



Title Dementia – Etiology and Epidemiology
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Aim

To systematically review dementia in terms of, eg, incidence and prevalence, risk factors, diagnostics, drug therapies, caring, ethical considerations, ethnicity, and health economics.

Conclusions and results

Old age is the major risk associated with dementia. Good control of hypertension during middle age and an active life with intellectual activities during old age may reduce the risk of dementia.

Screening is not an option for diagnosing dementia at an early stage. A good clinical examination, combined with a caregiver interview and a clock test, will identify patients needing further investigation involving CT or MRI. Neuropsychological testing and cerebrospinal fluid biomarkers offer additional options for testing.

Patients with mild to moderate Alzheimer's disease may benefit from acetylcholinesterase inhibitors. The effect on cognition is small and lasts for some time, but adverse events are frequent.

Good care requires a good relationship between patient and caregiver. Psychoeducational interventions and skills-training programs may be helpful for informal caregivers.

Societal costs from dementia are high. Cost effectiveness cannot be reported for any treatment or intervention.

Recommendations

Not applicable.

Methods

The systematic literature search included databases and hand searching reference lists.

Included papers in English were published from 1966 to 2004, with the exception of updated consensus criteria on Lewy body dementia from 2005.

For search terms used in the systematic review, please see www.sbu.se.

Further research/reviews required

Additional research on dementia disorders is required in several areas: Progression of various dementia disorders; development of diagnostic methods; better instruments for identifying and measuring cognitive and related symptoms; methods to assess quality of life in people with dementia; evaluation of drugs (including adverse effects) for all categories of dementia; and studies examining the long-term effects and costs of pharmacotherapies in combination with programs of caring.