

High-risk Conditions for Dementia by Sex and Deprivation: A Cohort Study in English Primary Care Data

Hilary Shepherd, Adam Todd, Charlotte L Richardson, Andrew Kingston



Previous work



Learning disability, female sex, and low level of deprivation increased risk of dementia after accounting for competing mortality.

INTRODUCTION

Dementia risk estimates are needed in large data sources which are representative of the UK population, prioritise clinician-diagnosed conditions over self-reported ones, and account for the competing risk of death.

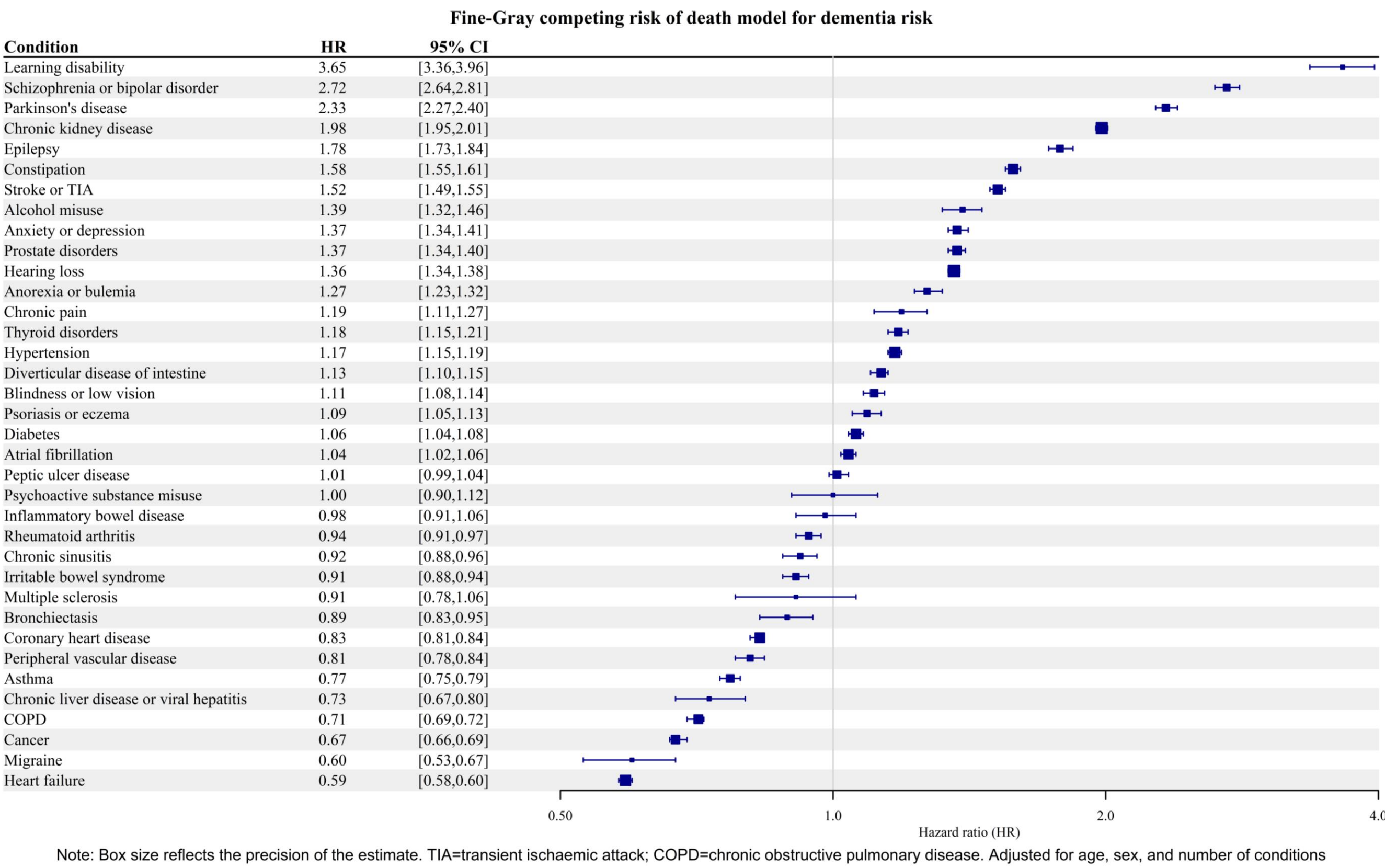
METHODS

GP records from 6,078,569 people with and without multiple long-term conditions.

Clinical Practice Research Datalink (CPRD) electronic healthcare data was used, plus linkage to the Index of Multiple Deprivation.

Fine-Gray competing risk of death analyses were conducted adjusted for year of birth, sex and deprivation.

RESULTS



Variable	Fine-Gray competing risk of death (HR, 95% CI)
2+ conditions	4.01 (3.94-4.07)
Female sex (vs Male)	1.35 (1.33-1.37)
Middle 60% deprived (vs Low)	0.89 (0.87-0.90)
Most 20% deprived (vs Low)	0.86 (0.84-0.88)

LIMITATIONS

Covariates such as ethnicity, smoking and BMI are important but not complete in this data source. Data are collected for clinical, not research purposes.

Individuals from the South-East and London were over-represented.

CONCLUSIONS

Learning disability, female sex and low deprivation increase risk of dementia. Low deprivation may affect health-seeking behaviour or accessibility of timely services. Availability of resources may influence health trajectories.

h.shepherd3@newcastle.ac.uk

