

ALZHEIMER'S DISEASE MORTALITY AND REPORTED COMORBIDITIES IN THE UNITED STATES, 1999-2001

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Introduction: Alzheimer's disease (AD) is an increasingly important cause of morbidity and rising healthcare costs. In 1999 the International Classification of Disease, 10th Revision (ICD-10), modified the coding of the disease to allow a death due to Probable Alzheimer's disease to be coded as AD. Since the revision of the coding, deaths coded as AD-related have increased (84% in 1999 [78,772/42,888]) allowing for a clearer picture of the burden of AD on the United States population.

Objective: This paper looks at crude rates, age-adjusted rates, rate ratios and comorbidities from United States mortality data as coded with the new ICD-10 revisions for the years 1999-2001.

Design, Setting, and Participants: AD-related deaths were identified from national multiple-cause coded death records for 1999-2001 in a descriptive study with matched odds ratio comparisons.

Results: For all three years combined, the total number of deaths with mention of AD was 251,587 with an age-adjusted rate of 30.34 per 100,000 person years (95% CI = 30.22-30.46). Females and whites were more likely to die of AD than males and all other races/ethnicities. Atherosclerosis, cerebrovascular disease, hypertension, hypothyroidism, ischaemic heart disease and stroke were reported more often in AD deaths than in matched controls.

Conclusion: Evaluating comorbidities allows us an insight into Alzheimer's disease that we would not otherwise be able to uncover without mortality data. Not only do we get a more accurate number of deaths attributed to AD, but also we are able to more fully recognize the burden of this devastating disease.