

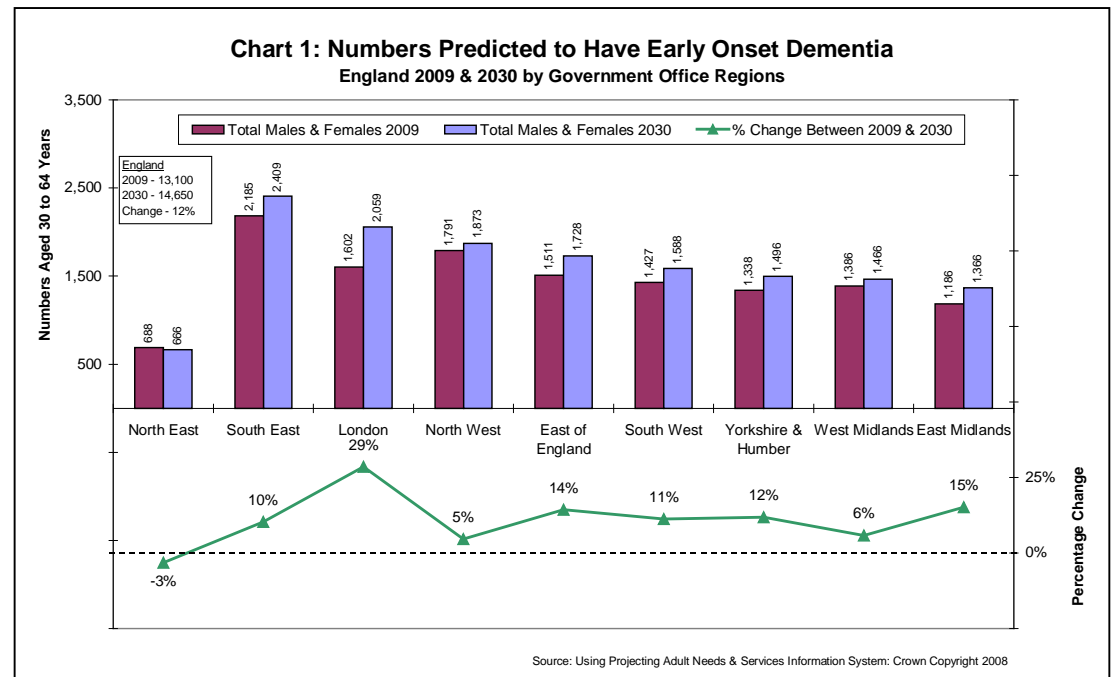
Dementia North East England – 2011 Demographic Update

Introduction

In April 2009 *Dementia North East – A Demographic & Service Profile* report was published by the North East Dementia Regional Development & Implementation Group to support the implementation of the National Dementia Strategy¹. The report illustrated the projected numbers of residents of the North East that in 2025 may be living with dementia and the potential implications this may have for the provision of health and social care services in the region. This update provides further insight into the numbers of individuals across the North East that could be living with dementia in 2030 and the gap between those currently diagnosed and those predicted to have dementia according to national prevalence rates. It also provides an analysis of prescribing patterns of the use of *Drugs for Dementia*.

Early Onset Dementia

Chart 1 illustrates that the number of people predicted to have early on-set dementia i.e. under the age of 65 years, is expected to fall in the North East between 2009 and 2030 by around 3%, from 688 to 666. This is compared to a 12% rise in the total for England and the North East is the only region where numbers are expected to decline. The reasoning behind the falls in the numbers in the North East is likely to be related to the decline in the general population of under 65 year olds rather than in improvements in the prevalence rates of dementia for this age group.



¹ Living well with dementia: A National Dementia Strategy – Department of Health 2009 www.dh.gov.uk/dementia
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Chart 2 illustrates that in the majority of PCT areas in the region (8 of 12) the numbers of residents with early on-set dementia is expected to decline – with the largest declines in Middlesbrough (12%), Northumberland (8%) and Newcastle (7%).

However the numbers with early on-set dementia in Stockton (10%), North Tyneside (4%) and Darlington (4%) are all projected to increase over the period to 2030, but are all below the average rate for England of 12%.

Late On-set Dementia

The number of people in the North East of England predicted to have late on-set dementia in 2009 is 30,254, representing around 5% of the 600,696 total predicted for England. Chart 3 illustrates that by 2030 the predicted numbers with dementia in the region is expected to increase to 50,896 with an additional 20,642 individuals equating to a predicted 68% increase on the 2009 levels. By 2030 the number of males with late on-set dementia is predicted to increase by 93% and the numbers of females to increase by 55% on the levels in 2009. The increase in the North East is marginally lower than the rate for England (72%) and is the third lowest rate of increase, greater than the predicted increases in the North West region (67%) and the London region (42%). The largest predicted increases in the numbers of people with dementia are expected in the East Midlands region (88% up by 45,800) and the East of England region (84% up by 59,600).

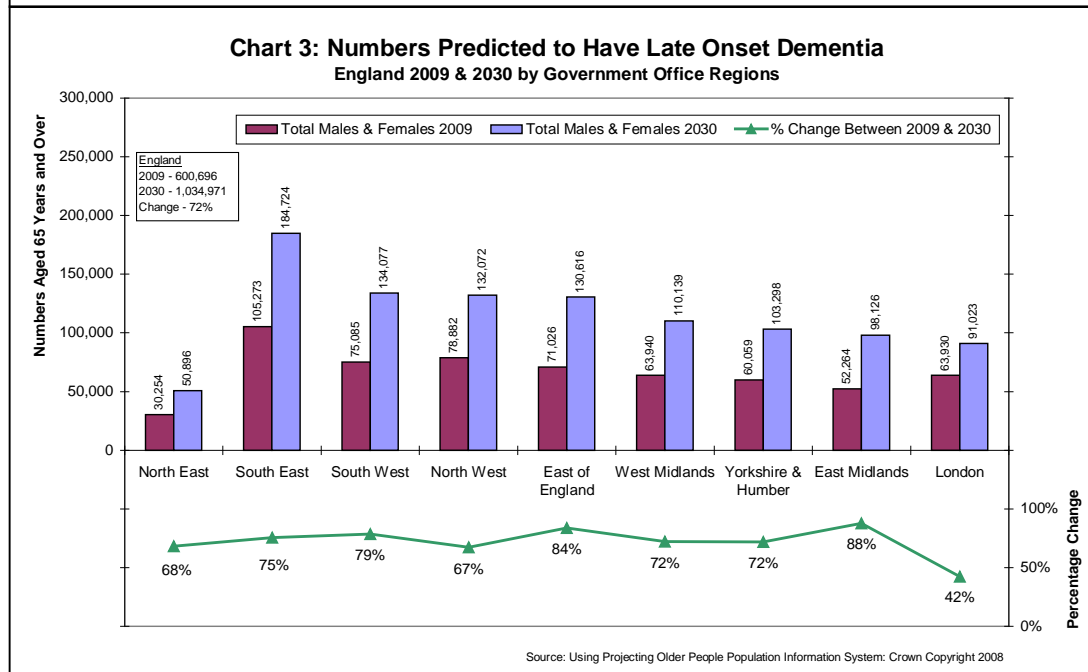
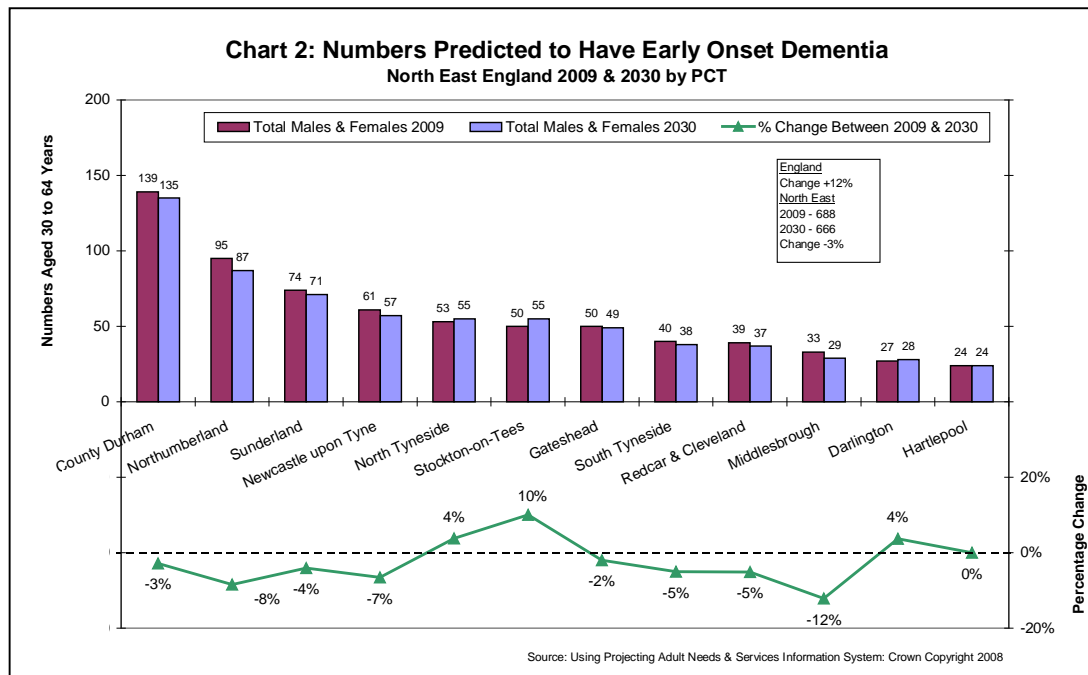


Chart 4 illustrates that the largest increases in the predicted numbers of people with late on-set dementia within the North East between 2009 and 2030 are expected in Stockton-on-Tees (92%) and Northumberland (91%), with the increases in County Durham (78%) and Redcar & Cleveland (76%) also exceeding the national average increase of 72%. The areas in the North East with the lowest expected increases in the numbers with late on-set dementia are in urban areas of Newcastle (41%), South Tyneside (46%), Gateshead (53%) and North Tyneside (56%). The smallest increase in absolute numbers, 911 is in South Tyneside.

Gender Breakdown

In 2009 the greater proportion (65%) of people with late on-set dementia in the North East are female, with this ratio consistent across all PCT areas in the region.

By 2030 the number of people with late on-set dementia in the region is predicted to increase by 68%, with the numbers of males with late on-set dementia increasing more rapidly than the numbers of females. It is predicted that over the period 2009 to 2030, the number of males with late on-set dementia will increase by 93%, with the number of females increasing by 55%.

Chart 5 illustrates the rates of increase in the numbers of people with late on-set dementia for both males and females in each of the PCT areas in the North East for the period 2009 to 2030. The rates of increase for males in the PCT areas varies from 64% in Middlesbrough to 121% increase in Stockton-on-Tees, while those for females vary from 26% increase in Newcastle to a 78% increase in Northumberland.

Chart 4: Numbers Predicted to Have Late Onset Dementia North East England 2009 & 2030 by PCT

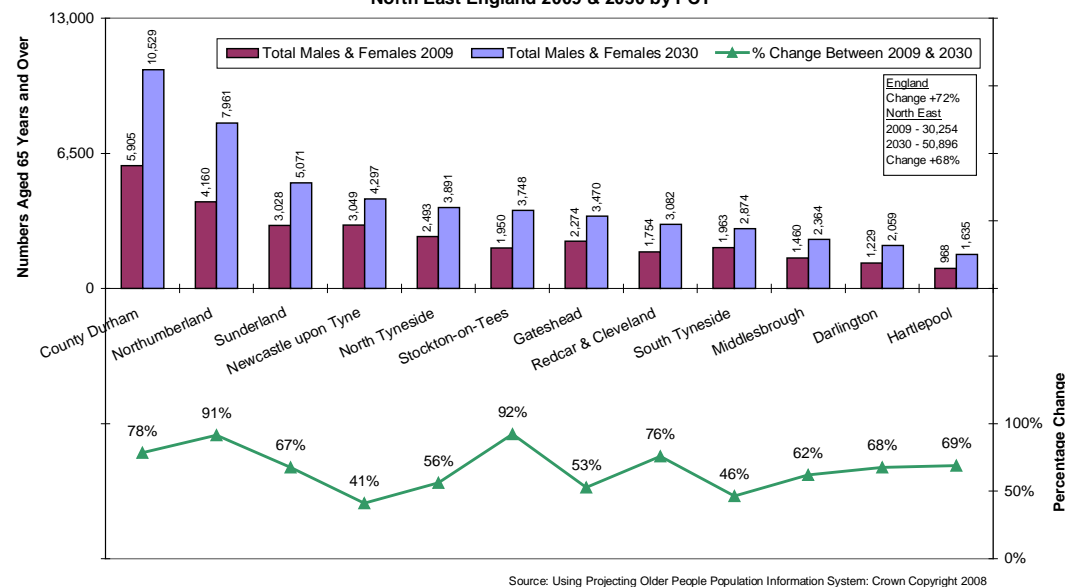
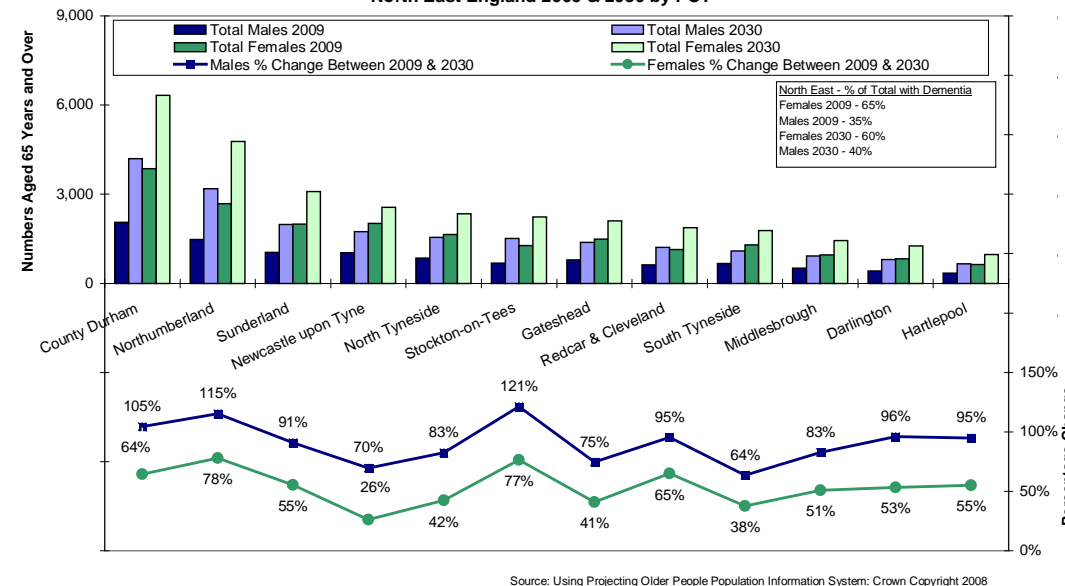


Chart 5: Numbers Predicted to Have Late Onset Dementia by Gender North East England 2009 & 2030 by PCT

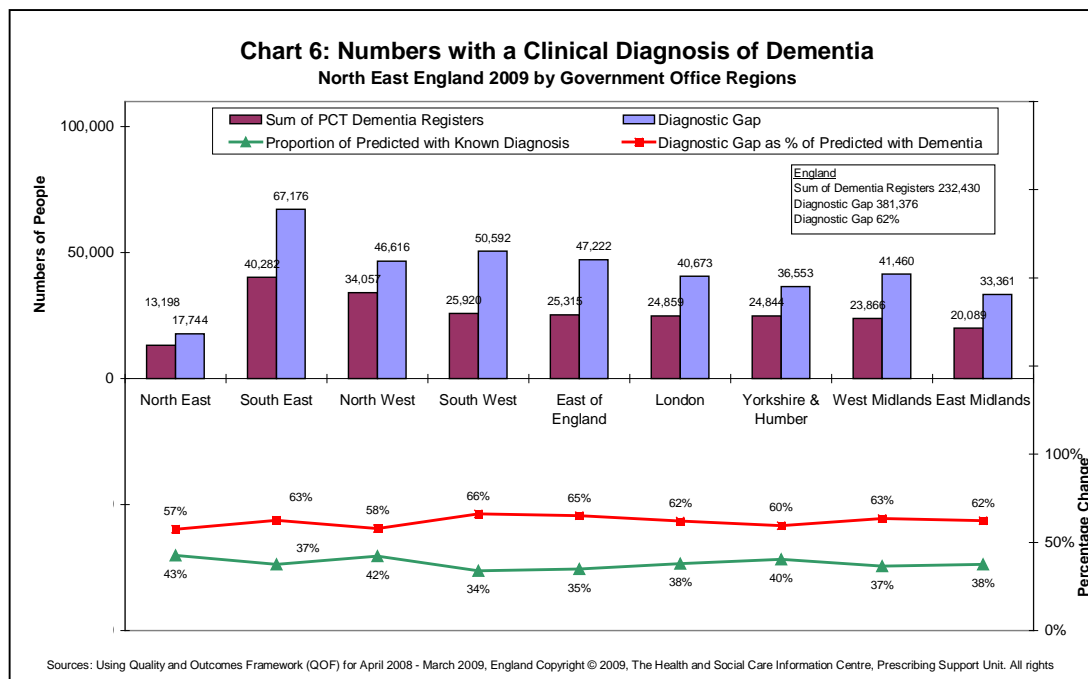


The large increases in the overall totals of people with late on-set dementia are in Stockton, Northumberland and County Durham areas and are all characterised by the predicted numbers of males more than doubling between 2009 and 2030 i.e. increasing in excess of 100%, and the numbers of females predicted to increase by more than 64% on the 2009 levels. The PCT areas with the lowest predicted increases in the number of females with dementia between 2009 and 2030 are in Newcastle (26%), South Tyneside (38%), Gateshead (41%) and North Tyneside (42%). The same four Tyneside PCT areas also have the lowest predicted increases in the numbers of males with dementia for the period between 2009 and 2030, with increases ranging between 64% and 83%.

Clinical Diagnosis and the Diagnosis Gap

The figures illustrated so far in this update represent the predicted numbers of people with dementia, based on age and gender specific prevalence rates derived for the *Dementia UK*² report published by the Alzheimer’s Society in 2007 and applied to the population projections generated by the Office for National Statistics³. The prevalence rates generated are not sufficiently sensitive to distinguish between the levels of severity of dementia experienced by individuals and thus it is estimated that a large proportion of those with the milder and moderate forms of the condition remain undiagnosed and generally unknown to health and social care services. Once diagnosed and able to access the appropriate provision of care, statistics of the number of people with dementia are collated through the Quality Outcome Framework mechanism⁴.

Chart 6 illustrates that 6% (13,198) of all people diagnosed with some form of dementia in 2009 were in the North East. The number of people of people predicted to have dementia in the North East in 2009 was 30,942. This represents a diagnosis rate of 43% which is the highest proportion of any English region and is above the national average of 38%.



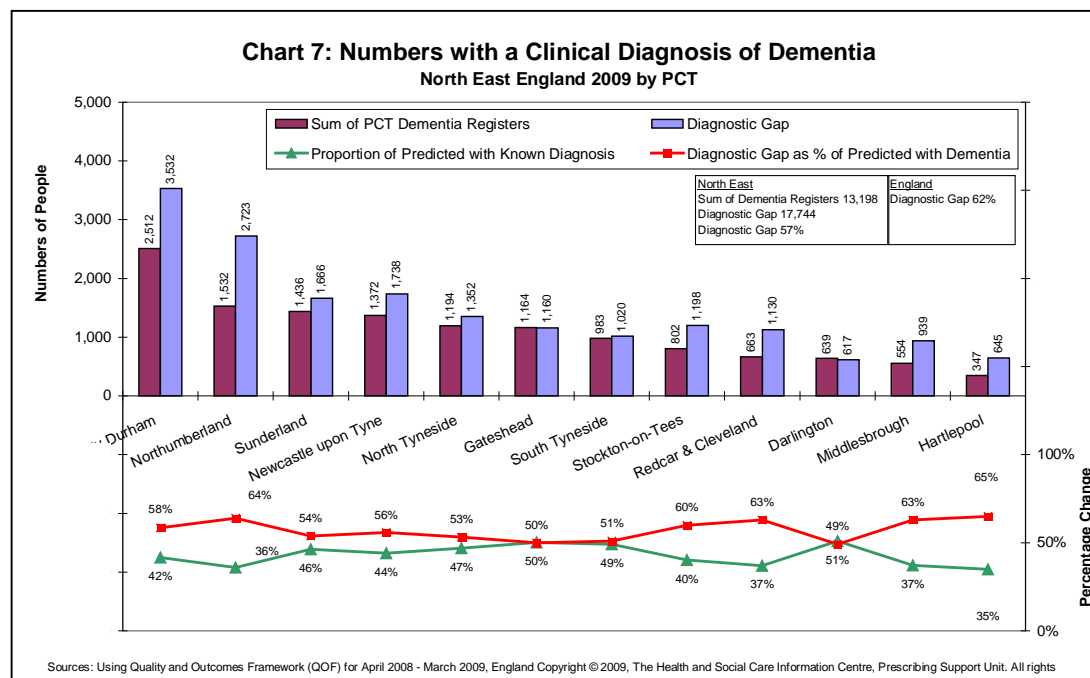
² http://alzheimers.org.uk/site/scripts/download_info.php?fileID=2

³ www.statistics.gov.uk/statbase/Product.asp?vlnk=997

⁴ The Quality and Outcomes Framework (QOF), is a voluntary annual reward and incentive programme for all GP surgeries in England, which is part of GP contracts. Results of GP practices' achievement against the QOF are published each year. The QOF is not about performance management, but resourcing and then rewarding good practice. For 2008-2009, a total of 8,229 GP practices in England are included in the published results, covering almost 100 per cent of registered patients in England. www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/the-quality-and-outcomes-framework

The National Audit Office (NAO)⁵ recently drew attention to the issue of the size of the diagnosis gap in England in the follow-up study into the implementation of the National Dementia Strategy. The diagnosis gap is defined as the difference between the predicted numbers of people with dementia and those with a clinical diagnosis. This diagnosis gap represents the number of people with dementia and their carers who could be missing out on the opportunity to make advanced care plans utilising the provision of health and social care services designed to support their needs, along with support from third sector organisations. Chart 6 also illustrates that currently across the North East 57% of those predicted to have dementia in 2008/09 remain undiagnosed, across the whole of England the average undiagnosed is higher at 62%.

Chart 7 illustrates that across the PCT areas in the North East the proportion of individuals with dementia that have a formal diagnosis ranges from approximately 50% in Darlington, Gateshead and South Tyneside to only 37% or less in Redcar & Cleveland, Middlesbrough, Northumberland and Hartlepool, with only the latter four areas being below the rate for England (38%) in 2008/09. The diagnosis gap therefore for individual PCT areas in the North East ranges from 49% in Darlington to 65% in Hartlepool. It is predicted therefore that approximately 17,700 individuals with dementia in the North East remaining undiagnosed.



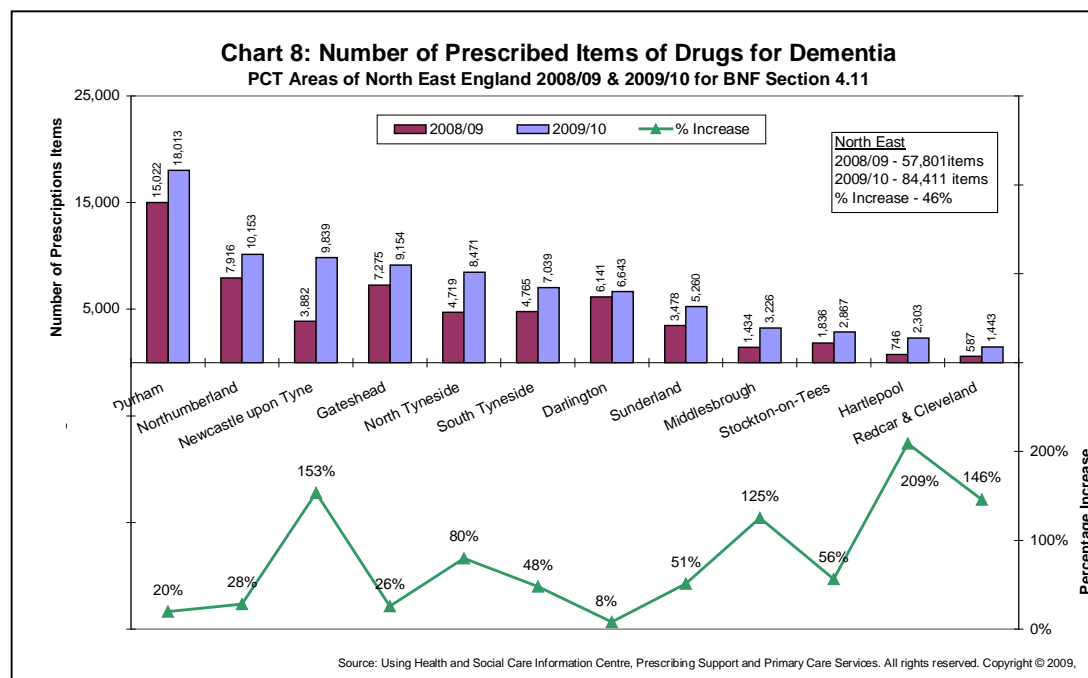
⁵ Copyright © National Audit Office (2010) Improving Dementia Services in England – an Interim Report www.nao.org.uk/publications/0910/improving_dementia_services.aspx?alreadysearchfor=yes
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Use of Drugs in the Management of Dementia

Currently there are two groups of drugs that are used in the management of dementia. People with dementia may develop mood disorders such as depression, behavioural problems (with symptoms such as restlessness or aggression) or psychiatric symptoms such as psychosis (delusions and hallucinations). However, when behavioural or psychiatric symptoms become severe, extremely distressing, or causing risk to the person or others, it may be deemed necessary to prescribe medication. Anti psychotic drugs (also known as neuroleptics or major tranquillisers), originally developed for the treatment of people with schizophrenia are the most commonly used treatments in the care of the above symptoms. However the recent report *The Use of Anti Psychotic medication for People with Dementia: Time for Action*⁶ highlighted the risk of prescribing these drugs for people with dementia and recommended a reduction by two thirds. Unfortunately routine data on the use of anti psychotic drugs in the care of people with dementia is not available and thus has been excluded from this analysis.

Anti dementia drugs are also used in the management of dementia. These drugs, contained in the British National Formulary⁷ (BNF) subsection relating to *Drugs for Dementia*⁸ - section 4.11, include cholinesterase inhibitors donepezil, rivastigmine and galantamine that have been seen to slow down cognitive decline, and memantine that has been used for the treatment for aggression and other symptoms of agitation.

Chart 8 contains the data⁹ for the prescribing patterns of the anti dementia drugs, prescribed for individuals in the North East by GPs, nurses, pharmacists and others in England and dispensed in the community in the UK. The chart illustrates that in 2008/09 there were a total of 57,801 prescribed items that were dispensed in the North East of England. This figure increased by 46% to 84,411 in 2009/10.



⁶ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108303

⁷ <http://bnf.org/bnf/extra/current/450002.htm>

⁸ BNF (British National Formulary) 4.11 includes 2 classes of drug -

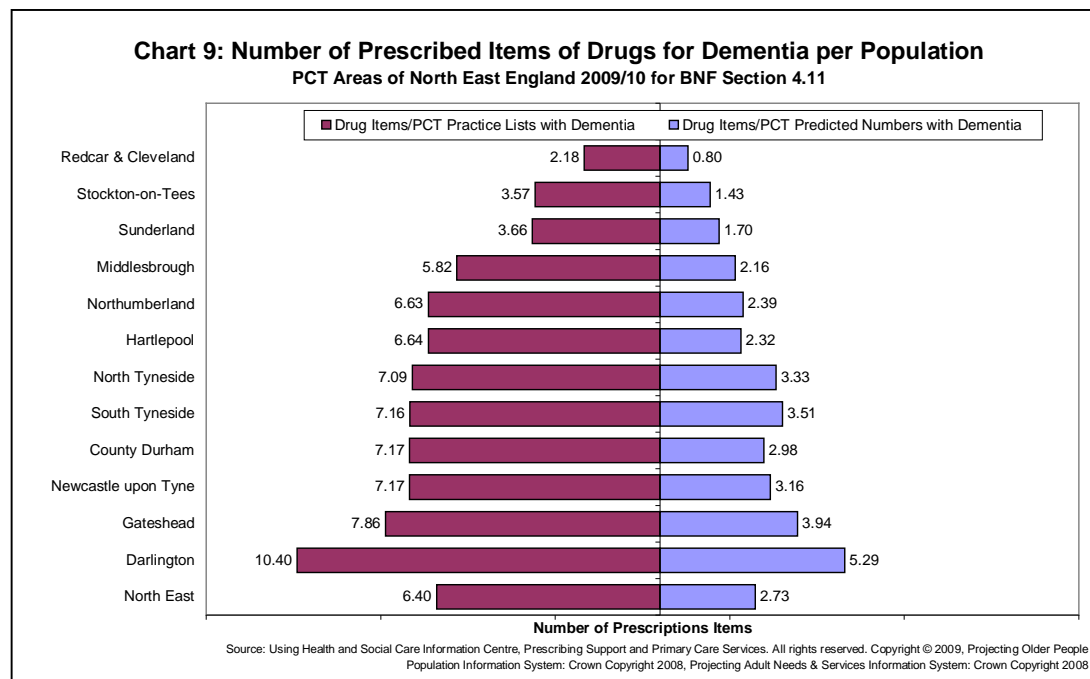
1. Donepezil (Aricept), Galantamine (Reminyl), and Rivastigmine (Exelon) are all Cholinesterase Inhibitors and are approved by NICE for people with moderate dementia secondary to Alzheimer's Disease & Dementia with Lewy Bodies.

2. Memantine (Ebixa) is a drug developed for use in moderate to severe dementia secondary to Alzheimer's Disease. It is not currently recommended by NICE other than as part of a clinical research trial.

⁹ Data for this analysis is taken from the ePACT system provided by NHS Prescription Services, part of the NHS Business Services Authority.

Across all the PCT areas in the region there was a reported increase in the number of prescribed items of *Drugs for Dementia* between 2008 and 2010, with the Hartlepool (209%) and the Newcastle (153%) area showing the largest proportional increase in prescribing patterns, although in the Redcar & Cleveland (146%) and the Middlesbrough (125%) areas the numbers of items prescribed also more than doubled on the 2008/09 levels. The smallest proportional increase in prescribed items between 2008/09 and 2009/10 was in the Darlington PCT area with an 8% increase. However Darlington had over 6,141 items prescribed in the former year i.e. the third largest number in the region, it also had the second smallest predicted number of people with dementia, but as illustrated in Chart 9 Darlington has the largest ratio of prescribed items per practice list with dementia (10.40) and per predicted number with dementia (5.29) in the North East region.

Chart 9 also illustrates that across the region there are on average 6.4 prescription items for *Drugs for Dementia* dispensed to each individual with a formal diagnosis of dementia, with two-thirds of the PCT areas prescribing above this average and with the overall range being from 10.40 items to 2.18 items (Redcar & Cleveland). When compared with the predicted numbers of people with dementia, on average 2.73 items are dispensed overall in the North East, while the PCT areas range from 5.29 items in Darlington to 0.80 items in Redcar & Cleveland.



Dementia North East England 2010- Demographic Update has been produced by Cornsay Research Services and was commissioned by Debbie J Smith Older Adult Lead - Social Care North East Department of Health. For further information please contact Debbie on Debbie.Smith@dh.gsi.gov.uk.

Data Sources

Data presented in this update utilises the resources available via The Health & Social Care Information Centre (www.ic.nhs.uk), the Projecting Adult Needs and Service Information System (www.pansi.org.uk/) and the Project Older People Information System (www.poppi.org.uk/).

PHINE have agreed to host the data sheets that have been derived from the above sources and used in the production of this update. PHINE is the regional public health intelligence network for the North East. It uses social networking technologies on a web-based platform to facilitate knowledge sharing and learning across all sectors in the health economy. When a user has registered their own profile on the PHINE website they are able to join working group, share news and events and make connections with colleagues across the region in online communities of practice. To join, go to www.phine.org.uk/register.php and fill in your contact details.

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