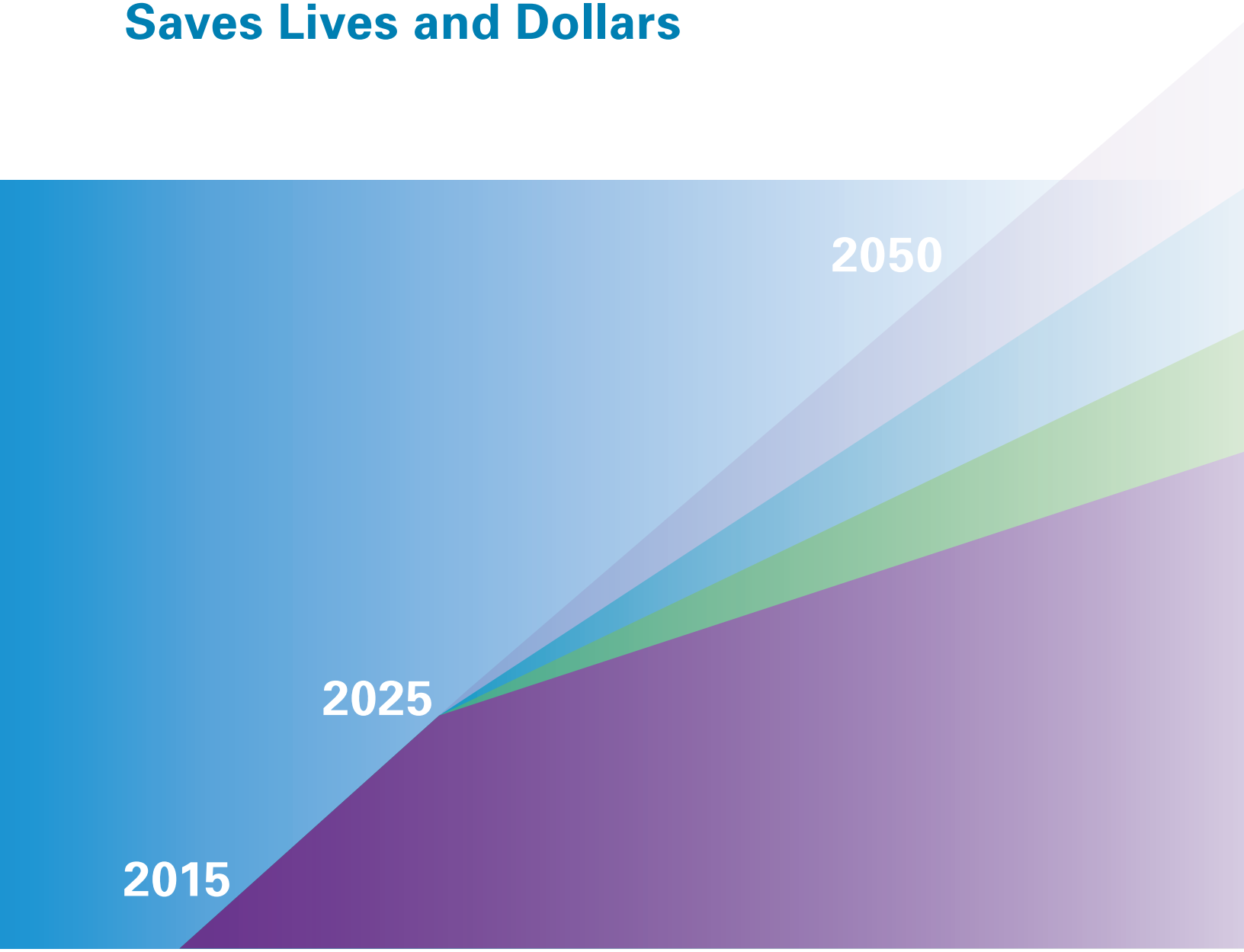
Changing the Trajectory of Alzheimer's Disease: How a Treatment by 2025 Saves Lives and Dollars



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The appendices for this report — including a detailed description of the model developed by The Lewin Group; data tables used in this report; and the outcomes of another hypothetical treatment, slowed progression of Alzheimer's disease — can be found at www.alz.org/trajectory.

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INTRODUCTION

Alzheimer's disease, the most common cause of dementia, is an irreversible neurological disease that impairs cognition, orientation and functional capacity.† Affected individuals can live for an average of four to eight years with Alzheimer's, while some can live as long as 20 years with the disease.[1] While Alzheimer's is not a normal part of aging, age is the biggest risk factor.

Symptoms of Alzheimer's include memory loss, confusion, impaired judgment and trouble understanding spatial relationships.[1] Over time, affected individuals become totally dependent on others for all essentials of daily living. People with severe or late-stage Alzheimer's eventually lose their ability to eat, bathe and manage their own bodily functions. The final result of Alzheimer's is death. During the course of the disease, many individuals with Alzheimer's may also experience behavioral symptoms such as depression and wandering. These symptoms are often the precursor to falls, weight loss and institutionalization. Consequently, people living with Alzheimer's are high users of medical care, nursing care, and other long-term services and supports.

The direct costs of health care and long-term care for people living with Alzheimer's and other dementias are substantial, making Alzheimer's one of the costliest conditions in the United States.[2] People living with Alzheimer's and other dementias have disproportionately higher costs to Medicare, Medicaid and other payers, as well as high out-of-pocket costs for affected individuals and their families. Today, there are no available therapies that address the underlying cause of Alzheimer's, making it the only disease in the top 10 causes of death in the United States without a way to prevent, cure or even slow its progression.

The five drugs approved by the U.S. Food and Drug Administration (FDA) to treat Alzheimer's only address the worsening of symptoms and are only effective in some individuals for a limited time.[1] A treatment that could effectively prevent or cure Alzheimer's would not only save millions of lives, but would also have a significant effect on taxpayers and federal and state government budgets.

In 2011, the National Alzheimer's Project Act[3] (NAPA) was signed into law, calling for the development of the country's first-ever national Alzheimer's plan. A year later, the federal government released the *National Plan to Address Alzheimer's Disease*,[4] which aims to "prevent and effectively treat Alzheimer's disease by 2025." *Changing the Trajectory of Alzheimer's Disease* examines what would happen if this goal is achieved. It presents information about the current trajectory and economic impact of Alzheimer's disease, and describes an alternate trajectory if, in 2025, a treatment became available to delay the onset of Alzheimer's. All data in this report come from a model developed by The Lewin Group, and include estimates for the number of Americans living with Alzheimer's disease from 2015 to 2050; the number of Americans by severity of the disease at any point in time; and the costs of their care to all payers. This report also takes a closer look at estimated costs of care for the 10-year budget period 2026 to 2035. Costs of care include the costs of medical care, nursing home and other residential care, paid home and community based services, and medications. Due to limited data on individuals under the age of 65 living with Alzheimer's disease, all estimates in this report are based on projections for people age 65 and older.

†New diagnostic criteria proposed by the National Institute on Aging and the Alzheimer's Association expand the definition of Alzheimer's disease to reflect current thinking that Alzheimer's creates distinct and measurable changes in the brain before external symptoms appear [Jack CR, et al. Alzheimers Dement. 2011;7(3):257-262]. As the scientific community continues to evaluate the new criteria, this report will refer to "Alzheimer's disease" under its previous definition where external symptoms must be present.

THE CURRENT TRAJECTORY:

Impact of Alzheimer's in the Absence of a Breakthrough Treatment

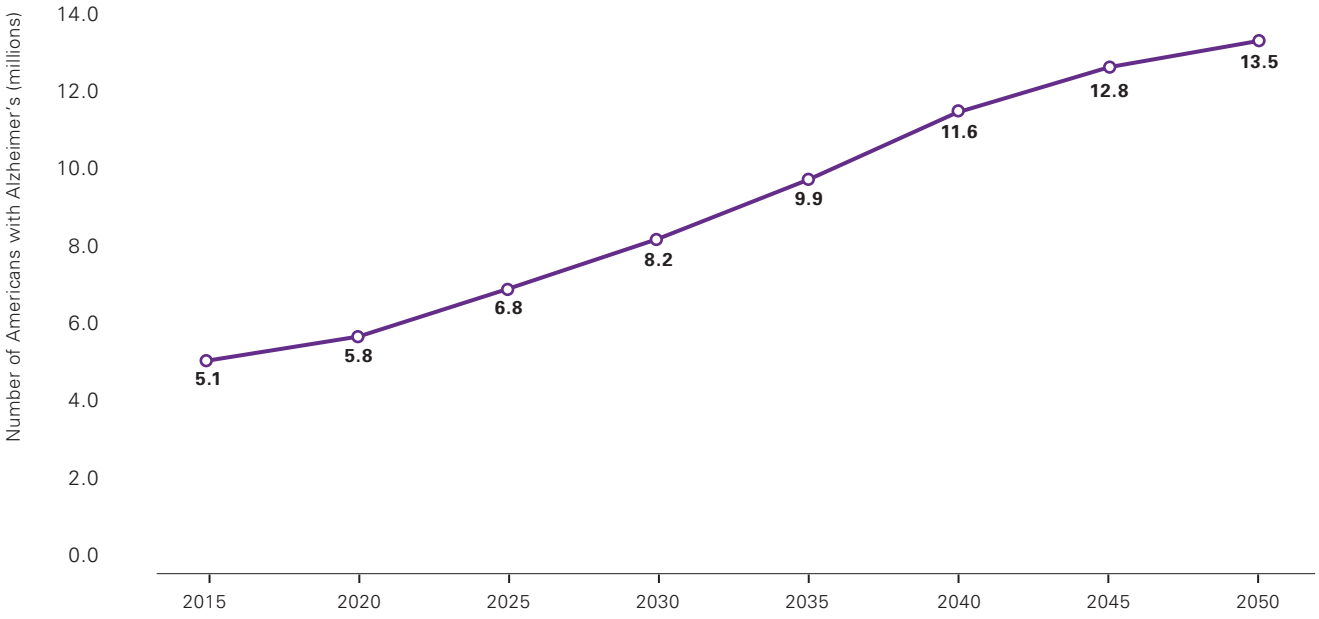
Alzheimer's disease is one of the nation's largest public health crises. Currently, Alzheimer's is the sixth-leading cause of death in the United States and the fifth-leading cause of death for individuals age 65 and older.[1] As baby boomers reach the age of greater risk of developing Alzheimer's, it can be expected that — barring a treatment breakthrough — millions of them will spend their retirement years either living with Alzheimer's or caring for someone who has it. This section explores the current and future prevalence of Alzheimer's and its economic impact in the absence of a breakthrough treatment.

Number of Americans Living with Alzheimer's Disease

Based on the current trajectory, the number of Americans age 65 and older living with Alzheimer's disease is projected to increase from 5.1 million in 2015 to 13.5 million in 2050 (Figure 1). This means in 2015, an estimated 11 percent of the U.S. senior population will have Alzheimer's disease. In 2050, this estimate will grow to 16 percent of the U.S. senior population.

FIGURE 1

Number of Americans Age 65 and Older Living with Alzheimer's Disease, 2015-2050



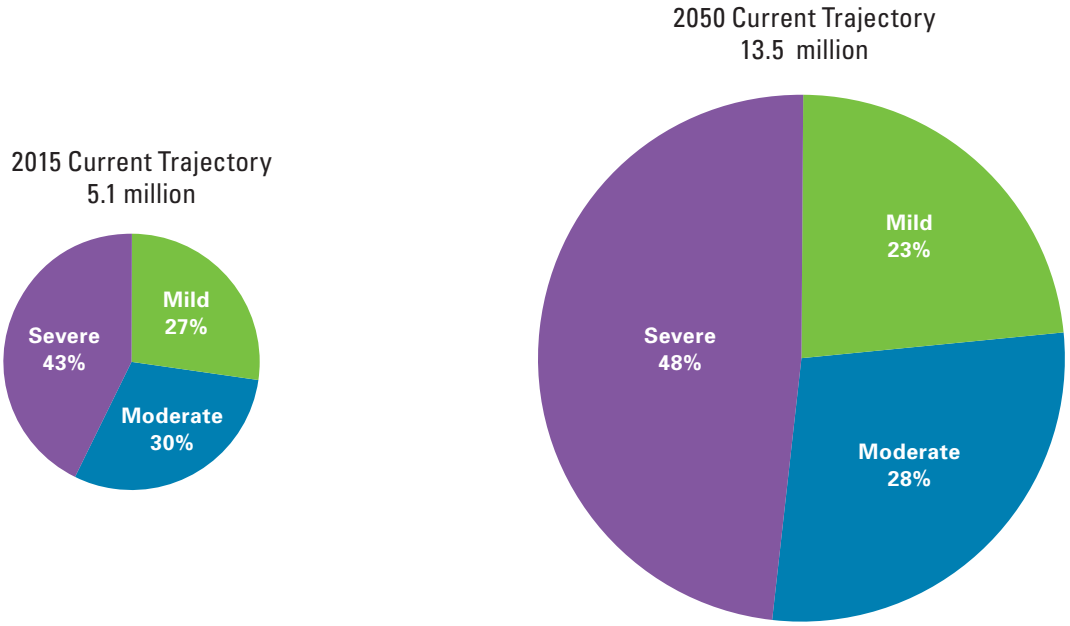
Number of Americans Living with Alzheimer's by Stage of Disease

One of the most important determinants in the cost of care for an individual with Alzheimer's is the stage of the disease. As the disease progresses and the individual's care needs rise, the cost of his or her care also increases.

The range of severity of Alzheimer's disease after the onset of symptoms is characterized by three stages: mild or early stage, moderate or middle stage, and severe or late stage. In the mild stage of Alzheimer's disease, affected individuals may demonstrate changes in their ability to think and learn, but because they are still able to participate in activities and dialogue, they may not appear to others as having dementia. In the moderate stage of Alzheimer's, affected individuals may demonstrate difficulty expressing thoughts, recalling information or performing routine tasks. They may also become confused in familiar surroundings and demonstrate behavioral changes. In the severe stage of the disease, affected individuals require around-the-clock care. They also experience difficulty eating and swallowing, and may lose their ability to speak.[1]

FIGURE 2

Proportion of Americans Age 65 and Older Living with Alzheimer's by Disease Stage, 2015-2050



*Totals may not add due to rounding.

As illustrated in Figure 2, the proportion of people age 65 and older living with Alzheimer's disease in the mild, moderate and severe stages will change between 2015 and 2050. In 2015, 27 percent of individuals living with Alzheimer's will be in the mild stage; this will decrease to 23 percent in 2050. Similarly, the proportion of individuals living with Alzheimer's in the moderate stage will decrease from 30 percent in 2015 to 28 percent in 2050. In contrast, the proportion of individuals living with Alzheimer's in the severe stage will increase from 43 percent in 2015 to 48 percent in 2050.

More significant than this are the number of people these proportions represent. As illustrated by the size of the charts in Figure 2, the 5.1 million older adults affected by Alzheimer's in 2015 are expected to grow substantially by 2050. Thus, in 2050, there will be 3.1 million people in the mild stage of Alzheimer's, despite the proportional decrease from 2015. Likewise, there will be 3.8 million individuals in the moderate stage of the disease in 2050. The greatest increase will be in the number of people in the severe stage; in 2050, 6.5 million Americans — nearly half (48 percent) of the projected 13.5 million with Alzheimer's that year — are expected to be in the severe stage. In 2050, more Americans will be in the severe stage of Alzheimer's than the total number of Americans that have the disease in 2015.

Costs of Care

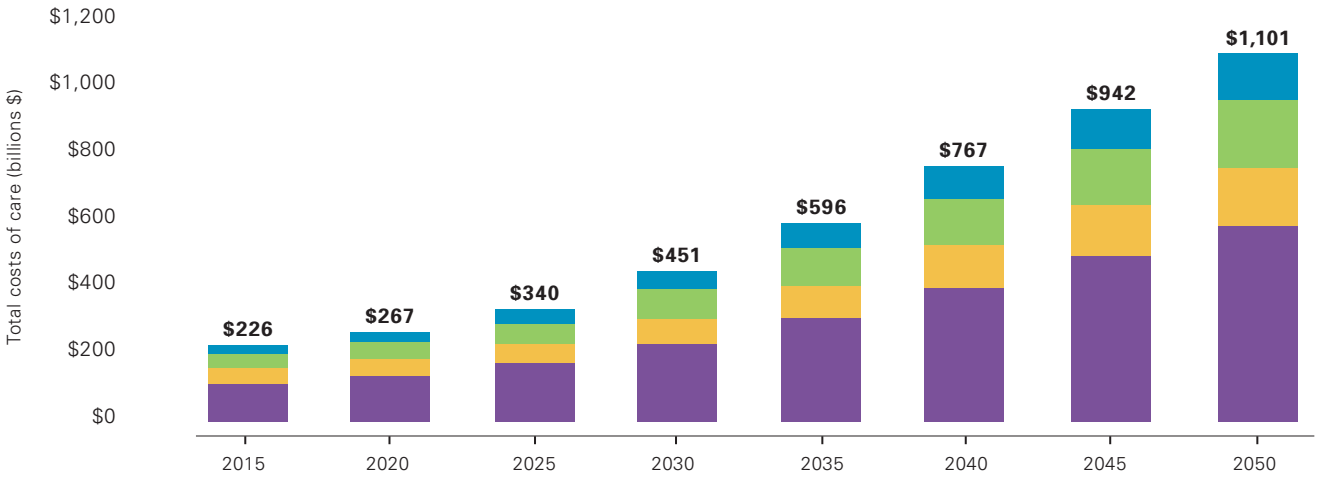
In 2015, the costs to all payers for the care of people living with Alzheimer's disease and other dementias will total an estimated $226 billion, with Medicare and Medicaid paying 68 percent of the costs. Based on the current trajectory, costs are projected to increase to over $1.1 trillion in 2050, with Medicare and Medicaid costs increasing to nearly 70 percent of the total. Figure 3 illustrates these costs paid by Medicare, Medicaid, affected individuals and their families, and other payers such as private insurance, HMOs and other managed care organizations, and those that cover uncompensated care.

Nearly one in five Medicare dollars — or 18 percent[5] — will be spent on people living with Alzheimer's and other dementias in 2015. Medicare costs will increase over 420 percent, from $113 billion in 2015 to $589 billion in 2050. This is projected to represent nearly one in three Medicare dollars. Medicaid costs will increase about 330 percent from $41 billion in 2015 to $176 billion in 2050. Similarly, out-of-pocket costs for individuals and families affected by Alzheimer's and other dementias will increase about 350 percent from $44 billion in 2015 to $198 billion in 2050. Costs to other payers will increase about 375 percent from $29 billion in 2015 to $138 billion in 2050.

Cumulative costs to all payers for the care of people living with Alzheimer's and other dementias in the 36-year period from 2015 to 2050 will be $20.8 trillion. Nearly 70 percent of that will be paid by federal and state governments. Cumulative Medicare costs for these individuals will be $10.9 trillion. Cumulative Medicaid costs will be $3.5 trillion over the same period.

FIGURE 3

Total Costs of Care for Americans Age 65 and Older Living with Alzheimer's Disease and Other Dementias, 2015-2050



	2015	2020	2025	2030	2035	2040	2045	2050
Other Payers	$29	34	43	58	76	97	119	138
Out-of-pocket	$44	51	64	84	110	140	171	198
Medicaid	$41	48	59	77	100	126	153	176
Medicare	$113	134	173	233	311	403	499	589

*All cost figures are reported in 2015 dollars. Totals may not add due to rounding.

CHANGING THE TRAJECTORY:

Impact of a Hypothetical Treatment That Delays the Onset of Alzheimer's

The *National Plan to Address Alzheimer's Disease*, released in 2012, outlined a set of initiatives to raise public awareness, provide improved tools for health care providers, assist caregivers and individuals with Alzheimer's and other dementias, and advance research. The first of the five goals in the National Plan is to "prevent and effectively treat Alzheimer's disease by 2025." Achieving this goal would change the current trajectory of Alzheimer's disease, save millions of lives, and have profound economic and budgetary impacts.

Currently, there are no treatments to prevent, cure or slow the progression of Alzheimer's disease. If the National Plan goal is met and a treatment becomes available to delay the onset of Alzheimer's in 2025, it would immediately reduce the number of individuals affected by the disease and their total costs of care by all payers. This section explores the effects of such a hypothetical treatment. It assumes the treatment delays the onset of Alzheimer's by five years and, in keeping with the National Plan's goal, it assumes the treatment becomes available in 2025.

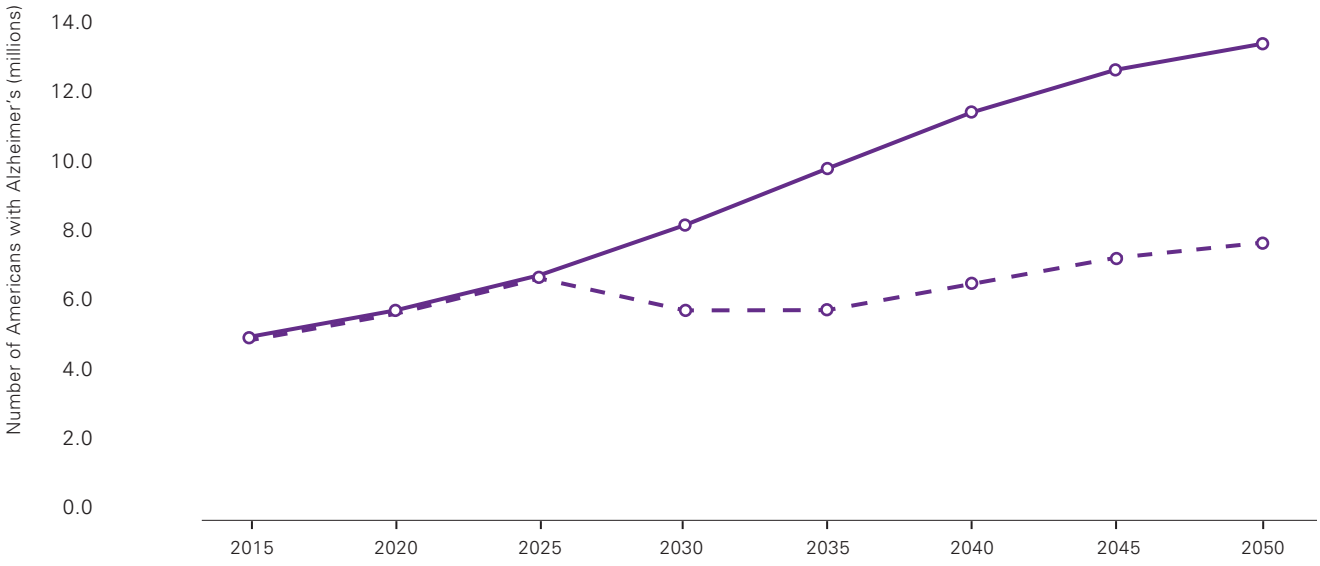
Number of Americans Living with Alzheimer's Disease

A treatment introduced in 2025 that delays the onset of Alzheimer's by five years would reduce the number of individuals affected by the disease immediately. In 2030, the total number of Americans age 65 and older living with Alzheimer's would decrease from 8.2 million to 5.8 million (Figure 4). In 2035, 4 million Americans — approximately 40 percent of the 9.9 million Americans who would be expected to have Alzheimer's — would be living without it. In 2050, total prevalence would be 7.8 million, meaning 5.7 million Americans — or 42 percent of the 13.5 million who would be expected to have Alzheimer's barring a treatment breakthrough — would not have Alzheimer's disease.

A treatment introduced in 2025 that delays the onset of Alzheimer's by five years would also reduce the proportion of the U.S. population age 65 and older who have the condition. In 2030, 8 percent of older adults would be living with Alzheimer's disease instead of 11 percent. In 2050, only 9 percent of older adults would have Alzheimer's instead of 16 percent.

FIGURE 4

Impact of a Treatment That Delays Onset by Five Years on the Number of Americans Age 65 and Older Living with Alzheimer's Disease, 2015-2050

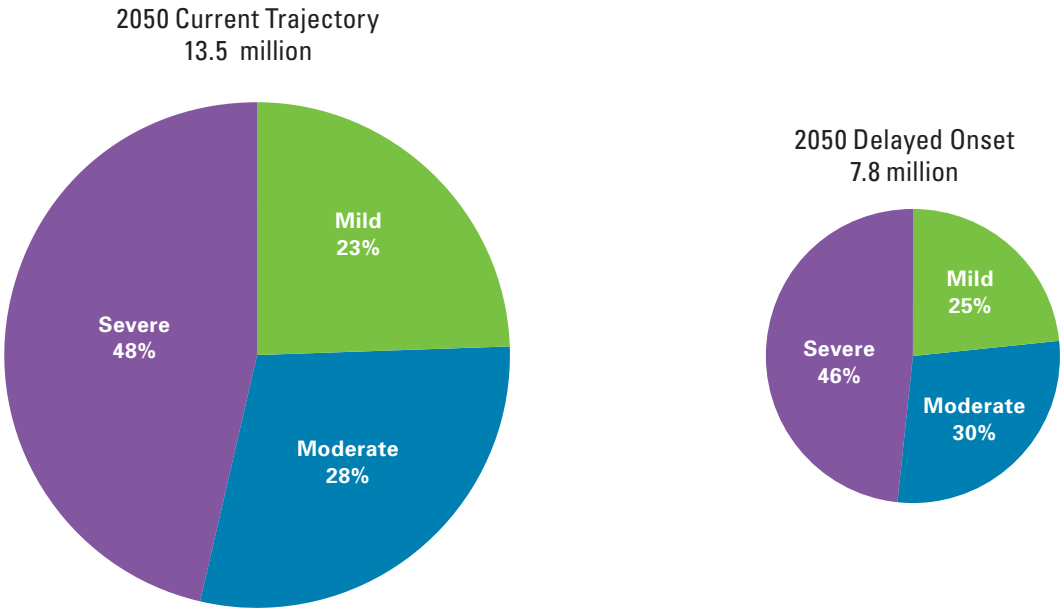


	2015	2020	2025	2030	2035	2040	2045	2050
Current trajectory	5.1	5.8	6.8	8.2	9.9	11.6	12.8	13.5
Delayed onset	5.1	5.8	6.8	5.8	5.9	6.6	7.3	7.8
Decrease	0.0	0.0	0.0	2.5	4.0	5.0	5.5	5.7

*Totals may not add due to rounding.

FIGURE 5

Impact of a Treatment That Delays Onset by Five Years on the Proportion of Americans Age 65 and Older Living with Alzheimer's by Disease Stage, 2050



*Totals may not add due to rounding.

Number of Americans Living with Alzheimer's by Stage of Disease

The introduction of a treatment in 2025 that delays the onset of Alzheimer's by five years would, for a time, increase the proportion of those living in the severe stage of the disease. This is because a delay in onset would prevent people from moving into the mild stage of the disease, but have no effect on those who already had the condition before a treatment was available. Thus, under this treatment scenario, in 2030, 52 percent of individuals would be in the severe stage, compared to 41 percent under the current trajectory.

However, in subsequent years, the proportion of individuals living with Alzheimer's in the severe stage would decrease. As shown in Figure 5, 46 percent of those projected to have Alzheimer's in 2050 will be in the severe stage. In addition, because the introduction of a treatment would decrease the total number of individuals with the disease, the number of people in each stage of Alzheimer's would be less than the current trajectory. That means in 2050, 3.6 million individuals would be in the severe stage of Alzheimer's if a treatment were available, compared to 6.5 million under the current trajectory.

Costs of Care[‡]

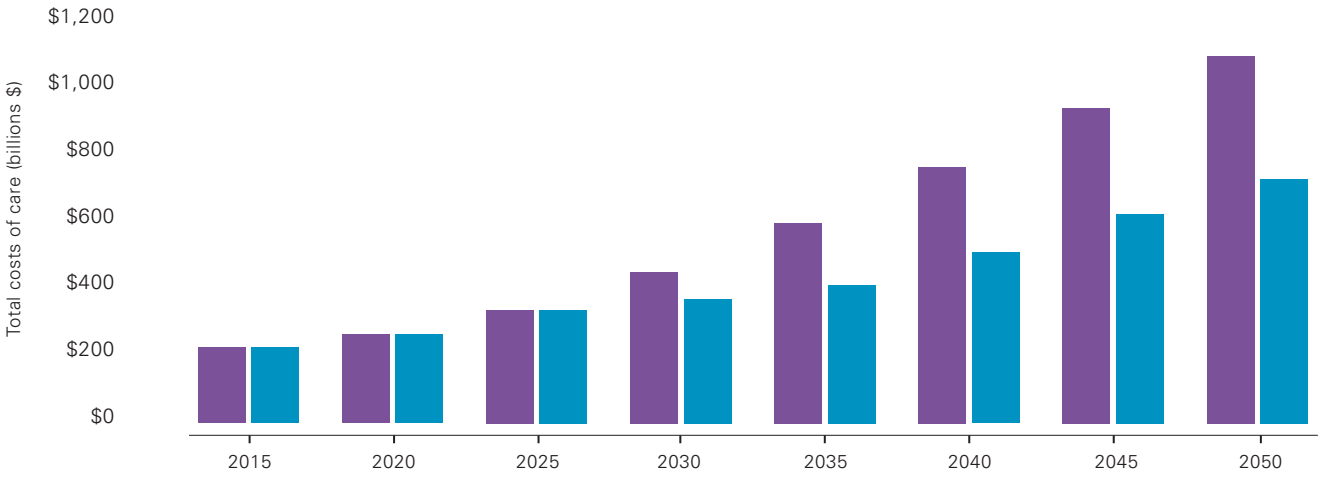
A treatment in 2025 that delays the onset of Alzheimer's by five years would reduce the total costs of care immediately. With a treatment, total costs to all payers in 2030 would decrease from $451 billion under the current trajectory to $368 billion, a savings of over $83 billion (Figure 6).[§] In 2050, total costs to all payers would decrease 33 percent from $1.101 trillion under the current trajectory to $734 billion, a savings of $367 billion.

Reductions in Medicare costs account for nearly 40 percent of the savings under this treatment scenario. Five years after introduction of a treatment to delay onset, Medicare costs would decrease to $202 billion in 2030, a savings of $31 billion from the $233 billion in costs under the current trajectory. In 2050, Medicare costs would be $448 billion, a savings of $141 billion compared to the $589 billion in costs under the current trajectory (Figure 7).

Similarly, Medicaid costs for people living with Alzheimer's and other dementias would also decrease. In 2030, Medicaid savings would total $16 billion (Figure 8). In 2050, Medicaid costs would be $99 billion, a savings of $77 billion compared to the current trajectory.

FIGURE 6

Impact of a Treatment That Delays Onset by Five Years on Total Costs, 2015-2050



	2015	2020	2025	2030	2035	2040	2045	2050
Current trajectory	$226	$267	$340	$451	$596	$767	$942	$1,101
Delayed onset	$226	$267	$340	$368	$417	$509	$622	$734
Savings	$0	$0	$0	$83	$180	$259	$320	$367

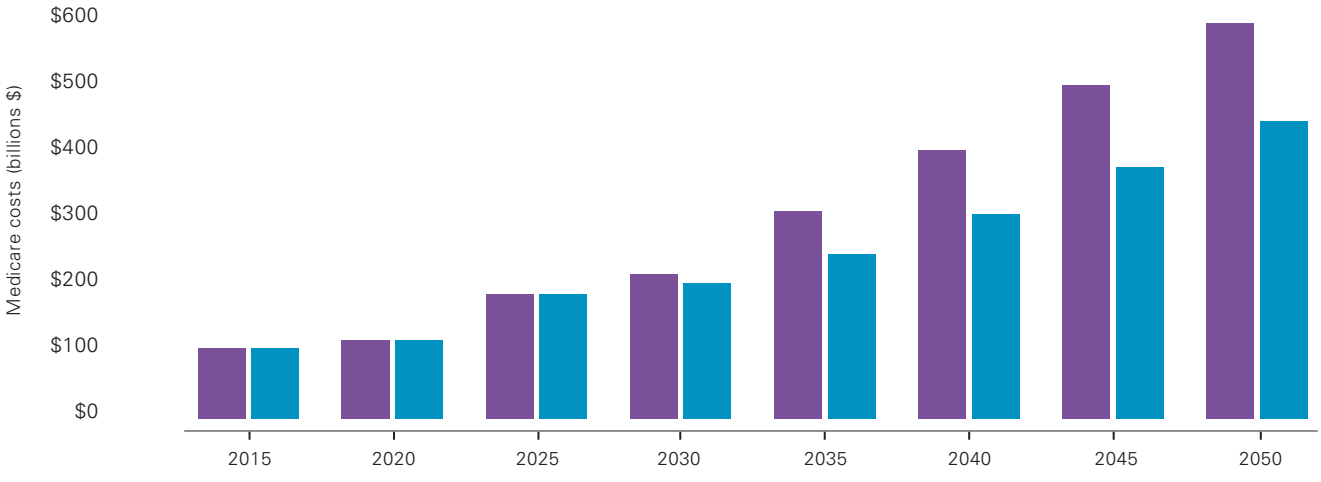
*All cost figures are reported in 2015 dollars. Totals may not add due to rounding.

[‡]Because the costs of a hypothetical treatment to delay the onset of Alzheimer's by five years could vary so widely, the costs of care in this section do not include the costs of the hypothetical treatment. Costs for such a treatment would be influenced by a number of factors, such as the costs associated with the development of a treatment, the delivery costs of a treatment, the length of the treatment and any related government policy changes.

[§]Individuals who do not get Alzheimer's disease because of the availability of a treatment — or get it later than they otherwise would have — nonetheless still incur some health care costs. The Lewin Model accounts for these costs, and they are included in all figures regarding the amount of savings that would be achieved by the existence of a treatment.

FIGURE 7

Impact of a Treatment That Delays Onset by Five Years on Medicare Costs, 2015-2050

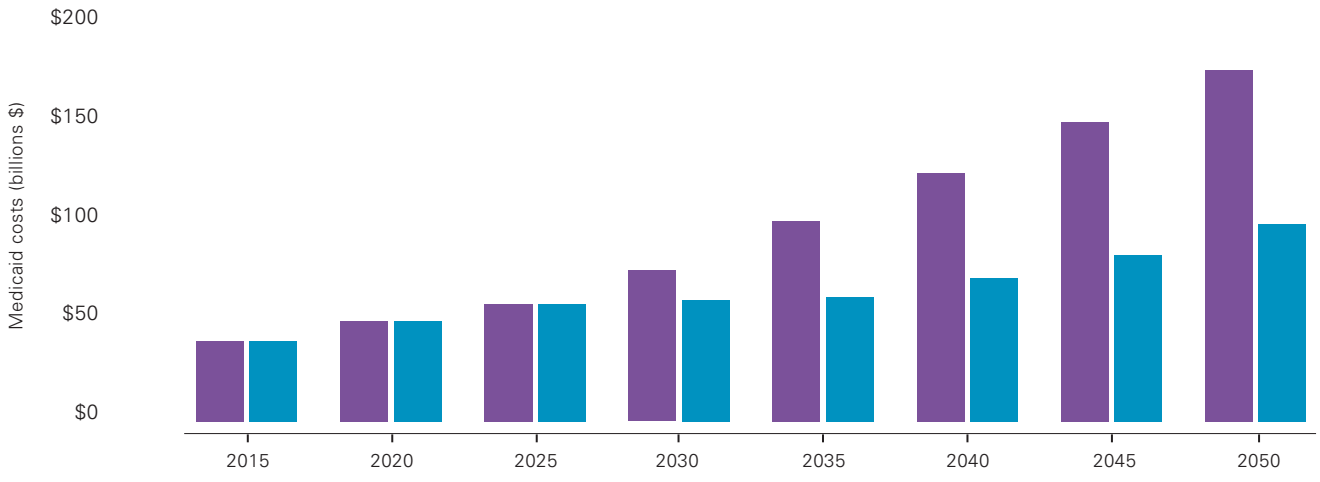


	2015	2020	2025	2030	2035	2040	2045	2050
Current trajectory	$113	$134	$173	$233	$311	$403	$499	$589
Delayed onset	$113	$134	$173	$202	$244	$306	$378	$448
Savings	$0	$0	$0	$31	$67	$97	$121	$141

*All cost figures are reported in 2015 dollars. Totals may not add due to rounding.

FIGURE 8

Impact of a Treatment That Delays Onset by Five Years on Medicaid Costs, 2015-2050

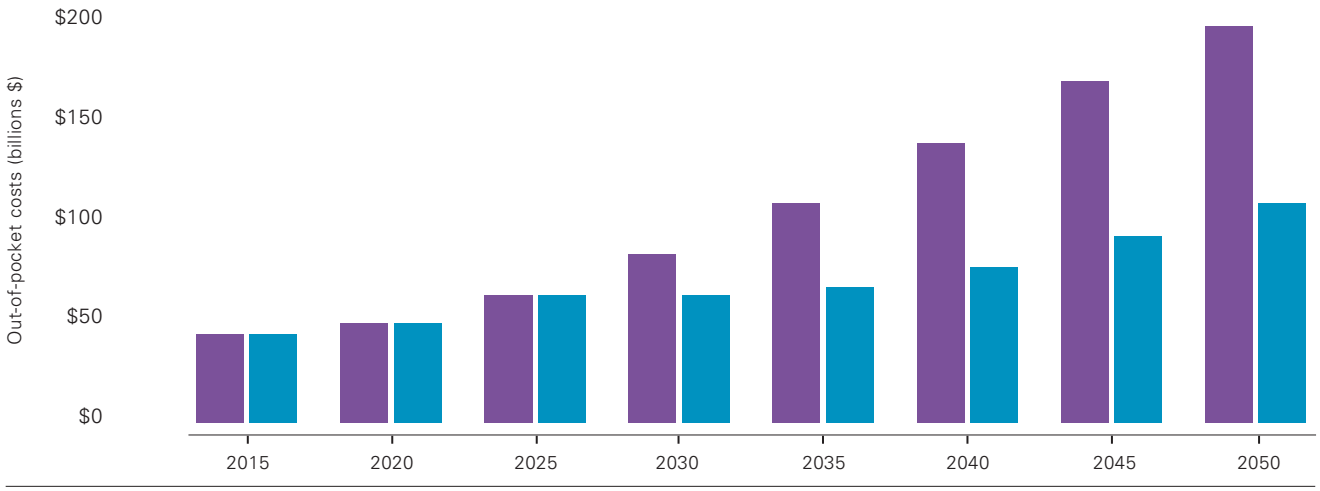


	2015	2020	2025	2030	2035	2040	2045	2050
Current trajectory	$41	$48	$59	$77	$100	$126	$153	$176
Delayed onset	$41	$48	$59	$60	$61	$71	$85	$99
Savings	$0	$0	$0	$16	$38	$55	$68	$77

*All cost figures are reported in 2015 dollars. Totals may not add due to rounding.

FIGURE 9

Impact of a Treatment That Delays Onset by Five Years on Out-Of-Pocket Costs, 2015-2050



	2015	2020	2025	2030	2035	2040	2045	2050
Current trajectory	$44	$51	$64	$84	$110	$140	$171	$198
Delayed onset	$44	$51	$64	$64	$67	$78	$94	$110
Savings	$0	$0	$0	$20	$44	$62	$77	$87

*All cost figures are reported in 2015 dollars. Totals may not add due to rounding.

People living with Alzheimer's and other dementias and their families would also see a reduction in their out-of-pocket costs under this treatment scenario. Out-of-pocket costs in 2030 would decline from $84 billion to $64 billion. In 2050, out-of-pocket costs would decline to $110 billion, more than $87 billion less than the current trajectory of $198 billion (Figure 9).

A treatment that delays onset by five years would also reduce costs to other payers over time. In 2030, costs to other payers — such as private insurance, HMOs and other managed care organizations, and those that cover uncompensated care — would decrease from $58 billion to $42 billion. In 2050, costs to other payers would be $62 billion less, falling from $138 billion to $76 billion.

The 10-Year Budget Impact

Since the enactment of NAPA and the release of the National Plan, there has been considerable focus on how to achieve the research goal of preventing and effectively treating Alzheimer's disease by 2025. One year after the release of the plan, the National Institutes of Health (NIH) outlined a research roadmap with priorities and milestones to support the 2025 goal.[6] In October 2014, a workgroup of nearly 40 leading Alzheimer's and dementia researchers published recommendations[7] to expand on these milestones to increase the likelihood of reaching the 2025 goal. The workgroup noted that the development of a treatment to delay onset by 2025 was attainable, but required significant increases in the scale of activity — as well as substantial and sustained increases in research funding — to support the extensive progress that needs to be made over the next decade.

If this effort is successful, a treatment would have a significant economic impact within the first 10 years, particularly on federal and state government budgets. This section explores the cost implications on various payers for the 10-year budget window following the introduction of a hypothetical treatment to delay the onset of Alzheimer's in 2025.

10-Year Costs of Care Based on the Current Trajectory

Under the current trajectory, in the 10-year period from 2026-2035, the total annual costs to all payers for the care of people living with Alzheimer's and other dementias will increase from $360 billion in 2026 to $596 billion in 2035. Table 1 shows the costs paid by Medicare, Medicaid, affected individuals and their families, and other payers such as private insurance, HMOs and other managed care organizations, and those that cover uncompensated care.

In this 10-year period, Medicare costs for people with Alzheimer's and other dementias are projected to grow from $184 billion in 2026 to $311 billion in 2035. Medicaid costs will also increase from $62 billion in 2026 to $100 billion in 2035. Cumulatively over the course of this 10-year period, federal and state governments will pay an estimated $3.2 trillion to care for people with Alzheimer's and other dementias.

TABLE 1

Baseline Costs of Caring for Individuals with Alzheimer's Disease and Other Dementias (in billions of 2015 dollars)

	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	10-Year Costs
Medicare	$184	$195	$207	$220	$233	$248	$263	$278	$294	$311	$2,433
Medicaid	$62	$66	$69	$73	$77	$81	$86	$90	$95	$100	$797
Out-of-Pocket	$68	$72	$76	$80	$84	$89	$94	$99	$105	$110	$877
Other	$46	$49	$52	$55	$58	$61	$65	$68	$72	$76	$601
Total	$360	$381	$403	$427	$451	$480	$507	$536	$566	$596	$4,708

*Totals may not add due to rounding.

Likewise, out-of-pocket costs for people affected by Alzheimer's and other dementias will increase from $68 billion in 2026 to $110 billion in 2035. Costs to other payers will also increase from $46 billion in 2026 to $76 billion in 2035. Over this 10-year period, individuals and families affected by Alzheimer's and other dementias will cumulatively pay $877 billion. Similarly, cumulative costs for other payers will be $601 billion over the same period.

Impact of a Hypothetical Treatment That Delays the Onset of Alzheimer's Disease on the 10-Year Costs of Care

As mentioned previously, if a hypothetical treatment became available in 2025 that delays the onset of Alzheimer's disease by five years, it would decrease these costs immediately.

Table 2 illustrates the savings that would be achieved if a treatment that delays the onset of Alzheimer's by five years became available in 2025. In the first year, Medicare would save $3 billion. In 2035, Medicare savings would total $67 billion. Medicaid savings would grow from $1 billion in 2026 to $38 billion in 2035, compared to the current trajectory. Over the course of the 10-year period, the cumulative savings for federal and state governments would be $535 billion.

Similarly, if a hypothetical treatment were available in 2025, families affected by Alzheimer's and other dementias would see an immediate decrease in their out-of-pocket spending. In 2026, individuals living with Alzheimer's and other dementias and their families would spend $2 billion less on their costs of care. In 2035, these savings would grow to $44 billion. Costs of care would also reduce for other payers, decreasing $3 billion in 2026 and $31 billion in 2035.

From 2026 to 2035, total savings for all payers would be $935 billion — nearly 20 percent of the total costs under the current trajectory.

TABLE 2

Savings from a Treatment That Delays Onset of Alzheimer's Disease by Five Years (in billions of 2015 dollars)

	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	10-Year Savings
Medicare	-$3	-$9	-$15	-$23	-$31	-$39	-$46	-$53	-$60	-$67	-$345
Medicaid	-$1	-$3	-$7	-$12	-$16	-$21	-$26	-$30	-$34	-$38	-$189
Out-of-Pocket	-$2	-$6	-$10	-$15	-$20	-$25	-$30	-$35	-$39	-$44	-$228
Other	-$3	-$6	-$9	-$12	-$16	-$19	-$22	-$25	-$28	-$31	-$172
Total	-$9	-$23	-$42	-$62	-$83	-$105	-$125	-$144	-$162	-$180	-$935

*Totals may not add due to rounding.

CONCLUSION

Changing the Trajectory of Alzheimer's Disease describes the current trajectory of Alzheimer's disease, its future impact and the effect of introducing a hypothetical treatment in 2025. As shown in this report, a treatment that became available in 2025 to delay the onset of Alzheimer's by five years would significantly reduce the costs of caring for people affected by Alzheimer's and other dementias — immediately and into the future.

While all payers would see significant savings over time, realizing these savings requires substantial investments to advance research and develop an effective treatment by 2025. This report shows significant savings from a treatment that delays the onset of Alzheimer's by five years — an estimated $935 billion in just the first 10 years. Even with a research investment of $2 billion per year between now and 2025 — a level suggested by the research community[8] and the Advisory Council on Alzheimer's Research, Care, and Support formed under NAPA[9] — the federal government would recoup that increased investment within the first three years after a treatment became available.

To inform future federal allocations for Alzheimer's disease research, Congress passed the Alzheimer's Accountability Act (H.R. 4351/S. 2192) with the Fiscal Year 2015 Omnibus Appropriations Bill.[10] The Alzheimer's Accountability Act directs the National Institutes of Health (NIH) to submit a Professional Judgment Budget to Congress every fiscal year until 2025. The Professional Judgment Budget will reflect the state of Alzheimer's knowledge and the research investments NIH scientists say are required to prevent and effectively treat Alzheimer's disease by 2025.

With scientists at NIH guiding Congress, changing the current trajectory largely depends on a meaningful commitment by the federal government to support Alzheimer's research. As shown in this report, an investment that achieves a treatment to delay onset will result in substantial savings and benefit millions of families, taxpayers, and federal and state government budgets.

REFERENCES

1. Alzheimer's Association. 2014 Alzheimer's Disease Facts and Figures. Alzheimer Dement. 2014;10(2):e47-e92.

2. Hurd MD, et al. Monetary Costs of Dementia in the United States. N Engl J Med. 2013;368(14):1326-1334.

3. P.L. 111-375.

4. U.S. Department of Health and Human Services. National Plan to Address Alzheimer's Disease (2012). Available at http://aspe.hhs.gov/daltcp/napa/NatlPlan.pdf.

5. Calculated based on estimated total Medicare spending for 2015 from Congressional Budget Office. An Update to the Budget and Economic Outlook: 2014-2024 (2014). Available at https://www.cbo.gov/sites/default/files/45653-OutlookUpdate_2014_Aug.pdf.

6. U.S. Department of Health and Human Services. NAPA Research Milestones for Goal 1 (2013). Available at http://aspe.hhs.gov/daltcp/napa/milestones/milestones.shtml.

7. Fargo K, et al. 2014 Report on the Milestones for the U.S. National Plan to Address Alzheimer's Disease. Alzheimer Dement. 2014;10(5):S430-S452.

8. Alzheimer's Association Expert Advisory Workgroup on NAPA. Workgroup on NAPA's Scientific Agenda for a National Initiative on Alzheimer's Disease. Alzheimer Dement. 2012;8(4):357-371.

9. Annual Advisory Council recommendations are available at http://aspe.hhs.gov/daltcp/napa/#Recc.

10. Alzheimer's Association. Press release (2014). Available at http://www.alz.org/documents_custom/Statements/FY15FundingBillMediaStatementPresident.pdf.

The Alzheimer's Association is the world's leading voluntary health organization in Alzheimer's care, support and research. Our mission is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.

Our vision is a world without Alzheimer's disease.®

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