

Dementia: Targeted prevention is a good investment

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Measures to prevent dementia in at-risk groups can not only improve

quality of life, but also make a lot of economic sense. This is the key finding of a recently published analysis by IMC Krems University of Applied Sciences in collaboration with the University of Continuing Education Krems. It shows that early prevention for particularly vulnerable groups of people is relatively inexpensive and could significantly reduce the costs of the health care system for treatment and care. Further findings show that even broad-based prevention measures can save costs in well-defined risk groups and that measures in middle age groups are cost-effective if lifestyle-related risk factors are addressed.

95% of the general population are afraid of developing [dementia](#). Dementia cannot be cured, which makes good treatment, support and care for those affected all the more important. However, this is cost-intensive and poses growing challenges for the health care system worldwide—especially in view of the ever-increasing proportion of older people in the overall population.

Although dementia cannot be cured, there is well-documented evidence that prevention works. International studies show that lifestyle-related diseases, such as diabetes or [coronary heart disease](#), promote dementia. According to scientific studies, lifestyle changes can prevent at least 40% of dementia. However, prevention also costs money and requires some effort.

Do the costs of such [preventive measures](#) ultimately perhaps even exceed the costs saved by avoiding dementia? A team from IMC Krems and the University for Continuing Education Krems (UWK) has now addressed precisely this question—and provided a clear answer. The study is [published](#) in *The Journal of Prevention of Alzheimer's Disease*.

Clear effect

"Our analysis clearly shows," says Prof. Alexander Braun from the Institute of Health Management at IMC Krems, "that dementia prevention programs can be inexpensive and cost-effective if they start early and are clearly targeted at risk groups."

And "in good time," according to the team of scientists from IMC Krems and UWK, means before the first symptoms of dementia become clinically recognizable. The preventive measures considered in the study included special approaches that reduce the effects of existing diabetes or cardiovascular disease in those affected, as well as special behavioral and nutritional interventions.

Together with Univ. Prof.in Dr. Stefanie Auer, Dean of the Faculty of Health and Medicine, and Associate Professor Dr. Margit Höfler from the Department of Dementia Research (both from the University of Continuing Education Krems), Prof Braun reviewed over 3,600 studies on the topic for the recently published analysis. The analysis was able to identify a total of seven studies that contained comparable data.

Optimized prevention

Prof Braun on the findings of this extensive study says, "It shows that dementia prevention saves costs and also increases the quality of life and years of life of the risk group." In fact, the analysis shows that the costs for the intervention programs examined averaged less than EUR 500—but already provided a demonstrable increase in [quality of life](#) for the participants and had a much higher cost-saving potential for the health care system.

According to the research team's interpretation of the data, this potential would probably be even higher if the intervention programs did not start at an advanced age (from 60, as in the majority of the studies analyzed), but even before that.

Prof Auer comments, "We already know from many studies on the prevention of dementia that early and targeted preventive measures that focus on lifestyle factors and are aimed at the wider community are significantly more effective than measures that start when symptoms first appear. Now we can also show that this approach also makes economic sense."

Overall, the study shows that [prevention](#) programs that focus on risk groups and start earlier in life could reduce the costs of dealing with dementia—and are therefore a useful tool for the future, when the number of people with dementia is expected to rise sharply.

More information: A. Braun et al, Cost-Effectiveness of Prevention for People at Risk for Dementia: A Scoping Review and Qualitative Synthesis, *The Journal of Prevention of Alzheimer's Disease* (2024). [DOI: 10.14283/jpad.2024.12](https://doi.org/10.14283/jpad.2024.12)

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