A Look Ahead: The Impact of Alzheimer’s Disease

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The Hilltop Institute
20th Anniversary Event
Baltimore, MD
October 23, 2014
INCIDENCE OF DEMENTIA

The graph shows the increasing incidence of dementia per 100 people per year as age increases. The percentage of increase at age 65 is ±13%, and at age 95, it is ±34%.
The already high cost of Alzheimer’s will skyrocket as the baby boomers age.

Total cost of care for those with Alzheimer’s, with more than two-thirds paid by Medicare and Medicaid.

Source: Lewin Group Econometric Model of Alzheimer’s and Dementia Costs (see: alz.org/trajectory).
NIH research investments in other conditions, shown below, are paying off. This proven approach should be applied to Alzheimer's.

NIH Estimated Research Funding for FY2014.
(in millions)

Cancer: $5,418
HIV/AIDS: $2,978
Cardiovascular: $2,015
Alzheimer's: $566


Medicare and Medicaid spending for those with Alzheimer's compared to scale with:

NIH investment in Alzheimer's research
Shortage of Well-Equipped Physicians

- Of the 28,000 licensed physicians in Maryland, only 1% is dedicated to the practice of geriatric medicine.
3 “Stages” of Alzheimer Disease

1. Decline in memory
   - personality change
   - executive function impairment

2. Cortical phase
   - aphasia
   - apraxia
   - agnosia

3. Physical decline
   - incontinence
   - gait disorder
   - swallowing/feeding
   - muteness
ALZHEIMER’S DISEASE IN MARYLAND

• An estimated 100,000 people are expected to have AD by 2025.
DISPARITITIES IN ALZHEIMER’S

- Alzheimer’s Association estimates that the prevalence of AD is 2 times higher for blacks than for whites. Hispanics have a rate 1.5 times greater than whites.

- Blacks have been shown to have a much higher rate of vascular dementias than whites.
RISK FACTORS CONTRIBUTING TO DEMOGRAPHIC DIFFERENCES

• Co-morbid chronic diseases
• Genetics
• Social factors
• Cultural factors
<table>
<thead>
<tr>
<th>Service</th>
<th>Beneficiaries with Alzheimer’s Disease and Other Dementias</th>
<th>Beneficiaries without Alzheimer’s Disease and Other Dementias</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient hospital</td>
<td>$10,748</td>
<td>$4,321</td>
</tr>
<tr>
<td>Medical provider*</td>
<td>6,220</td>
<td>4,124</td>
</tr>
<tr>
<td>Skilled nursing facility</td>
<td>4,072</td>
<td>474</td>
</tr>
<tr>
<td>Nursing home</td>
<td>18,898</td>
<td>840</td>
</tr>
<tr>
<td>Hospice</td>
<td>1,880</td>
<td>184</td>
</tr>
<tr>
<td>Home health</td>
<td>1,507</td>
<td>486</td>
</tr>
<tr>
<td>Prescription medications**</td>
<td>2,799</td>
<td>2,853</td>
</tr>
</tbody>
</table>

*“Medical provider” includes physician, other medical provider and laboratory services, and medical equipment and supplies

**Information on payments for prescription drugs is only available for people who were living in the community; that is, not in a nursing home or assisted living facility.

Created from unpublished data from the Medicare Current Beneficiary Survey from 2008.
THANKS!

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