Dementia costs Europe £165 billion a year

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Care provided by families accounts for two-thirds of the total

Oxford University researchers have estimated that the cost of dementia across 15 western European countries totalled £165 billion (€189 billion) in 2007.

Most of the cost was due to the care provided by families and friends, which accounted for over two-thirds of the total (68%), or £112 billion (€129 billion).

Over a quarter of the costs (26%) were down to social care, predominantly in residential and nursing homes, while costs to countries’ healthcare systems made up just 5% of the total burden.

The remaining 1% was down to lost earnings due to illness and premature death.

Health and social care costs in the UK in 2007 were the third highest, per dementia patient, after Luxembourg and Sweden.

Care for each UK dementia patient cost £13,200, after adjusting for price differentials between countries.

The average across the 15 countries studied was £8,623, though it varied widely between individual nations.

The estimated total number of people with dementia (diagnosed and undiagnosed) was 6.4 million people, or 1.6% of the population.

The number for the UK was estimated to be just under 1 million.

The study, funded by Alzheimer’s Research UK, is published in the Journal of Alzheimer’s Disease.

‘Dementia has a very significant impact across European countries, and the burden falls mainly on unpaid carers,’ says Dr Ramon Luengo-Fernandez of the Health Economics Research Centre at the University of Oxford, who led the work.

The costs of this informal care arise from the estimated 4.4 million people with dementia living in the community across Europe, who receive 11.9 billion hours of unpaid care from friends and relatives.

‘Most of the cost of dementia comes from informal care, which is in essence the value put on people’s loving care,’ explains Dr Luengo-Fernandez.

‘In economic terms, resources should be valued at their opportunity cost.

In this case, it’s the time foregone doing other things while caring for a relative with dementia.’

The other main cost was in the long-term care many people with dementia eventually need in nursing or residential care homes.

Dr Luengo-Fernandez says: ‘Social care has always been the forgotten bit of the healthcare system.

As its funding in the UK is not centralised – bits of funding come from Whitehall, others from local authorities, some of it is private – it has probably not received the required attention.

This is true for the majority of European countries.’

The researchers collected data and valued resources related to dementia in each of the 15 countries that made up the EU before 10 accession countries largely in eastern Europe joined in 2004.

These 15 countries all had comparable data available, allowing the same method to be used for each nation.

The team’s approach made comparisons between costs in different countries possible, revealing significant differences between northern Europe and the Mediterranean.

Dr Luengo-Fernandez believes the high costs per person of health and social care for dementia in the UK and other northern European countries is simply because these countries are richer: ‘Richer countries tend to have higher costs, especially in medicine and health.

Healthcare is a luxury good – the higher the income of a country, the greater the proportion of total income that will be devoted to healthcare.

For example, salaries in the UK for consultants and GPs are markedly higher than for a comparable medical doctor in Spain.

’The study found a large variation in the proportion of people with dementia in long-term care, with a higher proportion being in care homes in northern European countries.

Dr Luengo-Fernandez suggests a number of factors contribute to this.

He notes that employment rates for women are much lower in Mediterranean countries, and as a result it is more likely that daughters or daughters-in-law will provide the care – as well as bearing much of the burden and psychological stress of caring for a relative with dementia.

There are also cultural differences, with the perception that family ties are stronger in southern European countries and where resorting to institutionalised care may be seen as uncaring and a failure.

The researchers also found that the UK is investing more heavily in dementia research than elsewhere, accounting for 40% of all dementia research funding in the 15 countries studied but 25% of the total cost burden.

Despite this, the researchers note that a previous study in the UK found that dementia research was severely underfunded relative to its economic burden in comparison with research funding for coronary heart disease and cancer.

Rebecca Wood, Chief Executive of Alzheimer’s Research UK, said: ‘No life blighted by dementia will ever be just a statistic, but in an age of austerity, we have to make a strong economic case for investment in dementia research.

This report shows the profound impact of dementia across Europe, particularly for unpaid carers – husbands, wives, sons and daughters – who bear such a burden in how society deals with the condition.

Worryingly, these figures are set to increase as the population ages and dementia becomes ever more widespread.

The only answer to dementia is research into treatments and preventions that can reduce its impact, improve individuals’ quality of life, or cure the condition.

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**Notes for editors**

* The study calculated costs for the 15 member countries in the EU prior to the accession of countries from Eastern Europe. They were: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, and the UK.
* Healthcare costs included primary, in-patient, out-patient and emergency care, and medication.
* Social care costs included institutionalisation in care homes (eg residential and nursing care homes). It did not include informal care costs and productivity loss, though these were included in the overall costs of €189 billion.
* The final print version of the paper ‘Cost of dementia in the pre-enlargement countries of the European Union’ by Ramon Luengo-Fernandez and colleagues will be published online on Friday 28 October in the Journal of Alzheimer’s Disease. A pre-print online version is available at the journal with the DOI: 10.3233/JAD-2011-102019.
* The study was funded by Alzheimer’s Research UK.
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  Oxford is home to the UK’s top-ranked medical school, and partnerships with the local NHS Trusts enable patients to benefit from the close links between medical research and healthcare delivery.  
    
  14 winners of the Nobel Prize for Physiology or Medicine worked or were educated at Oxford, and the division is home to 29 Fellows of the Royal Society and 68 Fellows of the Academy of Medical Sciences.  
    
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