

Alzheimer's Association Report

2014 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 overall effect on caregivers and society. It also examines the impact of AD on women compared with men. An estimated 5.2 million Americans have AD. Approximately 200,000 people younger than 65 years with AD comprise the younger onset AD population; 5 million are age 65 years or older. By mid-century, fueled in large part by the baby boom generation, the number of people living with AD in the United States is projected to grow by about 9 million. Today, someone in the country develops AD every 67 seconds. By 2050, one new case of AD is expected to develop every 33 seconds, or nearly a million new cases per year, and the total estimated prevalence is expected to be 13.8 million. In 2010, official death certificates recorded 83,494 deaths from AD, making AD the sixth leading cause of death in the United States and the fifth leading cause of death in Americans aged 65 years or older. Between 2000 and 2010, the proportion of deaths resulting from heart disease, stroke, and prostate cancer decreased 16%, 23%, and 8%, respectively, whereas the proportion resulting from AD increased 68%. 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 2014, an estimated 700,000 older Americans will die with AD, and many of them will die from complications caused by AD. In 2013, more than 15 million family members and other unpaid caregivers provided an estimated 17.7 billion hours of care to people with AD and other dementias, a contribution valued at more than \$220 billion. Average per-person Medicare payments for services to beneficiaries aged 65 years and older 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 2014 for health care, long-term care, and hospice services for people aged 65 years and older with dementia are expected to be \$214 billion. AD takes a stronger toll on women than men. More women than men develop the disease, and women are more likely than men to be informal caregivers for someone with AD or another dementia. As caregiving responsibilities become more time consuming and burdensome or extend for prolonged durations, women assume an even greater share of the caregiving burden. For every man who spends 21 to more than 60 hours per week as a caregiver, there are 2.1 women. For every man who lives with the care recipient and provides around-the-clock care, there are 2.5 women. In addition, for every man who has provided caregiving assistance for more than 5 years, there are 2.3 women.

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Keywords:

Alzheimer's disease; Dementia; Diagnostic criteria; Prevalence; Incidence; Mortality; Morbidity; Caregivers; Family caregiver; Spouse caregiver; Health-care costs; Health-care expenditures; Long-term care costs; Medicare spending; Medicaid spending; Caregiving burden; Women caregivers

1. About this report

2014 Alzheimer's Disease Facts and Figures is a statistical resource for US data related to Alzheimer's disease

(AD), the most common type of dementia, as well as other dementias. Background and context for interpretation of the data are contained in the Overview. This information includes definitions of the various types of dementia and a summary of current knowledge about AD. Additional sections address prevalence, mortality and morbidity, caregiving, and use and costs of care and services. The Special Report discusses women and Alzheimer's disease.

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

- Proposed criteria and guidelines for diagnosing AD from the National Institute on Aging (NIA) and the Alzheimer's Association.
- Overall number of Americans with AD nationally and for each state.
- Proportion of women and men with AD and other dementias.
- Estimates of lifetime risk for developing AD.
- Number of deaths due to AD 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 AD and other dementias.
- The burden of Alzheimer's disease on women compared with men.

The [Appendices](#) detail sources and methods used to derive data in this report.

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

2. Overview of AD

AD is the most common type of dementia. Dementia is an overall term for diseases and conditions characterized by a decline in memory or other thinking skills that affects a person's ability to perform everyday activities. Dementia is caused by damage to nerve cells in the brain, which are called neurons. As a result of the damage, neurons can no longer function normally and may die. This, in turn, can lead to changes in one's memory, behavior, and ability to think clearly. In AD, the damage to and death of neurons eventually impair one's ability to carry out basic bodily functions such as walking and swallowing. People in the final stages of the disease are bedbound and require around-the-clock care. AD is ultimately fatal.

2.1. Dementia

2.1.1. Definition and diagnosis

Physicians often define dementia based on the criteria given in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. In 2013, the American Psychiatric Association released the fifth edition of the *DSM (DSM-5)*, which incorporates dementia into the diagnostic categories of major and mild neurocognitive disorders [1].

To meet *DSM-5* criteria for *major neurocognitive disorder*, an individual must have evidence of significant cognitive decline (e.g., decline in memory, language, or

learning), and the cognitive decline must interfere with independence in everyday activities (e.g., assistance may be needed with complex activities such as paying bills or managing medications).

To meet *DSM-5* criteria for *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 effort.)

For both major and mild neurocognitive disorders, *DSM-5* instructs physicians to specify whether the condition is due to AD, frontotemporal lobar degeneration, Lewy body disease, or a variety of other conditions.

2.1.2. Types of dementia

When an individual has symptoms of dementia, a physician must conduct tests to identify the underlying brain disease or other condition that is causing symptoms. Different types 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 type of dementia [2–6]. This is called mixed dementia.

Some conditions result in symptoms that mimic dementia but that, unlike dementia, may be reversed with treatment. An analysis of 39 articles describing 5620 people with dementia-like symptoms reported that 9% had symptoms that were mimicking dementia and potentially reversible [7]. Common causes of these symptoms are depression, delirium, side effects from medications, thyroid problems, certain vitamin deficiencies, and excessive use of alcohol. In contrast, AD and other dementias cannot be reversed with current treatments.

2.2. Alzheimer's disease

AD was first identified more than 100 years ago, but research into its symptoms, causes, risk factors, and treatment has gained momentum only in the last 30 years. Although research has revealed a great deal about AD, much is yet to be discovered about the precise biologic changes that cause AD, why it progresses at different rates among affected individuals, and how the disease can be prevented, slowed, or stopped.

2.2.1. Symptoms

AD affects people in different ways. The most common initial symptom is a gradually worsening ability to remember new information. This occurs because the first neurons to malfunction and die are usually neurons in brain regions involved in forming new memories. As neurons in other parts of the brain malfunction and die, individuals

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