

Health Assessment and Evaluation

Data and Reports

Alzheimer's Disease

in Clark County, 2000–2016

Updated January 2018



CLARK COUNTY WASHINGTON
PUBLIC HEALTH

Health Assessment and Evaluation Team

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Acknowledgements

This report was prepared by Clark County Public Health's Health Assessment and Evaluation team . For more information, please email [cnyhealthhae@clark.wa.gov](mailto:cntyhealthhae@clark.wa.gov) or call 360.397.8000.

Data Sources and Technical Notes

Data Source: Washington State Department of Health, Center for Health Statistics
Death Certificate Data, 1990-2016, October 2017
Technical Note: ICD10 Code G30 was used.

Additional Information

[Alzheimer's Association](#)
[Centers for Disease Control and Prevention](#)

For Other Formats

Contact the Clark County ADA Office

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Introduction

Alzheimer's disease is the most common form of dementia among older people. It is a progressive disease that involves parts of the brain that control thought, memory, and language. It can also impact a person's ability to carry out daily activities. As many as 5 million people in the United States are living with Alzheimer's disease and it is ranked as the 5th leading cause of death among adults aged 65 years or older. Alzheimer's disease is the 3rd leading cause of death in Washington State. While scientists do not fully understand what causes Alzheimer's disease, family history and age are two known risk factors.²

Status

- Clark County has a similar rate of Alzheimer's disease as Washington State overall.
- Alzheimer's disease rate has not changed significantly since 2000.
- Females tend to have higher rates of Alzheimer's disease. This is also true in Washington State and the U.S.
- Alzheimer's disease rates have been increasing in communities of color.

What We Can Do

- Even though there is no known cure for Alzheimer's disease, medication is available to help maintain mental function, manage behavioral symptoms, and slow symptoms of the disease.¹
- Strong social connections and keeping mentally active as we age might lower the risk of Alzheimer's disease.¹
- While research is not yet conclusive, regular physical exercise and a heart-healthy diet may help lower the risk of Alzheimer's disease.¹

¹Alzheimer's Association

²Centers for Disease Control and Prevention

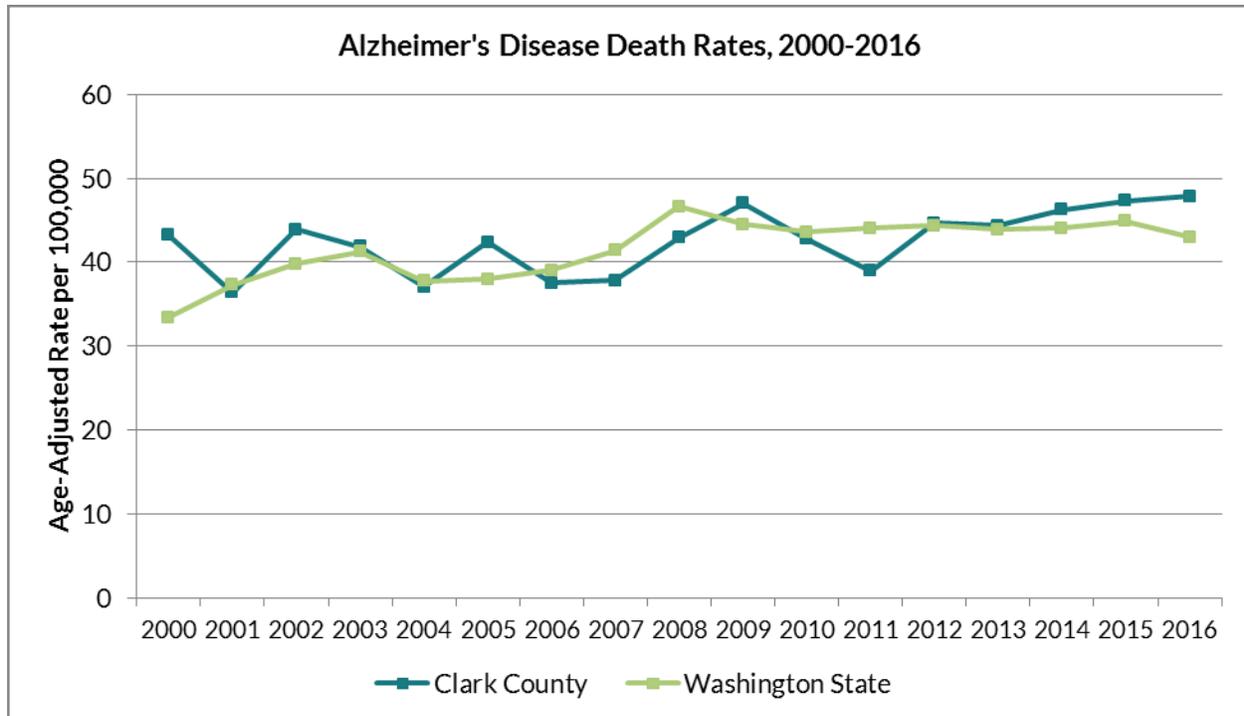


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Year	Clark County			Washington State		
	Count	*Rate	**95% CI	Count	*Rate	**95% CI
2011	155	38.9	(33.0, 45.7)	3133	44.1	(42.5, 45.7)
2012	178	44.6	(38.3, 51.8)	3220	44.4	(42.8, 45.9)
2013	185	44.3	(38.1, 51.3)	3265	43.9	(42.4, 45.5)
2014	202	46.3	(40.1, 53.2)	3343	44.0	(42.5, 45.6)
2015	215	47.3	(41.1, 54.2)	3489	44.9	(43.4, 46.4)
2016	230	47.9	(41.9, 54.6)	3436	43.0	(41.6, 44.5)

*Age-adjusted rate per 100,000 population

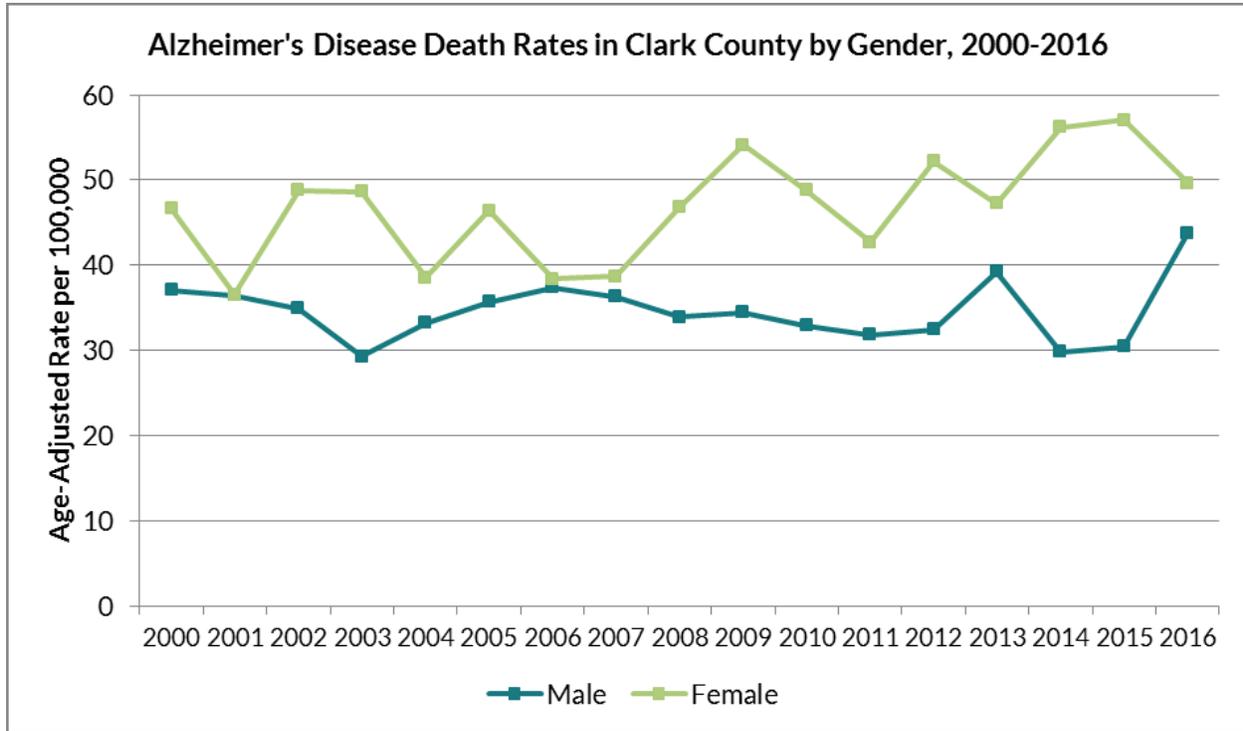
**95% confidence intervals; if two confidence intervals overlap, there is generally no significant difference between rates



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Year	Males			Females		
	Count	*Rate	**95% CI	Count	*Rate	**95% CI
2011	48	31.9	(23.4, 42.5)	107	42.7	(34.9, 52.0)
2012	49	32.5	(24.0, 43.0)	129	52.2	(43.4, 62.4)
2013	63	39.2	(30.0, 50.3)	122	47.2	(39.1, 56.7)
2014	50	29.8	(22.1, 39.4)	152	56.2	(47.5, 66.2)
2015	55	30.4	(22.9, 39.7)	160	57.1	(48.5, 67.0)
2016	82	43.8	(34.8, 54.4)	148	49.7	(41.9, 58.7)

*Age-adjusted rate per 100,000 population

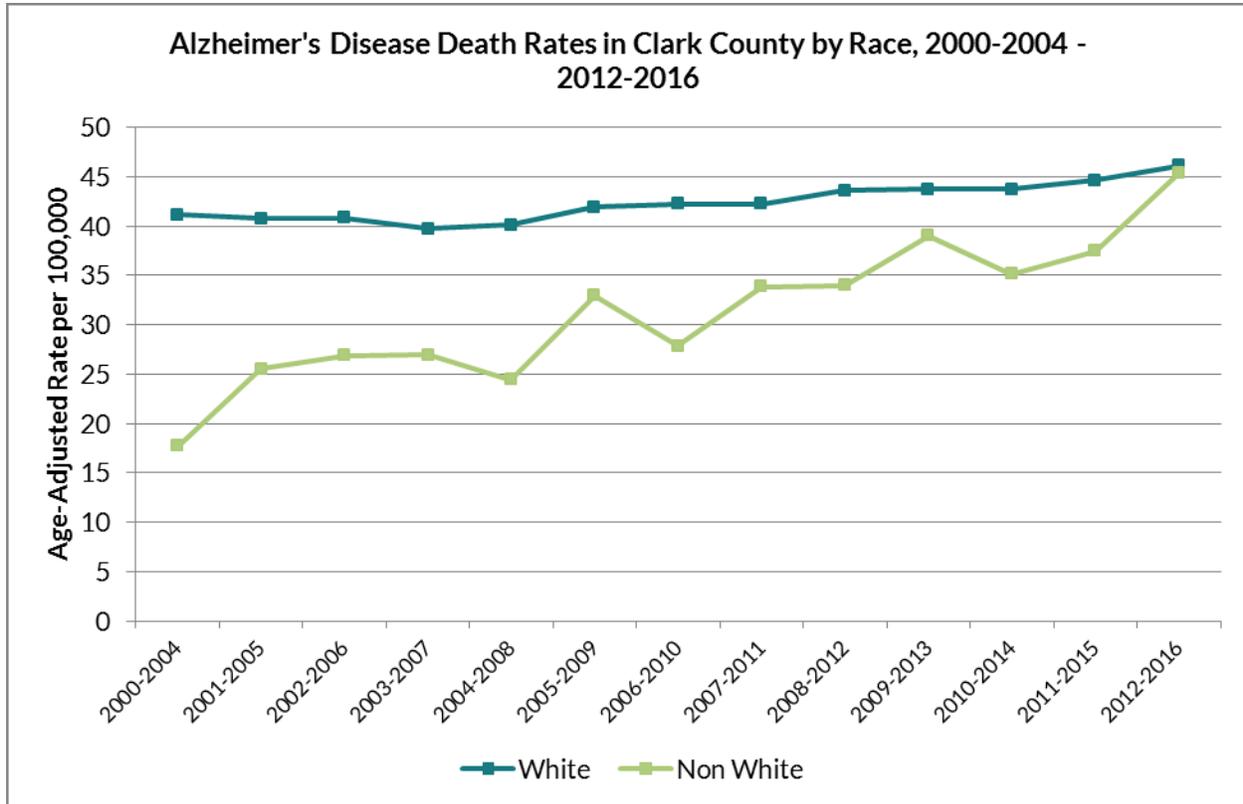
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Note: Individual races and ethnicities (except for white non-Hispanic) could not be reported on because of small numbers.

Year	White—NH			Non-White		
	Count	*Rate	**95% CI	Count	*Rate	**95% CI
2008-2012	797	43.6	(40.6, 46.8)	30	34.0	(22.7, 49.1)
2009-2013	820	43.7	(40.7, 46.8)	36	39.0	(27.1, 54.5)
2010-2014	848	43.8	(40.8, 46.9)	35	35.2	(24.2, 49.5)
2011-2015	894	44.6	(41.7, 47.7)	39	37.5	(26.4, 51.8)
2012-2016	959	46.1	(43.2, 49.2)	49	45.3	(33.3, 60.4)

NH = Non-Hispanic

*Age-adjusted rate per 100,000 population

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