Screening For Dementia: Evidence on Costs and Benefits

Modelling a one-off screen for dementia for all 75 year olds in the UK (England and Wales)

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Dementia (England and Wales)

• 710,000 people living with dementia
• Less than half have a diagnosis
• Impact on quality of life
• Costs society £23 billion a year
• Costs fall primarily to people with dementia, their families & social care
• PM Challenge - target of two-thirds ‘to be identified and given appropriate support’ by 2015
What did we look at?

- One-off cognitive test for people age 75
- Possibly as part of another appointment such as a health check
- ‘Timely’ diagnosis (MMSE <24)
- 391,400 people age 75
- 16,800 (4.3%) with dementia
- 9400 do not have a diagnosis
Cognitive testing

- Primary care setting
- MMSE standard 15 minute appointment (or as part of other appointment)
- Clinical nurses and GPs
- 19% refuse a cognitive test (Holsinger et al., 2011)
- 89% sensitivity (11% with dementia not identified)
- 95.5% specificity (4.5% without dementia identified)
- 311,000 receive a cognitive test
- Cost - £10 million
Further diagnostic tests

• 2 specialist visits
• MRI or CT for 75% of people
• Average £540 per person
• 48% might refuse further diagnostic tests (Boustani et al., 2005)
• 10,600 go for further diagnostic testing
• Cost - £6 million
Interventions (person with dementia)

• Medications
  – 12 month treatment, £815
  – delay to residential care of 47 days (marginal cost of care £46 per day)

• CST
  – 8 week treatment, £300
  – cognition (0.48 SMD), communication (0.44 SMD) and quality of life (0.38 SMD).
Interventions (caregiver)

• Multi-component support
  – 0.39 resident caregivers, 0.32 non-resident adult children, 0.15 no caregiver, 14% other
  – 75% take up, 18% drop-out (52% of people diagnosed)
  – 10 hours counselling/ support, £475
  – median delay to residential care, 557 days (20% benefits for non-resident), £46 marginal cost of care per day
Interventions (caregiver)

• Psychological therapy
  – 33% in distress, £412
  – Reductions in depression (0.66 SMD), anxiety (0.21 SMD)
Results

As a result ...

• 3,500 people would receive diagnosis (3395 to 7592)

• 2150 otherwise would never be diagnosed

• Remaining 1350 diagnosed earlier

• 13,650 ‘false positives’ (3,035 to 24,282).
Costs and savings

• Potential societal net costs associated with the screening programme of £236,012 were identified (almost cost-neutral)

• In sensitivity analyses, ranged from net costs of £3,649,794 to net savings of £4,685,768.
Conclusion

• Limited amount of robust evidence
• Limitations of model (e.g. no dynamic factors)
• Importance of caregiver support
• Highly conservative assumptions
• Excludes many potential harms and benefits
This presentation describes independent research funded by Bupa. The views expressed here are those of the presenters/authors and not necessarily those of Bupa.

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