

Expert opinion

'Alzheimer's disease: the burden of the illness in England': a review

ALISTAIR BURNS, Professor, University of Manchester, School of Psychiatry and Behavioural Sciences, Withington Hospital, West Didsbury, Manchester M20 8LR

This paper by Gray & Fenn (1993) represents the first systematic attempt to put a cost on Alzheimer's disease (AD) in England. At a time when a large proportion of research effort in AD is directed towards the basic biology, it is an interesting and novel avenue for investigation. There are those who would say it is long overdue. The authors introduce the burden of illness analysis which is essentially a comprehensive attempt to cost the impact of a disorder. The analysis takes into consideration differences in the expression of disease – chronic, non life-threatening disorders rank relatively highly in loss of earning and health service costs but relatively low as a contribution to mortality. A number of concepts are explained which will be of interest to the non-expert, such as the difference between real resource costs, (e.g. payment for a service such as Attendance Allowance to a carer) and transfer payment (e.g. paying Income Support to an AD sufferer). Mortality rates (which give an equal weighting to a death independent of the age at which it occurs) are replaced by potential years of life lost – the loss of economic contribution to society being greater the younger the age of death.

The indices assessed include life years lost and costs of hospital, general practitioner, residential and home care and government payments to informal carers. How much does AD cost? £1,039 million per annum in England according to 1990/91 figures.

As with everything, it is easy to jump on the bandwagon of criticism. Obvious omissions and methodological difficulties endemic to the assessment of a disorder such as AD include non representation of day hospital costs, underestimation of the cost of informal care, assumptions of the prevalence rates of dementia in nursing and residential homes and reliance on death certification for diagnostic information, a procedure notoriously inaccurate when it

comes to dementia. The justification for confirming the analysis to AD does not seem complete and would seem an expedient of political correctness.

Coming off the bandwagon, what one is left with is a fascinating account of probably the most significant public health problem this century. It is the first time in the UK that AD has been quantified in this way and the cost of over one billion pounds per year will come as little surprise. Comparison with America shows this to be about one-third of USA costs, possibly accounted for by the latter's high proportion of dementia in residential care and the fact that some USA studies cost, on a professional basis, all informal care. However, the wide discrepancy highlights the huge financial variations which can occur when trying to attach an exact cost onto figures which themselves may not be completely accurate. The penalties for getting it wrong in a case such as this are enormous. Of particular interest is the statistic that only 6% of the total care bill goes to provide monies for informal carers.

What sets AD apart from many other disorders is the sheer scale of the problem (both present and future), the devastating consequences of the disease, the fact that so little is known about it; some view it as a Cinderella illness looked after by Cinderella specialists and it still attracts therapeutic and diagnostic pessimism. Much of this is shared with other dementias and they should not be forgotten in economic analyses. 'Alzheimer's disease: the burden of the illness in England' is a very important paper which will set a standard and could and should serve as a template for the assessment of the cost of local services.

Reference

GRAY, A. & FENN, P. (1993) Alzheimer's disease: the burden of the illness in England. *Health Trends*, 25, 31–37.