CARE NEEDED:
Improving the lives of people with dementia

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Dementia affects millions of people in OECD, and the numbers will continue to rise.

Dementia prevalence is high and rising with ageing populations.

Source: OECD Health Statistics 2017
Policy attention and action have grown

- First ever G8 Summit on dementia mobilised international commitment
- 22/35 OECD countries now have national dementia plans or strategies
…But evidence shows that we are still failing people with dementia…

…and there is a risk that political attention moves away.
COUNTRIES ARE POORLY EQUIPPED TO DIAGNOSE DEMENTIA
Improvements needed to identify dementia

Access to diagnosis
• Less than half of people with the condition are diagnosed
• Primary care serves as the first point of contact for memory problems in 26 OECD countries

Diagnostic quality
• Many people with dementia do not have more than a general diagnosis of dementia recorded
• 16 countries have developed clinical guidelines for dementia

Screening for dementia
• 4 countries currently offer cognitive screening
• Uptake can be low, even when offered
Data remains poor

<40% of OECD countries can estimate diagnosis rates

Fewer than 1 in 5 OECD countries regularly link primary care data

6 OECD countries have developed dementia registries to help fill data gaps
FRAGMENTED INITIATIVES
IN THE COMMUNITY
Weak post-diagnostic support:
Post-diagnostic care pathways have been developed for people living with dementia in 9 countries, but adherence varies.

Insufficient action for dementia-friendly communities
90% of OECD countries have dementia-friendly communities, but they rely on local associations and NGOs, and remain ad-hoc.

Support for informal carers is sorely lacking
Interventions that support the caregiver’s own personal wellbeing are critical, but underprovided.
POOR STANDARDS OF CARE FOR PEOPLE WITH ADVANCED DEMENTIA
Help needed for people with advance dementia

Training for care workers is insufficient
The required level of dementia training for home and residential care workers is very low

Access to dementia-suitable care facilities is weak
Small scale living communities not widely available; four countries (Denmark, Ireland, UK, Norway) have developed guidelines to promote dementia-friendly design

Hospitals are ill-adapted for the needs of people with dementia
Poor coding, poor management of condition
High rates of antipsychotic use indicate poor care persists.
Lack of comparable data across the full pathway of care

22 OECD countries have recently developed dementia policies and strategies

We have evidence to support best practice in some areas

But most countries have very few indicators of dementia care; lack of robust, systematic data

Very difficult to make international comparisons of dementia care
Identifying dementia
  – Scale-up training and support for physicians, particularly in primary care
  – Improve dementia coding and data linking, from primary care to hospital

Caring in the community
  – Develop and disseminate best practice dementia-friendly communities guidelines
  – Strengthen post-diagnostic pathways, care coordination and case management for people with dementia, especially for complex dementia
  – Scale-up training and support for informal carers

Improving quality of care for people with advanced dementia
  – Strengthen dementia management skills and training for care staff
  – Develop and disseminate best practice dementia-friendly building guidelines
  – Consider financial and professional incentives for care staff with dementia training
  – Develop and regularly monitor key quality of care measures, including antipsychotics prescribing
Thank you for listening

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https://oe.cd/dementia-care-needed

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