Healthcare Atlas for the Elderly, 75 yr and older

Dementia and Parkinson's disease, 2013-2015

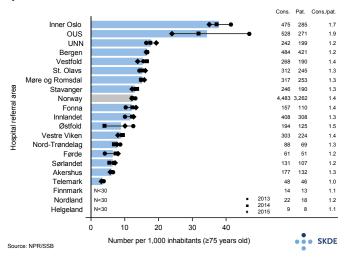


Dementia is a collective term for various diseases of the brain that are characterised by symptoms such as impairment of memory, attention, language and general intellectual abilities, personality changes and impaired self-care ability. Parkinson's disease affects the brain and impairs fine motor functions. Typical symptoms include tremor at rest, rigidity, slow movement, difficulties starting movements and sudden freezing of movement. Most patients diagnosed with these diseases will develop significant health problems and need considerable assistance within a few years.

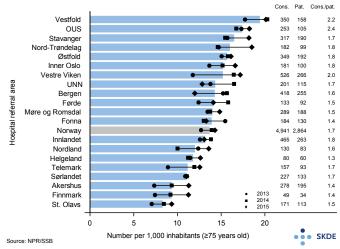
Background

There is no cure for dementia, but pharmacological treatment can alleviate the symptoms of some forms of dementia for a while. Elderly patients with dementia are usually assessed and followed up by the primary healthcare service. In cases that are difficult to diagnose, the patient is referred to a specialist.

Parkinson's disease is chronic and progressive. It cannot be cured, but treatment that reduces symptoms improves patients' quality of life. It is demanding to assess and treat patients with Parkinson's disease. The patients should be followed up by their regular GP and have regular contact with a specialist.



Dementia, number of consultations per 1,000 population, adjusted for gender and age. Av. number of consultations, patients and consultations per patient per year.



Parkinson's disease, number of consultations per 1,000 population, adjusted for gender and age. Av. number of consultations, patients and consultations per patient per year.

Results

Each year, approximately 3,300 patients have a total of approx. 4,500 outpatient consultations for dementia. The average age is 82.3 years, and 58% are women. People resident in Inner Oslo hospital referral area (the referral areas of Lovisenberg and Diakonhjemmet hospitals) use outpatient services for dementia eleven times more than residents of the Telemark area. The OUS area also has a high number of consultations for dementia, but the hospital referral area saw a great reduction in the number of consultations during the period 2013–2015. Inner Oslo and OUS have more consultations per patient than the other hospital referral areas. There is considerable variation in the use of outpatient services for dementia even if we eliminate the Inner Oslo and OUS areas: residents of UNN hospital referral area have more than five times as many outpatient consultations relating to dementia as residents of the Telemark area.

Each year, approx. 2,900 elderly patients with Parkinson's disease as their primary diagnosis have nearly 5,000 outpatient consultations. The level of activity appears to have risen in recent years. The average age is 80.1 years, and 45% are women. Parkinson's patients resident in the Vestfold area use outpatient services more than twice as often as those resident in St. Olavs hospital referral area. The average number of appointments per patient also varies considerably between hospital referral areas, from 1.3 to 2.4.

Comments

There is great variation in the use of outpatient services in connection with dementia, particularly due to the high number of consultations in the Oslo area. We do not have data from geriatric psychiatry units. This source of error can have a greater impact on some hospital referral areas than on others, but it cannot explain the variation in full. With the exception of the UNN area, very few patients have attended outpatient appointments for dementia in the hospital referral areas in Northern Norway. Dementia care is a collaborative effort by several parties, and it is important to clarify tasks and responsibilities and ensure good cooperation. It appears that in some areas, specialists assess dementia cases that in other hospital referral areas would be assessed by regular GPs in cooperation with municipal dementia teams. The national guidelines that are being prepared can have a positive effect in terms of achieving more equitable specialist health services for this group of patients all over Norway.

There is relatively large geographical variation in the use of outpatient services for Parkinson's disease. It is important that patients diagnosed with Parkinson's disease have regular contact with a specialist in addition to being followed up by their regular GP, since Parkinson's is a demanding disease to treat over time. The variation observed gives reason to question whether the services available to elderly Parkinson's patients are equitably distributed across Norway.