

Dementia diagnosis, treatment and care in specialist clinics in two Scandinavian countries: A data comparison between the Swedish Dementia Registry (SveDem) and the Danish Dementia Registry

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Description: Background: The growing number of elderly suffering from dementia highlights the importance of assessment of quality of care. Two dementia quality registries have been developed in Denmark and Sweden since 2005 and 2007, respectively. Although located in the same region with similar socioeconomic background, there are different national dementia guidelines in Scandinavian countries. Objective: To compare patient characteristics, diagnostics, treatment and quality indicators of dementia work-up among patients referred to specialist units in Sweden and Denmark. Methods: This cross-sectional study was conducted by merging data from the Swedish Dementia Registry (SveDem) and the Danish Dementia Registry. Newly diagnosed dementia patients referred to memory clinics during 2007-2012 were included (n=26,205) consisted of 19,629 Swedish and 6,576 Danish patients. Baseline characteristics, diagnostic work-up, type of dementia, care services and medications were compared between the two countries. The analysis was funded by the ADEX-study, the Danish Council for Strategic Research, grant NO.: 0603-00380B/10-092814. Results: The merged database includes 15,433 (58.9%) female and 10,772 (41.1%) male dementia patients with the mean age of 78.2 (SD=8.6) yrs. Female preponderance was greater in Denmark (1.56 vs. 1.39, P<0.001), while Swedish patients were slightly younger with higher MMSE score at the time of diagnosis (P<0.001). Alzheimer's disease (AD) was the most common type of dementia in both registries (47.7% in Denmark and 36.6% in Sweden); however, more cases were diagnosed as mixed AD in Sweden (24.7% vs. 10.6%, P<0.001). After multivariate adjustment, obtaining MRI [OR=1.89 (95%CI:1.72-2.08)] and prescription of antipsychotics [OR=1.54 (95%CI:1.35-1.76)] was significantly more common in Sweden. Proportion of patients with AD, DLB and PDD treated with anti-dementia drugs was 86.3% in Denmark and 83.4% in Sweden. The median duration between initial assessment and confirmed diagnosis was 57 and 56 days in Denmark and Sweden, respectively. Conclusions: Quality registries can be used for comparing patient demographics, work-up characteristics and quality of dementia care in different countries. Patient characteristics were more similar in the two countries regarding the clinical relevance of the differences. Higher chance of vascular findings following the higher rate of MRI obtaining in Sweden might have induced the higher proportion of mixed AD diagnosis.