

Dementia prevention strategies could save £1.9 billion annually

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Programs to reduce dementia risk by targeting smoking, high blood pressure and hearing loss are likely to be cost-effective and cost saving by reducing dementia rates by 8.5%, finds a new study by UCL and LSE researchers.

The modeling study, published in *The Lancet Healthy Longevity*, found that the benefits would outweigh the [costs](#) of such programs, and could save £1.86 billion each year in England.

Lead author Dr. Naaheed Mukadam (UCL Psychiatry and Camden and Islington NHS Foundation Trust) said: "It is becoming increasingly clear that [dementia](#) can be prevented in many cases by addressing various health factors throughout the lifespan. As the number of people with dementia is expected to increase to 131 million worldwide by 2050, there is an urgent need to develop evidence-based interventions to prevent dementia, or delay it to enable more years of healthy life.

"Here, we have found that dementia prevention strategies can be cost-effective and cost saving, and should be implemented to reduce the societal burden of dementia."

The findings are based on extensive evidence, including from studies led by this study's researchers, finding that 12 risk factors can be modified across the life course to prevent 40% of dementia cases.

For the present study, the team reviewed evidence to find effective interventions for individuals targeting some of the dementia [risk factors](#). The interventions included nicotine gum to help older adults quit smoking, medication to treat [high blood pressure](#) in mid-life, and hearing aids for people with moderate [hearing loss](#) in mid-life.

The researchers found that the three interventions combined would cost £1.08 billion annually in England, while reducing social care costs of dementia by £866 million and family care costs by £1.05 billion. The NHS and social care cost savings from dementia prevention would outweigh the costs of the smoking cessation and hearing loss interventions, while all three interventions would meet cost-effectiveness standards set out by the National Institute for Health and Care

Excellence (NICE), as measured by cost per quality-adjusted life-year.

The model considered how well each [intervention](#) controlled each factor to reduce dementia risk, and accounted for the clustering of [dementia risk](#) factors (as many people are affected by more than one risk factor).

While this study focused on England, the researchers say their findings could likely apply similarly to other countries considering implementing dementia prevention strategies.

Senior author Professor Gill Livingston (UCL Psychiatry and Camden and Islington NHS Foundation Trust) said: "We have found that there's a strong case for implementing dementia prevention programs. They are cost-saving for their impact on reducing [dementia rates](#) alone, without even factoring in the additional benefits in reducing other health issues such as stroke or heart disease."

The study was funded by the Economic and Social Research Council and was a collaboration between researchers at UCL and the London School of Economics and Political Science (LSE).

Fiona Carragher, Director of Research at Alzheimer's Society that funded the lead author said: "The evidence shows it's a no-brainer to invest in programs to stop smoking, manage blood pressure and treat hearing loss, particularly given the cost of dementia to the economy is set to skyrocket as numbers of people with the condition increase. There isn't a fail-safe way to prevent dementia later in life but taking steps to reduce our risk has the potential to buck this worrying trend and give families the chance to have more precious, healthy years together.

"We look to the Government to act on these findings by making sure everyone knows what steps they can take to reduce their risk of dementia, and at the same time honor their commitment to double

dementia research funding so we can continue this life-changing work."

More information: Naaheed Mukadam et al, Effective interventions for potentially modifiable risk factors for late-onset dementia: a costs and cost-effectiveness modelling study, *The Lancet Healthy Longevity* (2020). [DOI: 10.1016/S2666-7568\(20\)30004-0](https://doi.org/10.1016/S2666-7568(20)30004-0)

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