

Breaking Down the Burden of Alzheimer's Disease for Women: A Call to Action

The burden of Alzheimer's disease is not evenly distributed; women bear the brunt of the burden, both as patients and as caregivers.

There are an estimated 6.5 million people in the United States living with Alzheimer's disease (AD). [1] Approximately two-thirds of them are women. Further, more than 60% of AD and related dementias (AD/ADRD) caregivers are women, many of whom are uncompensated.[2]

AD is a rapidly growing and costly public health crisis, with implications for women, the broader U.S. population, and the health care system. By 2050, the number of adults over 65 with AD is expected to rise to 12.7 million.[3] In 2020, the estimated total health care costs for the treatment of Alzheimer's disease was \$305 billion, with the cost expected to increase to more than \$1 trillion by 2050.[4]



DISEASE PREVALENCE

After age 45, 1 in 5 women are expected to develop AD, compared to 1 in 10 men.[5] Women also have a 30% greater risk of dying from AD than men. Non-Hispanic white women have the highest mortality rate (29%), followed by non-Hispanic Black women (22%) and Hispanic women (20%).

Beyond sex differences, there are significant disparities in AD among communities of color. Black Americans are about twice as likely and Hispanic persons are about 1.5 times as likely to be diagnosed with AD/ADRD than non-Hispanic white populations. When stratified by sex, women of these racial groups are at even higher risk of being diagnosed.

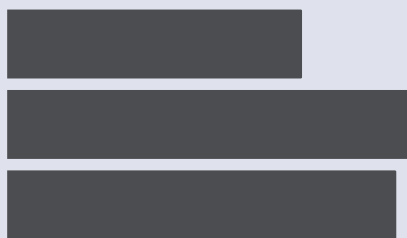
U.S. Alzheimer's Disease by the Numbers

AD Prevalence by Sex



4 million women
2.5 million men

AD Prevalence by Age



65-74 Years of Age: 1.75 million
75-84 Years of Age: 2.41 million
85+: 2.31 million

AD Prevalence by Race

14% African Americans
12% Hispanics
10% Non-Hispanic Whites
9% Native Americans
8% Asian Americans

Source: [Alzheimer's Association](#)

Source: [Alzheimer's Association](#)

Source: [CDC](#)

CAREGIVING BURDEN

Women, who are more likely to fill the role of caregiver for a friend or loved one with AD and dementia, sit at a critical intersection of this escalating public health and economic crisis. An informal caregiver is defined by the [Family Caregiver Alliance](#) as “any relative, partner, friend, or neighbor who has a significant personal relationship with, and provides a broad range of assistance for, an older person or adult with a chronic or disabling condition.” Caregiving responsibilities can weigh on women in a number of ways:

- **Workplace Disruptions.** Of the women caring for those with AD, 19% have had to quit work due to caregiving duties, and 20% have gone from full to part time work, compared with 3% of male caregivers.[6]
- **Mental Health.** Family caregivers of people with AD/ADRD are at greater risk for anxiety and depression.[7]
- **Physical Health.** Almost half of women caregivers for AD say caregiving is physically stressful (twice the rate of male caregivers), and nearly three-quarters express concern about the ability to maintain their own health.[8]
- **Long-Term Income Consequences.** Over a 2-year period, the average cost of forgone wages for informal caregiving is estimated to be \$24,500. The welfare cost—a more comprehensive cost estimate that takes into account the value of time and implications for future employability—was \$180,000.[9]

Caregiving Statistics at a Glance

- Annually, >16 million Americans provide 17+ billion hours of unpaid care for family and friends with AD/ADRD.
- >3 in 5 unpaid AD caregivers are women.
- Women are 2.5X more likely to live with the person with AD/ADRD full-time.
- According to a 2021 AARP survey, caregivers caring for someone with dementia report spending approximately \$8,978 per year on out-of-pocket costs. [10]
- In 2021, the economic value provided by unpaid AD/ADRD caregivers was more than \$271 billion.

POLICY SOLUTIONS TO IMPROVE AD OUTCOMES FOR WOMEN

Improving outcomes involves ensuring the continued prioritization of AD/ADRD across federal agencies and within the administration. Specific actions include:

- Providing immediate robust and sustained investment for AD/ADRD research funding at the National Institutes of Health to advance our understanding of these diseases and mitigate this epidemic.
- Ensuring diverse representation in clinical trials that includes women and people of color to pave the path for more targeted and personalized therapies and interventions for all people.
- Supporting dementia caregivers by offering information, guidance, and financial support and resources, such as respite care.
- Bolstering public health infrastructure and interventions to improve outcomes, including hosting prevention and awareness campaigns to help individuals recognize signs of cognitive decline; identifying methods to improve early diagnosis and prevent and manage comorbidities, such as diabetes, hypertension, and cardiovascular disease; and ensuring equitable access to necessary services, including to physician services and to diagnostics and therapeutic treatments.

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