

Alzheimer's Association Report

2015 Alzheimer's disease facts and figures Alzheimer's Association*

Abstract

This report discusses the public health impact of Alzheimer's disease (AD), including incidence and prevalence, mortality rates, costs of care and the overall effect on caregivers and society. It also examines the challenges encountered by health care providers when disclosing an AD diagnosis to patients and caregivers. An estimated 5.3 million Americans have AD; 5.1 million are age ≥ 65 years, and approximately 200,000 are age < 65 years and have younger onset AD. By mid-century, the number of people living with AD in the United States is projected to grow by nearly 10 million, fueled in large part by the aging baby boom generation. Today, someone in the country develops AD every 67 seconds. By 2050, one new case of AD is expected to develop every 33 seconds, resulting in nearly 1 million new cases per year, and the estimated prevalence is expected to range from 11 million to 16 million. In 2013, official death certificates recorded 84,767 deaths from AD, making AD the sixth leading cause of death in the United States and the fifth leading cause of death in Americans age ≥ 65 years. Between 2000 and 2013, deaths resulting from heart disease, stroke and prostate cancer decreased 14%, 23% and 11%, respectively, whereas deaths from AD increased 71%. The actual number of deaths to which AD contributes (or deaths with AD) is likely much larger than the number of deaths from AD recorded on death certificates. In 2015, an estimated 700,000 Americans age ≥ 65 years will die with AD, and many of them will die from complications caused by AD. In 2014, more than 15 million family members and other unpaid caregivers provided an estimated 17.9 billion hours of care to people with AD and other dementias, a contribution valued at more than \$217 billion. Average per-person Medicare payments for services to beneficiaries age ≥ 65 years with AD and other dementias are more than two and a half times as great as payments for all beneficiaries without these conditions, and Medicaid payments are 19 times as great. Total payments in 2015 for health care, long-term care and hospice services for people age ≥ 65 years with dementia are expected to be \$226 billion. Among people with a diagnosis of AD or another dementia, fewer than half report having been told of the diagnosis by their health care provider. Though the benefits of a prompt, clear and accurate disclosure of an AD diagnosis are recognized by the medical profession, improvements to the disclosure process are needed. These improvements may require stronger support systems for health care providers and their patients.

Keywords:

Alzheimer's disease; Dementia; Diagnostic criteria; Prevalence; Incidence; Mortality; Morbidity; Caregivers; Family caregiver; Spouse caregiver; Sandwich generation caregiver; Health care costs; Health care expenditures; Long-term care costs; Medicare spending; Medicaid spending; Disclosure awareness; Disclosure practices; Medicare Current Beneficiary Survey (MCBS); Activities of daily living (ADLs); Instrumental activities of daily living (IADLs)

1. About this report

2015 Alzheimer's Disease Facts and Figures is a statistical resource for U.S. data related to Alzheimer's disease, the most common cause of dementia, as well as other dementias. Background and context for interpretation of the data are

contained in the Overview. This information includes descriptions of the various causes of dementia and a summary of current knowledge about Alzheimer's disease. Additional sections address prevalence, mortality and morbidity, caregiving and use and costs of health care. The Special Report addresses issues surrounding the disclosure of an Alzheimer's diagnosis to individuals with the disease.

Specific information in this year's *Alzheimer's Disease Facts and Figures* includes:

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- Proposed criteria and guidelines for diagnosing Alzheimer's disease from the National Institute on Aging and the Alzheimer's Association.
- Overall number of Americans with Alzheimer's disease nationally and for each state.
- Proportion of women and men with Alzheimer's and other dementias.
- Estimates of lifetime risk for developing Alzheimer's disease.
- Number of deaths due to Alzheimer's disease nationally and for each state, and death rates by age.
- Number of family caregivers, hours of care provided, economic value of unpaid care nationally and for each state and the impact of caregiving on caregivers.
- Use and costs of health care, long-term care and hospice care for people with Alzheimer's disease and other dementias.
- Challenges surrounding the disclosure of an Alzheimer's disease diagnosis.

The Appendices detail sources and methods used to derive data in this report.

This report frequently cites statistics that apply to all individuals with dementia. When possible, specific information about individuals with Alzheimer's disease is provided; in other cases, the reference may be a more general one of "individuals with Alzheimer's disease and other dementias."

2. Overview of Alzheimer's disease

Alzheimer's disease is a degenerative brain disease and the most common cause of dementia [1,2]. Dementia is also caused by other diseases and conditions. It is characterized by a decline in memory, language, problem-solving and other cognitive skills that affects a person's ability to perform everyday activities. This decline occurs because nerve cells (neurons) in parts of the brain involved in cognitive function have been damaged and no longer function normally. In Alzheimer's disease, neuronal damage eventually affects parts of the brain that enable a person to carry out basic bodily functions such as walking and swallowing. People in the final stages of the disease are bed-bound and require around-the-clock care. Alzheimer's disease is ultimately fatal.

2.1. Dementia

Physicians often refer to the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* to guide them in determining if an individual has dementia, and, if so, the condition causing dementia. The latest edition of the manual, *DSM-5*, classifies dementia as a neurocognitive disorder [3]. Dementia may be either a major or a mild neurocognitive disorder. To meet *DSM-5* criteria for a major neurocognitive disorder, an individual must have evidence of significant cognitive decline, and the decline must interfere with independence in everyday

activities (for example, assistance may be needed with complex activities such as paying bills or managing medications). To meet *DSM-5* criteria for a mild neurocognitive disorder, an individual must have evidence of modest cognitive decline, but the decline does not interfere with everyday activities (individuals can still perform complex activities such as paying bills or managing medications, but the activities require greater mental effort).

When an individual has these or other symptoms of dementia, a physician must conduct tests to identify the cause. Different causes of dementia are associated with distinct symptom patterns and brain abnormalities, as described in [Table 1](#). Increasing evidence from long-term observational and autopsy studies indicates that many people with dementia, especially those in the older age groups, have brain abnormalities associated with more than one cause of dementia [5,6,8–10]. This is called mixed dementia.

In some cases, individuals do not have dementia, but instead have a condition whose symptoms mimic those of dementia. Common causes of dementia-like symptoms are depression, delirium, side effects from medications, thyroid problems, certain vitamin deficiencies and excessive use of alcohol. Unlike dementia, these conditions often may be reversed with treatment. One meta-analysis, a method of analysis in which results of multiple studies are examined, reported that 9 percent of people with dementia-like symptoms did not in fact have dementia, but had other conditions that were potentially reversible [11].

2.2. Alzheimer's disease

Alzheimer's disease was first identified more than 100 years ago, but 70 years passed before it was recognized as the most common cause of dementia and a "major killer" [12]. Although research has revealed a great deal about Alzheimer's, much is yet to be discovered about the precise biologic changes that cause Alzheimer's, why it progresses more quickly in some than in others, and how the disease can be prevented, slowed or stopped.

Researchers believe that early detection will be key to preventing, slowing and stopping Alzheimer's disease. The last 10 years have seen a tremendous growth in research on early detection. This research spurred the 2011 publication of proposed new diagnostic criteria and guidelines for Alzheimer's disease [13–16]. Under the proposed criteria, the disease begins before symptoms such as memory loss appear, while earlier criteria require memory loss and a decline in thinking abilities for an Alzheimer's diagnosis to be made. Because scientific evaluation of the proposed criteria is ongoing, "Alzheimer's disease" in this report refers to the disease as defined by the earlier criteria [17].

2.2.1. Symptoms

Alzheimer's disease symptoms vary among individuals. The most common initial symptom is a gradually worsening ability to remember new information. This memory decline

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