



3.14 Dementia

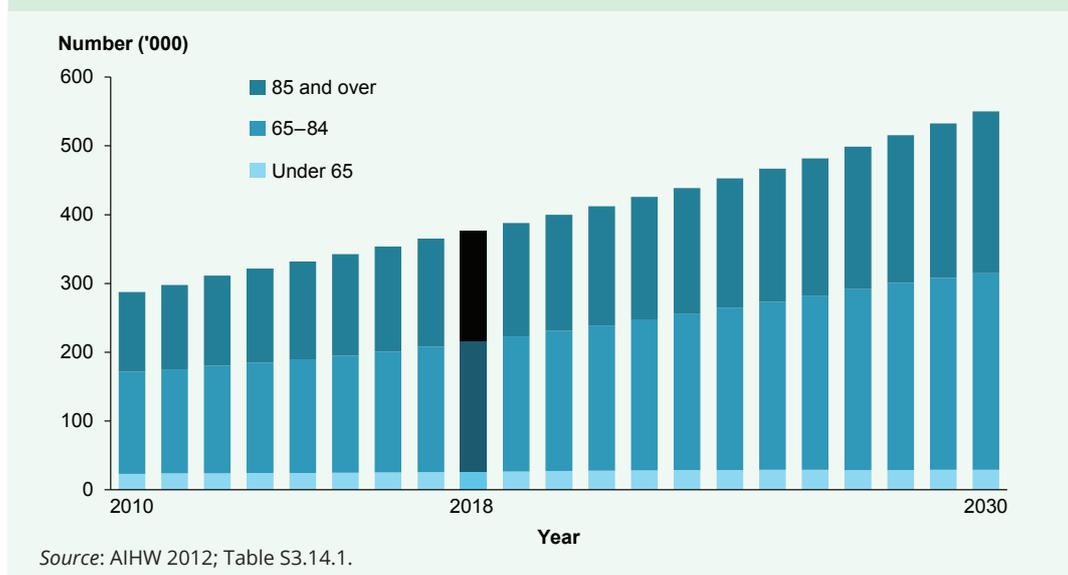
Dementia is a term used to describe a group of similar conditions that gradually impair brain function. It is commonly associated with memory loss, but can affect speaking, thinking and moving. A person's personality may also change, and health and functional ability generally decline as the condition progresses. Dementia not only affects individuals with the condition but also has a substantial impact on their families and carers, and society more broadly.

How common is dementia?

Australian data on dementia prevalence are lacking, so the following estimates are based on international information, adjusted for the Australian context.

In 2018, an estimated 376,000 people in Australia had dementia; this figure is projected to grow to 550,000 by 2030 (Figure 3.14.1).

Figure 3.14.1: Estimated number of people with dementia, by age, 2010–2030



In 2018, around three-fifths (61%) of people with dementia were women, and two-fifths (43%) were aged 85 and over. A similar number of men and women had dementia in the younger age groups, but, among people aged 85 and over, there were more than twice as many women as men (partly the result of the higher proportion of women in this age group).

An estimated 8.7% of people aged 65 and over in Australia had dementia in 2018. However, the rate of dementia varies between population subgroups: for example, dementia prevalence is estimated to be 2–5 times higher among Aboriginal and Torres Strait Islander people than among non-Indigenous people, and Indigenous Australians experience many risk factors for dementia (such as heart disease, diabetes and tobacco use) at higher rates than non-Indigenous people (Flicker & Holdsworth 2014; Li et al. 2014; Radford et al. 2015; Smith et al. 2008).



Impact

Dementia is more common among older people. Hence, the number of deaths due to dementia has been increasing steadily alongside the growing number of older people in the population—Australia's ageing population and increases in life expectancy increase the effect dementia has on society.

Among people aged 65 and over, dementia was the second leading cause of total burden of disease in 2011 (accounting for 7.8% of years of life lost due to illness or death) and the leading cause of non-fatal burden (accounting for 10% of years of life lost due to living with the disease).

In 2016, dementia replaced heart disease as the leading underlying cause of death for women, remaining the third leading cause for men (ABS 2017). This may reflect not only an increase in the number of older people with dementia, but also changes in how dementia deaths are recorded. There were more than 25,000 deaths in 2016 where dementia was considered either to have directly led to the death (as the underlying cause), or to have contributed to it (as an associated cause)—almost 69 deaths each day. When trends over time were considered, the balance between dementia being recorded as an associated, rather than an underlying, cause of death changed. In 2007, for every death where dementia was recorded as the underlying cause, there were 1.4 deaths where it was recorded as the associated cause. By 2016, the ratio was 0.9, meaning that there were slightly more deaths recorded as being due to, rather than involving, dementia.

See chapters 3.1 'Burden of disease across the life stages', 3.2 'Leading causes of death' for more information on burden of disease and deaths.

Risk factors

Several factors to which people are exposed over their lifetime, or at particular points in their life, are known to contribute to the risk of developing dementia. These include some unmodifiable risk factors, such as age, genetics and family history. A number of other factors, however, can be altered or treated—that is, they are considered modifiable risk factors. Reducing these could reduce the prevalence of dementia.

Many modifiable risk factors assessed to have a causal association with dementia are also associated with vascular diseases (such as coronary heart disease and stroke). 'Vascular' risk factors for dementia include behavioural risk factors (tobacco smoking and physical inactivity) and metabolic risk factors (high blood pressure and obesity), as well as some vascular diseases themselves (stroke, diabetes, atrial fibrillation and chronic kidney disease).

Jointly, these vascular risk factors represented 30% of the total burden from dementia in Australia in 2011. This means that almost one-third of healthy years of life lost due to premature death or ill health from dementia were accounted for by the combined effects of these eight factors.

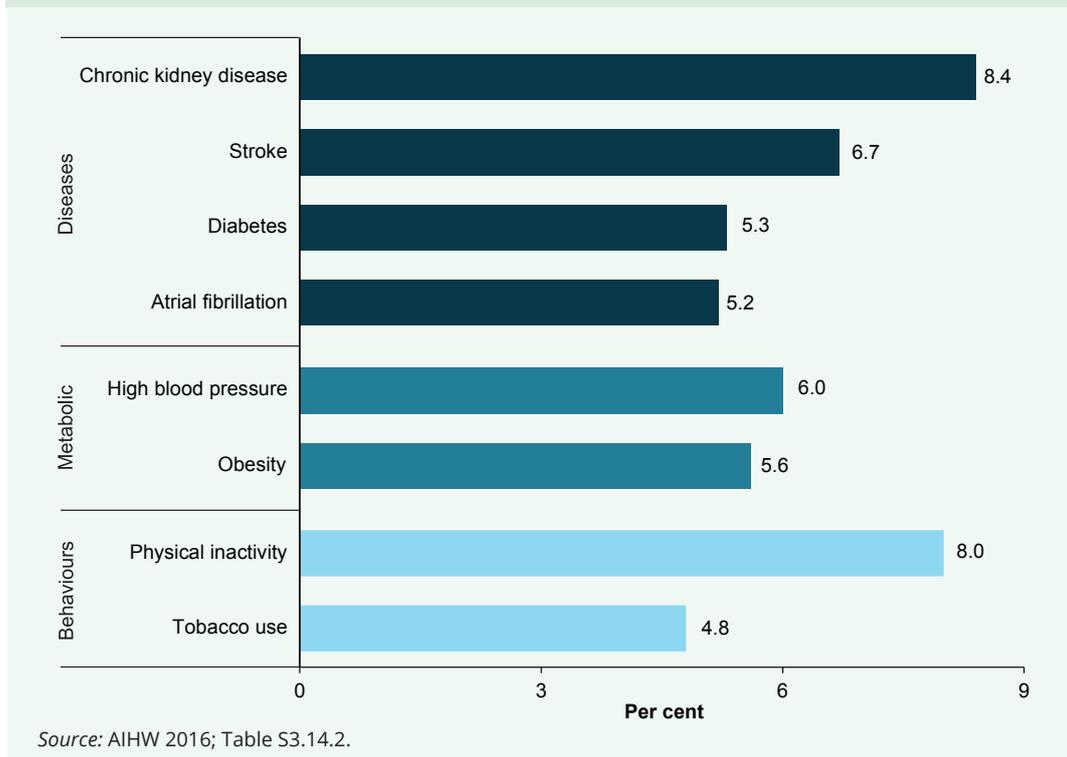
Individually, vascular risk factors were each responsible for 5.2–8.4% of the dementia burden. The individual vascular risk factors (assessed to have a convincing causal association with dementia) that contributed most to the dementia burden were physical





inactivity (8.0%), stroke (6.7%) and high blood pressure (6.0%). Chronic kidney disease was assessed to have a probable causal association with dementia and was responsible for 8.4% of dementia burden (Figure 3.14.2). However, the largest health gains could be achieved by reducing the prevalence of vascular risk factors that are trending upwards, namely diabetes and obesity.

Figure 3.14.2: Contribution of vascular risk factors to dementia burden in Australia, by risk factor, 2011



Treatment and management

There is no known cure for dementia. Dementia care generally focuses on alleviating the behavioural and psychological symptoms of the condition through various medications or non-drug therapies and support. Four dementia-specific drugs are available for Alzheimer disease: donepezil for mild, moderate and severe disease; galantamine and rivastigmine for mild to moderately severe; and memantine for moderately severe to severe. They are subsidised through the Pharmaceutical Benefits Scheme. In 2015, 514,000 Pharmaceutical Benefits Scheme prescriptions were dispensed for these medications (Department of Health 2016).

People with dementia may also use a mix of health and aged care services. For example, 22,200 people aged 65 and over were admitted to hospital in New South Wales in 2015–16 with dementia as the principal diagnosis or comorbidity (CEE 2016). Nationwide, as at 30 June 2017, 89,500 people with dementia were living in permanent residential aged care (representing around half of all people in care).



What is missing from the picture?

Currently, there are no national data on how many people in Australia are affected by dementia—instead, numbers are estimated based on international data and modelling. While combining multiple sources to identify dementia cases has been shown to produce plausible prevalence estimates (Waller et al. 2017), the lack of comprehensive data affects the ability to monitor the incidence and prevalence of dementia and how it is treated and managed. Data linkage may improve understanding of patient outcomes and disease interactions.

Where do I go for more information?

More information on deaths and leading causes of death in Australia, including the General Incidence of Mortality (GRIM) books and Mortality Over Regions and Time (MORT) books, is available on the AIHW website at <www.aihw.gov.au/reports-statistics/health-conditions-disability-deaths/life-expectancy-deaths/overview>. More information on vascular risk factors for dementia is available in the AIHW report *Contribution of vascular diseases and risk factors to the burden of dementia in Australia*. Further information on dementia is available at <www.aihw.gov.au/reports-statistics/health-conditions-disability-deaths/dementia/> and in the report *Dementia in Australia*.

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