P34: Pharmacological Treatment Use for Dementia in the Elderly Population from the National Report on Dementia in Brazil (ReNaDe): Associated Aspects

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Objectives: General To delineate the epidemiological and clinical profile of elderly individuals diagnosed with dementia who use antidementia drugs and are followed up in the Unified Health System (SUS), comparing them with a group that does not undergo pharmacological treatment, as well as the sociodemographic characteristics of their respective caregivers.

Specific

1. Compare sociodemographic (age, sex, education, marital status, region), clinical (comorbidities, stage of dementia, most common symptoms, dementia medication used, use of other psychotropics) characteristics and caregiver profile (education, age, mental illness, formality of care, caregiver burden) between the group of people receiving pharmacological treatment for dementia and the group, also diagnosed with dementia, but not using medication for it.
2. Test whether the geographic region is a modifying effect of the associations found in specific Objectives item 1.
3. Identify, among individuals using psychotropic drugs for dementia, the type of medication used and at what stage of the disease it was introduced and is being used, and how access to the medication was achieved—purchased or dispensed by the SUS pharmacy.

Methods: This is a retrospective, cross-sectional, observational, case-control, and non- randomized study conducted in the five geopolitical regions of Brazil, including a total of 17 cities of different sizes (small, medium, and large). All 140 people interviewed and diagnosed with dementia, as well as their 140 respective caregivers, were included. The following manuals and scales were used for evaluation: the Clinical Dementia Rating (CDR) - a questionnaire for clinical assessment of dementia, the Neuropsychiatry Inventory-Questionnaire (NPI-Q) - used for assessing neuropsychiatric symptoms, the Johns Hopkins Dementia Care Needs Assessment (JHDCNA 2.0) - an instrument that assesses the care needs of people with dementia and their caregivers, the Montreal Cognitive Assessment (MoCA) - a cognitive screening instrument, and DEMQOL. Data will be grouped for analysis of grouped and cumulative frequency and correlations between variables established using Microsoft Excel software. Statistical data will be processed with the STARTA software.

Results: The present study is under statistical analysis, with completion expected in June. The following hypotheses are intended to be investigated:

1. Patients using pharmacological treatment for dementia with more clinical comorbidities use more anticholinesterase drugs.
2. There is an association between the prescription of pharmacological treatment for dementia and the region of the country.
3. Patients taking anticholinesterase drugs exhibit fewer neuropsychiatric symptoms compared to the population not using such medication and classified at the same stage of dementia.
4. Caregivers of people with dementia using pharmacological treatment for it are less burdened than caregivers of the other group not using pharmacological treatment for it.

Conclusions: The exponential increase in dementia cases, in light of the global aging population, underscores the importance of investigating the factors associated with the pharmacological treatment of elderly people with dementia—to mitigate the obstacles that hinder adequate treatment.