

Alzheimer's Association Report
2016 Alzheimer's disease facts and figures

Alzheimer's Association*

Abstract

This report describes the public health impact of Alzheimer's disease, including incidence and prevalence, mortality rates, costs of care, and the overall impact on caregivers and society. It also examines in detail the financial impact of Alzheimer's on families, including annual costs to families and the difficult decisions families must often make to pay those costs. An estimated 5.4 million Americans have Alzheimer's disease. By mid-century, the number of people living with Alzheimer's disease in the United States is projected to grow to 13.8 million, fueled in large part by the aging baby boom generation. Today, someone in the country develops Alzheimer's disease every 66 seconds. By 2050, one new case of Alzheimer's is expected to develop every 33 seconds, resulting in nearly 1 million new cases per year. In 2013, official death certificates recorded 84,767 deaths from Alzheimer's disease, making it 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 stroke, heart disease, and prostate cancer decreased 23%, 14%, and 11%, respectively, whereas deaths from Alzheimer's disease increased 71%. The actual number of deaths to which Alzheimer's disease contributes is likely much larger than the number of deaths from Alzheimer's disease recorded on death certificates. In 2016, an estimated 700,000 Americans age ≥ 65 years will die with Alzheimer's disease, and many of them will die because of the complications caused by Alzheimer's disease. In 2015, more than 15 million family members and other unpaid caregivers provided an estimated 18.1 billion hours of care to people with Alzheimer's and other dementias, a contribution valued at more than \$221 billion. Average per-person Medicare payments for services to beneficiaries age ≥ 65 years with Alzheimer's disease 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 2016 for health care, long-term care and hospice services for people age ≥ 65 years with dementia are estimated to be \$236 billion. The costs of Alzheimer's care may place a substantial financial burden on families, who often have to take money out of their retirement savings, cut back on buying food, and reduce their own trips to the doctor. In addition, many family members incorrectly believe that Medicare pays for nursing home care and other types of long-term care. Such findings highlight the need for solutions to prevent dementia-related costs from jeopardizing the health and financial security of the families of people with Alzheimer's and other dementias.

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; Long-term care insurance; Care contributor; Out-of-pocket expenses; Food security; Financial security; Families; Income

1. About this report

2016 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 and services. The Special Report discusses the personal financial impact of Alzheimer's disease on families.

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

- Revised 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.
- The personal financial impact of Alzheimer's on families, including annual costs and the effect on family income.

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

This report frequently cites statistics that apply to individuals with all types of dementia. When possible, specific information about Alzheimer's disease is provided; in other cases, the reference may be a more general one of "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 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 or destroyed. In Alzheimer's disease, the damage and destruction of neurons eventually affects other parts of the brain, including those 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 may refer to the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* to guide them in determining if an individual has dementia, and, if so, what may be the cause. Based on the latest *DSM* criteria [3], dementia is classified as a major neurocognitive disorder because it interferes with both cognitive function and performing everyday activities. Cognitive function refers to memory,

speech, language, judgment, reasoning, planning and other thinking abilities. Examples of everyday activities are making a meal, paying bills, and traveling to a store to make a purchase.

When an individual has symptoms of dementia, such as memory or language problems, a physician will conduct tests to identify the cause. Different causes of dementia are associated with distinct symptom patterns and brain abnormalities, as described in [Table 1](#). Studies indicate that many people with dementia, especially those in the older age groups, have brain abnormalities associated with more than one cause of dementia [4–8]. This condition is called mixed dementia.

In some cases, individuals with symptoms of dementia 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 [9].

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, as well as a major cause of death [12]. Not until then did Alzheimer's disease become a significant area of research. Although the research that followed has revealed a great deal about Alzheimer's, much is yet to be discovered about the precise biological 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 of Alzheimer's will be key to preventing, slowing and stopping the disease. The last 10 years have seen tremendous growth in research on early detection. This research spurred the 2011 publication of new diagnostic criteria and guidelines for Alzheimer's disease [13–16]. According to the criteria, the brain changes of Alzheimer's begin before symptoms such as memory loss appear, whereas earlier criteria require memory loss and a decline in thinking abilities for an Alzheimer's diagnosis to be made. Because scientific evaluation of some components of the new 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 occurs because the first neurons to be damaged and destroyed are usually in brain regions involved in forming new memories. As

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