

Alzheimer's Association Report

2012 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). Topics addressed include incidence, prevalence, mortality rates, health expenditures and costs of care, and effect on caregivers and society. The report also explores issues that arise when people with AD and other dementias live alone. The characteristics, risks, and unmet needs of this population are described.

An estimated 5.4 million Americans have AD, including approximately 200,000 age <65 years who comprise the younger-onset AD population. Over the coming decades, the aging of the baby boom generation is projected to result in an additional 10 million people with AD. Today, someone in America develops AD every 68 seconds. By 2050, there is expected to be one new case of AD every 33 seconds, or nearly a million new cases per year, and AD prevalence is projected to be 11 million to 16 million. Dramatic increases in the number of "oldest-old" (those age ≥ 85 years) across all racial and ethnic groups are expected to contribute to the increased prevalence of AD.

AD is the sixth leading cause of death in the United States and the fifth leading cause of death in Americans age ≥ 65 years. Although the proportions of deaths due to other major causes of death have decreased in the last several years, the proportion due to AD has risen significantly. Between 2000 and 2008, the proportion of deaths due to heart disease, stroke, and prostate cancer decreased by 13%, 20%, and 8%, respectively, whereas the proportion due to AD increased by 66%.

In 2011, more than 15 million family members and other unpaid caregivers provided an estimated 17.4 billion hours of care to people with AD and other dementias, a contribution valued at more than \$210 billion. Medicare payments for services to beneficiaries age ≥ 65 years 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. In 2012, payments for health care, long-term care, and hospice services for people age ≥ 65 years with AD and other dementias are expected to be \$200 billion (not including the contributions of unpaid caregivers).

An estimated 800,000 people with AD (one in seven) live alone, and up to half of them do not have an identifiable caregiver. People with dementia who live alone are exposed to risks that exceed the risks encountered by people with dementia who live with others, including inadequate self-care, malnutrition, untreated medical conditions, falls, wandering from home unattended, and accidental deaths.

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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; Hospice care costs; Medicare spending; Medicaid spending; Live alone; Living arrangements; Unmet needs

1. About this report

2012 Alzheimer's Disease Facts and Figures provides a statistical resource for U.S. data related to Alzheimer's dis-

ease (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 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. The Special Report focuses on the challenges of people with AD and other dementias who live alone.

*Corresponding authors: William Thies, Ph.D., and Laura Bleiler. Tel.: 312-335-5893; Fax: 866-521-8007. E-mail address: Laura.Bleiler@alz.org

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

- 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.
- Use and costs of health care, long-term care, and hospice care for people with AD and other dementias.
- Number of deaths due to AD nationally and for each state, and death rates by age.

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

This document 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.”

The conclusions in this report reflect currently available data on AD. They are the interpretations of the Alzheimer's Association.

2. Overview of AD

AD is the most common type of dementia. “Dementia” is an umbrella term describing a variety of diseases and conditions that develop when nerve cells in the brain die or no longer function normally. The death or malfunction of these nerve cells, called 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*, 4th ed [1]. To meet *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed, 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 generate coherent speech or understand spoken or written language.
 2. Ability to recognize or identify objects, assuming intact sensory function.
 3. Ability to execute 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.

To establish a diagnosis of dementia, a physician must determine the cause of the dementia-like symptoms. Some conditions have symptoms that mimic dementia but that, unlike dementia, can be reversed with treatment. These treatable conditions include depression, delirium, side effects from medications, thyroid problems, certain vitamin deficiencies, and excessive use of alcohol. In contrast, dementia is caused by irreversible damage to brain cells.

When an individual has irreversible 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, especially elderly individuals, have brain abnormalities associated with more than one type of dementia [2–6].

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 past 30 years. Although research has revealed a great deal about AD, the precise physiological changes that trigger the development of AD 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, but the most common symptom pattern begins with gradually worsening ability to remember new information. This occurs because disruption of brain cell function usually begins in brain regions involved in forming new memories. As damage spreads, individuals experience other difficulties. The following are warning signs 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.
- Withdrawal from work or social activities.
- Changes in mood and personality.

For more information about the warning signs of AD, visit www.alz.org/10signs.

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