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Metadata – Alzheimer's and other dementia

Description	*Alzheimer's and other dementia prevalence*: a) Number of insured individuals with delivery of antidementia drugs (ATC codes N06DX01, N06DA) or with Alzheimer's- or dementia-related nomenclature codes (specialist diagnostic assessment and functional rehabilitation through memory clinics) per 100 000. b) Number of individuals who have reported suffering from Alzheimer's disease, dementia, or other serious memory problems in the Sciensano Belgian Health Interview Survey (HIS) 2023-2024. c) Mortality rate due to Alzheimer's disease and other dementias.
Rationale	Dementia is an umbrella term for numerous diseases affecting memory, problem-solving, and other cognitive abilities to such an extent that it interferes with functioning in daily life. Dementia is most prevalent in older age categories since age is one of the main risk factors for developing dementia. According to WHO, dementia is the seventh leading cause of death and one of the major causes of disability and dependency among the elderly [1]. Given the ageing population, dementia is and will become an even more emerging health problem and public health priority in the coming years.
Primary Data source	- Different databases were used: a) The *InterMutualistic Agency (IMA)* [2] *Population database* contains some socio-economic and demographic indicators of the population covered by the compulsory health care insurance (i.e., almost the entire population residing in Belgium). Those data are registered from 2002 onwards. The *Pharmanet database* includes all drugs dispensed and reimbursed in public pharmacies at the individual level b) Belgian Health Interview Survey (HIS) 2023, Sciensano [3] c) Statbel, Cause of death register, 2000-2022
Indicator source	a) The InterMutualistic Agency Atlas (IMA) [2]. b) Sciensano: Belgian HIS [3]. Age-adjusted rates were computed by the team of the Health Status Report. c) Mortality rates calculated by the team of the Health Status Report.
Periodicity	a) Yearly b) Every 5 years c) Yearly
Calculation, technical definitions and limitations	a) The InterMutualistic Agency Atlas (IMA) o NUMERATOR = Number of beneficiaries from the denominator with deliveries of antidiabetic drugs (ATC codes N06DA and N06DX01) or with dementia-related nomenclature codes (specialist diagnostic assessment and functional rehabilitation through memory clinics) o DENOMINATOR = number of beneficiaries by age category, gender, and increased compensation / 100 000 o The only age category included in this data source is 65+, so no age standardization is applied.

- For the variable ‘region’, 19% of entries in the dataset are marked as ‘unknown’. When creating graphs or analyses that focus on comparing or visualizing data by region, all entries with an ‘unknown’ region are excluded. However, when aggregating or analyzing data for other variables (not related to region), entries with an ‘unknown’ region are still included. This is because these entries contain relevant and useful information for those analyses, and excluding them would unnecessarily reduce the dataset’s completeness.

Several limitations can be pointed out:

- Assessing the prevalence of dementia using a proxy on the use of anti-dementia or on dementia referring nomenclature codes can lead to an underestimation of the “true prevalence”. It has to be noticed that some types of dementia could be underestimated (e.g. anticholinesterases are not recommended in Lewy body dementia or vascular dementia; memantine is not recommended in vascular dementia [4], [5]. Moreover, up to 30% of patients with dementia do not take any medicine [6].
- People without healthcare insurance are not taken into account

b) The Sciensano Belgian Health Interview Survey (HIS) 2023

- NUMERATOR = Number of persons reporting to suffer from Alzheimer’s disease, dementia, or other serious memory problem (by answering “yes” to the following question in the HIS (MA03): During the past 12 months, have you had one or more of the following diseases or conditions?” (A list of diseases or conditions is proposed, including “Alzheimer’s disease, dementia, or other serious memory problem”).
- DENOMINATOR = Number of respondents of the question in the HIS results is weighted to account for the survey design.
- Age-adjustment was made using a direct standardization method, using the age distribution of Belgium 2023 as weights for age groups.

Several limitations can be pointed out:

- Data must be interpreted with caution since they are self-reported and thus reflect individual perceptions of health that may differ from actual health; it is not excluded that some people report an illness incorrectly due to a lack of knowledge or because the disease is perceived as not socially acceptable.

c) Mortality rates due to Alzheimer’s disease and other dementias – Cause of death register

- NUMERATOR = Number of deaths with the underlying cause of death defined as one of these ICD-10 codes: F01, F03, G30.
- DENOMINATOR = Mid-year population.
- Mortality rates are age-standardized using the standard European population 2010.

Several limitations can also be pointed out:

- Differences in physician certification practices, differences in preferred terminology in different languages, different coding practices between regions, and competing causes may impair the quality of cause of death certification for Alzheimer’s disease and dementia.

International comparability	Alzheimer Europe provides dementia prevalence estimates for all EU27 countries using a prediction model. Prevalence rates were derived from a systematic literature review and generalized to prevalence estimates per sex and age (5-year age bands). These prevalence estimates were then applied to the UN World Population Prospects for each EU27 country, enabling international comparison. However, as these figures are model-based rather than directly observed at the individual country level, they should be interpreted as estimates [7]. Mortality rates due to Alzheimer's disease and other dementias are also available for European countries. Nevertheless, due to differences in the certification process, the use of specific codes, and the coding practices, results might not be entirely comparable between countries.

References list

[1] “World Health Organization.” Accessed: May 07, 2026. [Online]. Available: https://www.who.int/news-room/fact-sheets/detail/dementia

[2] “InterMutualistic Agency Atlas.” Accessed: May 07, 2026. [Online]. Available: https://atlas.aim-ima.be/viewer/?rw=1&lang=fr

[3] “Health Interview Survey,” sciensano.be. Accessed: May 07, 2026. [Online]. Available: https://www.sciensano.be/en/projects/health-interview-survey

[4] F. Hulstaert, N. Thiry, M. Eyssen, and F. Vrijens, “Interventions pharmaceutiques et non pharmaceutiques dans la maladie d’Alzheimer: une évaluation rapide,” *Brux. Cent. Fédéral Expert. Soins Santé KCE*, 2009.

[5] J. T. O’Brien *et al.*, “Clinical practice with anti-dementia drugs: a revised (third) consensus statement from the British Association for Psychopharmacology,” *J. Psychopharmacol. (Oxf.)*, vol. 31, no. 2, pp. 147–168, 2017.

[6] E. C. Tan, S. N. Hilmer, S. Garcia-Ptacek, and J. S. Bell, “Current approaches to the pharmacological treatment of Alzheimer’s disease,” *Aust. J. Gen. Pract.*, vol. 47, no. 9, pp. 586–592, Sep. 2018, doi: 10.31128/AJGP-05-18-4586.

[7] “Alzheimer Europe.” Accessed: May 07, 2026. [Online]. Available: https://www.alzheimer-europe.org/dementia/prevalence-dementia-europe?language_content_entity=en