Dementia describes a variety of brain disorders which progressively lead to brain damage and cause a gradual deterioration of the individual’s functional capacity and social relations. Alzheimer’s disease is the most common form of dementia, representing about 60% to 80% of cases. There is currently no cure or disease modifying treatment, but better policies can improve the lives of people with dementia by helping them and their families adjust to living with the condition and ensuring that they have access to high quality health and social care.

In 2017, there were an estimated 18.7 million people living with dementia in OECD countries. This is equivalent to around one in every 69 people in the population as a whole, but dementia prevalence increases rapidly with age. Across all OECD countries, around 2% of people aged 65-69 have dementia, compared with more than 40% of those aged over 90 (Figure 11.10). As a result, countries with older populations have more people with dementia: Japan, Italy, and Germany are estimated to have more than 20 people with dementia per 1,000 population, while the Slovak Republic, Turkey and Mexico have fewer than nine (Figure 11.9).

Ageing populations mean that dementia will become more common in the future, and the most rapidly ageing countries will see prevalence more than double in the next 20 years. This includes fast-ageing OECD countries (Korea and Chile) and partner countries such as Brazil, China, Colombia and Costa Rica. However, there is some evidence that the age-specific prevalence of dementia may be falling in some countries (Matthews et al., 2013) and it may be possible to reduce the risk of dementia through healthier lifestyles and preventive interventions. If such efforts are successful, the rise in prevalence may be less dramatic than these numbers suggest.

Behavioural and psychological symptoms affect many people with dementia and can make caring for them difficult. Antipsychotic drugs can reduce these symptoms, but the associated risks and ethical issues – and the availability of a range of effective non-pharmacological interventions – mean 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.

New data collected by the OECD show that rates of prescribing of antipsychotics to older people vary by more than a factor of two across OECD countries (Figure 11.12). In 2015, Sweden, Norway the Netherlands, France, Australia and Denmark prescribed antipsychotics to fewer than 35 in every thousand people aged over 65, with rates either falling or constant. At the other extreme, more than 70 in every thousand people aged over 65 in Slovenia had a prescription of antipsychotics, an increase of 14% since 2011.

Rates of antipsychotic prescribing rise with age (Figure 11.11). On average across 13 OECD countries, 3% of people aged 65-69 had a prescription for antipsychotics in 2015, compared to 12% of people aged over 90. This is likely to be driven in part by higher rates of dementia at older ages. However, the use of antipsychotics rises less steeply than dementia prevalence (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 country-specific 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. older countries 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 2037. 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 the 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 over 65. Some caution is needed when making inferences about the dementia population, since it is not certain that a higher rate of prescribing among all over-65s 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


### 11.9 Dementia prevalence

**People with dementia per 1,000 population**


![Graph showing dementia prevalence across countries](chart.png)


StatLink [http://dx.doi.org/10.1787/888933605806](http://dx.doi.org/10.1787/888933605806)

### 11.10 Prevalence of dementia across all OECD countries by age group, 2017

**%**


StatLink [http://dx.doi.org/10.1787/888933605825](http://dx.doi.org/10.1787/888933605825)

### 11.11 Proportion of population with a prescription of antipsychotics, by age group, 2015 or nearest year


StatLink [http://dx.doi.org/10.1787/888933605844](http://dx.doi.org/10.1787/888933605844)

### 11.12 People with a prescription of antipsychotics, 2015 or nearest year

**Per 1,000 people aged 65 and over**


StatLink [http://dx.doi.org/10.1787/888933605863](http://dx.doi.org/10.1787/888933605863)

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1. Data for Norway do not include people in institutional care, so underestimate the use of antipsychotics.
2. Data for Spain refer to 2014.
