HEALTH CONDITIONS AND CARE AT HOME

Dementia stages: how care needs change and what help fits

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IN BRIEF

Dementia is usually described in three broad stages: early, middle and later. Needs grow from prompts and planning ahead at first, to daily help with washing, meals, medicines and nights in the middle stage, to full-time personal care in the later stage. Plan for the next stage before it arrives, and arrange care around what the person needs now rather than the stage name.



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The three stages of dementia at a glance

Dementia is progressive: symptoms start mild and gradually become more severe, usually over several years. UK dementia charities describe three broad stages. They are a rough guide, not a timetable, and the Alzheimer's Society encourages families to focus on what the person needs now rather than which stage they are in.

Stage	Average length	What often changes	Help that usually fits
Early (mild)	About 2 years	Forgetting recent events, losing things, harder to plan, manage money or follow conversations	Prompts and routines, planning ahead, company, some help with tasks
Middle (moderate)	About 2 to 4 years	Confusion about time and place, help needed with washing, dressing and the toilet, restless evenings and nights	Daily personal care, medicines support, supervision, often live-in or night care
Later (severe)	About 1 to 2 years	Little speech, help with eating and drinking, swallowing problems, frailty, continence needs	Full-time personal care, pressure care, nursing input, end-of-life planning

Averages from the Alzheimer's Society. People move through the stages at very different speeds.

The early stage: what changes and what help is needed

In the early stage, symptoms affect daily life but the person can still do most things themselves or with a little support. Common changes include forgetting recent conversations, repeating questions, losing keys or glasses, finding it harder to plan meals or manage bills, struggling to find words and feeling anxious, low or less confident.

The most useful help at this stage is about keeping independence and planning ahead:

- **Do things together, not for them.** Taking over too early erodes confidence. Reminder lists, a large clock showing the day and date, and a regular routine help.
- **Make Lasting Powers of Attorney** for both property and finance and health and welfare, while the person can still do so. See our Lasting Power of Attorney guide.
- **Write an advance statement** about their wishes for future care. See advance care planning.
- **Tell the DVLA.** GOV.UK says drivers must tell the DVLA if they have dementia, online or on form CG1. Not telling the DVLA about a condition that affects driving can lead to a fine of up to £1,000.
- **Check benefits.** Attendance Allowance (£76.70 or £114.60 a week in 2026/27, not means-tested) is for people over State Pension age who need help or supervision. See our Attendance Allowance guide.
- **Ask about council tax.** Someone certified as having a severe mental impairment may be disregarded for council tax. See council tax discounts for care.

Many people in the early stage need no paid care at all. Where it helps, a few short home care visits a week for company, a walk or help with shopping can keep life on track.

The middle stage: what changes and what help is needed



The middle stage is often the longest. Memory and thinking problems become more noticeable, and the person starts to need help with everyday tasks. Typical changes include:

- confusion about the time of day, such as getting dressed in the middle of the night

- not recognising familiar people, or mistaking them for someone else
- needing prompts or practical help with washing, dressing and using the toilet
- mood changes, anxiety, suspicion (for example, believing things have been stolen) and sometimes hallucinations
- restlessness, walking about, following a carer from room to room, and agitation in the late afternoon and evening, known as sundowning
- disturbed sleep, which soon exhausts family carers

Help that usually fits the middle stage:

- **Daily personal care** at the person's own pace: laying clothes out, prompting, and hands-on help when needed.
- **Medicines support,** from prompting to administering, so doses are not missed or doubled. See medication management at home.
- **Meals and drinks** prepared and shared, because people often forget to eat or do not notice thirst.
- **Supervision and safety:** telecare, door sensors, and the Herbert Protocol, a form many police forces use if someone goes missing.
- **Night support** if the person is often up at night: a sleep-in, a waking night or a live-in carer.
- **A carer's assessment** for the main family carer, and regular breaks before they reach crisis point. See respite options.

People sometimes resist help at this stage. Our guide to dementia and refusing care suggests gentle ways forward.

The later stage: what changes and what help is needed

In the later stage, dementia affects almost every part of life and the person needs full-time care. They may speak very little, may not recognise close family, and often respond more to touch, music, voices and familiar smells than to words. Physical changes become important:

- **Eating and swallowing:** people need a lot of help to eat and drink, weight loss is common and swallowing can become difficult. Ask the GP for a speech and language therapy referral if there is coughing at meals.

- **Mobility:** walking becomes slower and less steady, then many people spend more time in a chair or bed. This raises the risk of falls, infections and pressure ulcers.
- **Continence:** loss of bladder and bowel control is common. See continence care with dignity.
- **Infections:** frailty makes chest and urine infections more likely.
- **Distress during personal care:** washing and dressing can feel frightening, so a calm, unhurried, familiar carer matters.

Help that usually fits: full-time personal care, repositioning and pressure care, a profiling bed and pressure-relieving equipment lent by the NHS, district nurse visits, and a plan for the end of life agreed with the GP. See planning end-of-life care at home. If needs have become complex, intense or unpredictable, ask for an NHS Continuing Healthcare assessment.

A sudden change is not a new stage

Dementia usually changes over months, not days. If someone becomes much more confused, drowsy, agitated or unwell over a day or two, it may be delirium, often caused by an infection, dehydration, constipation, pain or a new medicine. The NHS advises calling 999 or going to A&E if someone suddenly becomes confused. See our guide to sudden confusion and delirium.

Signs that needs are moving on

Use this checklist every few months, or after any hospital stay:

- Meals skipped, weight lost or fridge food going off.
- Medicines missed, doubled or found on the floor.
- Unwashed, wearing the same clothes, or new incontinence.
- Falls, near misses or bruises nobody can explain.
- Getting lost, leaving the house at night or leaving the cooker on.
- Phone calls to family at night, or distress when alone.
- A family carer who is exhausted, unwell or not sleeping.

Any of these is a good reason to ask the council for a new care needs assessment and to look again at the care in place.

When live-in care helps, and when a care home may suit better

Live-in care can work at every stage, but it is most often chosen in the middle and later stages. It keeps the person in familiar surroundings, which matters because moves can increase confusion, and gives them one consistent carer who learns their routines, moods and the signs that something is wrong. It can also support couples to stay together.

Be honest about nights. A live-in carer can help occasionally at night, but if the person needs help most nights, an extra waking night carer is needed. A care home or nursing home may suit better when someone needs two people to move them at all hours, needs nursing care around the clock, or seems happier with more people around. Our comparison of live-in care and care homes sets out the trade-offs.

Words you can use

Asking the GP for a review:

> "My mother, [name, date of birth], has dementia. Over the last [weeks or months] she has [stopped eating regular meals, started getting up at night, had two falls]. Please could we book a review of her health and medicines, and could you tell us whether she should be referred back to the memory service or for any other support?"

Asking the council for a new assessment:

> "I am writing about [name, address, date of birth]. Their needs have increased since their last assessment in [month]: [list the changes]. Please could you arrange a review of their care needs, and a carer's assessment for me as their main carer."

Where to get support

- **Alzheimer's Society Dementia Support Line:** 0333 150 3456. Monday to Wednesday 9am to 8pm, Thursday and Friday 9am to 5pm, weekends 10am to 4pm.

- **Dementia UK Admiral Nurse Dementia Helpline:** 0800 888 6678 (free). Monday to Friday 9am to 9pm, weekends 9am to 5pm. Email helpline@dementiauk.org.
- **Age UK Advice Line:** 0800 678 1602 (free). 8am to 7pm, every day of the year.
- **Carers UK Helpline:** 0808 808 7777. Monday to Friday, 9am to 6pm.

What to do next

1. Write down what the person can still do well, and where they struggle now.
2. Book a GP review and ask whether the memory service should see them again.
3. Put Lasting Powers of Attorney and an advance statement in place if they are not already done.
4. Ask the council for a care needs assessment, and a carer's assessment for yourself.
5. Claim Attendance Allowance and check the council tax disregard.
6. Talk as a family about what will happen if nights or personal care become too much, before it happens.

How we can help

Day and Nightcare has supported people at home since 2008. We provide fully managed live-in dementia care anywhere in England, from £1,550 a week, and home care visits, waking nights and sleep-ins across Oxfordshire, and 24-hour care with carers working in shifts anywhere in England, so support can grow as needs change. If you would like to talk through what would help at this stage, call us on 01865 715780 to arrange a free assessment and a written quote.

Common questions

How long do people live after a dementia diagnosis?

It varies widely. The Alzheimer's Society gives average life expectancy after diagnosis as about eight to ten years for Alzheimer's disease (shorter for people diagnosed in their 80s or 90s, and some people live 15 to 20 years), about five years for vascular dementia, about six years for dementia with Lewy bodies and about six to eight years for frontotemporal dementia. These are averages only. Age, the type of dementia and other conditions such as heart disease or diabetes all affect the pace.

At what stage does someone with dementia need 24-hour care?

There is no fixed point, but it is usually during the middle or later stage. The signs are that the person cannot safely be left alone, needs help with most personal care, is up and unsettled at night, or is at risk of falls, wandering or forgetting to eat and drink. At that point the realistic choices are live-in care, live-in care with extra night support, round-the-clock care in shifts, or a care home. A care needs assessment helps decide which fits.

Can someone in the later stage of dementia stay at home?

Often, yes, with the right support. Later-stage care at home usually involves a consistent carer, equipment such as a profiling bed and pressure-relieving mattress, visits from the district nurse and GP, and a plan for the end of life. A care home or nursing home may suit better when someone needs two people to move them day and night or constant nursing. NHS Continuing Healthcare may pay for care if needs become complex.

Does everyone with dementia go through the stages in order?

Broadly, yes, because dementia is progressive, but not neatly. Some symptoms, such as agitation or restlessness, can appear for a while and then fade, while memory, thinking and language problems tend to stay and slowly worsen. People also have good days and bad days. Different types start differently: memory loss is common early in Alzheimer's disease but uncommon early in frontotemporal dementia. In the later stage, the different types tend to look more alike.

When should we start planning for the later stages?

As early as possible, ideally soon after diagnosis. Lasting Powers of Attorney can only be made while the person has the mental capacity to make them, and an advance statement records their wishes about care, where they want to live and what matters to them. Planning early means decisions later on are made the way the person would have wanted, and it gives the family time to look at care options calmly rather than in a crisis.

Sources and further information

- Alzheimer's Society: The progression and stages of dementia
- Alzheimer's Society: The middle stage of dementia

- Alzheimer's Society: The later stage of dementia
- NHS: Coping with dementia behaviour changes
- GOV.UK: Dementia and driving
- GOV.UK: Attendance Allowance, what you'll get

Read next

HEALTH CONDITIONS AND CARE AT HOME

Dementia care at home: a practical guide for families

How to support someone with dementia at home: the stages, communication, routines, eating and drinking, sundowning and nights, wandering and safety, Lasting Power of Attorney, support for carers and how care is funded, including NHS Continuing Healthcare and council tax.

Read the guide →

HEALTH CONDITIONS AND CARE AT HOME

Sundowning: evening agitation in dementia and how to help

Why some people with dementia become confused, anxious or restless in the late afternoon and evening, the common triggers, the routines and home changes that help, what to say in the moment, and when to call the GP, NHS 111 or 999.

Read the guide →

HEALTH CONDITIONS AND CARE AT HOME

When someone with dementia refuses care: a guide for families

What to do when a parent or partner with dementia says no to help: why people refuse, how mental capacity and best interests work, gentle approaches and words that often help, introducing a carer, refusing washing or medicines, and when safety means acting.

Read the guide →

All guides in the information centre Check what help you could get

Talk to our care team: 01865 715780
enquiries@dayandnightcare.co.uk · Out of hours: 07775 686272
Day and Nightcare Live In Limited, 9 Hollow Way, Cowley, Oxford OX4 2NA
CQC overall rating: Good (report published 20 April 2018)

The latest version of this page: **www.dayandnightcare.co.uk/guides/dementia-stages-and-what-help-is-needed/**
This PDF was made on 1 November 2026.
Information, not advice: please check anything important with the organisation named.