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HEALTH SERVICES RESEARCH

The Economic Burden of Subjective Cognitive Decline, Mild Cognitive Impairment and Alzheimer's Dementia: Excess Costs and Associated Clinical and Risk Factors

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Abstract

Background: This study assessed costs and cost-associated factors in patients with subjective cognitive decline (SCD), mild cognitive impairment (MCI) and Alzheimer's Disease (AD) dementia compared to healthy controls.

Method: Clinical data, risk factors, healthcare resource use and informal care provision were assessed in the DELCODE study. Costs were calculated from payer and societal perspectives, with multivariate regression analyses identifying cost-associated factors.

Result: Societal costs were elevated by 50% for SCD (adjusted mean 7,705€ [95%CI 6,227-9,182€)], 199% for MCI (15,328€ [6,121-24,535€]) and 602% for AD (36,031€ [3,075-68,986€]) compared to controls (5,129€ [3,217-7,042€]). ApoE ε4 negative patients showed higher costs compared to positive patients. Hypertension was associated with higher costs, while lower education status and high cholesterol reduced costs.

Conclusion: Healthcare costs are already significantly elevated in early subjective and objective cognitive impairment, driven by formal and informal care. The study emphasizes the importance of early interventions to reduce the economic burden and delay progression.