

Featured Articles

2008 Alzheimer's disease facts and figures
Alzheimer's Association*

Abstract

Alzheimer's disease is the seventh leading cause of all deaths in the United States and the fifth leading cause of death in Americans older than the age of 65 years. More than 5 million Americans are estimated to have Alzheimer's disease. Every 71 seconds someone in America develops Alzheimer's disease; by 2050 it is expected to occur every 33 seconds. During the coming decades, baby boomers are projected to add 10 million people to these numbers. By 2050, the incidence of Alzheimer's disease is expected to approach nearly a million people per year, with a total estimated prevalence of 11 to 16 million persons. Significant cost implications related to Alzheimer's disease and other dementias include an estimated \$148 billion annually in direct (Medicare/Medicaid) and indirect (eg, caregiver lost wages and out-of-pocket expenses, decreased business productivity) costs. Not included in these figures are the estimated 10 million caregivers who annually provide \$89 billion in unpaid services to individuals with Alzheimer's disease. This report provides information to increase understanding of the public health impact of Alzheimer's disease, including incidence and prevalence, mortality, lifetime risks, costs, and impact on family caregivers. © 2008 The Alzheimer's Association. All rights reserved.

Keywords:

Alzheimer's disease; Incidence; Prevalence; Mortality; Lifetime risks; Caregivers; Health care costs; Direct costs; Indirect costs

1. About this report

The 2008 *Alzheimer's Disease Facts and Figures* report is a comprehensive statistical abstract of U.S. data on Alzheimer's disease, the most common type of dementia. To provide background and context for interpreting the data, the next section, Overview of Alzheimer's disease, defines dementia, summarizes current knowledge about Alzheimer's disease, and briefly explains other specific types of dementia. The following sections address prevalence, family caregiving, use and costs of care, mortality, and lifetime risk of Alzheimer's disease.

Statistical benchmarks documented in *Alzheimer's Disease Facts and Figures* include the following:

- Overall number of Americans with Alzheimer's disease nationally and for each state
- Proportion of women and men with Alzheimer's and other dementias

- Projections of the future growth of Alzheimer's disease
- 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
- Impact on Medicare, Medicaid, U.S. businesses, and individuals and their families
- Number of deaths due to Alzheimer's disease nationally and for each state, and death rates by age, gender, and ethnicity
- Remaining lifetime risk for developing Alzheimer's disease and other dementias at age 55

The sources and methods used to derive these figures are presented in the Appendices. References for specific facts and figures are listed in the Reference section.

Many of the research studies and surveys included in the report do not differentiate between Alzheimer's disease and other dementias. As a result, the report frequently cites statistics that apply broadly to individuals with all types of

*Corresponding author: Katie Maslow. Tel.: 202-638-8667; Fax: 866-864-8277.

E-mail address: katie.maslow@alz.org

Table 1
Common types of dementia and their typical characteristics

Type of dementia	Characteristics
Alzheimer's disease	Most common type of dementia; accounts for 60% to 80% of cases. Difficulty remembering names and recent events is often an early clinical symptom; later symptoms include impaired judgment, disorientation, confusion, behavior changes, and trouble speaking, swallowing, and walking. Hallmark abnormalities are deposits of the protein fragment beta-amyloid (plaques) and twisted strands of the protein tau (tangles).
Vascular dementia (also known as multi-infarct or post-stroke dementia or vascular cognitive impairment)	Considered the second most common type of dementia. Impairment is caused by decreased blood flow to parts of the brain, often due to a series of small strokes that block arteries. Symptoms often overlap with those of Alzheimer's, although memory might not be as seriously affected.
Mixed dementia	Characterized by the presence of the hallmark abnormalities of Alzheimer's and another type of dementia, most commonly vascular dementia but also other types, such as dementia with Lewy bodies, frontotemporal dementia, and normal pressure hydrocephalus.
Dementia with Lewy bodies	Pattern of decline might be similar to Alzheimer's, including problems with memory, judgment, and behavior changes. Alertness and severity of cognitive symptoms might fluctuate daily. Visual hallucinations, muscle rigidity, and tremors are common. Hallmarks include Lewy bodies (abnormal deposits of the protein alpha-synuclein) that form inside nerve cells in the brain.
Parkinson's disease	Many people who have Parkinson's disease develop dementia in the later stages of the disease. The hallmark abnormality is Lewy bodies (abnormal deposits of the protein alpha-synuclein) that form inside nerve cells in the brain.
Frontotemporal dementia	Involves damage to brain cells, especially in the front and side regions of the brain. Typical symptoms include changes in personality and behavior and difficulty with language. No distinguishing microscopic abnormality is linked to all cases. Pick's disease, characterized by "Pick's bodies," is one type of frontotemporal dementia.
Creutzfeldt-Jakob disease	Rapidly fatal disorder that impairs memory and coordination and causes behavior changes. Variant Creutzfeldt-Jakob disease is believed to be caused by consumption of products from cattle affected by mad cow disease. Caused by the misfolding of prion protein throughout the brain.
Normal pressure hydrocephalus	Caused by the buildup of fluid in the brain. Symptoms include difficulty walking, memory loss, and inability to control urine. Can sometimes be corrected with surgical installation of a shunt in the brain to drain excess fluid.

dementia. In these cases, the reference is to "Alzheimer's disease and other dementias."

2. Overview of Alzheimer's disease

Alzheimer's disease is the most common cause of dementia. This section provides information about the definition of dementia, the characteristics of specific types of dementia, and the symptoms, risk factors for, and treatment of Alzheimer's disease. More detailed information on these topics is available at www.alz.org.

2.1. Dementia: definition and specific types

Dementia is a clinical syndrome of loss or decline in memory and other cognitive abilities. It is caused by various diseases and conditions that result in damaged brain cells. To be classified as dementia, the syndrome must meet the following criteria:

- It must include decline in memory and in at least one of the following cognitive abilities:
 - (1) Ability to generate coherent speech and 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, sensory function, and comprehension of the required task; and
 - (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.

Different types of dementia have been associated with distinct symptom patterns and distinguishing microscopic brain abnormalities. Increasing evidence from long-term epidemiological observation and autopsy studies suggests that many people have microscopic brain abnormalities associated with more than one type of dementia. The symptoms of different types of dementia also overlap and can be further complicated by coexisting medical conditions. Table 1 provides information about the most common types of dementia.

Mild cognitive impairment is a condition in which a person has problems with memory, language, or another essential cognitive function that are severe enough to be noticeable to others and show up on tests but not severe enough to interfere with daily life. Some people with mild cognitive impairment go on to develop dementia. For others, the symptoms of mild cognitive impairment do not progress to dementia, and some people who have mild

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