

Burden of Medical Multimorbidity and Polypharmacy Among Patients with Dementia, 2017–2024: A Nationwide Study

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Introduction

- Prior studies show that the incidence of dementia in the United States is decreasing while prevalence is increasing (Blass et al., *BMJ*, 2025), pointing to increased survival after diagnosis
- Medical multimorbidity is a key determinant of quality of life

Methods

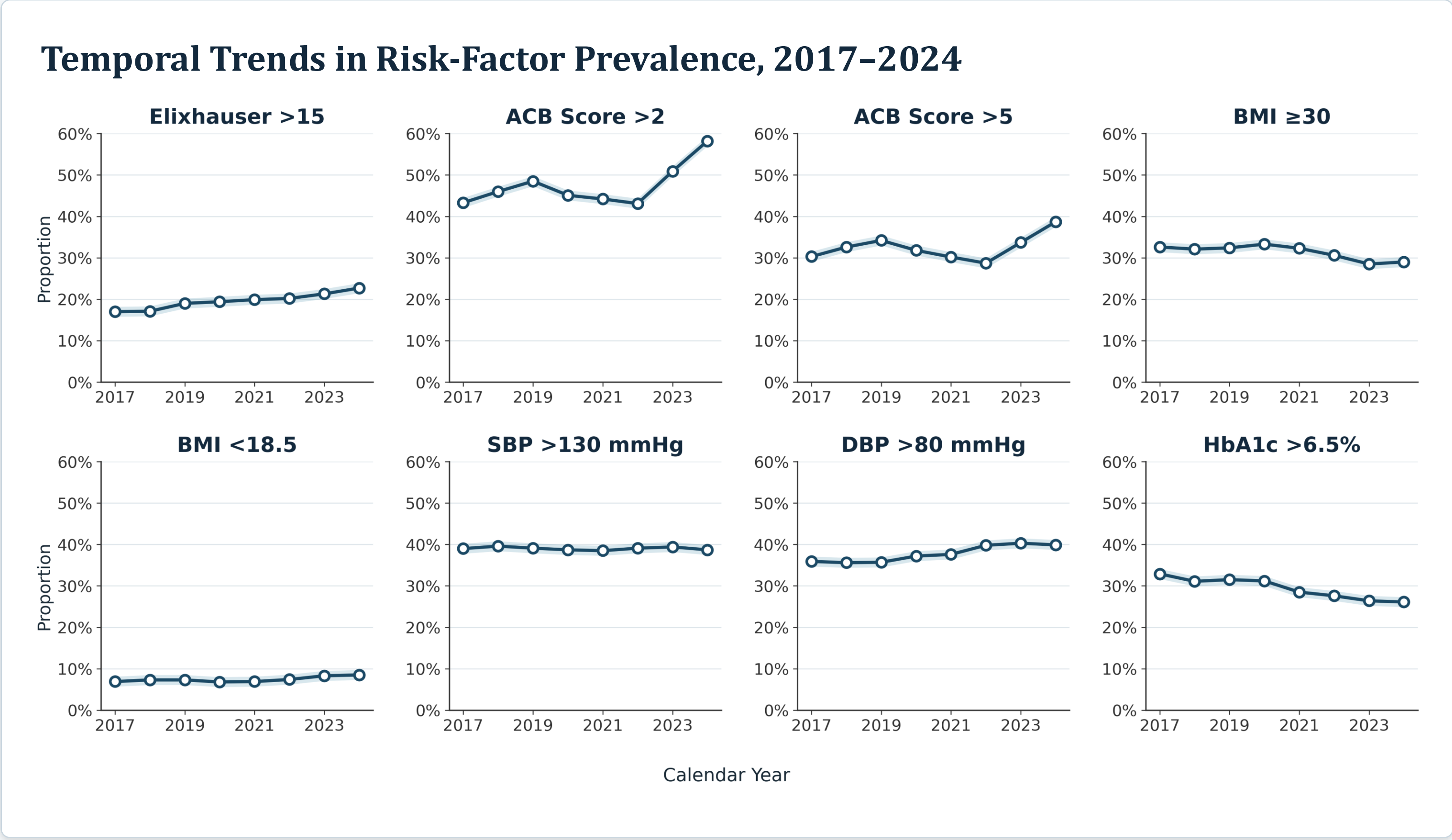
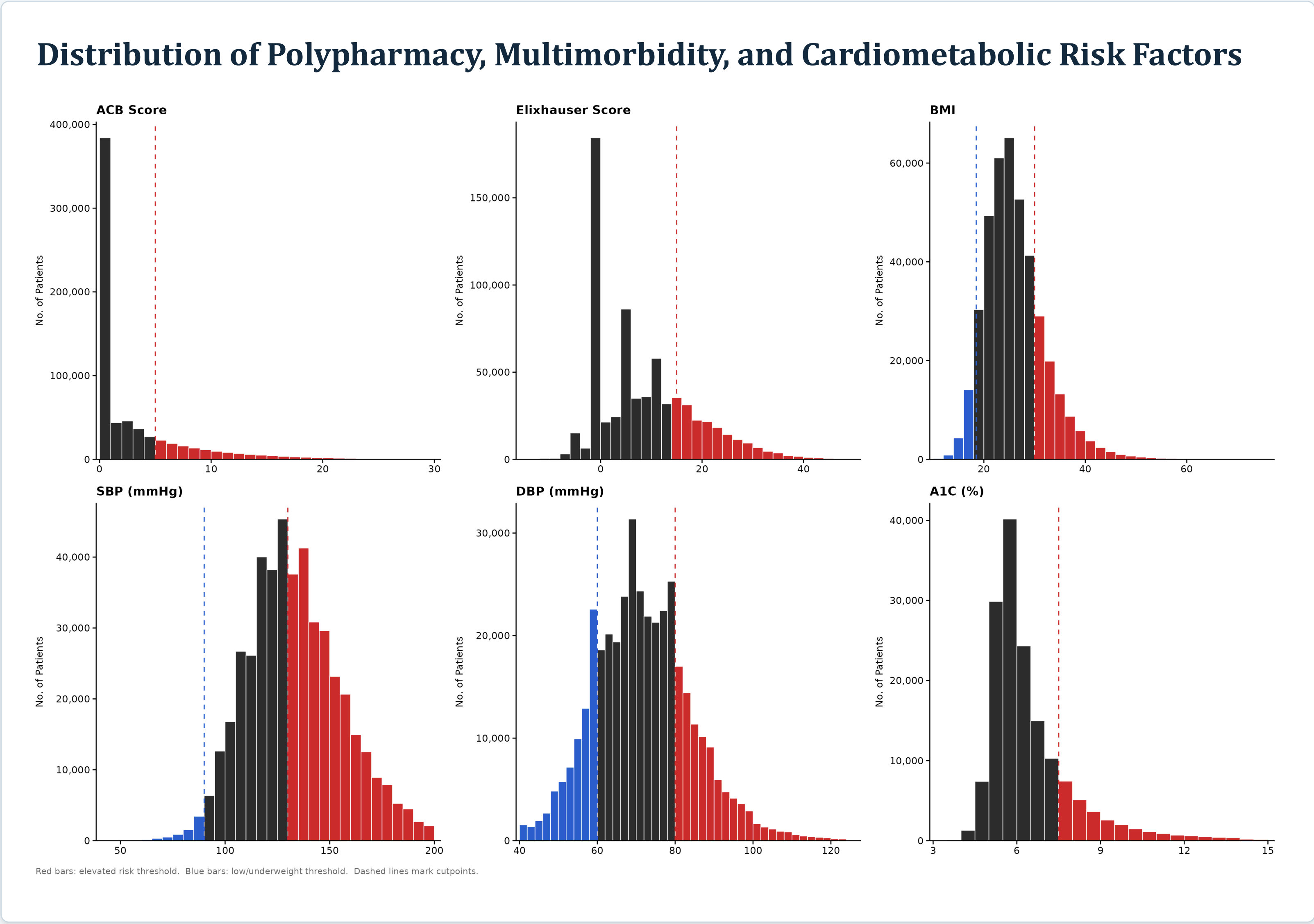
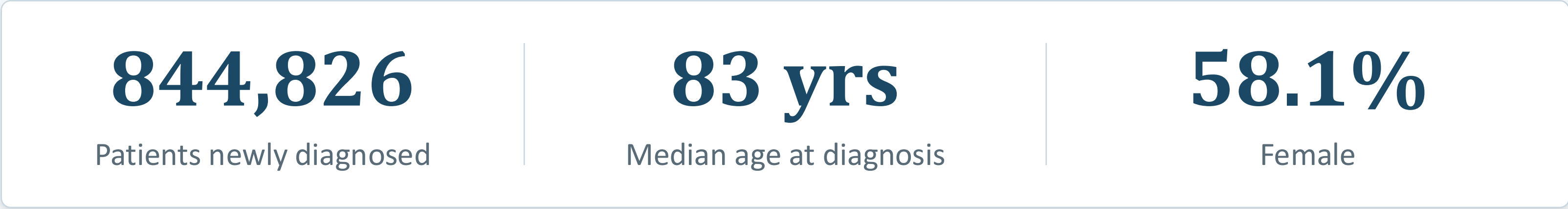
- Nationwide electronic health record (EHR) data from Truveta from 2017–2024
- Adults newly diagnosed with dementia by ICD-10-CM codes from 2017–2024.
- Used Elixhauser Comorbidity Index (ECI) and Anticholinergic Burden (ACB) scores to summarize multimorbidity and high-risk polypharmacy

Patient Characteristics

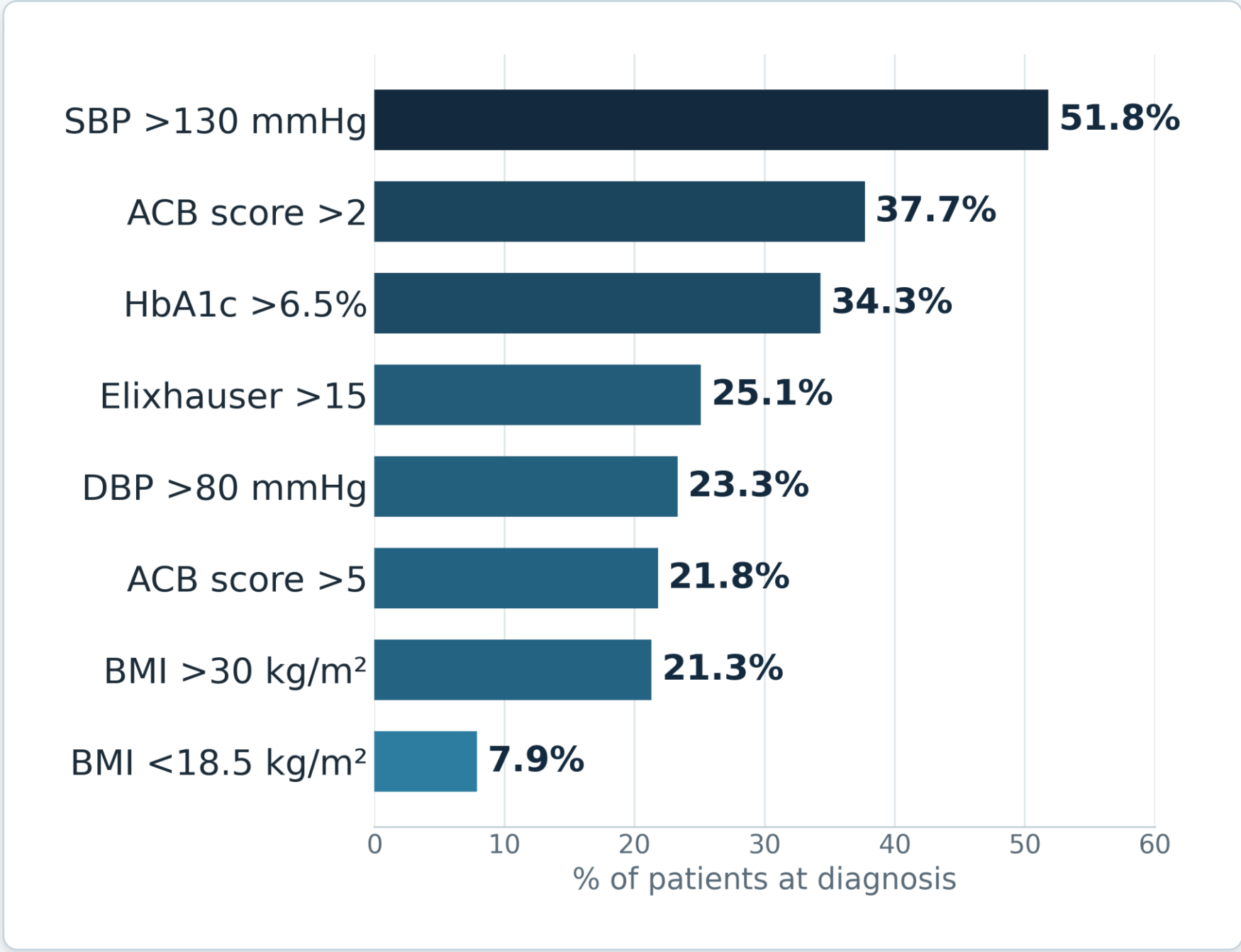
Characteristic	N (%)
Sex	
Female	490,644 (58.1)
Male	354,006 (41.9)
Race / Ethnicity	
White	617,354 (77.3)
Black or African American	100,341 (12.6)
Asian	32,787 (4.1)
Hispanic or Latino	53,683 (6.4)

Data source: Truveta, a nationwide aggregated EHR platform. Select measures missing for a subset of patients; percentages computed among non-missing.

Results



Prevalence at Diagnosis



Conclusions

- High burden of multimorbidity, anticholinergic medication exposure, and cardiometabolic risk at diagnosis.
- Comorbidity and anticholinergic burden rose from 2017 to 2024.
- Interventions for the primary prevention of polypharmacy and high-risk medication exposure, specifically through preventing and treating common chronic diseases, are clearly needed.
- More data on the correct balance of benefits and harms of chronic disease treatment are needed.

Contact



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