

2025 Alzheimer's Disease Facts and Figures Report: Executive Summary

Since its 2007 inaugural release, the Alzheimer's Association® annual *Facts and Figures* report has been the preeminent source of findings on the impact of Alzheimer's and other dementias on individuals, families, government and the nation's health care system. **The 2025 Alzheimer's Disease Facts and Figures report provides an in-depth look at the latest national and state-by-state statistics on Alzheimer's disease prevalence, mortality, caregiving and costs of care.**

More Americans have Alzheimer's disease.

- For the first time, the number of people living with Alzheimer's disease is more than 7 million. In 2025, it is estimated that 7.2 million Americans aged 65 and older have Alzheimer's dementia.

Deaths due to Alzheimer's disease are increasing.

- Between 2000 and 2022, the number of deaths from Alzheimer's disease in the U.S. more than doubled, increasing 142%, while deaths from the number-one cause of death in the U.S. (heart disease) decreased 2.1%.
- Alzheimer's disease was the sixth-leading cause of death among individuals aged 65 and older in 2022 (the most recent year for mortality data).

Alzheimer's is one of the most costly diseases for individuals, families, caregivers and the government.

- The total cost for caring for people with Alzheimer's and other dementias in the United States is projected to reach \$384 billion in 2025. In addition, family and friends provided nearly \$415 billion (\$413.4) in unpaid caregiving in 2024.
- Without new treatments and advancements in care, the total cost for caring for people living with Alzheimer's and other dementias is projected to reach nearly \$1 trillion in 2050.

Caregiving time, costs of care continue to rise.

- In 2024, nearly 12 million (11.475) million caregivers provided 19 billion hours of unpaid care, a contribution to the nation valued at \$413.4.
- The total lifetime cost of care for someone with dementia is estimated at more than \$400,000 (\$405,262) with 70% of these costs borne by family caregivers in the forms of unpaid caregiving and out-of-pocket expenses.
- Sixty percent of caregivers of people with Alzheimer's or another dementia were employed in the past year. Caregiving necessitated major work schedule changes for many of them, including 57% said they went in late, left early or took time off; 16% had to take a leave of absence.

There is a shortage of dementia care specialists and direct care workers.

- 55% of primary care physicians caring for people living with Alzheimer's report there are not enough dementia care specialists in their communities.
- Researchers assessing the nationwide accessibility of dementia care specialists — including neurologists, geriatricians and geriatric psychiatrists — estimate that 34% to 59% of those aged 65 years and older reside in areas with potential dementia specialist shortfalls.

- More than 18,000 geriatricians will be needed to care for the approximately 12.7 million individuals aged 65 and older projected to have Alzheimer's dementia in 2050 — more than double the number of geriatricians who were practicing in 2021.
- Between 2014 and 2023, the number of direct care workers increased from 3.5 million to 5 million due to growing demand for long-term care. Researchers have estimated that just over 861,000 additional direct care workers will be needed by 2032 — more new workers than in any other single occupation in the United States.
 - Between 2022 and 2032, double-digit percentage increases in the number of needed home health and personal care aides will be needed in every state except Maine to meet the increasing demand..
 - Despite recent increases, projections fall short of true workforce demand.

An accompanying special report, *American Perspectives on Early Detection of Alzheimer's Disease in the Era of Treatment*, highlights a national survey of more than 1,700 U.S. adults, aged 45 and older, examining awareness and attitudes of early detection and diagnosis of Alzheimer's disease, tests used to help diagnose Alzheimer's and treatments that can slow progression of the disease.

Key findings from the Special Report, include:

Americans want to know early if they have Alzheimer's disease and want access to testing.

- Nearly 4 in 5 Americans (79%) would want to know if they had Alzheimer's disease before having symptoms or before symptoms interfere with daily activities.
- 91% said they would want to take a simple test (e.g. blood-based biomarker test) if it was available.
- 80% said they would ask to be tested rather than wait for their doctor to suggest it.
- The number one reason for wanting a simple test is to allow for earlier treatment and care.

If diagnosed with Alzheimer's, most Americans would want medication to slow its progression and would highly value information about the disease and treatment.

- More than 9 in 10 Americans (92%) would probably or definitely want to take a medication that could slow the progression of Alzheimer's disease following an Alzheimer's diagnosis.
 - Nearly three in five Americans (58%) said they would accept a moderate or high level of risk with taking an anti-amyloid medication to slow the progression of Alzheimer's disease. Nearly 1 in 4 Americans (22%) are willing to accept high risk.
- Survey participants expressed equally strong interest in other options to manage and treat Alzheimer's disease — 94% would want medications that lessen symptoms and 90% would want education and support for lifestyle changes.
- Following a diagnosis, participants said they would most value information about treatments that slow the progression of the disease (72%).

Americans' top concerns about Alzheimer's testing are insurance coverage, accuracy and cost.

- 44% worry that insurance won't cover future care and treatment.
- Other top concerns include test accuracy, cost, potential to lose confidence in abilities and not being allowed to do certain activities, such as driving.

Different communities are divided on their perceptions of Alzheimer's disease.

- Hispanic Americans are most concerned about developing Alzheimer's disease and are most willing to take treatment risks.
- Native Americans are most likely to report a family history of the disease.
- Black Americans (91%), Native Americans (87%), Hispanic Americans (86%) and Asian Americans (80%) are more likely to view early diagnosis as very important versus white Americans (76%).

Americans are optimistic that the next decade will bring new treatments to slow, prevent and even cure Alzheimer's disease.

- Four in 5 Americans (81%) believe new treatments to stop the progression of Alzheimer's will emerge in the next decade, and 66% believe new treatments to prevent Alzheimer's will be available soon.

Americans want to help advance science by participating in Alzheimer's disease research.

- More than 4 out of 5 (83%) would be willing to participate in a clinical trial for treatment to help slow or cure Alzheimer's disease if they were diagnosed with the disease.

The Special Report highlights several key efforts to improve early detection, diagnosis and treatment for more Americans, including:

- **Supporting research to validate and advance biomarker testing**, enabling their widespread use in clinical settings to enable detection and diagnosis of Alzheimer's and other dementias at the earliest stages.
- **Creating clinical practice guidelines** to keep pace with rapidly evolving science, new evidence and the experiences of health care professionals. The Alzheimer's Association is preparing guidelines on blood-based biomarker tests, cognitive assessment tools and clinical implementation of staging criteria and treatment.
- **Improving physician-patient conversations regarding testing, diagnosis and treatment.** Patients and caregivers need clear information about how Alzheimer's tests work, the meaning of results, and the risks and benefits associated with new treatments. Physicians should have access to training in delivering easy-to-understand information to enable informed care decisions.
- **Addressing potential ethical concerns of early detection** by making sure patients understand that tests only measure potential risk and that a formal diagnosis involves cognitive testing and other assessments, as well as the health care professional's clinical judgment. Counseling patients in advance and making sure that test results are shared by a physician who provides context can help avoid misinterpretation or undue emotional distress.
- **Advocating for laws and policies that require insurance coverage of tests.** This will help speed up diagnosis, provide faster access to treatments that slow disease progression and support better care planning.
- **Fostering public health efforts** to educate health care providers and the public about the latest research and best practices for risk reduction, diagnosis, treatment and safe, high-quality care.