



Epidemiology of dementia – the epidemic we saw coming

Raphael Wurm · Elisabeth Stögmann

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Dementia is increasingly becoming one of the most pressing issues in the care of elderly people, eclipsing other neurological diseases and is estimated to currently affect 50 million people worldwide. Although the incidence of dementia appears to have stabilized in industrialized countries over the last decade, the extended life expectancy is leading to a significant increase in the number of people living with dementia in developed nations. Estimates from Great Britain suggest that every third child born today will live long enough to be affected by dementia in her or his lifetime. Worldwide, the number of people living with dementia is set to triple to more than 150 million in 2050. This is in large parts due to the developing world catching up—both in terms of incidence and prevalence. A combination of a more *westernized* way of life with a more affluent society carries a higher risk for dementia, while at the same time extending the overall lifespan.

Economically, dementia hits even harder. The global cost was estimated to be one trillion dollars in 2018 and will double by 2030. While the direct health and social care costs exceed that of cancer and chronic heart disease combined, the indirect costs are often overlooked. Globally, the costs of informal care are higher than those for health care or social care for patients living with dementia. Caretakers are affected immediately and in the long term, with data suggesting that almost 20% of caretakers are working full-time despite their obligation and consequently suffer professionally. Additionally, taking care of a close relative with dementia is associated with a higher risk for developing a number of diseases, further increas-

ing the impact of dementia on families, societies, and economies.

Although we now know much more about the development and course of dementia, only two classes of drugs have been approved as treatments to date and their impact on the course of the disease is limited. Research suggests that early initiation of treatment might be the key to fighting dementia. Consequently, early detection is now a focus and methods are getting more refined, both with regards to imaging of the brain and measuring of markers in bodily fluids. We are still a long way from predicting the disease in individuals, but work into risk factors has proven to be very valuable on the population level. A 2020 update of *The Lancet* commission on dementia suggests that up to 40% of dementia can be prevented by improving twelve key risk-factors. Among them are population-wide factors such as access to education, air pollution and increases in physical activity as well as more traditional risk factors like smoking, obesity and hypertension. These factors share the feature that they can be—and already have been—improved by changes in policy. However, it will be especially important that also low- and middle-income countries take greater efforts to improve similar risk factors in the coming years.

Moreover, novel treatments are constantly being developed and examined, and much excitement currently surrounds the filing for approval for a monoclonal antibody against beta amyloid. This would mark the first approval for an antidementive drug since memantine was introduced in 2002, and would substantially extend our arsenal for treating Alzheimer's dementia in its early stages. Nonetheless, much progress needs to be made before we can halt or even cure Alzheimer's or other forms of dementia. It is therefore vital that research continues to move forward on earlier detection, better classifi-

R. Wurm · E. Stögmann (✉)
 Department of Neurology, Medical University of Vienna,
 Währinger Gürtel 18–20, 1090 Vienna, Austria
elisabeth.stoegmann@meduniwien.ac.at

cation through objective biomarkers, and eventually disease-modifying therapies. Yet, a collective and intensive effort will be needed to tackle this epidemic.

Conflict of interest R. Wurm and E. Stögmann declare that they have no competing interests.

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