



Pharmacological treatment of patients with dementia in German claims data – specific consideration of regional variation

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Abstract

Background:

Currently about 1.5 million patients with dementia (PwD) live in Germany. Due to increasing life expectancy the number of prevalent cases is estimated to increase. Therefore, dementia significantly contributes to morbidity in the elderly population and poses a major challenge for the healthcare system. The aim of the present study was to examine prescription rates for antidementive drugs as well as for antipsychotics, hypnotic/sedative drugs and antidepressants in PwD.

Method:

This study is based on the complete nation-wide outpatient claims data of the panel doctors services according to §295 SGB V and drug prescription data according to §300 SGB V, both from 2009 to 2011. We identified prevalent and incident (only for 2011) PwD 60 years and older and estimated prescription prevalences for the above mentioned medications. Small-area prevalence rates at the level of the 17 regional Associations of Statutory Health Insurance Physicians (“Kassenärztliche Vereinigungen”, KV-regions) were sex- and age-standardized.

Results:

According to our data base we observed around 1 million prevalent patients with dementia annually, N=1,014,710 in 2011. With regard to prescribing rates of antidementive drugs, about one quarter of PwD received at least one prescription, with a slightly upward trend between 2009 and 2011. The prescription prevalence varied by stratification variables: women were less likely to receive antidementive agents than men (23% vs. 28%). Considering age groups, the highest prescription prevalence was found in 75- to 79-year-olds. As expected, prescription was highest in patients with Alzheimer dementia (42%). PwD being cared by neuropsychiatrists were more likely to receive an antidementive prescription than PwD cared by general practitioners alone (48% vs. 25%). Sex- and age-standardized prescription rates varied across KV-regions from 13 to 32% with higher rates than average in Eastern Germany (except for Berlin) and lower rates than average specifically in Bremen, Lower Saxony and Hamburg. With regard to antipsychotic, hypnotic/sedative, and antidepressant drugs we found overall prescription rates of 35%, 10% and 29%, respectively among PwD. In contrast to antidementive drug prescriptions, standardized prevalence rates were lower in the East and higher in the West of Germany, especially in Bremen, Rhineland-Palatinate and Baden-Wuerttemberg for antipsychotics and in North Rhine-Westphalia and Saarland for hypnotic/sedative drugs. In general, results were similar between prevalent and incident PwD.

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**Conclusion:**

Based on coded diagnoses of claims data, the majority of antidementive drug prescriptions appears indication-oriented. According to guidelines for pharmacological treatment of PwD prescription rates for antidementive agents seemed lower than expected, whereas the rates for antipsychotics and for hypnotic/sedative drugs were found to be apparently higher than expected. In this regard, taking limitations of the study into account, we assume that the pharmacological treatment of PwD is subject to critical observation and optimization. There is some evidence for regional differences in prescription behavior/traditions between East and West Germany. These differences need to be further examined and warrant future research.

Keywords:

dementia, Alzheimer dementia, medication, regional variation, antidementive drugs, antipsychotics, hypnotics, sedatives, antidepressants

Citation:

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