



What Retirees Fear Most of All

By: Michael Hodin | September 16, 2014

New research by Bank of America Merrill Lynch says that the [biggest fear of people in retirement](#) is Alzheimer's. We fear Alzheimer's more than cancer, stroke, diabetes, arthritis, and heart disease combined. And no wonder: The disease is a one-way street with no cure.

The cost of care is breathtaking. A recent study by the Rand Institute noted that the annual cost of care for someone with Alzheimer's is as high as \$56,000 per family. Broadly speaking, Alzheimer's is estimated to consume annually a stunning \$604 billion globally, or one percent of global GDP.

The Bank of America Merrill Lynch survey indicates that it's not just the costs of Alzheimer's that people find so frightening. They don't want to be a burden on their families. At \$56,000 a year for care, that's a sensible fear. And at \$604 billion globally, it's more than a fear and even a public health crisis – which the World Health Organization (WHO) acknowledged last year. It's the impending fiscal nightmare of our 21st century.

But the news is not all bad. Researchers and scientists are learning more about prevention strategies for Alzheimer's and ways to promote “brain health.”

We're also learning more about how to make care more effective, compassionate, and efficient. Fixing the “care” angle may seem like a “softer” goal than medical breakthroughs – but it isn't. Part of what's driving people's fear of Alzheimer's is the long, burdensome journey for both patient and caregiver alike.

At national public policy levels, unless and until there is the kind of innovation we achieved with the Salk vaccine for polio, for example, Alzheimer's care will still be a catastrophe.

On the brain health front, a string of recent research and meta-analyses suggest that the longtime paradigm for disease treatment – finding a “cure” – may not apply for Alzheimer's, at least not as we think of that traditionally. The key may be prevention strategies, which is a new way of thinking in public health terms for non-communicable diseases – and a breakthrough. We've seen it before with communicable diseases, where improvements in sanitation, nutrition, etc., had the huge impact we've come to associate with cures.

Here's how it would work for Alzheimer's: The just-released annual report by Alzheimer's Disease International (ADI) shows we can reduce risk by managing “modifiable risk factors” – like diabetes and hypertension. As ADI says, “What's good for your heart is good for your brain.”

It's the mere tip of the iceberg. While researchers have looked for the magic formula to "cure" Alzheimer's, evidence is mounting that prevention may be an equally valuable angle. ADI's new report should act as a clarion call for R&D departments globally. ADI says "research should test hypotheses on lifestyle and control of risk." This also takes us down different paths than the traditional clinical trial model, which for Alzheimer's has been less than productive to date.

The Karolinska Institute in Sweden has broken open doors with new research on how to slow cognitive decline with its two-year Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability, or the FINGER study. Released this summer, the study claims to be the first to show "it is possible to prevent cognitive decline." The recipe: nutrition, physical exercise, cognitive training, social activities, and heart health.

While we await a cure, part of the answer is already here: Eat well, exercise, and lead a healthier lifestyle. Yet with 36 million people suffering from dementia worldwide, it is only sensible to ask: What can be done for those already suffering from Alzheimer's?

There are three answers:

First, experts agree the tools of prevention can also slow down rates of deterioration. Healthy diets and exercise and active cognitive engagement won't make things better – and won't prevent deterioration – but they can slow progress at earlier stages of the disease.

Second, technologies can help maintain independence. Could Google Glass, for example, be used for those with early-onset dementia to provide directions and reminders? Who wouldn't be willing, early on, to try facial-recognition technology to provide details of relationships that had become harder to grasp? Other technologies are in the pipeline, too, to lengthen independence.

Third, improvements in care can reduce both the "fear factor" and the costs, even as it mitigates the deterioration itself. This is a goal everyone can agree to, as the current costs overwhelm individual, familial, community, and national budgets. Whether \$56,000 annually for the family or \$604 billion globally, neither figure is sustainable. There are new models of care through such inventions as Omaha-based and globally deployed Home Instead Senior Care (HISC). As part of its advances in 21st century care, this home-based caregiving resource also has an online tool for Alzheimer's caregiving that anyone can access.

To be sure, there is more to beating this awful disease than managing one's "modifiable risk factors" – or inventing and implementing better care. But these shouldn't be underestimated. Prevention can be the "medical breakthrough" that we're too busy to notice. And when you have companies across sectors spending the time on this awful disease and joining the traditional pharma medical innovation – we can make great progress.

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