

# The Health Economics of Alzheimer's Disease and Related Dementias

# Value in Health

Alzheimer's disease and related dementias (ADRD) has become a major public health issue in aging societies. While cholinesterase inhibitors for the treatment of mild to moderate ADRD have been available for more than 2 decades, some health technology assessment bodies reduced the reimbursement of these drugs a few years ago because of side effects and low clinical benefits. Today, new treatments arriving to the market hold great potential for improving health outcomes of patients with ADRD but require new treatment pathways that can increase costs. There are many outstanding questions related to the value of ADRD treatments given their costs and uncertain clinical benefits. Also, most healthcare systems heavily rely on other services such as social care and input from informal caregivers. The impact of ADRD on caregivers' quality of life, productivity, living arrangements, etc requires new scientific evidence. Moreover, policy makers face important challenges to reduce unmet needs of people with ADRD, improve care pathways, and reduce associated costs, while there is a great push towards the development of home-based solutions. Articles in this theme section will focus on these outstanding questions, creating a body of work aimed at providing new empirical evidence to guide decision making. We are primarily interested in empirical articles, cost-effectiveness/budget impact models, and systematic literature reviews. Studies focusing on the prodromal stage of ADRD (ie, mild cognitive impairment) also will be considered. Authors may choose to address one or more of these questions or may pose additional policy-relevant questions related to the value of innovations and policies for improving health and healthcare.

### Economic and Value Considerations

- What are the current and future economic burdens of ADRD from a lifespan perspective?
- What is the best way to measure the economic value of innovative diagnostics and/or treatments (including pharmaceutical and nonpharmaceutical interventions) and the intersection of diagnosis and treatment?

- What are the most relevant outcomes for ADRD economic evaluations? Can we better assess the quality of life of people with ADRD and their caregivers?
- How should we measure and report the financial burden among people living with ADRD and their informal caregivers?
- What are the economic implications of innovative care coordination or care delivery models?
- What is the value of informal care in ADRD and how can this be incorporated into value assessment?
- What is the economic impact of health policies targeting patients with ADRD, especially those living alone?

### Insurance and Payment Models

- What are the best ways to design and evaluate alternative payment models for ADRD care and treatments?
- What are the effects and associated health outcomes of different insurance models on access to care and treatment?
- Which are the main determinants of the access to ADRD diagnosis? Is there an impact of delayed diagnosis on the cost of ADRD? Which are the main determinants of the total cost of ADRD?
- Can the risk of ADRD be insured?

### Patients and Caregivers

- How and when should we elicit patients' preferences for care/treatment of ADRD and decision making?
- Are formal care and informal care substitutes for patients with ADRD?
- What is the quality of care provided to ADRD people in home-based and nursing home care? Which policies are most effective to improve it?
- How is ADRD impacting living arrangements within families? Who are the main informal care providers of people with ADRD? What is the impact of ADRD on informal caregivers' productivity?
- What are the characteristics of people living alone with ADRD? What are the consequences of living alone with ADRD on their care pathways?

Please direct any content-related questions to the Guest Editors, **Thomas Rapp, PhD** ([thomas.rapp@u-paris.fr](mailto:thomas.rapp@u-paris.fr)) and **Pei-Jung Lin, PhD** ([plin@tuftsmedicalcenter.org](mailto:plin@tuftsmedicalcenter.org)). Submissions received before **July 1, 2024** will have the best chance of being published in *Value in Health* in 2024. All submissions will undergo the journal's peer-review process before the Editors make final decisions about papers to be included in this themed section of *Value in Health*. Authors should submit manuscripts through the journal's online submission system at <https://mc.manuscriptcentral.com/valueinhealth> and be sure to indicate in their cover letter that the paper is to be considered as part of the Alzheimer's Disease and Related Dementias theme.