Alzheimer’s disease (AD) involves progressive decline in cognitive ability and functional capacity. Providing care to AD patients places substantial burdens on family members and most AD patients eventually enter nursing homes because of the absence, exhaustion, or inability of family members to provide care. The costs of nursing home care usually deplete private financial resources quickly, placing a substantial burden on state Medicaid programs. AD can be detected in its early stages through relatively inexpensive screening tests. Early detection allows for treatment of AD patients with cholinesterase inhibitor drugs that slow the progression of the disease as well as for the provision of support services to caregivers to increase their capacity for the continuing provision of community-based care. Each of these interventions can delay the entry of AD patients into nursing homes. Based on findings in the medical literature and experience with a pilot screening program in Wisconsin, it is possible to predict the net social benefits and the net state fiscal impacts of early detection of AD as a function age, disease progression, drug treatment, and caregiver support using Monte Carlo simulation methods. This cost-benefit analysis suggest both positive net social benefits and Medicaid savings result from early detection and intervention.

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