Patients with Alzheimer's dementia and related disorders who also have delirium incur greater health care costs

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Alzheimer's Dementia and Related Disorders (ADRD) affects upwards of 5 million people in the United States, with no known treatments to stop or prevent its progression. Associated with these diagnoses are costly health care bills, which are especially costly for ADRD patients that additionally experience delirium: a preventable mental deterioration.

The exact yearly health care costs associated with delirium in older hospitalized patients with ADRD had not been examined prior to a study by researchers at the Brigham and the Marcus Institute, Hebrew SeniorLife. The team conducted a health economics analysis of Medicare costs at 30-, 90-, and 365-days for 311 patients with and without ADRD, some of whom developed delirium during their hospital stay.

The team found the average additional cost for one delirium ADRD patient's year of care to be $34,828 more than non-delirium ADRD counterparts; this gap between delirium ADRD patients' and non-delirium ADRD patients' price tags was also found to increase throughout the year. Furthermore, the study showed that delirium ADRD patients' increased costs occurred later in the 365-day period, while non-delirium ADRD patients' costs remained consistent over time and non-ADRD delirium patients' costs remained consistently increased over time.

"The cost for delirium and severe delirium in ADRD patients is not upfront but rather long term—like costs for care and supports at home after hospitalization and delirium," said lead author Tammy Hshieh, MD, MPH, of the Brigham's Division of Aging and the Aging Brain Center, Hebrew SeniorLife.

"Because delirium is preventable, patients and their families can advocate for nonpharmacologic interventions and general vigilance with clinical care during hospitalization to try to prevent the costly downstream cascade."

The research was published in Alzheimer's & Dementia.


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