ECHIM Indicator name	**B) Health status** 22. Dementia
Definition	Number of individuals aged 65+ that have been diagnosed with dementia. Expressed per 100,000 and as percentage of total population.
Calculation	National best estimate of number of individuals aged 65+ that have ever been diagnosed with dementia (ICD-10 codes F00-F03, G30; including Alzheimer). Age standardization should be done for men and women separately, according to the direct method, using the 1976 WHO European population as standard population (this is the method applied for the Eurostat diagnosis-specific morbidity statistics; see references (document principles and guidelines in CIRCA)).
Relevant dimensions and subgroups	- Country. - Calendar year. - Sex. - Age group: ➢ for age standardization data must be collected by 5 year age groups (see calculation) ➢ for data presentations it is required to present the following age groups; 65-84, 85+ - Socio-economic status (see data availability). - Region (according to ISARE recommendations; see data availability)
Preferred data type and data source	Preferred data type: administrative sources (clinical records, insurance data), disease registers, etc., according to Eurostat recommendations for morbidity statistics. Which source is/which sources are to be preferred is dependent on the specific disease and the health care system and health information system in a specific country. Preferred source: Eurostat (diagnosis-specific morbidity data)
Data availability	Eurostat morbidity data activities are currently in a pilot phase. In 2007, 9 MS (CZ, CY, EE, HU, LT, LV, MT, SI, SK) carried out a data collection pilot. AT and DE carried out a pilot study in 2009. In 2009 BE, DE, FI, NL, PL and RO started with the pilot. Eurostat morbidity data will be available by sex and 18 age groups (0-4, 5-9,etc., 85+), not by socio-economic status and region. The ISARE project on regional indicators does not collect data on dementia. By the end of 2011 a TF on Morbidity will start assessing the data received from the 16 pilots (in terms of quality and comparability). The pilot data will not be published since they were collected to assess the feasibility of the proposed method. But if the results of the final report of the TF (to be issued by the end of 2012) show that some indicators are comparable within MS, ECHIM could ask directly to the involved MS whether they agree to send to ECHIM their figures. The final aim (target: 2015) is to set up a regular data collection on morbidity.
Data periodicity	It is currently not yet clear how often Eurostat will collect the diagnosis-specific morbidity data.
Rationale	An increasingly important public health issue as the European populations are aging rapidly. Dementia in older people is one of the most concerning issue worldwide and particularly in Europe.
Remarks	- Eurostat diagnosis-specific morbidity data activities are based on a shortlist of diseases covering 60 diseases/disease groups. - Eurostat diagnosis-specific morbidity data activities are aimed at providing best national estimates. Each Member State itself decides which is (are) the best data source(s) for calculating a certain estimate. Given the fact that not in all MS the health information system is well aligned with the health care system, there will be limitations to the comparability of national estimates resulting from this approach. - According to the EURODEM study an estimate based solely on diagnosed cases might pose a problem in accurately estimating the number of people with dementia, as many people with dementia never receive a diagnosis and it excludes those in the early stages of dementia who have not yet been diagnosed. However, there is no comparable European wide data derived from (regularly conducted) ad hoc epidemiological surveys and the Alzheimer Europe/EURODEM database is not regularly updated. Furthermore a Health Interview Survey (HIS)-based estimate is not recommended for dementia. However a Cognitive Decline module in Health Examination Surveys could permit proxies and predictive models to dementia. - The EU funded EUROCODE (European Collaboration on Dementia) Project lead by

	Alzheimer Europe based its country-specific estimates on population statistics provided by Eurostat and on European average prevalence rates from the EURODEM-group and from a study by Ferri et al. (2005). The EURODEM-group pooled data on prevalence of moderate to severe dementia in several European countries to provide estimated prevalence rates for nine different age groups. Ferri et al. developed their prevalence rates through a DELPHI approach i.e. based on a consensus statement by experts in the field of dementia and not directly from epidemiological studies. The EUROCODE Project examined the EURODEM data taking into account high quality studies performed in the last 20 years looking at dementia prevalence and pooled these in a collaborative analysis. Age and sex specific prevalence rates have been calculated using this prevalence data.
References	- Diagnosis specific morbidity statistics, Eurostat, public part of CIRCA: http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiessandsdatasc/diagnosis-specific&vm=detailed&sb=Title - Health Indicators in the European Regions (ISARE) project: http://www.isare.org/ - Alzheimer Europe. Dementia in Europe Yearbook 2006. Including the Alzheimer Europe Annual Report 2005. http://ec.europa.eu/health/archive/ph_information/reporting/docs/2006_dementiayearbook_en.pdf - Dementia in Europe Yearbook 2010 - Alzheimer Europe: http://www.alzheimer-europe.org/Publications/E-Shop/Dementia-in-Europe-Yearbooks/Dementia-in-Europe-Yearbook-2010
Work to do	- Monitor developments Eurostat morbidity statistics