Dementia

Dementia represents one of the greatest challenges associated with population ageing. Dementia describes a variety of brain disorders, including Alzheimer's disease, which progressively lead to brain damage and cause a gradual deterioration of a person's functional capacity and social relations. Despite billions of dollars spent on research into dementia-related disorders, there is still no cure or even substantially disease-modifying treatment for dementia.

Nearly 20 million people in OECD countries are estimated to have dementia in 2019. If current trends continue, this number will more than double by 2050, reaching nearly 41 million people across OECD countries. Age remains the greatest risk factor for dementia: across the 36 OECD countries, average dementia prevalence rises from 2.3% among people aged 65-69 to nearly 42% among people aged 90 or older. This means that as countries age, the number of people living with dementia will also increase – particularly as the proportion of the population over 80 rises. Already, countries with some of the oldest populations in the OECD – including Japan, Italy, and Germany – also have the highest prevalence of dementia. Across OECD countries on average, 15 people per 1 000 population are estimated to have dementia (Figure 11.9). In seven countries, more than 20 people per 1 000 population are living with a dementia disorder. By 2050, all but three OECD countries (Slovak Republic, Israel and Hungary) will have a dementia prevalence of more than 20 people per 1 000 population, while in four countries (Japan, Italy, Portugal and Spain), more than one in 25 people will be living with dementia.

Even without an available treatment, however, there is much that health and social care systems can do to improve care and the quality of life for people living with dementia and their families. In recent years, at least 25 OECD countries have developed or announced national plans or strategies for dementia, and there is growing attention to reducing stigma around dementia and better adapting communities and care facilities to meet the needs of people with dementia (OECD, 2018[1]).

Although antipsychotic drugs can reduce the behavioural and psychological symptoms that affect many people with dementia, the availability of effective non-pharmacological interventions, as well as the associated health risks and ethical issues of antipsychotic medications, means that they are only recommended as a last resort. However, the inappropriate use of these drugs remains widespread and reducing their overuse is a policy priority for many OECD countries. Across 16 OECD countries in 2017, more than 5% of adults aged 65 and over received a prescription for antipsychotic medicines. This masks the wide variation in prescribing rates between countries. Excluding Latvia, antipsychotic prescribing varies by a factor of three and a half across most OECD countries, from 29 prescriptions per 1 000 people aged 65 and over in Sweden, to more than 99 prescriptions per 1 000 in Ireland. Moreover, age-standardised rates of antipsychotic prescribing were higher for women than for men in every OECD country. Across 16 OECD countries on average, women were 23% more likely to be prescribed an antipsychotic medication than men (Figure 11.10).

Definition and comparability

The prevalence estimates in Figure 11.9 are taken from the World Alzheimer Report 2015, which includes a systematic review of studies of dementia prevalence around the world. Prevalence by country has been estimated by applying these age-specific prevalence rates for the relevant region of the world to population estimates from the United Nations (World Population Prospects: the 2017 Revision). Differences between countries are therefore driven by the age structure of populations – i.e. countries with older populations have more people with dementia. The World Alzheimer Report 2015 analysis includes studies carried out since 1980, with the assumption that age-specific prevalence is constant over time. This assumption is retained in the construction of this indicator, so that fixed age-specific prevalence rates are applied for both 2017 and 2050. Although gender-specific prevalence rates were available for some regions, overall rates were used in this analysis.

Antipsychotics are defined consistently across countries using Anatomical Therapeutic Classification (ATC) codes. The numerator includes all patients on the medications register with a prescription for a drug within ATC subgroup N05A. The denominator is the total number of people on the register. Most countries are unable to identify which prescriptions relate to people with dementia, so the antipsychotics indicator covers all people aged 65 and over. For the Netherlands and Sweden, the denominator covers all people aged 65 and over who have received at least one prescription of any type, so may slightly overestimate the antipsychotics prescription rate in comparison with other countries. In Latvia, the numerator includes only prescriptions made in primary care. Because many antipsychotics prescriptions are made by specialists, this likely undercounts the proportion of people who received a prescription. Some caution is needed when making inferences about the dementia population, since it is not certain that a higher rate of prescribing among all those aged 65 and over translates into more prescriptions for people with dementia. Nonetheless, measuring this indicator, exploring the reasons for variation and reducing inappropriate use can help to improve the quality of dementia care.

References

[1] OECD (2018), *Care Needed: Improving the Lives of People with Dementia*, OECD Health Policy Studies, OECD Publishing, Paris, *https://dx.doi.org/10.1787/9789264085107-en*.

Figure 11.9. **Estimated prevalence of dementia, 2019 and 2050**
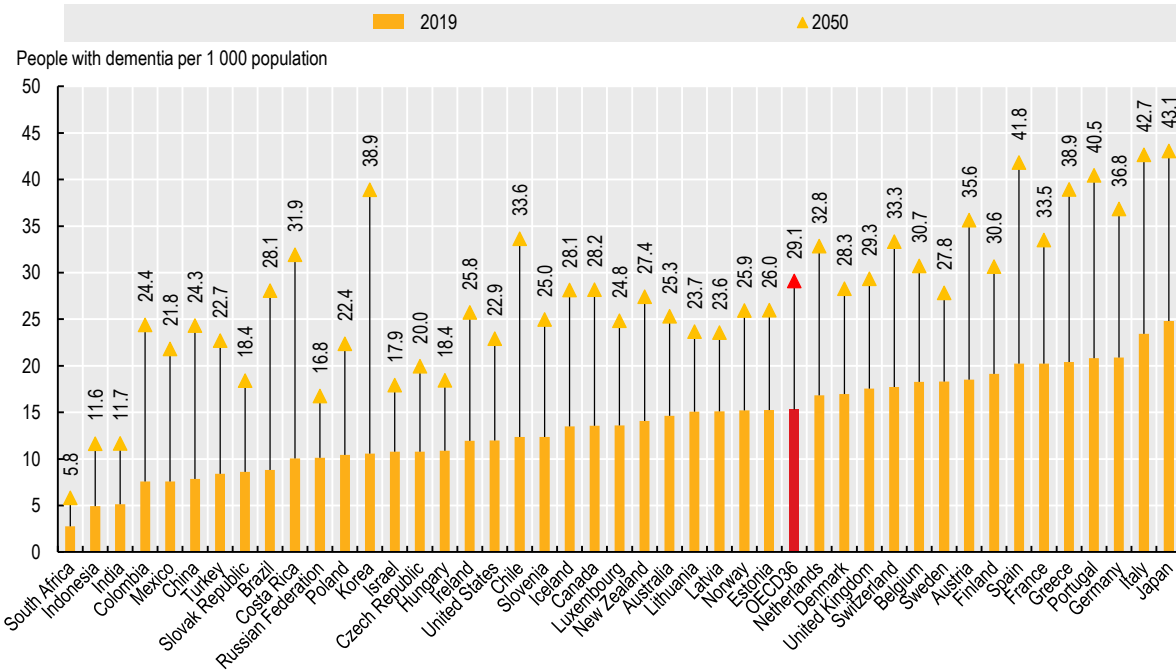
Source: OECD analysis of data from the World Alzheimer Report 2015 and the United Nations.

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Figure 11.10. **Antipsychotic prescribing rates by sex, 2017 (or nearest year)**
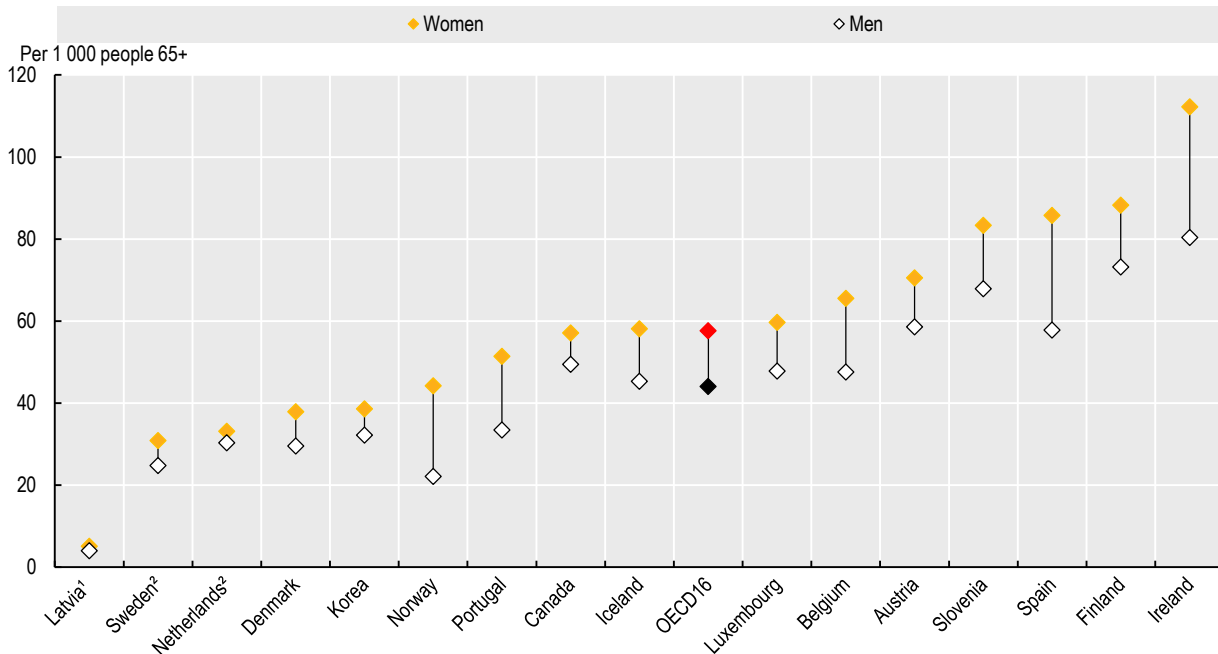
1. Data for Latvia includes only patients receiving a prescription in primary care. 2. Data for the Netherlands and Sweden refers to all people with at least one prescription of any kind.
Source: OECD Health Statistics 2019.

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