

Alzheimer's Association Report
2013 Alzheimer's disease facts and figures
Alzheimer's Association*

Abstract

This report provides information to increase understanding of the public health impact of Alzheimer's disease (AD), including incidence and prevalence, mortality rates, health expenditures and costs of care, and effect on caregivers and society in general. It also explores the roles and unique challenges of long-distance caregivers, as well as interventions that target those challenges. 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 comprise the older onset AD population. Throughout the coming decades, the baby boom generation is projected to add about 10 million to the total number of people in the United States with AD. Today, someone in America develops AD every 68 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. AD is the sixth leading cause of death in the United States and the fifth leading cause of death in Americans age 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 number of deaths from AD as determined by official death certificates (83,494 in 2010) likely underrepresents the number of AD-related deaths in the United States. A projected 450,000 older Americans with AD will die in 2013, and a large proportion will die as a result of complications of AD. In 2012, more than 15 million family members and other unpaid caregivers provided an estimated 17.5 billion hours of care to people with AD and other dementias, a contribution valued at more than \$216 billion. Medicare payments for services to beneficiaries age 65 years and older with AD and other dementias are three times as great as payments for beneficiaries without these conditions, and Medicaid payments are 19 times as great. Total payments in 2013 for health care, long-term care, and hospice services for people age 65 years and older with dementia are expected to be \$203 billion (not including the contributions of unpaid caregivers). An estimated 2.3 million caregivers of people with AD and other dementias live at least 1 hour away from the care recipient. These "long-distance caregivers" face unique challenges, including difficulty in assessing the care recipient's true health condition and needs, high rates of family disagreement regarding caregiving decisions, and high out-of-pocket expenses for costs related to caregiving. Out-of-pocket costs for long-distance caregivers are almost twice as high as for local caregivers.

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Keywords:

Alzheimer's disease; Dementia; Diagnostic criteria; Prevalence; Incidence; Mortality; Caregivers; Family caregiver; Spouse caregiver; Health care costs; Health care expenditures; Long-term care costs; Medicare spending; Medicaid spending; Long-distance caregiver; Activities of daily living; Instrumental activities of daily living

1. About this report

2013 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, caregiving, and use and costs of care and services. This special report focuses on long-distance caregivers of people with AD and other dementias.

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

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- Proposed new 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 family caregivers, hours of care provided, economic value of unpaid care nationally and for each state, and the impact of caregiving on caregivers
- Number of deaths resulting from AD nationally and for each state, and death rates by age
- Use and costs of health care, long-term care, and hospice care for people with AD and other dementias
- Number of long-distance caregivers and the special challenges they face

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 umbrella term that describes a variety of diseases and conditions that develop when nerve cells in the brain (called neurons) die or no longer function normally. The death or malfunction of neurons causes changes in one's memory, behavior, and ability to think clearly. In AD, these brain changes eventually impair an individual's ability to carry out such basic bodily functions as walking and swallowing. AD is ultimately fatal.

2.1. Dementia: Definition and specific types

Physicians often define dementia based on the criteria given in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* [1]. To meet *DSM-IV* criteria for dementia, the following are required:

- Symptoms must include decline in memory *and* in at least one of the following cognitive abilities:
 1. Ability to speak coherently or understand spoken or written language
 2. Ability to recognize or identify objects, assuming intact sensory function
 3. Ability to perform motor activities, assuming intact motor abilities and sensory function and comprehension of the required task
 4. Ability to think abstractly, make sound judgments, and plan and carry out complex tasks
- The decline in cognitive abilities must be severe enough to interfere with daily life.

In May 2013, the American Psychiatric Association is expected to release *DSM-5*. This new version of *DSM* is ex-

pected to incorporate dementia into the diagnostic category of major neurocognitive disorder.

To establish a diagnosis of dementia using *DSM-IV*, a physician must determine the cause of the individual's symptoms. Some conditions have symptoms that mimic dementia but that, unlike dementia, may be reversed with treatment. An analysis of 39 articles describing 5620 people with dementialike symptoms reported that 9% had potentially reversible dementia [2]. Common causes of potentially reversible dementia are depression, delirium, side effects from medications, thyroid problems, certain vitamin deficiencies and excessive use of alcohol. In contrast, AD and other dementias are caused by damage to neurons that cannot be reversed with current treatments.

When an individual has dementia, a physician must conduct tests to identify the form of dementia that is causing symptoms. Different types of dementia are associated with distinct symptom patterns and brain abnormalities, as described in [Table 1](#). However, increasing evidence from long-term observational and autopsy studies indicates that many people with dementia have brain abnormalities associated with more than one type of dementia [3–7]. This is called mixed dementia and is most often found in individuals of advanced age.

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 during the past 30 years. Although research has revealed a great deal about AD, the precise changes in the brain that trigger the development of AD, and the order in which they occur, largely remain unknown. The only exceptions are certain rare, inherited forms of the disease caused by known genetic mutations.

2.2.1. Symptoms of AD

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

- Memory loss that disrupts daily life
- Challenges in planning or solving problems
- Difficulty completing familiar tasks at home, at work, or at leisure
- Confusion with time or place
- Trouble understanding visual images and spatial relationships
- New problems with words in speaking or writing
- Misplacing things and losing the ability to retrace steps
- Decreased or poor judgment

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