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**FROM THE ALZHEIMER'S ASSOCIATION INTERNATIONAL CONFERENCE 2017**

**REGIONAL SHORTAGE OF NEUROLOGISTS REVEALED ACROSS THE U.S.**

*- Severity of future dementia burden revealed in 20 states;  
additional resources, training, and education are needed -*

**LONDON, July 16, 2017** – According to new data reported at the 2017 Alzheimer's Association International Conference (AAIC 2017) in London, multiple regions of the United States have been revealed as neurology "deserts" due to a projected chronic shortage of neurologists, and a rapid rise in Alzheimer's disease and other dementia cases. The research further shows that, due to the projected burden, additional resources, training and education are necessary for primary care physicians and caregivers.

Using population health data from the Centers for Medicare and Medicaid Services, Neurocern, Inc. developed an Alzheimer's Disease and Related Disorders Neurology Desert Index (ANDI), defined as the projected ratio of neurologists per 10,000 dementia patients. Results showed a great disparity in ANDI values between states by the year 2025. Twenty states were identified as dementia neurology "deserts" with a current dementia population of 1,638,800, which is projected to reach 2,068,000 by 2025.

Wyoming, North Dakota, South Carolina, South Dakota and Oklahoma were revealed as the five states with the most significant projected gap between the available neurology workforce and the health needs of people with Alzheimer's and other dementias in 2025.

"Our data highlights the importance of neurology education for clinicians, enabling them to have a more positive impact on people with dementia and their families," said Dr. Anitha Rao, co-founder of Neurocern, Inc. "We should see these 'deserts' as opportunities for innovation, collaboration and progress."

Neurocern Inc. in their research concludes that primary care providers and other licensed clinicians in dementia neurology "desert" states may require additional training and education to make up for the projected lack of neurologists.

"This intriguing study highlights several issues, including the clear inequality that exists across the United States in distribution of health resources and specialist knowledge to diagnose and treat brain diseases, such as Alzheimer's," said Beth Kallmyer, MSW, Vice President of Constituent Services at the Alzheimer's Association.

"In many places, people do not have easy access to specialists, for a variety of reasons. But you may not need a neurologist in every case," Kallmyer said. "With the right training and tools, primary care physicians can effectively diagnose and treat Alzheimer's disease. The Alzheimer's Association is working to arm primary care physicians with the tools they need to manage an increased case load, as well as care planning guidance." The Alzheimer's Association's care planning toolkit for cognitive impairment is available at <http://www.alz.org/careplanning/>

**20 Dementia Neurology “Deserts”**

Wyoming	Mississippi
North Dakota	Maine
South Carolina	Idaho
South Dakota	Delaware
Oklahoma	Alabama
Iowa	Montana
Arkansas	Kansas
Hawaii	Vermont
New Mexico	West Virginia
Nevada	Kentucky

The National Plan to Address Alzheimer's Disease states that high-quality care requires an adequate supply of culturally competent professionals with appropriate skills, including direct care workers, community health and social workers, primary care providers and specialists. Among other things, the Plan calls for: “develop[ing] a health care workforce that maximizes individual and family engagement and improves health outcomes for older adults by integrating geriatrics with primary care. Special emphasis is on providing the primary care workforce with the knowledge and skills to care for older adults.”

While the U.S. Congress has recently provided additional funding for Alzheimer’s research at the National Institutes of Health (NIH), the commitment falls far short of the need. Congress must continue its commitment to Alzheimer’s and other dementias by increasing funding for Alzheimer’s research by at least an additional \$414 million in fiscal year 2018.

Neurocern, Inc. is an aging and caregiving technology startup that empowers caregivers with limited resources by creating custom care solutions to improve the quality of life of their loved one. The women-led company aims to transform the way families manage Alzheimer’s disease and other aging and mental health conditions for patients living at home.

**About Alzheimer’s Association International Conference**

The Alzheimer’s Association International Conference (AAIC) is the largest gathering of researchers from around the world focused on Alzheimer’s and other dementias. As a part of the Alzheimer’s Association’s research program, AAIC serves as a catalyst for generating new knowledge about dementia and fostering a vital, collegial research community. AAIC 2017 home page: [www.alz.org/aaic/](http://www.alz.org/aaic/)  
AAIC 2017 newsroom: [www.alz.org/aaic/press.asp](http://www.alz.org/aaic/press.asp)

**About the Alzheimer’s Association**

The Alzheimer’s Association is the leading voluntary health organization in Alzheimer's care, support and research. Our mission is to eliminate Alzheimer’s disease through the advancement of research, to provide and enhance care and support for all affected, and to reduce the risk of dementia through the promotion of brain health. Our vision is a world without Alzheimer’s. Visit [alz.org](http://alz.org) or call +1 800.272.3900.

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- Anitha Rao, M.D., M.A., et al. Dementia Neurology Deserts - What Are They and Where Are They Located in the US? (Funder: Neurocern, Inc.)

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**Dementia Neurology Deserts - What Are They and Where Are They Located in the US?**

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**Background:** As the population of older adults ages, the prevalence of Alzheimer's Disease and Related Dementias (ADRD) is expected to increase by 40% by 2025 bringing the diagnosed population from 5.2 million in 2016 to 7.1 million in 2025. Along with the rise of ADRD patients, there will be more demand placed on healthcare providers, specifically neurologists across the United States who are often consulted to diagnose, treat and manage ADRD symptoms and behaviors.

**Methods:** Using population health data from the Centers of Medicare, we looked at the number of projected diagnosed ADRD cases by state for 2025. We then translated those statistics into total estimated ADRD population by state, based on a 50% estimated ADRD rate of undiagnosed cases. On the provider side, we looked at the number of projected adult neurologists by state in 2025. An ADRD Neurology Desert index (ANDI), defined as the ratio of neurologists to ADRD population was developed to identify states with the lowest projected ratio of adult neurologists per 10,000 ADRD cases in 2025.

**Results:** This method shows great disparity in ANDI values between states, with a 5 to 57 range. Twenty states with low ANDI values (5 to 9) were identified as "dementia neurology deserts", indicating significant gap between available neurology workforce and the health needs from ADRD patients in those states. Altogether, these states represent a projected ADRD population of 2,068,000 people by 2025 with a wide range of state budgets dedicated toward dementia. The top 5 states with the highest ANDI scores are: Wyoming, North Dakota, South Carolina, South Dakota, and Oklahoma.

**Conclusions:** Based on these projections, primary care providers and other licensed clinicians in "dementia neurology desert" states may require additional training and education in using clinical decision support software to facilitate diagnostic, treatment and care to bridge the lack of neurology providers in the identified states.