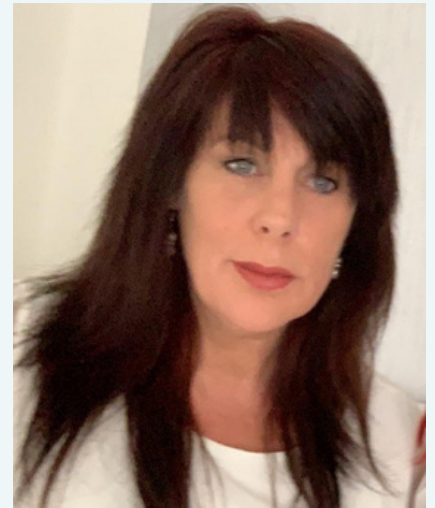




[Sign up to our Monthly Newsletter](#)

Welcome to our March 2026 edition of the Deepness Dementia Newsletter. The weather seems to be improving and it feels like Spring is in the air.



This month, we have a shorter newsletter, with articles written just by Deepness members and associates. We are also trying out a new newsletter provider, so we welcome your feedback. We hope this brightens up your day and puts a Spring in your Step. I am Anne Scott the Newsletter Editor, and I hope you enjoy reading our latest news. Please share this newsletter with your friends, family and colleagues.,



Please send your feedback about the newsletter, whether you liked it or how it could be better. If you want to contribute to the newsletter, please get in touch with me at - scottanne@live.co.uk



**Check out below a list of what is coming up in this newsletter.
You can click on the links and skip straight to that article.**

Event...[A Celebration of the Life of Ron Coleman](#)

**Howard Gordon...[Understanding the Relationship Between
Alzheimer's and Dementia](#)**

**Daithi Clayton...[Intimacy Does Not Retire: Co-Designing a Future
Beyond Silence](#)**

What is Deepness Dementia Media...[Buy The Demented Poet EP](#)

A Celebration of the Life of Ron Coleman



Ron Coleman died on 19th October 2026. Following Ron's wishes there will be a celebration of his life taking place in March 2026 in Dundee.

You can attend both in person and online.

DATE: Saturday 7th March 2026

TIME: 3pm to 11pm

VENUE: Staybridge Suites Dundee

ADDRESS: Lower Dens Mills, 3 Dens Street, Dundee, DD4 6AD

TEL: 01382 472020

WEBSITE:

<https://www.ihg.com/staybridge/hotels/gb/en/dundee/dnddd/hoteldetail>



Found Out More

There is a **Facebook Page** set up which you can find here - **<https://fb.me/1ZJJ4p8EOJcm0xf>**

If you prefer to search for the Facebook Page it is called: 'a celebration of the life of Ron Coleman'.

Attending - in person or online

If you would like to attend online or in-person, please email: **Karen Taylor - karen@deepnessdementiaradio.com**



Accommodation Details

There is a special booking rate for the Saturday night which is £79 per person.

To book to stay at the hotel at this special booking rate, please contact:

Manny Baber - Manny.Baber@rbhmanagement.com

Attending Online

Details on how to attend online are on the Facebook Group.

If you would like to attend online, please remember to let Karen Taylor know.

karen@deepnessdementiaradio.com



Ron's Celebration of his Life

The celebration will be the coming together of all those who knew Ron past and present - friends, family, colleagues, etc...everyone is welcome.

The celebration will consist of people contributing however they would like, whether that is by words, poem, music, art, spiritually, creatively, etc...everything and anything.

If you are unable to attend but would like to contribute please send your contributions and these will be read out / displayed / shown.

Please send contributions to:

Karen Taylor: karen@deepnessdementiaradio.com

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Understanding the Relationship Between Alzheimer's and Dementia

by Howard Gordon



Introduction

Dementia and Alzheimer's are terms often used interchangeably, but they describe different concepts.

Dementia is an umbrella term for a decline in cognitive function severe enough to interfere with daily life. Alzheimer's disease is the most common cause of dementia, a specific neurodegenerative condition with characteristic pathological changes. Clear distinctions matter for diagnosis, treatment planning, research, and public understanding.

Dementia: the umbrella term

Dementia describes a syndrome — a set of symptoms — that includes memory loss, impaired reasoning, language difficulties, disorientation, and changes in behaviour or mood. It can result from many different diseases and injuries. Common causes include Alzheimer's disease, vascular dementia (from cerebrovascular disease), Lewy body dementia, frontotemporal dementia, and mixed dementias where more than one pathology contributes to cognitive decline.

Because dementia refers to a clinical presentation rather than a single underlying pathology, its diagnosis focuses on symptom patterns and functional impact (World Health Organization; Alzheimer's Association).

Alzheimer's disease: a specific disease that causes dementia

Alzheimer's disease is a progressive neurodegenerative disorder characterized by accumulation of amyloid-beta plaques and tau neurofibrillary tangles in the brain, neuronal loss, and brain atrophy. These pathological changes lead to the cognitive and behavioural symptoms clinicians categorize as dementia. Alzheimer's is therefore both a distinct disease (with identifiable neuropathology) and the most frequent biological cause of the dementia syndrome, particularly in older adults (National Institute on Aging; Mayo Clinic).



Why the Distinction Matters?

Diagnosis and Care: Identifying whether dementia symptoms arise from Alzheimer’s pathology, vascular injury, Lewy bodies, or mixed causes influences management. Some causes have specific treatments or preventive strategies (e.g., controlling vascular risk factors to reduce vascular contributions).

Research and Treatment Development: Alzheimer’s research targets disease-specific mechanisms (amyloid, tau, neuroinflammation), while dementia research can encompass broader symptomatic interventions, caregiving, and societal supports.

Prognosis and Planning: Different causes of dementia often have different courses and associated symptoms (e.g., visual hallucinations and parkinsonism in Lewy body dementia; early personality change in frontotemporal dementia).

Public Health Messaging: Accurate terminology helps families access appropriate resources, clinical trials, and support services tailored to the underlying cause.

Common Misconceptions: Many people assume “Alzheimer’s” is merely a synonym for “dementia.” This conflation can obscure other treatable or partially reversible causes of cognitive impairment.

Conversely, using only the term “dementia” without identifying likely causes can delay disease-specific interventions or enrollment in research studies aimed at particular pathologies.

Clinical Overlap and Mixed Pathology: In older adults, mixed pathology is common: Alzheimer’s disease changes often coexist with cerebrovascular disease or Lewy body pathology.

This overlap contributes to variability in symptoms and progression and highlights why a nuanced view — recognizing Alzheimer’s as a leading cause of dementia but not the sole cause — is essential (autopsy and imaging studies demonstrate high rates of mixed pathology).



Implications for Clinicians and Caregivers

For caregivers, knowing whether a loved one's dementia is likely due to Alzheimer's versus another cause can shape expectations about symptom progression and behaviour, inform safety planning, and guide decisions about medications and supportive therapies.

Clinicians benefit from using a syndrome-plus-etiology approach: describe the dementia syndrome (what the patient experiences) and specify the probable underlying cause when possible.

Phrases like “Alzheimer's and dementia” or using the two terms interchangeably often reflect a lack of understanding about their relationship. Because Alzheimer's is a principal cause of dementia, listing them as separate, unrelated entities can be confusing and misleading.

Accurate language matters: say “Alzheimer's disease, a cause of dementia” or “dementia due to Alzheimer's disease” to convey the relationship clearly. Doing so improves public literacy, aids clinical communication, and helps people find appropriate care and resources.

References

World Health Organization. Dementia.

<https://www.who.int/news-room/fact-sheets/detail/dementia>

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Intimacy Does Not Retire: Co-Designing a Future Beyond Silence

By Dáithí Clayton

A few weeks ago, I stood in a room in Ghent with an unlikely coalition: gerontologists, care professionals, community workers, and a person living with dementia — me.

We were gathered to design an Erasmus-funded course on sexuality and intimacy in later life.

That sentence alone reveals the problem.

We still treat intimacy in older age as something radical, controversial, or even faintly humorous. In dementia care settings it is often treated not as a human need, but as a behavioural issue. Desire becomes “inappropriate behaviour.” Touch becomes “risk.” Relationships become “safeguarding concerns.” The person themselves quietly disappears behind policy.

Yet dementia does not remove the need to be held.

Nor does it erase gender identity, sexual orientation, romantic attachment, flirtation, fantasy, tenderness, or the simple comfort of skin-to-skin reassurance. If anything, as cognition shifts, embodied forms of communication — touch, presence, affection — become more important, not less.

For LGBTQ+ people living with dementia, the stakes are higher. Many of us spent decades building a self in a world that did not want us to exist. When memory becomes fragile, the protections we constructed — social networks, chosen family, carefully curated environments — can collapse quickly. What replaces them is often a care system organised around heteronormative assumptions.

A partner becomes a “friend.”

A gender identity becomes “confusion.”

A need for closeness becomes a “risk incident.”

The work in Ghent was therefore not primarily about sex.

It was about recognition.

We discussed consent, yes — but also dignity. We discussed safeguarding — but also autonomy. We talked about erotic expression — but also loneliness. What emerged was a simple but powerful realisation: dementia care often prioritises safety in ways that unintentionally produce emotional harm.

A life without the possibility of affection is not safety.

It is containment.



For me, living with dementia, intimacy is not merely a private matter. It is a communication system. When words fail, connection remains. A hand held, a familiar voice, a trusted body nearby — these are not luxuries. They are cognitive anchors.

The course we are developing will not teach carers “how to manage sexual behaviour.” It will teach something much more fundamental: how to recognise personhood when memory becomes uncertain.

Because the real ethical question is not:
“Should people with dementia be allowed intimacy?”

It is:
“On what grounds would we deny it?”

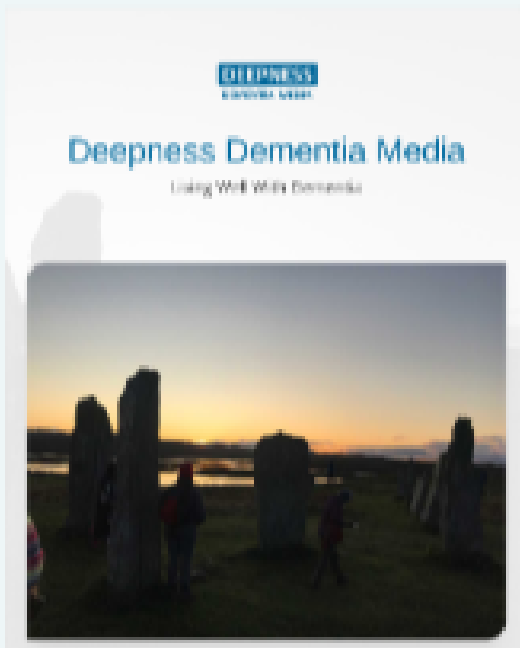
Dementia changes memory.
It does not revoke humanity.

And if care is to be truly person-centred, it must include the right not only to be safe, but to be close.



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Dementia Media is a platform that gives people tools for living well with dementia designed collaboratively with those with dementia leading the process. By coming together in a supportive, energetic common space makes up a huge difference to the well-being of those going through dementia. As opposed to providing a cure, our goal is to help people become autonomous and get the most out of life. We bring a series of innovative projects - such as our radio station, online education courses, and much more - that use technology and music in a way that keeps people connected and stimulated.

“I didn’t want to die without leaving something for my family to enjoy and remember my strengths,” he says of the thinking behind the EP. “The whole concept was to create something that was a legacy for the person, and as soon as I thought about wanting to do that for myself I knew it was something other people would want to do, to leave our mark on society. It’s almost like leaving our families a gift.”

The Demented Poets EP is on sale now via Bandcamp iTunes and other outlets:

Bandcamp - <https://thedementedpoets.bandcamp.com>

Spotify - <https://open.spotify.com/album/6pngYVybZ3qUf6XMhOOFuK>

Deezer - <https://www.deezer.com/en/album/258048592>

iTunes / Apple Music - <https://music.apple.com/us/album/the-demented-poets-ep/1585080810>

Amazon - <https://www.amazon.com/dp/B09FRVYQ1F>

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