

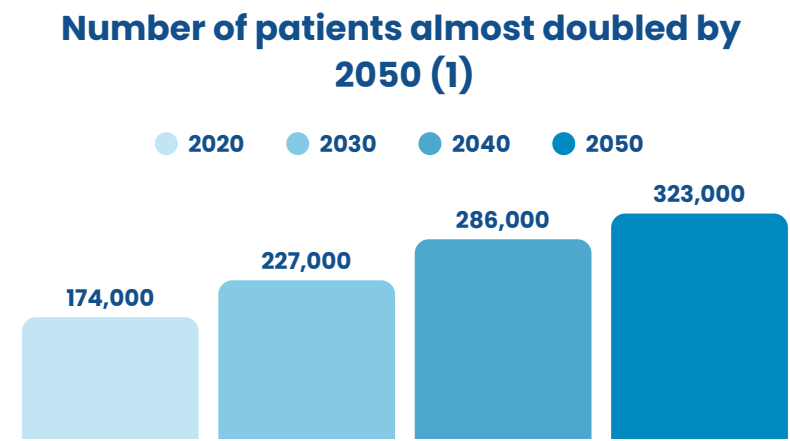
Addressing the Impact of Alzheimer's Disease on Care Capacity in the Netherlands: Implications for Health Technology Assessment

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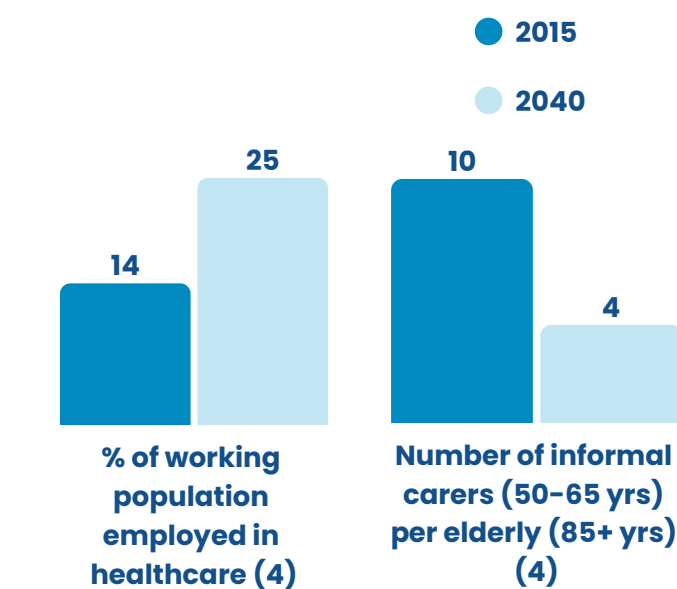
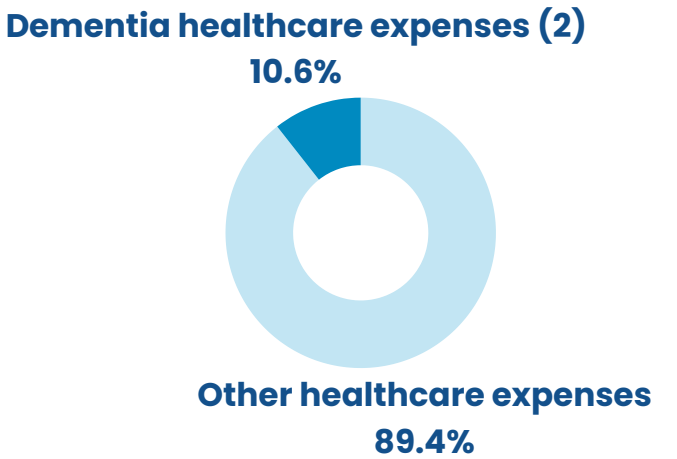
Introduction

Alzheimer's Disease (AD) is a progressive, neurodegenerative disease. With increasing disease severity, patients become more reliant on caregivers. The rapidly growing patient population has an increasingly devastating impact on patients, the healthcare sector and society.



The formal and informal care capacity in the Netherlands is under extreme pressure. This is often overlooked when evaluating healthcare innovations.

In the Netherlands, 800,000 people are caring for a loved one with dementia, often accompanied by serious mental and physical strain of informal carers (3).



With the introduction of **Amyloid Targeting Therapies (ATTs)**, new disease-modifying treatment option becomes available for the treatment of AD. Including broader societal elements, like formal and informal care capacity, in HTA is essential for capturing the full potential of such new innovations.

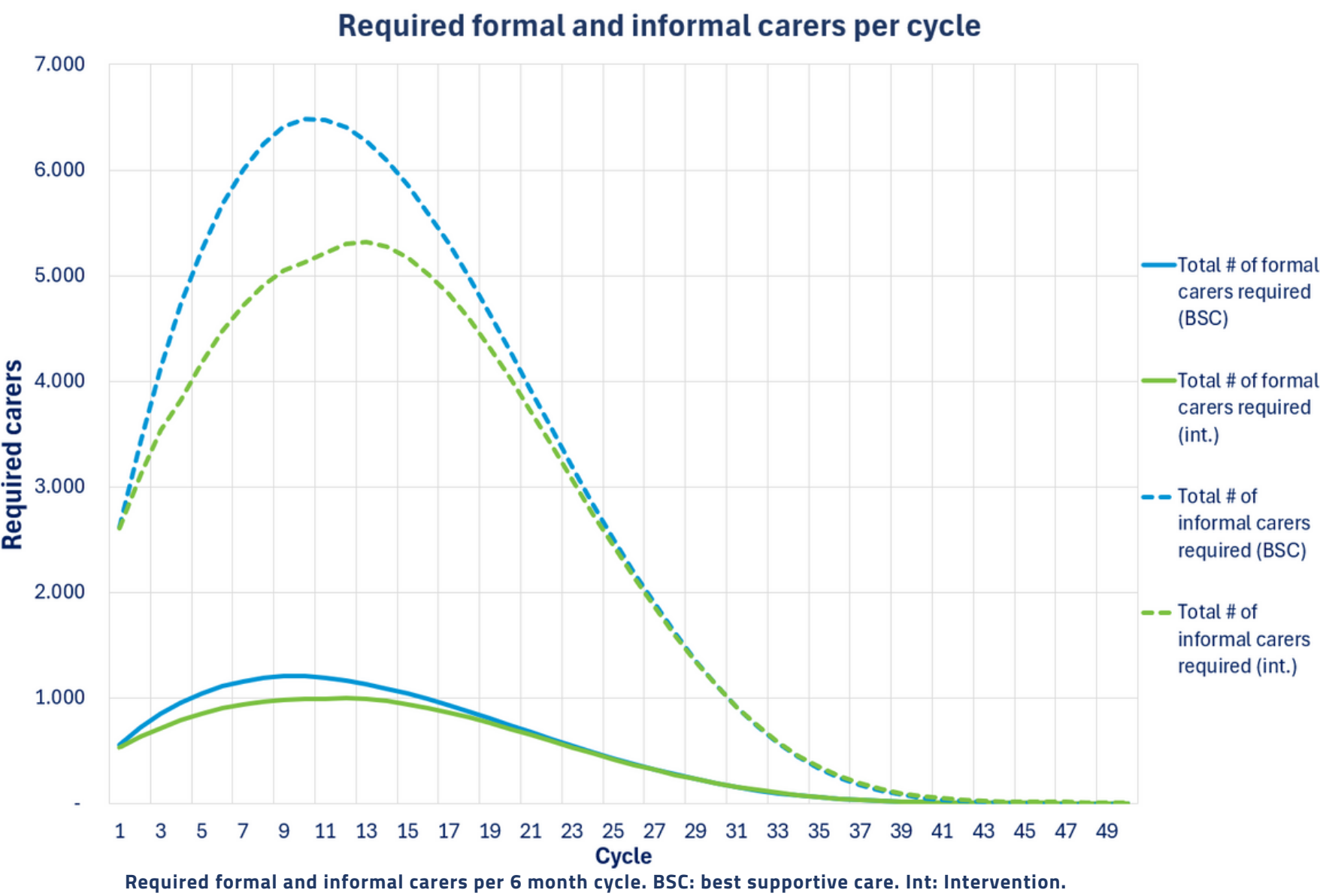
Aim

This study assesses the broader societal impact of AD and evaluates how Amyloid-Targeting Therapies (ATTs) may alleviate pressure on formal and informal care in the Netherlands.

Methods

A model-based analysis compared two patient groups, one receiving best supportive care (BSC) and the other treated with ATT using a Markov model. Both treatment arms included 9,500 patients assumed to be eligible for ATT treatment (5,6), with 70% starting in the MCI stage and 30% in mild AD (7). Data on disease progression, care hours, and patient characteristics were used to estimate care needs over time. Sensitivity analyses were used to assess the model's uncertainty and robustness.

Results



Patients treated with ATTs spend more time in less severe health states and less time in advanced states, resulting in less formal and informal care requirement. sensitivity and scenario analysis (not shown) showed that the model outcomes were robust.

	formal care:	Informal care:
 Number of required carers decreased by:	208 (18%)	1163 (18%)
 Time until max. required carers is needed extended with:	1.5 years	1.5 years
 Number of carer years decreased by:	1400 years	8439 years

Conclusion

The analysis of formal and informal care capacity for Dutch Alzheimer's patients eligible for treatment with ATTs shows two main effects: **ATTs reduce the formal and informal care requirements and extend the time until the maximum requirement is reached.**

The reduced need for formal and informal carers substantially benefits the health system, as the current prognosis of Alzheimer's disease and the care requirement is unsustainable. Informal caregivers spend an average of 37 hours for their loved one, leading to an unmanageable burden in many cases, with reduced working hours (20%) and mental health issues (57%) (3).

Given the pressure on the care capacity in the Dutch healthcare system, analysing the formal and informal care demands of new interventions, aligned with other health-economic evaluations, can support informed decision-making and contribute to a more sustainable healthcare system.

References

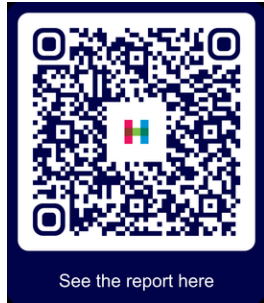
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