8.3. Prevalence and economic burden of dementia

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. Currently, there is no treatment that can halt dementia, but pharmaceutical drugs and other interventions can slow the progression of the disease.

In 2009, there were an estimated 14 million people aged 60 years and over suffering from dementia in OECD countries, accounting for more than 5% of the population in that age group, according to estimates by Wimo *et al.* (2010) (Figure 8.3.1). France, Italy, Switzerland, Spain and Sweden had the highest prevalence, with 6.3% to 6.5% of the population aged 60 years or older estimated as having dementia. The prevalence rate was only about half these rates in some emerging economies including South Africa, Indonesia and India, although this in part reflects fewer detected cases.

Clinical symptoms of dementia usually begin after the age of 60, and the prevalence increases markedly with age (Figure 8.3.2). The disease affects more women than men. In Europe, 14% of men and 16% of women aged 80-84 years were estimated as having dementia in 2009, compared to less than 4% among those under 75 years of age (Alzheimer Europe, 2009). For the very elderly aged 90 years and over, the figures rise to 31% of men and 47% of women. A similar pattern is observed in Australia (Alzheimer's Australia, 2009). Early-onset dementia among people aged younger than 65 years is rare; they comprise less than 2% of the total number of people with dementia.

People with Alzheimer's disease and other dementias are high users of long-term care services. Wimo and colleagues (2010) used cost-of-illness studies from different countries and an imputation method for countries lacking specific cost data to estimate the direct costs of dementia, including only the resources used to care for people with dementia. For those countries where an imputation was necessary, it was assumed that the expenditures per person with dementia as a share of GDP were similar to those found in countries with available data. In 2009, the direct costs of dementia were estimated at 0.5% of GDP on average among OECD countries. Direct costs were highest in Italy and Japan, reaching close to 0.8% of GDP (Figure 8.3.3). As expected, countries that have a higher prevalence of dementia tend to spend more than those with a lower prevalence (Maslow, 2010).

As the number of older persons suffering from dementia is already large, and is expected to grow in the future, dementia has become a health policy priority in many countries. National policies in Australia, Austria, Canada, France, the United States and other countries typically involve measures to improve early diagnosis, promote quality of care for people with dementia, and support informal care givers (Wortmann, 2009; Juva, 2009; Ersek *et al.*, 2009; Kenigsberg, 2009).

Definition and comparability

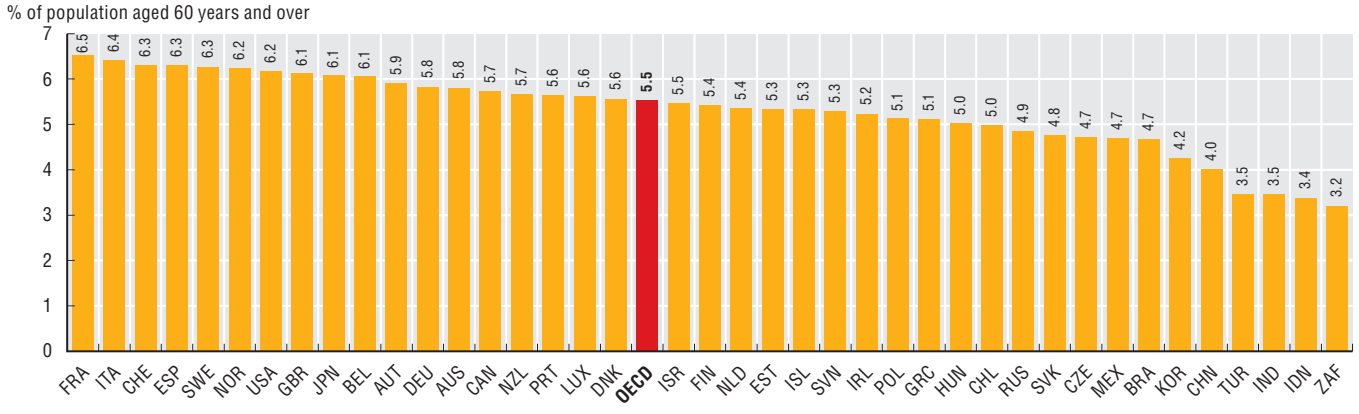
Dementia prevalence rates are based on estimates of the total number of persons aged 60 years and over living with dementia divided by the size of the corresponding population. Estimates by Wimo *et al.* (2010) are based on previous national epidemiological studies and meta-analyses.

Wimo *et al.* (2010) used cost-of-illness studies from different countries and an imputation method for countries lacking specific cost data to estimate the direct costs of dementia, including only the resources used to care for people with dementia. For countries where an imputation was necessary, it was assumed that the expenditures per person with dementia as a share of GDP were similar to those found in countries with available data. All cost figures are expressed as constant USD in 2009, adjusted for purchasing power parities (PPPs). Cost studies are inherently difficult, especially when there are co-morbidities.

Given the divergence in scale and accuracy of the sources used across countries, the estimates should be used with caution.

Information on data for Israel: *http://dx.doi.org/10.1787/888932315602*.

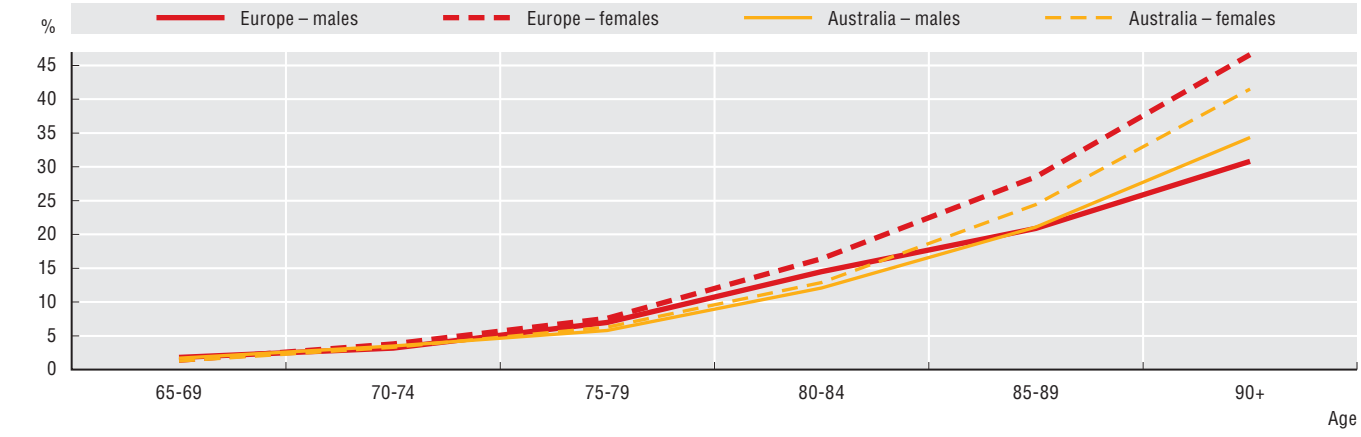
8.3.1 Prevalence of dementia among the population aged 60 years and over, 2009



Source: Wimo *et al.* (2010).

StatLink http://dx.doi.org/10.1787/888932526445

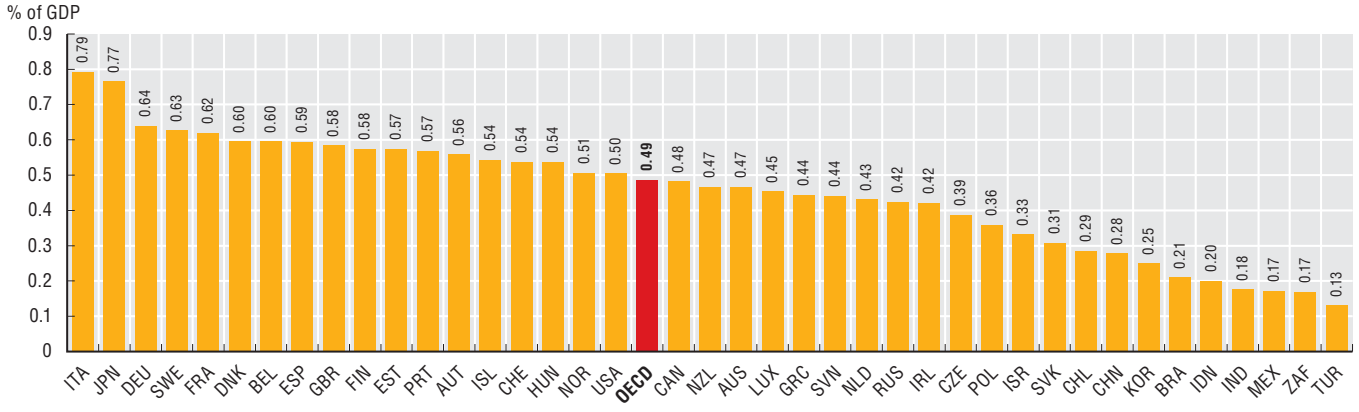
8.3.2 Age- and gender-specific prevalence of dementia in Europe and Australia, 2009



Source: Alzheimer Europe (2009); Alzheimer's Australia (2009).

StatLink http://dx.doi.org/10.1787/888932526464

8.3.3 Direct cost of dementia for population aged 60 years and over, as a share of GDP, 2009



Source: Wimo *et al.* (2010).

StatLink http://dx.doi.org/10.1787/888932526483

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