



Dementia

Last updated: March 2016

Summary / Key Points

- The proportion of all residents diagnosed with dementia on the Isle of Wight, 1.4%, is the highest in England, which has an average of 0.7%.
- The number of people diagnosed with dementia on the Isle of Wight and has increased from 1,047 to 1,944 over the last five years.
- The prevalence of dementia is significantly higher in females than males.
- It is estimated that only a quarter of people on the Isle of Wight who have dementia remain undiagnosed.

Background

Dementia

Dementia is a syndrome characterised by progressive deterioration in cognitive functions, which include memory, concentration, planning, decision-making, orientation and language functioning amongst others.

There are many diseases affecting the brain that can cause dementia, but the most common is Alzheimer's disease, which accounts for the majority of cases. The most important risk factor for developing dementia is increasing age. It affects just one in 14 people over the age of 65, but one in six over the age of 80.

Dementia is a significant cause of disability. As well as cognitive symptoms such as poor short-term memory, dementia can sometimes cause behavioural and psychological symptoms, especially in the later stages of the illness. These can include anxiety, mood disturbance, impaired sleep and excessive walking, amongst many others.

Dementia diagnosis

Dementia is diagnosed following a comprehensive specialist assessment. On the Isle of Wight, general practitioners and hospital specialists are encouraged to refer patients presenting with progressive cognitive symptoms, particularly short-term memory loss, to the NHS Trust's Memory Service. Referred patients are assessed by a consultant psychiatrist and given a diagnosis as

appropriate, with post-diagnostic support subsequently given by a specialist nurse.

Targeted efforts have been made since 2010 to increase referrals into the Memory Service, raise professional and public awareness of dementia and dementia services and ensure that recording of diagnoses is robust.

Because no disease-modifying treatments exist, screening for dementia is not recommended. Thus it is inevitable that, however functional the health and social care system that exists locally, there will always be a significant number of people with mild symptoms of dementia which cause themselves and their carers no real concern, and for whom a diagnosis would be unduly distressing. Consequently it would be unethical, inappropriate and, probably, impossible to ensure that every patient with dementia has the illness diagnosed. On the other hand, the optimum rate of diagnosis is difficult to discern.

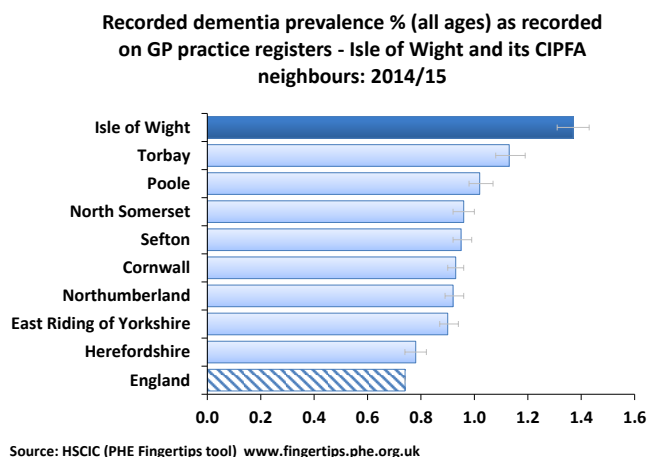
The level of population need

Prevalence of Dementia

Figure 1 compares the Isle of Wight with the England average and our closest eight CIPFA comparator authorities which are most similar to the local area.

Amongst these similar localities, the Isle of Wight has by far the highest proportion of all residents diagnosed with dementia (1.4%, or 1,944 people), double the England average (0.7%). Although the comparison areas have similar demographics, it may be that the observed differences are due in part to the particularly high proportion of older residents on the Island.

Figure 1: Dementia diagnosis



Across the Isle of Wight, the South Wight locality has the highest recorded rate of dementia (1.5%), but there is no statistically significant difference between the three localities or the Island average (see figure 2).

Figure 2: Dementia diagnosis by locality

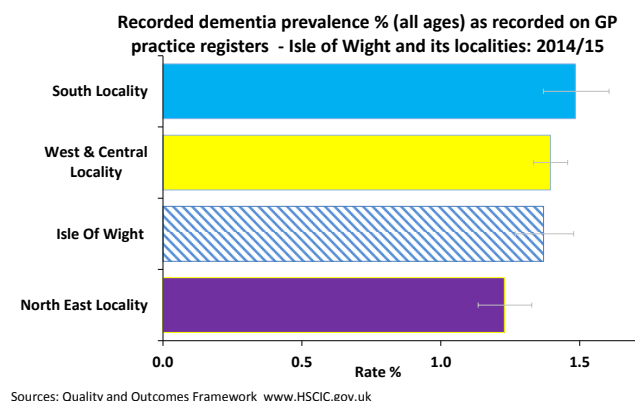
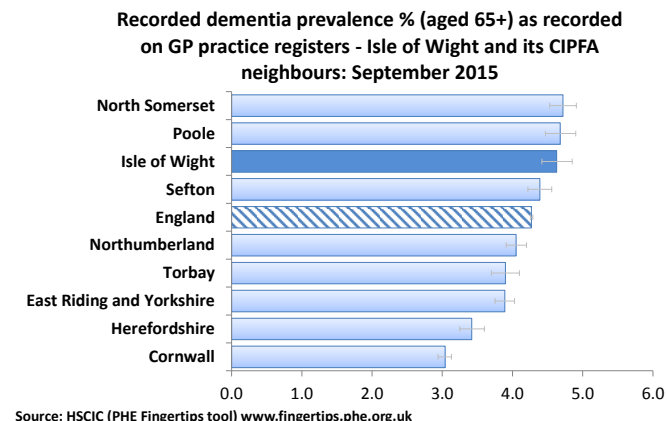


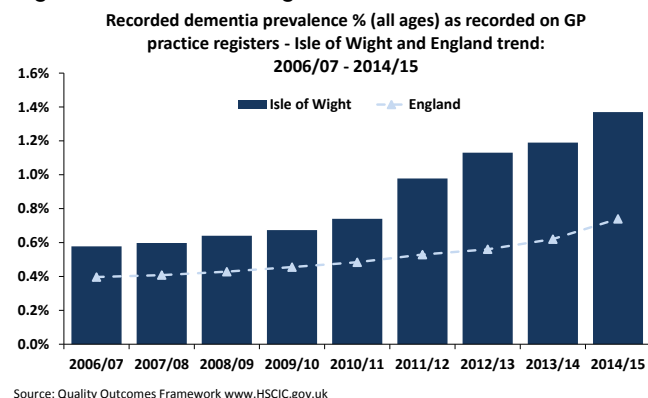
Figure 3 shows the proportion of residents aged over 65 years who have been diagnosed with dementia. The Isle of Wight rate, 4.6%, is statistically significantly higher than the England average, 4.3%, and also higher than the majority of its comparator authorities. A lot of work has been carried out on the Isle of Wight to improve diagnosis rates. This may indicate that the high level of diagnosis on the Island could be attributed to excellent practice within primary care in referring symptomatic individuals to specialist services and comprehensive recording of diagnoses once made, rather than just higher incidence of the condition.

Figure 3: Dementia diagnosis (aged 65+)



Dementia diagnosis across all ages has increased on the Isle of Wight over the last five years; the increase in diagnosis could be attributed to the improved diagnostic processes locally. As shown in figure 4, there has been an increase from 1,047 people (0.7%) with a diagnosis of dementia in 2010/11 to 1,944 (1.4%) in 2014/15.

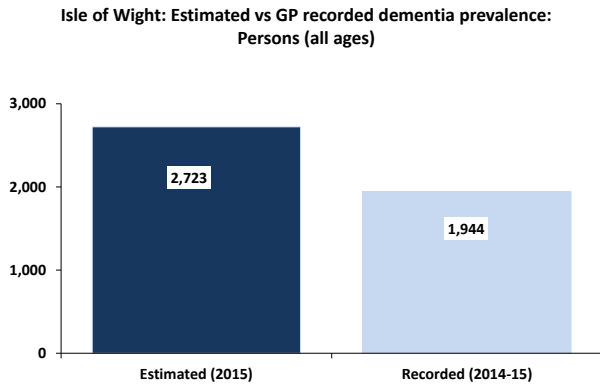
Figure 4: Dementia diagnosis trend



Estimated versus recorded diagnosis of dementia

A modelling process has been used to estimate the true numbers of people with dementia in all localities nationally. This method is used to predict estimates when an evidence base exists, but recorded data may be incomplete. This model suggests there could be around 700 people who actually have dementia, mostly with mild symptoms, but who are yet to receive a diagnosis (see Figure 5). These represent 28% of the total number of people estimated to have dementia.

Figure 5: Estimated v recorded dementia diagnosis

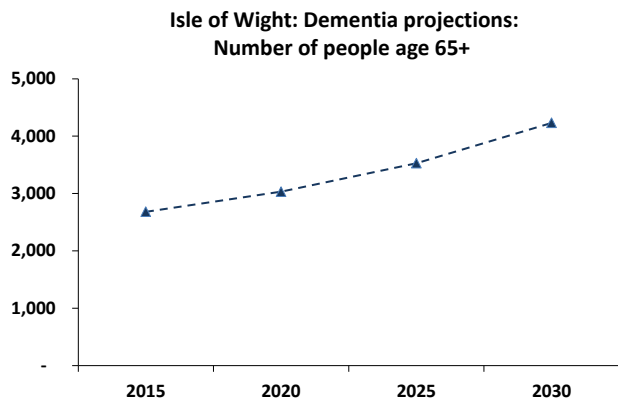


Data Sources: POPPI (prevalence estimates) www.poppi.org.uk
 Quality Outcomes Framework (GP-Recorded data) <http://www.hscic.gov.uk/qof>
 When comparing these data sets please note that the 'Estimate' is a calendar year and the 'Recorded' is a financial year so it cannot be taken as a direct comparison, but could be said to be close.

Estimated dementia projections

The current diagnosis rates have been applied to the Office for National Statistics population projections for those aged 65 and over on the Isle of Wight. This calculation is intended to give the estimated number of people predicted to have dementia by 2030, namely 4,232 people (see Figure 6). This increase could be attributed to people living longer, thus increasing over time the number and proportion of the population who are aged over 65 years.

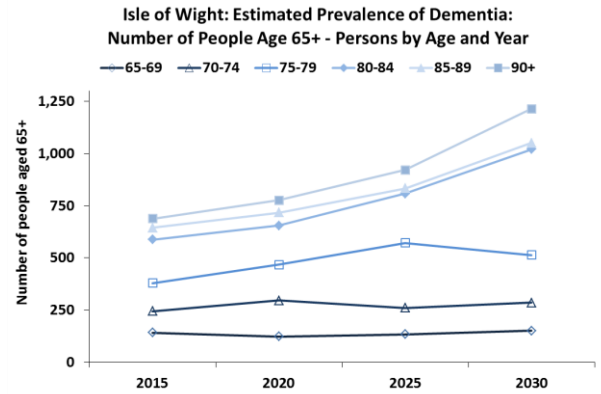
Figure 6: Dementia projections (65+)



Data Source: Projecting Older People Population Information System (POPPI) www.poppi.org.uk

Figure 7 shows the estimated number of those predicted to have dementia aged over 65, by age group. From 2015 to 2030 the greatest increase in dementia is predicted to occur in those aged over 80.

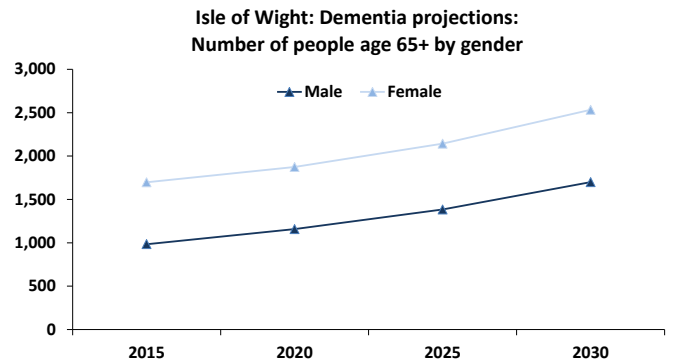
Figure 7: Dementia projections (65+) by age group



Source: Projecting Older People Population Information System (POPPI) www.poppi.org.uk

From 2015 to 2030, it is estimated that the number of men aged over 65 years with dementia will increase by 699 and the number of women by 837 (see Figure 8).

Figure 8: Dementia projections by gender (65+)



Data Source: Projecting Older People Population Information System (POPPI) www.poppi.org.uk

Treatment

Following diagnosis, patients are offered a course of cognitive stimulation therapy (CST), an evidence-based group treatment for people with mild to moderate dementia. They and their carers are given information about specialist support networks in the voluntary sector and social care organised or provided by the local authority. Advice is given about driving and lasting powers of attorney. General practitioners are given advice about existing medication to minimise any negative effect on brain function. Conversely, psychiatrists can be consulted about the safety or appropriateness of future treatments for physical illness, in the context of the diagnosed dementia.

There are no disease-modifying treatments for any of the common causes of dementia. That is to say, there is no cure and no medication able to slow down the progression of Alzheimer's disease or similar illnesses.

There are specialist drugs available which can bring about a modest, temporary improvement in dementia symptoms in up to half of patients with

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Alzheimer's disease, but these treatments are not without their side effects.

Additionally, other drugs such as sedatives, anxiolytics, antidepressants and antipsychotics are sometimes used to try to improve the behavioural and psychological symptoms sometimes associated with dementia. These drugs are particularly likely to cause side effects and are used with varying degrees of caution.

References/Useful websites

Mental Health Dementia and Neurology (Dementia profiles) January 2016

<http://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia>

Health & Social Care Information Centre, Quality & Outcomes Framework

<http://www.qof.ic.nhs.uk/>

Interactive Dementia Atlas

<https://shapeatlas.net/dementia/#8/51.674/-2.457/l-dup65/b-10L>

Acknowledgements

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