



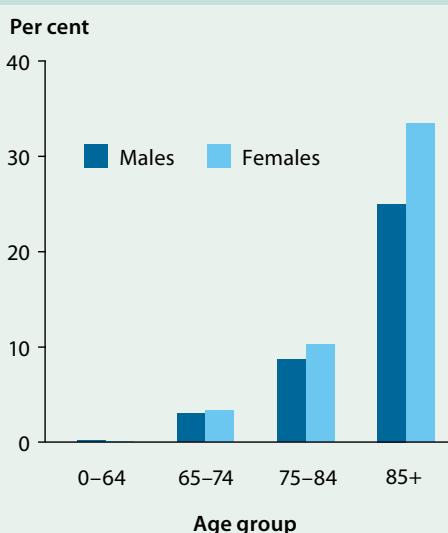
## 3.12 Dementia

Dementia is not the name of a specific disease; rather, it describes a syndrome characterised by the gradual impairment of brain function. Skills commonly affected include memory, cognition and personality. While dementia is irreversible and progressive, it is not an inevitable part of ageing. There is no simple test to diagnose it, and more than 100 diseases are associated with the condition—the most common types are Alzheimer disease and vascular dementia. Alzheimer disease accounts for up to 80% of cases, although only half of these are estimated to be 'pure' Alzheimer disease (AA 2015).

### How many people have dementia?

Dementia presents a significant challenge to health and aged care in Australia, and affects almost 1 in 10 (8.8%) people aged 65 and over. Based on rates derived from published international and local studies and on Australian population projections, there are an estimated 354,000 people with dementia in Australia in 2016. The prevalence of dementia has increased—it affected approximately 252,000 people in 2006, which represents an increase of 40% to 2016. Just over 1% of people with dementia are estimated to be under 60, while people aged 85 and over account for 43% of cases. While dementia is not caused by age, it does primarily affect older people (Figure 3.12.1).

**Figure 3.12.1: Estimated proportion of people with dementia, by age group and sex, 2016**



11,000 deaths (7.4% of all deaths). For deaths associated with dementia, the median age at death was 88.

Some studies have indicated that age-specific risk rates for dementia may be decreasing, and the age of onset increasing, in line with changes to particular risk factors such as improved cardiovascular health (AA 2015, ADI 2014). A number of factors are associated with the development of dementia—for instance, a robust evidence base suggests that higher levels of education in early life reduce the risk of dementia, while higher levels of high blood pressure in mid-life and diabetes in late life increase it (ADI 2014).

However, dementia's impact on society continues to increase as the absolute number of cases increases because the number of older people as a proportion of the population is increasing. Dementia was the second leading cause of death in Australia in 2013, accounting for almost



## People with dementia rely heavily on health and aged care services

Dementia is one of the leading contributors to burden of disease and disability, and people with dementia are frequent users of health and aged care services. Because of the degenerative nature of the condition, an individual's need for assistance generally increases as the disease progresses. (For more information on the burden of disease, see 'Chapter 3.1 Burden of disease and injury in Australia')

People with dementia experience more hospitalisations than people without dementia, although dementia is generally not the primary reason for admission. For instance, people with dementia account for 29% of people admitted to hospital with hip fractures (Scandol et al. 2013); are hospitalised for unintentional poisoning at twice the rate of people without dementia (Mitchell et al. 2015); and, once hospitalised, are more than twice as likely to develop complications such as pneumonia than people without dementia (Bail et al. 2015).

In June 2015, more than half of all people in permanent residential aged care (52%, or almost 90,000 people) had a diagnosis of dementia and were more likely to require a high level of care than people without dementia (95% compared with 83%).

People with dementia living in the community also depend on informal care provided by family and friends.

Informal carers of people with dementia:

- are often female—74%
- are more likely to be 65 or older—65%
- are commonly the person's spouse or partner—65%
- usually provide 40 or more hours of care per week—65%
- have often been a carer for less than 5 years—60%
- often have a disability themselves—46%.

Some treatments are available for people with dementia, particularly Alzheimer disease. In 2012–13, more than 48,000 people were prescribed an anti-dementia medication subsidised under the Pharmaceutical Benefits Scheme. These drug treatments provide symptomatic relief and can help to delay the progress of the disease for a time. In addition, some behavioural and psychological symptoms associated with dementia, such as agitation and depression, can be treated with drugs or by using non-pharmacological therapies.

### What is missing from the picture?

Australia lacks national data that can provide reliable prevalence estimates of dementia. As a result, very little comprehensive information is also available on the prevalence of dementia among specific populations, such as Aboriginal and Torres Strait Islander Australians. A number of studies have indicated that Indigenous people across urban, regional, and remote Australia have higher rates of dementia, and earlier age of onset, than comparable populations of non-Indigenous people (Li et al. 2014; Radford et al. 2015).



The underlying mechanisms relating to the progress of dementia—and the various factors that influence it—are not yet fully understood. Further research is needed, using a range of appropriate methodologies.

### Where do I go for more information?

For more information and a list of AIHW publications on dementia in Australia, see [www.aihw.gov.au/dementia](http://www.aihw.gov.au/dementia). The [Alzheimer's Australia](http://www.alzheimer.org.au) website offer information, services and support for people with dementia and their carers.

### References

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