set up direct debits to pay all your important bills, so that you don’t need to worry about them.

– Remember that dementia is a disability. It is not your fault if you have difficulty remembering things or doing things which used to seem easy. Don’t worry what other people think – it is their problem if they cannot deal with your disability.

– Carry a card which tells people that you have dementia. This can be useful if you get into a difficult situation and need someone to help you. Include the telephone number of someone you trust who can be called if necessary.

– Get to know as much as you can about dementia. This booklet gives a broad overview, and there is a list of places to get further information in section five. The more you know, the more you will feel able to cope.
Planning For The Future
People who have dementia often worry about what will happen to them in the future. You may be concerned about how you will be cared for as the dementia gets worse, how you can be sure that your money and other assets will be looked after as you wish, and what practical and medical help you can get.

This section is about some of the plans you may need to make, and the places you can go to find help.

‘It is helpful to talk to someone. You don’t feel so alone.’
How far do I need to plan ahead?
While it can be a difficult subject to discuss, people with dementia often say how important it is to make plans for the future. Having definite plans for your care arrangements, medical treatments and finances can bring peace of mind.

Dementia often progresses slowly, and many people with a diagnosis live happy and fulfilling lives for a long time.

But, while it can be a difficult issue to face, it is important to make plans for a future when you may lack capacity to make important decisions for yourself.

Also, in the early stages of dementia, it is usually possible to be fully involved in the planning process, whereas later on this may not be possible. One option to consider is making an advance directive (also known as a ‘living will’). This is a statement that sets out what you would like to happen if you are unable to make decisions in the future.

This could include your preferences about nursing home care, what treatments you do and don’t want, whether you want to be resuscitated in an emergency, and who you would like to make decisions on your behalf. Giving a copy of this plan to everyone involved (including your GP and solicitor) can help reassure you that your wishes will be respected. If you need help with writing an advance directive, a solicitor will be able to advise you.

The Mental Capacity Act 2005* allows you to appoint people to take decisions for you once you have lost capacity to do so for yourself (the Act explains how to assess capacity), and to state what treatments and care you would not want and care that you would prefer if you lose capacity. The Mental Capacity Act also emphasises the importance of people making their own decisions as much as possible and being given help to do this where necessary, even if other people don’t always agree with your decision.

*The Mental Capacity Act only applies to people living in England and Wales. Different legislation applies in Scotland and Northern Ireland.
Should I tell my employer that I have dementia?
If you are working and wish to continue it is vital to inform your employer of the situation – they may be able to help you to carry on, perhaps with flexible hours, or with different responsibilities. Sometimes employers can get financial support to help keep you in your job. The Disability Employment Advisor at your job centre can advise you about this. If you are unsure about how your employer will react, it may be worth seeking advice from one of the specialist organisations that help people with dementia. Some of these are listed at the end of this booklet.

Lasting Power of Attorney
The Lasting Power of Attorney (LPA) is a legal process that allows you to appoint another person or several people (“attorneys”) to take decisions about your health and personal welfare and/or your property and financial affairs on your behalf if you lose capacity.

There are separate legal documents for the health and welfare LPA (“personal welfare LPA”) and the property and financial affairs LPA (“property and affairs LPA”). You can appoint one or more attorneys to carry out the different functions, and different people to manage different issues. You can also limit the powers of an attorney – for example, to make decisions about your welfare, but not about medical matters.

The LPAs need to be completed and registered with the Office of the Public Guardian (see section 05: Useful Contacts) while you still have capacity. There is a charge for registering an LPA. The health and personal welfare LPA only comes into effect when you have lost capacity to make decisions about these issues for yourself.

With the property and financial affairs LPA, you must state when you want it to start (which can be straight away, even if you still have capacity); otherwise the attorney can start using the LPA as soon as it has been registered. Attorneys making decisions on behalf of someone who has lost capacity must do so in their “best interests”.

Information available from the OPG explains what this means and how to do it.

The documents and information about LPAs can be obtained from the Office of the Public Guardian (OPG), but you may want to get help with completing them from a solicitor as they are quite complex.

LPAs replace the enduring power of attorney (EPA), which only covered decisions about property and financial affairs. If you made an EPA before 1 October 2007 it is still valid, but it does not apply to health and personal welfare issues, so it would be advisable to take out an LPA for these.
If someone has no one they can appoint as their attorney, the Court of Protection, which is a special court set up to manage mental capacity issues, can appoint “deputies” to take decisions on health and welfare and financial matters on their behalf.

There is a financial charge for this and it is quite a complex process so you may want to get advice from a solicitor.

**Advance decisions**
An advance decision allows you to state in advance the kinds of medical treatment you do not want, in case you lose capacity to make these decisions. Advance decisions are legally binding and must be followed by doctors and healthcare professionals if they are valid and meet certain criteria (see below). They can be made verbally or in writing and cannot be over-ridden unless you have subsequently given someone the legal powers to do this in a Lasting Power of Attorney (LPA).

You cannot say what treatments you do want – only the kinds of treatment you would refuse. So, for example, you might want to refuse ‘life-sustaining treatment’ to keep you alive if you become severely ill, or emergency resuscitation if you stop breathing. You cannot make an advance decision refusing any treatment needed to keep you ‘comfortable’, and you cannot make an advance decision asking someone else to end your life.

It is advisable to write an advance decision down and include the following information:

– personal details – date of birth, home address and any distinguishing features (so you can be identified if you are unconscious, for example)

– name and address of your general practitioner (GP)

– whether your GP has a copy of the statement to say that the advance decision is intended to take effect if you lack capacity to make decisions about your medical treatment

– a clear statement about the treatment(s) to be refused and the circumstances in which the decision should be used (you may want to get advice from your GP or other health professional for this)

– if the advance decision is about refusing life-saving treatment, a clear statement that the treatment is not wanted “even if life is at risk” (to be legal, an advance decisions about life-saving treatment must be written down, signed and witnessed).

– the date the advance decision was written

– your signature

– a signature from a witness.
It is a good idea to give a copy of the advance decision to everyone concerned (including your GP and solicitor). If you need help with writing your advance decision, a solicitor will be able to advise you.

Some people may have already made an advance decision (sometimes known as a living will) before the Mental Capacity Act came into effect in 2007. If so, it may still be valid but it is important to check, particularly if it covers life-sustaining treatment.

**Written statements**
You can also make a written statement setting out your wishes and preferences about the care and treatment you would like to receive if you lose capacity to make these decisions. These statements are not legally binding but must be considered when the people in charge of your health and care are deciding what would be in your best interests.

These statements can cover anything – personal preferences about liking showers, not baths; if you prefer to sleep with the light on; the kinds of food you prefer (eg. if you are a vegetarian). The statement can then be filed with your health or social care record so it is readily available to those providing care and treatment should you lose capacity.

**What practical help can I get?**
Social service departments can provide home care services, help with laundry and meals, and advice about safety aids (see Accessing Services, below). In some areas there are day care centres you can attend.

There are some organisations, such as Crossroads, The British Red Cross and For Dementia (see part 5 – Useful Contacts), which may be able to help with nursing care or providing safety equipment to fit around the house. Social services may also be able to advise on home adaptations.

**Are there any other legal issues that will need attention?**
As is the case with everyone – whether or not they have dementia – it is vital that you make a will, so that your wishes are respected when you die. A solicitor can help with this.

If you drive, you have a responsibility to inform the DVLA (Drivers and Vehicles Licensing Authority) of your condition (contact them on 0300 790 6801 or visit www.dft.gov.uk/dvla). Having dementia does not necessarily mean you will have to stop driving right away, although there will probably come a time when you will no longer be able to drive. Until then, a license can be issued on the understanding that it will be reviewed every year.

If someone lacks decision-making capacity and has no one to speak on their behalf, they also have a legal right to support from a qualified independent mental capacity advocate (IMCA). An IMCA can help protect a person’s rights when decisions are being made about their long-term care and major medical treatment, and about adult protection and short-term care issues.
‘I needed to know that I was not the only one. Finding out about dementia and reading what other people say has really helped. I don’t feel so alone now.’
They will seek to uphold the person’s rights and ensure they are getting fair and equal treatment, and that what is known about the person’s preferences and personal beliefs and values is taken into account when major decisions are being made that will affect their quality of life.

What medical treatments can be prescribed for dementia?
There are several drug treatments that are thought to relieve some of the symptoms of Alzheimer’s disease. However they do not work for everyone, and they are not a cure.

The most common of these are known as cholinesterase inhibitors, and include the drugs Aricept, Exelon, and Reminyl. These drugs can slow down the progression of dementia, allowing the person to enjoy a longer period before the onset of very severe symptoms.

You can find more detailed information about how they work on the Alzheimer’s Society website (see section 05: Useful Contacts).

NICE (the National Institute for Health and Clinical Excellence) is the independent agency responsible for recommending which treatments doctors can prescribe.

In January 2011 NICE ruled that these three drugs could be prescribed for people with mild dementia as well as those with moderately severe dementia. Another drug, Ebixa, is recommended for people with severe dementia, and for some people with moderately severe dementia.

Your GP or specialist will be able to advise which drugs may be suitable for you. People with vascular dementia may be given drugs to thin the blood or correct irregular heartbeat, which may help reduce the risk of further strokes.
What other treatments might help me?
Your GP will also remain responsible for your general health, and should review your condition regularly. Your GP may also refer you for specialist help when you need it. Such help might come from a psychiatrist, community nurse, social worker, physiotherapist, clinical psychologist, occupational therapist, or continence advisor, and might involve practical nursing support, advice on coping with dementia and maintaining an active lifestyle, helping protect against other illnesses, dietary planning or counselling.

Some people with dementia are helped by reminiscence therapy, in which they are encouraged to recall events from the past. Others find complementary therapies such as acupuncture and aromatherapy useful.

What will happen if I can no longer live at home?
There may come a time when living at home becomes too difficult, and you may need to move to a residential home, either as a temporary measure or permanently. This is likely to be a difficult decision for you and those around you, and issues such as payment can be complex, so it is important to consider it well in advance – especially so you can have a say in how and where you might be cared for.

Your local social services office will be able to advise on care homes in your area, and on whether you can get financial support.
Accessing Services

Unfortunately, services for people with dementia vary greatly from area to area. But it is worth being persistent to get what is legally due to you.

Your local social services have a duty to assess you for suitability and ability to pay for services such as day-care and home help, and to provide or pay for any help agreed on in the assessment. To arrange an assessment, call your local council and ask to be put through to the social services department, who will be able to advise you on arranging an assessment (if you live in Scotland, call your local council and ask for the social work department; if you live in Northern Ireland, contact your local Health and Social Services Trust).

The assessment is likely to be carried out by a social worker who will be able to discuss your needs at length, and who will help work out what kind of support will be most helpful to you. This should be written up in the form of a care plan, and you should get a copy for your own records. Care plans should be reviewed regularly, so you should ask when you will be due for further assessment. If you have a carer, they also have a right to a separate assessment for services that might help them.

‘Dementia has affected my whole family, but we have decided we are in this together now and we have to work it out. Now they understand I am really the same person.’
‘One day I couldn’t take it anymore and I made my wife ring a helpline and someone came to see us. It was the best thing I ever did – we haven’t stopped talking since.’

A Final Thought About Living With Dementia
Living with dementia might seem like a difficult prospect. And while it is true that having a condition such as dementia and going through changes in your abilities over time can be distressing, many people say that there are also lots of good things to be drawn from the experience.

People with dementia have highlighted such positive factors as:
– The satisfaction of surviving and succeeding in the face of adversity.
– Becoming emotionally closer to family and friends through sharing the experience of dementia with them.
– Meeting new people who are going through similar experiences.
– The realisation that every day is precious, and that even though things may have changed, they can still enjoy happy times.
Useful Contacts
<table>
<thead>
<tr>
<th>Department Of Health</th>
<th>UK Government department with responsibility for health. Produces Who Cares?, a useful information guide for carers of people with dementia.</th>
</tr>
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<tbody>
<tr>
<td>Richmond House</td>
<td>79 Whitehall London SW1A 2NS 020 7210 4850 <a href="http://www.dh.gov.uk">www.dh.gov.uk</a></td>
</tr>
<tr>
<td>Huntingdon's Disease Association</td>
<td>Supports people affected by Huntingdon's disease and provides information and advice to families, friends and healthcare professionals who support Huntingdon's disease families.</td>
</tr>
<tr>
<td>Neuronsupport Centre</td>
<td>Norton Street Liverpool L3 8LR 0151 298 3298 <a href="mailto:info@hda.org.uk">info@hda.org.uk</a> <a href="http://www.hda.org.uk">www.hda.org.uk</a></td>
</tr>
<tr>
<td>Scottish Huntington's Association</td>
<td>St James Business Centre Suite 135/Linwood Road Paisley PA3 3AT 0141 848 0308 <a href="mailto:Sha-admin@hdscotland.org">Sha-admin@hdscotland.org</a> <a href="http://www.hdscotland.org">www.hdscotland.org</a></td>
</tr>
<tr>
<td>Huntingdon's Disease Association Northern Ireland</td>
<td>74 Lisburn Square Lisburn/BT28 1TS Helpline 028 9022 1950/028 2177 1812 <a href="http://www.hdani.org.uk">www.hdani.org.uk</a></td>
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<tr>
<td>Mental Health Foundation</td>
<td>Sea Containers House 20 Upper Ground /London SE1 9QB 02078031100 <a href="http://www.mentalhealth.org.uk">www.mentalhealth.org.uk</a> <a href="mailto:info@mentalhealth.org.uk">info@mentalhealth.org.uk</a></td>
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<tr>
<td>NHS Direct</td>
<td>Health information and advice service. Open 24 hours a day. Helpline: 0845 46 47</td>
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<tr>
<td>National Council</td>
<td>For Palliative Care The Fitzpatrick Building 188-194 York Way London N7 9AS T: 020 7697 1520 F: 020 7697 1530 E: <a href="mailto:enquiriers@ncpc.org.uk">enquiriers@ncpc.org.uk</a></td>
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<tr>
<td>Office Of The Public Guardian</td>
<td>The Office of the Public Guardian is a government agency set up to operate the legal framework that protects people who lack mental capacity from abuse in England and Wales. The OPG also provides information on mental capacity to the public, legal and health professionals and researchers and contacts with other organisations working in the field of mental capacity. It also has responsibility for policy issues in relation to the mental Capacity Act and mental capacity issues generally.</td>
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<tr>
<td>Office Of The Public Guardian (Scotland)</td>
<td>The Office of the Public Guardian in Scotland. Hadrian House Callendar Business Park/Callendar Road Falkirk/FK1 1XR 01324 678300 <a href="mailto:opg@scotcourts.gov.uk">opg@scotcourts.gov.uk</a> <a href="http://www.publicguardian-scotland.gov.uk">www.publicguardian-scotland.gov.uk</a></td>
</tr>
<tr>
<td>Parkinson's Disease Society</td>
<td>Provides advice and information and Parkinson's disease. 215 Vauxhall Bridge Road London SW1V 1EJ 020 7931 8080 Helpline 0808 800 0303 Mon–Fri 9am–8pm; Sat 10am–2pm <a href="http://www.parkinsons.org.uk">www.parkinsons.org.uk</a></td>
</tr>
<tr>
<td>Princess Royal Trust For Carers</td>
<td>A national network of Carers' Centres providing information, support services and practical help. Unit 14 Bourne Court/Southend Road Woodford Green IG8 8HD 0844 800 4361 <a href="mailto:info@carers.org.uk">info@carers.org.uk</a> <a href="http://www.carers.org.uk">www.carers.org.uk</a></td>
</tr>
<tr>
<td>The Stroke Association</td>
<td>National organisation that provides support, information and local support for people who have had strokes and their carers. Stroke House/240 City Road London EC1V 2PR 020 7566 0300 Helpline 0845 303 3100 Mon–Fri 9am–5pm <a href="mailto:info@stroke.org.uk">info@stroke.org.uk</a> <a href="http://www.stroke.org.uk">www.stroke.org.uk</a></td>
</tr>
<tr>
<td>Vitalise (Winged Fellowship Trust)</td>
<td>Organisation providing short breaks for disabled people and their carers. 12 City Forum/250 City Road London EC1V 8AF 0845 345 1972 <a href="mailto:info@vitalise.org.uk">info@vitalise.org.uk</a> <a href="http://www.vitalise.org.uk">www.vitalise.org.uk</a></td>
</tr>
<tr>
<td>Solicitors For The Elderly</td>
<td>Independent national association solicitors, barristers and legal executives who provide legal advice for older people, their families and carers. Suite 17 Conbar house/Mead Lane Hertford/Herts SG13 7AP 0845 567 6173 <a href="mailto:admin@solicitorsfortheelderly.com">admin@solicitorsfortheelderly.com</a> <a href="http://www.solicitorsfortheelderly.com">www.solicitorsfortheelderly.com</a></td>
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</tr>
<tr>
<td>Samaritans</td>
<td>Confidential helpline offering emotional support for people who are experiencing feelings of distress or despair, including those that could lead to suicide. Helpline 08457 90 90 90 (24 hours) <a href="http://www.samaritans.org">www.samaritans.org</a> <a href="mailto:jo@samaritans.org">jo@samaritans.org</a></td>
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