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Global implications of deprivation, hospitalization, and mortality

Caroline Kamau-Mitchell.

Zafeiridi et al.'s article[1] reported the important finding that socioeconomic deprivation is associated with higher odds of emergency department visits by patients with dementia. Their findings echo wider evidence. The United Kingdom's Office for National Statistics (ONS) analyzed data from 51,776,960 UK patients and found that people from deprived areas were 1.69 more likely to visit emergency departments, they were more likely to have poorer health and had a higher risk of mortality.[2] Another ONS study found that mortality rates among people with dementia/Alzheimer's disease were highest among those who had never worked or were long-term unemployed, followed by those in manual jobs.[3] The lowest mortality rates were among people with dementia/Alzheimer's in higher managerial and professional jobs.[3] There therefore seems to be consistent evidence linking deprivation, dementia and hospital visits as well as risk of death, but the reasons remain unclear. One theory is that socioeconomically deprived patients with dementia suffered lifelong inequalities in nutrition (e.g., Vitamin D deficiencies), poorer housing, and exposure to occupational hazards such as injuries in manual jobs which are then, in turn, associated with common reasons for emergency department visits in later life. In Zafeiridi et al.'s study, common reasons included fractures and lower respiratory infections therefore it would be helpful for future research to compare rates in different deciles of deprivation.

It is unclear from current literature whether, for example, community acquired pneumonia rates are higher among people with dementia from the most deprived groups. Such lower respiratory infections might be associated with poor quality housing (e.g., mold), air pollution and poor nutrition. The long-term impact of associated factors such as manual jobs and occupational injuries should also be considered in understanding rates of fractures among people with dementia. Zafeiridi et al.'s study adds to wider evidence about how socioeconomic inequalities are connected to other types of health,[4] and highlights the role of holistic approaches bridging medicine with social care for people with dementia.

The findings raise questions about the implications of older age poverty for dementia. For example, there is a housing crisis in countries such as the United Kingdom and affected groups include older adults in rental properties, but the problems are likely to be worse in developing countries with insufficient housing regulation and little or no government-funded social care. It prompts questions about what more can be done to tackle the issue in medicine globally, helping countries where inequalities are high because deprivation likely affects people with dementia to a greater extent in some countries compared to others. Older age poverty might be higher in regions where few have pensions e.g., 17% in Africa and 30% in the Middle East compared to 90% in North America and Europe.[5] Whereas the United Kingdom's Royal College of Emergency Medicine recently launched its strategic plan with a commitment towards tackling health inequalities among patients,[6] similar commitments should be made by organizations in other countries and global strategies for dementia set by bodies such as the World Health Organizations.

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