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When younger people ask members of the older adult sector what they would like to sustain in life; most would respond ‘living a high quality of happy and productive life’ as the dominant answer. The older sector of the population wants sustenance of holistic good health, including maintaining a good memory. However, statistics revealed that almost 44 million people have been diagnosed to have a disorder which affects the memory, like Alzheimer’s disease (A Place for Mom, Inc., 2018). In the year 2010, a total of 4.7 million Americans have been diagnosed with Alzheimer’s and projections of the disease report the number to escalate to 13.8 million by 2050 (A Place for Mom, Inc., 2018)). The current discourse hereby aims to present an in-depth analysis of Alzheimer’s disease, a health condition related to aging.

The National Institute of Aging (NIA) has defined Alzheimer’s disease as “an irreversible, progressive brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks” (National Institute of Aging, n.d., p. 1). The affected sector of the population has been documented as symptoms appearing for older people in the mid-60s (National Institute of Aging, n.d.). Moreover, statistics further revealed that two (2) in three (3) people diagnosed with Alzheimer’s are women; and that African and Hispanic Americans are deemed to have the highest preponderance for developing the illness more than Caucasian Americans (A Place for Mom, Inc., 2018). For the affected sector of the population, the signs that are apparently manifested include memory loss which apparently disrupts the conduct of daily life, difficulties in planning and solving problems, challenges in allegedly completing familiar tasks, evident confusion in both time and location, difficulty in understanding spatial relationships as well as visual images, problems with communicating (verbal or writing), misplaces things, exhibits poor judgement, manifests mood changes, and withdraws from social activities or work (Alzheimer's Association, 2018). As such, Alzheimer’s disease is recognized as a degenerative and progressive illness afflicting the older sector of the population.

For the year 2018, an estimated number of 5.7 million Americans are projected to be living with Alzheimer’s; where 44% are within the age range of 75 to 84 years old, followed by 37% within 85 years old and above (Alzheimer's Association, 2018). Moreover, racial incidences reporting African Americans and Hispanic Americans as manifesting increased tendencies for contracting Alzheimer’s indicate that disparities in health conditions, socioeconomic risk factors, as well as differences in lifestyle across ethic and racial minority groups are taken into account for preponderances of contracting the illness (Yaffe, et al., 2013; cited in Alzheimer's Association, 2018). Other risk factors allegedly include  high rates of poverty, alleged low levels of formal education, as well as greater exposure to diverse adversities, challenges, and prejudices in life (Alzheimer's Association, 2018). With the information, healthcare institutions could focus on the identified cultural or racial segment of the population to insitute measures to prevent preponderance for contracting the disease.

The older sector of the population who was identified to have the highest risk of developing Alzheimer’s disease was reported to possibly endure the challenges of the illness from four (4) to eight (8) years after diagnosis (A Place for Mom, Inc., 2018).  Likewise, reports also indicate that some people afflicted with the illness live as long as 20 years with the health dilemma. As such, there is financial burden in terms of caregiving. According to statistics, “the total lifetime cost of care for someone with dementia was estimated at $332,399 in 2017 dollars. The costs associated with family care are 70 percent of lifetime dementia care costs

($139,765 in the value of care, and $92,805 in out-of-pocket expenses related to dementia care in 2017 dollars)” (Jutkowitz, et al., 2017, p. 2169). These are just costs associated with family care. Documented information revealed that the total health care as well as long term care associated with addressing patients with Alzheimer’s has been $277 billion paid in 2018; while per person cost was noted to be $48,028, as compared to $13,705 of healthcare beneficiaries in 2017 (Alzheimer's Association, 2018). The disease was considered as one of the costliest health conditions to contemporary societies afflicting the older sector of the population (Alzheimer's Association, 2018).

Despite the severity of the problem, including the exhorbitant costs associated with care and management, there are noted interventions that can be used to improve the symptoms associated with Alzheimer’s. First, it was made clear that Alzheimer’s is a degenerative illness and no  medication or intervention could reverse the progression. Pharmacological treatment included administering any or a combination of the following: donepezil, galantamine, memantine, memantine combined with donepezil, rivastigmine, and tacrine (with the latter reported to be discontinued in the United States (Alzheimer's Association, 2018). On the other hand, non-pharmacological treatment was noted to include “computerized memory training,

listening to favorite music as a way to stir recall, and incorporating special lighting to lessen sleep disorders” (Alzheimer's Association, 2018, p. 375). These interventions assist  in lessening the impact of behavioral problems like agitation, anxiety, apathy, aggression, depression, manifestation of sleep disturbances, and wandering (Alzheimer's Association, 2018).Moreover, these interventions assist those afflicted with Alzheimers to cope with maintaining cognitive function and perform daily activities as long as imminently possible.

Concurrently, aside from the parmacologic and non-pharmacologic interventions, active management strategies were mentioned as enabling patients with Alzheimer’s to live high quality of lives. These active management strategies include appropriate knowledge and  education about the illness, planning for the future, effective coordination with intercollaborative health team addressing the illness, encouragement to participate  in worthy and meaningful activities, as well as providing opportunities to interact and learn from other patients with Alzheimer’s (Alzheimer's Association, 2018). Morever, these access to these active management strategies depend on the resources of the patients and their  caregivers; as well as the health services and health professionals who attend to their illnesses.

To reiterate, the associated costs related to proposed interventions for  Alzheimer’s was revealed to be approximately $48,028 per annum, per person; and where sourcing comes from the following: Medicare $24,122; Medicaid 8,399; Uncompensated 374; Health maintenance organization 1,237; Private insurance 2,209; Other payer 919; and Out of pocket costs 10,589 (Alzheimer's Association, 2018). Prescription medications alone spent on patients with Alzheimers were noted to potential reach $ 3,436 per annum (Alzheimer's Association, 2018). Moreover, based on research, the average per-person payments for health care services in various health care institutions like hospitals, hospice and home health care, nursing home, skilled nursing facility, or physician and other medical providers were deemed to be higher for Medicare beneficiaries with Alzheimer’s illness, when compared to other beneficiaries. For instance, the cost for staying in an inpatient hospital was $10,862 for patients with Alzheimers, as compared to only $3,509 for Medicare beneficiaries without Alzheimer’s (Alzheimer's Association, 2018). As such, it was evident that the costs associated with management of Alzheimer’s, espcially in terms of adherence to proposed pharmacological and non-pharmacological interventions are exhorbitant; and thereby, adds financial burden to society and to the families afflicted with the disease.

Concurrently, the sustainability of the proposed interventions for Alzheimer patients were

deemed to be available and accessible; yet, expensive. However, supporting prescribed medications, for instance, would depend on access to healthcare services, especially Medicare or Medicaid, as well as knowledge on the active management strategies that would assist in improving the patients’ quality of life. As learned, long term healthcare services expected to be provided to Alzheimer’s patients, taken into account as sustainability of interventions, include transition from the home setting, to community-based health services, assisted living, and nursing home care (Alzheimer's Association, 2018). As such, culturally at risk segment of the population, with low income level, is expected to  resort  to home care with unpaid caregivers in the person of family members (spouses, children, relatives) who could  provide care within the expected remaining life span of the afflicted. With the statistics that were provided, it was revealed that from the beneficiaries of Alzheimers, African Americans were identified to be the highest recipeints of Medicare payments on an individualized basis with $27,315 being paid, as contrasted to $20,199 for Whites (Alzheimer's Association, 2018). As such, the study which monitors the extensiveness of Alzheimer’s disease incidences in the United States revealed that “the cumulative total cost of medical and long-term care expenditures for all individuals alive in the United States in 2018 who will develop Alzheimer’s is projected to be $47.1 trillion” (Alzheimer's Association, 2018, p. 409). In this regard, there had been proposals for early detection intervention through early diagnosis which would allegedly provide substantial savings for the American society.

In retrospect, the current discourse has successfully presented an in-depth analysis of Alzheimer’s disease, a health condition related to aging. The problem of Alzheimer’s has been appropriately defined with specific population affected that is identified as the African Americans and Hispanic Americans. There are cultural implications in terms of increased risks and preponderance to the illness due to higher rates of poverty, lower levels of education, as well as greater exposure to early life adversity and discrimination. The financial implications include challenges in terms of expecting exorbitant costs of accessing healthcare services and adherence to proposed interventions. As learned, the disease was identified as one of the costliest health conditions being addressed in contemporary times at a computed $48,028 per annum, per person in health care service. Moreover, both pharmacological and non-pharmacological interventions would address the problem; in conjunction with active management strategies. Finally, with the proposed early detection and diagnosis, health care professionals expect cost savings that could be generated; as the trend in Alzheimer’s disease is still seen to increase in the near future.

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