

Alzheimer's Disease and Dementia in Minnesota

What are Alzheimer's disease and related dementias?

People with dementia have difficulty thinking, remembering, problem solving, and sometimes speaking in their daily life. Dementia is not a disease but a set of symptoms¹.

- Alzheimer's disease is the most common cause of dementia, contributing to between **60-80%** of dementia cases. It develops over time in stages.¹
- Other causes of dementia include damaged blood vessels in the brain or brain tissue (vascular dementia), Lewy Body disease, and Parkinson's disease.¹

Dementia, including Alzheimer's disease, is not a part of normal aging

Because Alzheimer's and some other dementias develop in stages, there are opportunities to reduce dementia risk and to start early planning and management.

Who lives with Alzheimer's disease?

In 2020, an estimated 99,000 Minnesotans 65 years and older had Alzheimer's disease. The numbers will only increase over time as the population gets older.

By 2025, the number of Minnesotans with Alzheimer's is expected to increase 21.2% to 120,000, largely due to the state's population aging.¹ National data suggest 2020 numbers may more than double by 2060.¹

Older Non-Hispanic Black adults and Hispanic adults are more likely to have Alzheimer's disease and less likely to receive a formal diagnosis compared with older White adults.

- Data suggests the higher disease rates and lower diagnosis rates are due to discrimination and marginalization that Black and Hispanic people have experienced in the past and the present.¹
- Additional studies are needed to better understand how common Alzheimer's disease is among racial and ethnic groups with poor representation in research.^{1,2}
- Additional data suggest American Indians experience higher rates of Alzheimer's disease than non-Hispanic whites. These differences may be masked by underdiagnosis or misdiagnosis.^{1,3}

The lifetime risk of developing Alzheimer's disease for men and women is:

One in five for women 45 years of age or older

One in ten for men 45 years of age or older¹

1. Alzheimer's Association. 2022 Alzheimer's Disease Facts and Figures. (www.alz.org/alzheimers-dementia/facts-figures)

2. Alzheimer's Association and Centers for Disease Control and Prevention. Healthy Brain Initiative Road Map for Indian Country. (www.cdc.gov/aging/healthybrain/indian-country-roadmap.html)

3. DHHS Statement of Bruce Finke, .D. Elder Health Consultant IHS to the United State Senate Aging Committee (www.ihs.gov/newsroom/congressionaltestimony/113thcongress/)

Changing the picture

HOW CAN WE PREVENT DEMENTIA AND ALZHEIMER'S DISEASE IN MINNESOTA?

Reduce the risk of developing dementia

Age and family history are important risk factors for dementia that we cannot change.

Many risk factors for adults can be changed, including high blood pressure that is not well managed, diabetes, smoking, hearing loss, social isolation, and little or no physical activity.⁴

Many Dementia Risk Factors are Common and Can be Changed

Risk factor	Percent of Minnesota adults with risk factor ⁵	Number of Minnesota adults with risk factor
High blood pressure	29.5%	1,300,000
Diabetes	9.0%	400,000
Smoking	13.4%	600,000
No physical activity	20.2%	900,000

Learn more about reducing dementia risk by visiting the [Alzheimers.gov Can I prevent dementia? website \(www.alzheimers.gov/Can-I-prevent-dementia/\)](http://www.alzheimers.gov/Can-I-prevent-dementia/).

Increase screening and early diagnoses

Diagnosing mild cognitive impairment (the earliest stage of memory loss, which may or may not become dementia) and early-stage dementia has benefits.

These benefits include having a clearer sense of what to expect, allowing you to be more active in decision making, being able to engage your family, and being able to take advantage of new treatments as they become available. Sometimes medications or other health issues cause mild cognitive impairment and these issues can be improved. For more see [The Alzheimer's Association Why Get Checked? Website \(www.alz.org/alzheimers-dementia/diagnosis/why-get-checked/\)](http://www.alz.org/alzheimers-dementia/diagnosis/why-get-checked/).

In 2019, 210,000 Minnesota adults 45 years and older reported experiencing signs of cognitive decline, which may indicate mild cognitive impairment.

Half
of those
were 45-64
years of age⁶.

Appropriate
screening and
testing are
needed to
increase early
diagnoses.

Only four in 10
Minnesotans noticing
signs of cognitive decline
had talked with a health
care provider about it.⁶

Learn more about early signs and symptoms by visiting the [Alzheimer's Association - 10 Early Signs and Symptoms website \(www.alz.org/alzheimers-dementia/10_signs/\)](http://www.alz.org/alzheimers-dementia/10_signs/).

4. Dementia Prevention, Intervention, and Care: 2020 report of the Lancet Commission. Lancet 2020: 396:413-46. ([www.thelancet.com/article/S0140-6736\(20\)30367-6/fulltext](http://www.thelancet.com/article/S0140-6736(20)30367-6/fulltext))

5. Minnesota Department of Health. Analyses of Minnesota Behavioral Risk Factor Surveillance System Data 2021.

6. Chronic Conditions include: asthma, cardiovascular disease, stroke, Chronic Obstructive Pulmonary Disease, diabetes, cancer (minus skin cancer), or obesity.

Changing the picture

HOW CAN WE PREVENT DEMENTIA AND ALZHEIMER'S DISEASE IN MINNESOTA?

Support people with dementia and manage chronic conditions

Chronic conditions⁷ can be harder to manage when people are living with dementia.

Learn more about how communities can support people with dementia by visiting the [Act on Alzheimer's Sector Guides and Resources \(www.actonalz.org/sector-guides\)](http://www.actonalz.org/sector-guides).

Learn about living well with dementia and how to support management of chronic conditions using [NeuroWell \(www.myneurosciencecenter.com/MyNeuroscienceCenter/neurowell/10000\)](http://www.myneurosciencecenter.com/MyNeuroscienceCenter/neurowell/10000).

About two of every three Minnesota Fee-for-Service Medicare beneficiaries diagnosed with dementia were living with three or more chronic conditions, which are costly to manage.⁸

Support friends, family, and other care partners for people with dementia

All care partners need support too! Caregiving can impact a care partner's physical, mental, and financial health as well as their social support system.¹ When care partners have the support they need, they can provide more support to the people they care for.

Among Minnesota dementia care partners:

Slightly more than **one in three** reported having a history of depression.⁶

Six of every 10 reported having a chronic condition.^{6,9}

Three of every 10 reported needing additional support.¹⁰

Learn more about resources for dementia caregivers from the [Alzheimer's Association \(www.alz.org/help-support/caregiving\)](http://www.alz.org/help-support/caregiving) or call 1-800-272-3900.

7. U.S. Department of Human Services. Medicare Chronic Conditions Dashboard – 2018 data. (<https://www.hhs.gov/guidance/document/chronic-conditions-dashboard>)

8. Minnesota Department of Health. 2017. Treated Chronic Disease Costs in Minnesota – a Look Back and a Look Forward. (www.health.state.mn.us/data/apcd/docs/chronicdisease.pdf)

9. Chronic Conditions include: asthma, cardiovascular disease, stroke, Chronic Obstructive Pulmonary Disease, diabetes, cancer (minus skin cancer), or obesity.

10. Minnesota Department of Health. Analyses of Minnesota Behavioral Risk Factor Surveillance System Data 2016.