

Describing trends in health service use for men and women living with dementia



T Bui¹, G Arsenault-Lapierre¹, C Godard-Sebillotte¹, N Sourial³, L Rochette², V Massamba², I Vedel¹

¹McGill University, ²Institut national de santé publique du Québec (INSPQ), ³University of Montreal Research Center

Background

- Patients living with dementia (PWD) receive lower quality care and higher service use
- Evidence gap: How sex differences influence the healthcare utilization and quality of care in Quebec (QC)

Objectives

To describe healthcare service utilization and quality of care in men and women living with dementia in Quebec between 2000 and 2017

Methods

Design

Repeated, annual cross-sectional cohort design using an administrative databases between 2000 and 2017

Population

Community-dwelling PWD (65+) incidence cases of dementia

Dementia diagnosis was ascertained using a validated algorithm

Indicators

8 Health service use indicators were selected from a previously developed framework

Analysis

Visual and graphical analysis of indicators adjusted for person-time

Results

Two examples where there was a sex difference

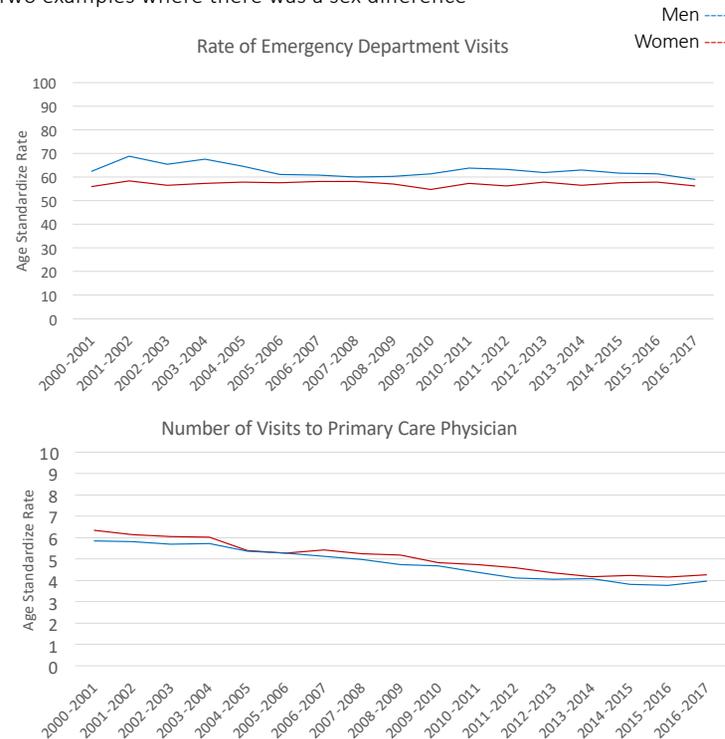


Table 1: Summary of all the indicators

Health Service Use Indicator	Age-Standardized Rate Results
Emergency department visits	Men higher
Hospitalizations	Men higher
Admission to long-term care	Men higher
Mortality	Men higher
Number of visits to primary care physicians	Women higher
Continuity of Care	Women higher
Antidepressant Prescriptions	Women higher
Benzodiazepine prescriptions	Women higher

Discussion

- Men and women have different health care utilization and quality of care
 - Men use hospital services more
 - Women use more primary care and have more pharmacological care
- No difference in visits to cognition specialists

Conclusions & Next Steps

- Portrait of secular trends in health service use for men and women living with dementia
- Important for policy makers to create equitable policies

Next Steps:

1. Understanding the reasons why there are these discrepancies
2. Determine if should policies aim to diminish these differences

Acknowledgements



ROSA
Research on Organization
Of Healthcare Services for
Alzheimer's



Réseau Québécois
de Recherche sur
le Vieillessement

CCNA

CCNV

CIHR IRSC
Canadian Institutes of
Health Research
Instituts de recherche
en santé du Canada

Please email any questions or inquiries to: tammy.bui@mail.mcgill.ca