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Poorer dementia patients in England less likely to be prescribed drugs

Dementia patients from more affluent areas in England are 27% more likely to be prescribed anti-dementia drugs than patients from poorer areas, finds a new UCL study of 77,045 dementia patients across the UK. This inequality was not seen in Scotland, Northern Ireland or Wales.

The new research, published in *Age and Ageing*, also found that compared to English practices, anti-dementia drugs were prescribed more often in Northern Ireland and Scotland but less often in Wales.

The study, funded by The Dunhill Medical Trust, used anonymised medical records from between 2002 and 2013 to identify patients with dementia diagnoses and prescriptions. Overall, 37% of the patients studied received at least one anti-dementia drug prescription throughout the study period. In all countries, prescription rates fell during 2006-2009 which likely reflects the impact of changing guidelines.

In 2006, the National Institute for Health and Care Excellence (NICE) changed their guidelines on certain anti-dementia drugs, deciding on cost-benefit grounds that they should only be prescribed for ‘moderate’ and not ‘mild’ dementia. This decision was reversed in 2009 to recommend drug treatments for mild dementia. Doctors in Scotland can choose to follow guidelines from NICE or the Scottish Intercollegiate Guidelines Network (SIGN). The SIGN guidelines never restricted access based on disease severity, which could help to explain why Scotland does not have significant treatment inequalities.

“When access to any treatment is rationed, wealthier patients and their families tend to be better-equipped to navigate the healthcare system and get around the restrictions,” explains study author Dr Claudia Cooper (UCL Psychiatry). “They might do more research and know what to do to get the diagnosis and treatment that they want. They could also be more confident and assertive in asking doctors for specific treatments. Observational studies like this can increase our understanding of possible links between inequality and treatment outcomes, but they do not show direct cause and effect as we cannot rule out other explanations.”

The English National Dementia Strategy launched in 2009 with a key objective of reducing treatment inequalities, but the new study finds no evidence that this is being achieved for anti-dementia drugs.

“Inequality in dementia drug prescriptions in the UK looks to be a uniquely English problem, which could be down to the differing health policies of the devolved nations,” says Dr Cooper. “For example, Scotland and Northern Ireland tend to spend more on health, and prescribe more dementia drugs overall than England; treatments that are more available to all are probably less likely to be unequally distributed as they are more accessible to everyone including people from more deprived areas.

“We urgently need strategies to improve access to dementia treatments for people in more deprived areas in England. These should focus on offering drug treatments to people with treatable dementia types of any severity and ensuring that future prescribing policies do not introduce barriers to care that are less penetrable to people in poorer areas.”

Professor Alan Thompson, Dean of the UCL Faculty of Brain Sciences, says: “Making sure that everyone has equal access to dementia treatments is just as important developing new ones. Dementia is not simply a medical issue, it is also a social, political and economic challenge. At UCL, we are committed to tackling dementia across all fronts using the incredible breadth and depth of expertise available to us.”

- See more at: http://www.ucl.ac.uk/news/news-articles/1115/191115-poor-patients-denied-drugs#sthash.raBY06cK.dpuf