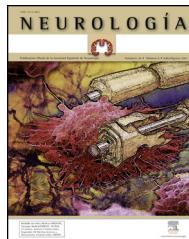




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## ORIGINAL ARTICLE

### Incidence of early-onset dementia in Mar del Plata<sup>☆</sup>



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#### KEYWORDS

Dementia;  
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#### Abstract

**Introduction:** Early-onset dementia (EOD) is defined as dementia with onset before the age of 65 years. EOD is increasingly recognised as an important clinical and social problem with devastating consequences for patients and caregivers.

**Objective:** Determine the annual crude incidence rate and the specific incidence rates by sex and age in patients with EOD, and the standardised rate using the last national census of the population of Argentina (NCA), from 2010.

**Materials and methods:** Hospital Privado de Comunidad, Mar del Plata, Argentina, attends a closed population and is the sole healthcare provider for 17 614 people. Using the database pertaining to the Geriatric Care Department, we identified all patients diagnosed with EOD between 1 January 2005 and 31 December 2011. EOD was defined as dementia diagnosed in patients younger than 65.

**Results:** The study period yielded 14 patients diagnosed with EOD out of a total of 287 patients evaluated for memory concerns. The crude annual incidence of EOD was 11 per 100 000/year (CI 95%: 6.25-19.1): 17 per 100 000 (CI 95%: 7.2-33.1) in men and 8 per 100 000 (CI 95%: 3.4-17.2) in women. We observed a statistically significant increase when comparing incidence rates between patients aged 21 to <55 years and ≥55 to <65 years (3 vs 22 per 100 000,  $P=.0014$ ). The rate adjusted by NCPA census data was 5.8 cases of EOD inhabitants/year.

**Conclusion:** This study, conducted in a closed population, yielded an EOD incidence rate of 11 per 100 000 inhabitants/year. To the best of our knowledge, this is the first prospective epidemiological study in Argentina and in Latin America.

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## PALABRAS CLAVE

Demencia;  
Incidencia;  
Demencia de inicio  
precoz;  
Argentina

## Incidencia de demencia de inicio precoz en Mar del Plata

### Resumen

**Introducción:** La demencia de inicio precoz (DIP) se define como demencia con una edad de inicio antes de los 65 años. La DIP está siendo cada vez más reconocida como un importante problema clínico y social, con consecuencias devastadoras para los pacientes y para las personas que cuidan de ellos.

**Objetivo:** Determinar la tasa de incidencia bruta anual y las tasas de incidencia específicas por sexo y edad de pacientes con DIP, y la tasa estandarizada al último Censo Nacional de Población de Argentina (CNPA) del año 2010.

**Materiales y métodos:** En el Hospital Privado de Comunidad, Mar del Plata, Argentina, se atiende a una población cerrada con atención médica exclusiva de 17.614 personas; de estos pacientes se extrajeron todos aquellos con diagnóstico de DIP, de la base de datos del Servicio de Atención a la Tercera Edad del hospital, desde el 1 de enero del 2005 hasta el 31 de diciembre del 2011. Se definió DIP a la demencia diagnosticada antes de los 65 años.

**Resultados:** Durante el período de estudio, se registraron 14 pacientes con diagnóstico de DIP, de un total de 287 pacientes evaluados por queja de memoria. La tasa de incidencia anual bruta de DIP fue de 11 por 100.000 habitantes/año (IC del 95%, 6,25-19,1), 17 por 100.000 (IC del 95%, 7,2-33,1) en hombres y de 8 por 100.000 (IC del 95%, 3,4-17,2) en mujeres. Se observó un incremento estadísticamente significativo al comparar las tasas de incidencia entre pacientes de 21 a < 55 años y ≥ 55 a < 65 años (3 vs. 22 por 100.000; p = 0,0014). La tasa ajustada al CNPA fue de 5,8 casos de DATE por 100.000 habitantes/año.

**Conclusión:** El presente trabajo, basado en una población cerrada, mostró que la tasa de incidencia anual de DIP fue de 11 por 100.000 habitantes/año, y a nuestro saber constituye el primer estudio prospectivo epidemiológico en Argentina y América Latina.

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## Introduction

Dementia in patients younger than 65 at onset is known as early-onset dementia (EOD).<sup>1,2</sup> It is increasingly being acknowledged as an important clinical and social problem and its consequences are devastating for both patients and their carers.<sup>3</sup>

The literature contains only limited epidemiological data for EOD incidence since it is less frequent than late-onset dementia (LOD). The annual incidence rate of EOD according to studies conducted in Europe and the United States ranges between 7.2 and 29.6 per 100 000 persons-year.<sup>4-8</sup> However, there are no available epidemiological data on EOD incidence in Latin America, including Argentina.

Our aim is to perform a prospective epidemiological study of EOD incidence based on a closed population.

## Objectives

This study aims to determine the crude annual incidence rate and specific incidence rates of EOD broken down by sex and age in a closed population receiving treatment exclusively at Hospital Privado de Comunidad in Mar del Plata, in Argentina.

We attempt to adjust or extrapolate these rates to the population registered by the Argentinian National Census of 2010.

## Materials and methods

### General population

Hospital Privado de Comunidad in Mar del Plata provides care to a population registered with the National Institute of Social Services for Retirees and Pensioners (INSSJP). This population is treated in our hospital exclusively within the framework of a capitation system. This system is applicable to both primary care and highly specialised care. It delivers a single medical history for each patient, and diagnoses that are coded and recorded in a computer database. Capitation in Argentina is a medical service financing system by which union-run insurance organisations pay a monthly per-patient fee to a healthcare provider. In exchange, patients receive healthcare services that have been previously approved. *Cápita* is the term referring to the set of individuals identified by contract as the beneficiaries of those services. In our case, this amounts to 6954 patients. Additionally, another 10 660 individuals receive care as beneficiaries of prepaid healthcare plans (PHP). Therefore, our hospital provides care to a total of 17 614 individuals, referred to here as our 'closed population'. We gathered data from patients with coverage provided by the INSSJP and PHPs between 1 January 2005 and 31 December 2011. We also calculated the average values for each population, and stratified data according to sex and age.

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