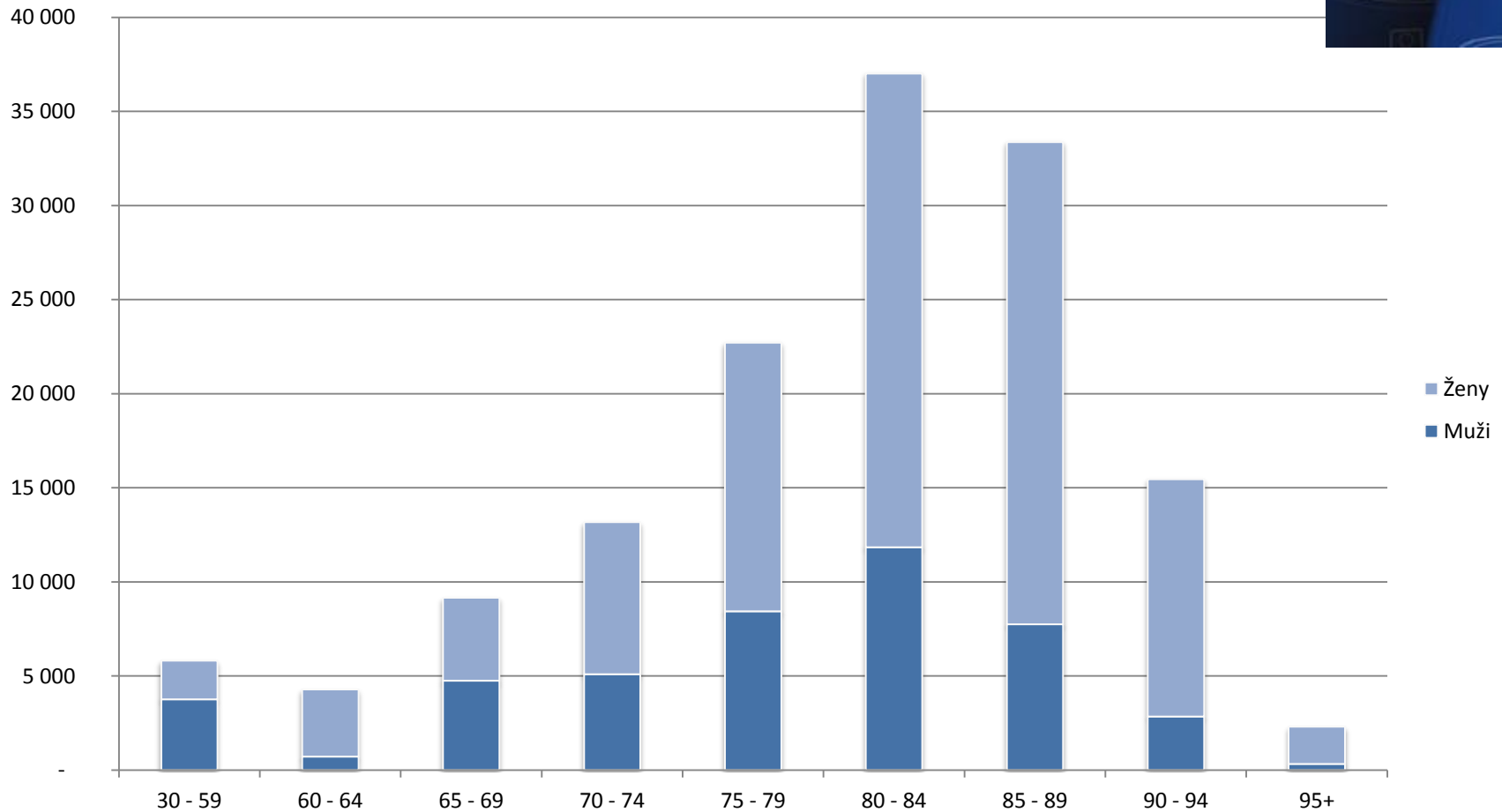


Zpráva o stavu demence v ČR

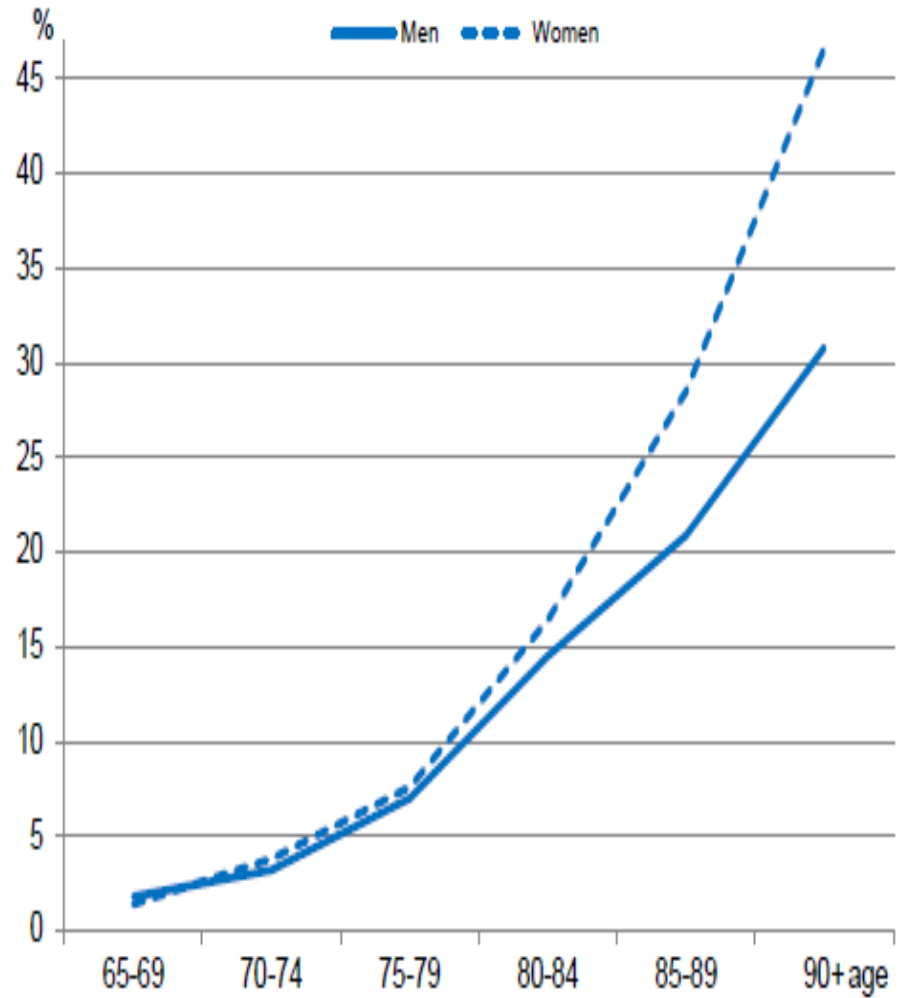
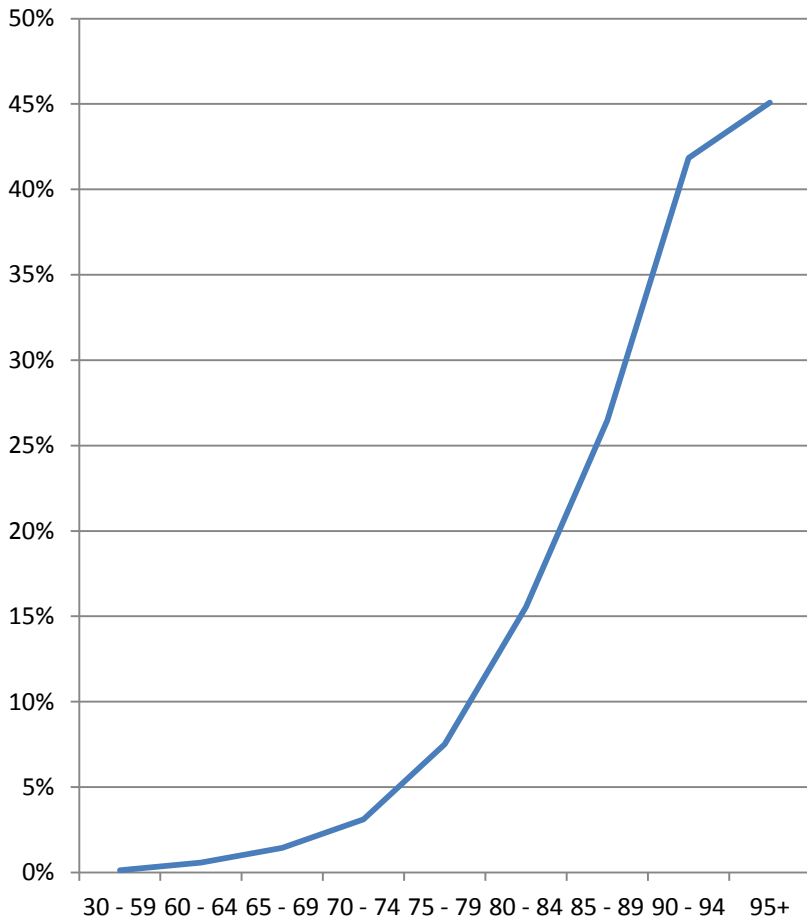
M. Mátlová, I. Holmerová a O. Mátl

Prevalence

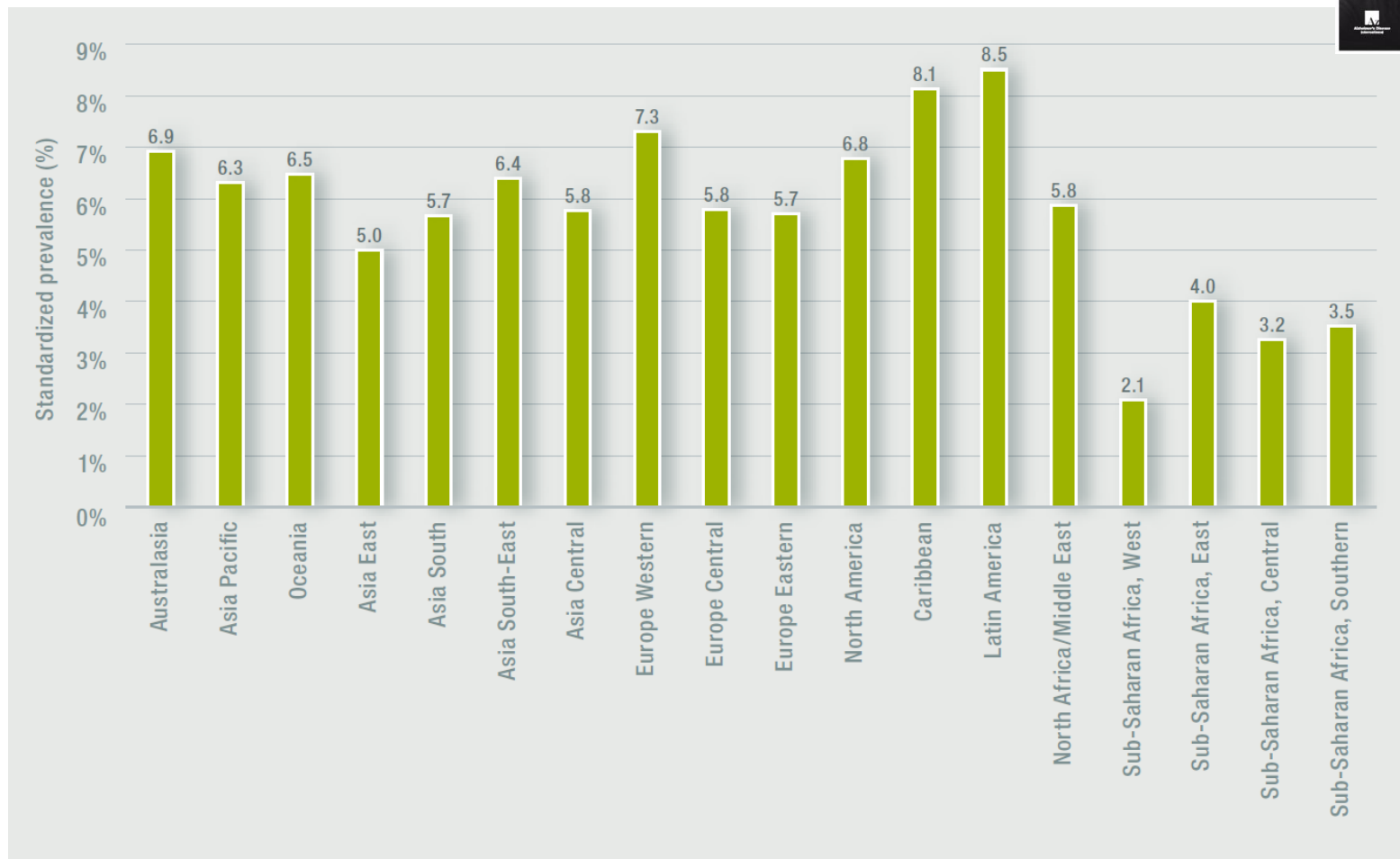
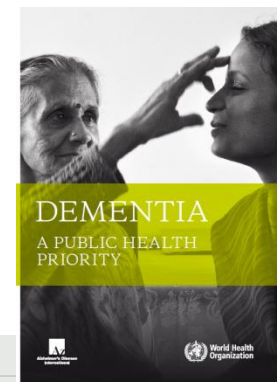


AE: Odhadovaný počet osob trpících demencí v ČR: Dementia in Europe Yearbook 2013

Prevalence



Prevalence



WHO: Odhady standardizovaná prevalence pro věkovou skupinu 60 + (str. 17)

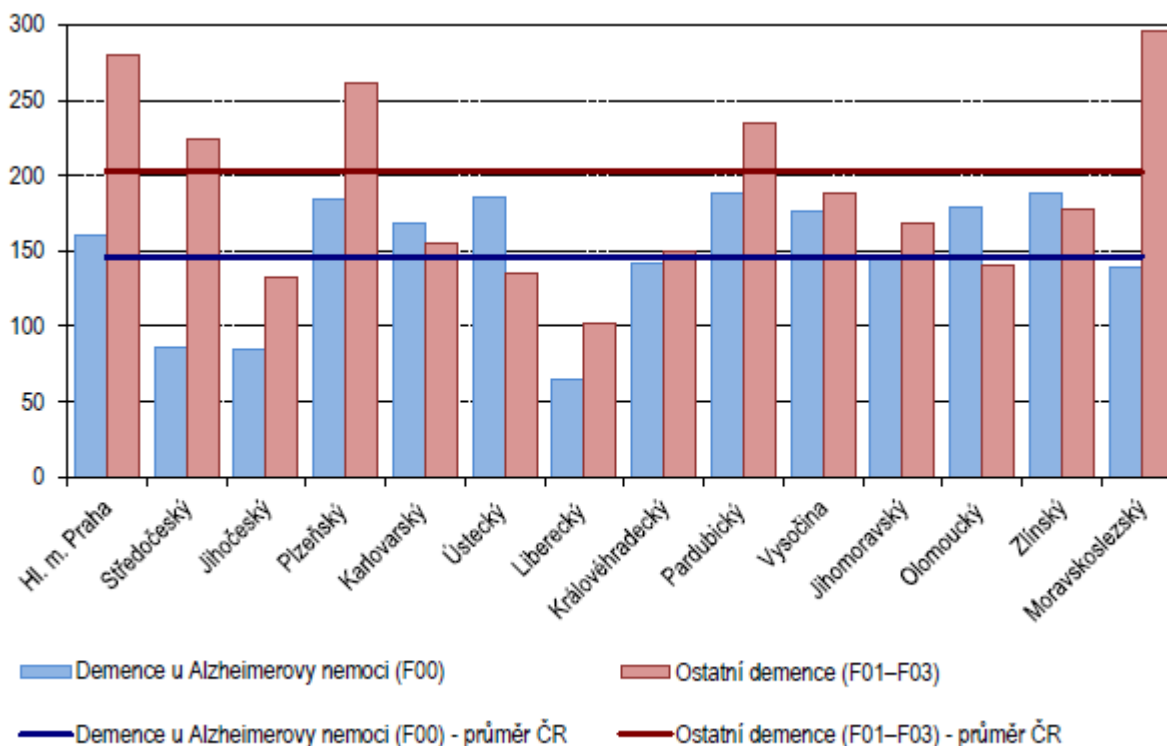
Pečovateľské kapacity

Místo	Odhadovaný počet
V domácnosti	???
V domovech pro seniory	25.000 (37.696 lůžek v roce 2010)
V domovech se zvláštním režimem	10.000 (8.396 lůžek v roce 2010)
V ambulantních zdravotnických zařízeních	15.352 - demence u Alzheimerovy nemoci (dg. F00) 21.279 - ostatní demence (dg. F01–F03)
V nemocnicích (hospitalizace)	8.669 – F01, F03, G30

ÚZIS: Péče o pacienty léčené pro demence v ambulantních a lůžkových zařízeních ČR

Pečovateľské kapacity

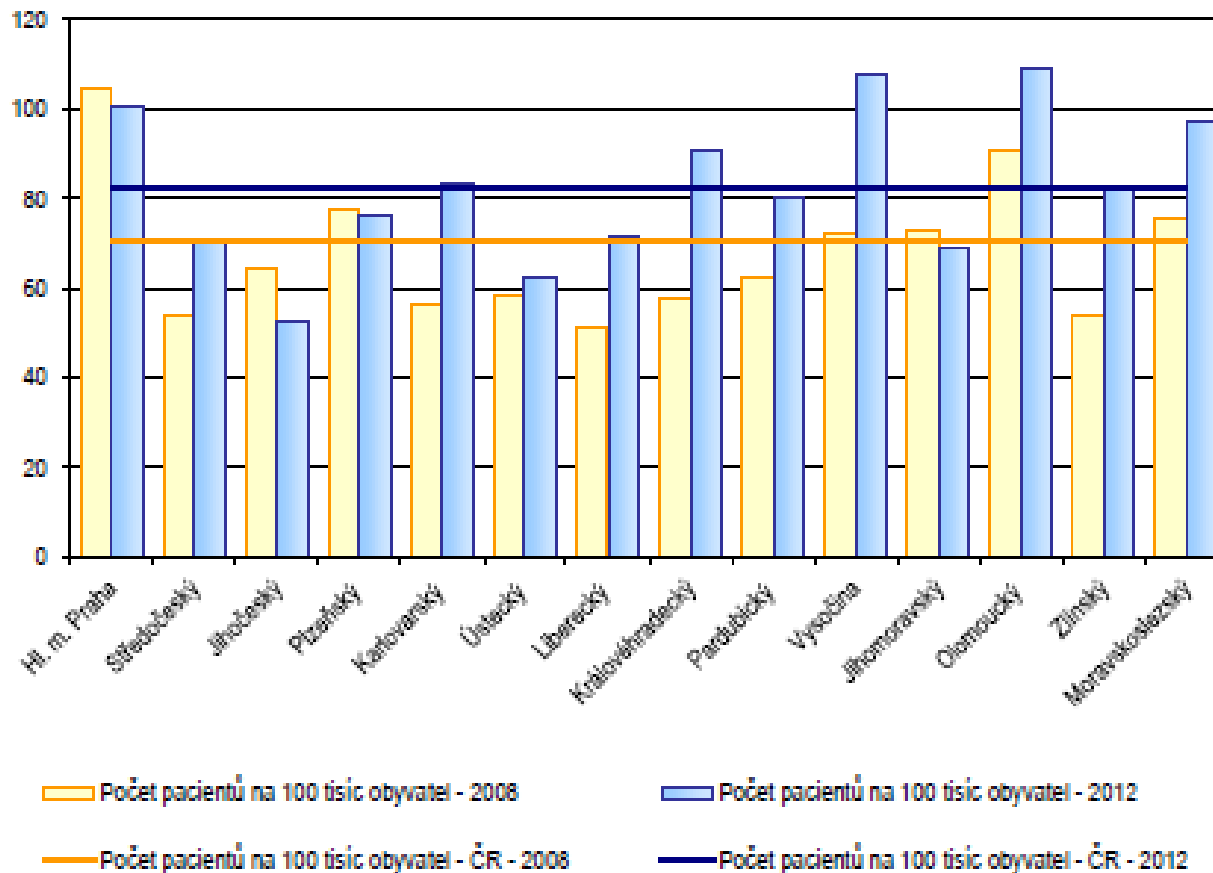
Počet ambulantních pacientů s dg. F00–F03 na 100 tisíc obyvatel v roce 2012



ÚZIS: Péče o pacienty léčené pro demence v ambulantních a lůžkových zařízeních ČR

Pečovateľské kapacity

Počet hospitalizací s dg. F01, F03 a G30 na 100 tisíc obyvatel



ÚZIS: Péče o pacienty léčené pro demence v ambulantních a lůžkových zařízeních ČR


Náklady

Při výši HDP ČR v roce 2013 na úrovni 3 883.7 mld. Kč lze celkové náklady na boj s demencí vyčíslit na úrovni 35 – 40 mld. Kč.


Skutečná výše nákladů a struktura jejich příjmové stránky dosud není v ČR předmětem statistického zkoumání.

GBD region	Per capita costs (US\$)	Number of people with dementia	Aggregated costs (billions US\$)				Total costs as % of GDP	Direct costs as % of GDP
			Informal care (all ADLs)	Direct medical costs	Direct Social costs	Total costs		
Australasia	32370	311 327	4.30	0.70	5.07	10.08	0.97%	0.56%
Asia Pacific High Income	29057	2 826 388	34.60	5.23	42.29	82.13	1.31%	0.76%
Oceania	6059	16 553	0.07	0.02	0.01	0.10	0.46%	0.12%
Asia Central	2862	330 125	0.43	0.28	0.24	0.94	0.36%	0.20%
Asia East	4078	5 494 387	15.24	4.33	2.84	22.41	0.40%	0.13%
Asia South	903	4 475 324	2.31	1.18	0.57	4.04	0.26%	0.11%
Asia Southeast	1601	2 482 078	1.77	1.48	0.73	3.97	0.28%	0.15%
Europe Western	30 122	6 975 540	87.05	30.19	92.88	210.12	1.29%	0.75%
Europe Central	12891	1 100 759	8.59	2.67	2.94	14.19	1.10%	0.44%
Europe Eastern	7667	1 869 242	7.98	3.42	2.94	14.33	0.90%	0.40%
North America High Income	48605	4 383 057	78.78	36.83	97.45	213.04	1.30%	0.82%
Caribbean	9092	327 825	1.50	0.78	0.71	2.98	1.06%	0.53%
Latin America Andean	3663	254 925	0.35	0.31	0.28	0.93	0.43%	0.27%
Latin America Central	5536	1 185 559	1.58	2.61	2.37	6.56	0.37%	0.26%
Latin America Southern	8243	614 523	2.36	1.42	1.29	5.07	1.02%	0.54%
Latin America Tropical	6881	1 054 580	2.17	2.67	2.42	7.26	0.42%	0.29%
North Africa / Middle East	3296	1 145 633	1.90	2.05	0.54	4.50	0.16%	0.09%
Sub-Saharan Africa Central	1081	67 775	0.04	0.02	0.01	0.07	0.06%	0.02%
Sub-Saharan Africa East	1 122	360 802	0.28	0.08	0.04	0.40	0.17%	0.05%
Sub-Saharan Africa Southern	8834	100 733	0.52	0.11	0.06	0.69	0.24%	0.06%
Sub-Saharan Africa West	959	181 803	0.11	0.04	0.02	0.18	0.06%	0.02%
World Bank classification								
Low income	868	5 036 979	2.52	1.23	0.62	4.37	0.24%	0.10%
Lower middle income	3 109	9 395 204	18.90	6.74	3.57	29.21	0.35%	0.12%
Upper middle income	8827	4 759 025	13.70	10.44	8.35	32.49	0.50%	0.29%
High income	32 865	16 367 508	218.77	78.00	243.14	537.91	1.24%	0.74%
Total	16 986	35 558 717	251.89	96.41	255.69	603.99	1.01%	0.59%

Strategická podpora



COUNCIL OF
THE EUROPEAN UNION



**Council Conclusions on
public health strategies to combat neurodegenerative
diseases associated with ageing and
in particular Alzheimer's disease**

*2916th EMPLOYMENT, SOCIAL POLICY, HEALTH AND
CONSUMER AFFAIRS Council meeting*

Brussels, 16 December 2008

The Council adopted the following conclusions:



“THE COUNCIL OF THE EUROPEAN UNION:

1. RECALLS the challenge and the opportunity presented to the European Union (EU) by population ageing. EUROSTAT predicts a doubling of the EU population aged 65 and over between 1995 and 2050 (30 % of the population of the EU, i.e. 135 millions people, will be 65 or over in 2050);
2. RECALLS that the contribution of improvements in medical care, among other factors, will extend the lives of citizens but that increased longevity should be accompanied by actions to maintain their quality of life through healthy ageing;

P R E S S

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G8 DEMENTIA SUMMIT DECLARATION

Introduction

We, the G8 Health Ministers, met at the G8 Dementia Summit in London on 11 December 2013 to discuss how to shape an effective international response to dementia.

We acknowledge the on-going work occurring in our countries and globally to identify dementia as a major disease burden and to address issues related to ageing and mental health, including the World Health Organisation's 2012 report, *Dementia – A Public Health Priority*. Building upon the significant research collaborations that exist between our countries and our multilateral partners will strengthen our efforts and allow us to better meet the challenges that dementia presents society.

We recognise that dementia is not a normal part of ageing. It is a condition that impairs the cognitive brain functions of memory, language, perception and thought and which interferes significantly with the ability to maintain the activities of daily living. We also acknowledge that dementia affects more than 35 million people worldwide, a number that is expected to almost double every 20 years.

We note the socio-economic impact of dementia globally. Seventy per cent of the estimated annual world-wide cost of US\$604 billion is spent on informal, social and direct medical care. Yet nearly 60 per cent of people with dementia live in low and middle income countries so the economic challenge will intensify as life expectancy increases across the globe.

These costs are expected to increase significantly if therapies to prevent dementia and improve care and treatment are not developed and implemented. We recognise the need to strengthen efforts to stimulate and harness innovation and to catalyse investment at the global level.

Therefore, and in accordance with national, sub-national and local responsibilities, we commit ourselves to:

1. Call for greater innovation to improve the quality of life for people with dementia and their carers while reducing emotional and financial burden. We therefore welcome the UK's decision to appoint a global Dementia Innovation Envoy to draw together international expertise to stimulate innovation and to co-ordinate international efforts to attract new sources of finance, including exploring the possibility of developing a private and philanthropic fund to support global dementia innovation;
2. The ambition to identify a cure or a disease-modifying therapy for dementia by 2025 and to increase collectively and significantly the amount of funding for dementia research to reach that goal. We will report biennially on expenditure on publicly funded national dementia research and related research infrastructure; and we will increase the number of people in dementia related research studies;

Strategická podpora

