UNDERSTANDING RISK FACTORS
for Alzheimer's Disease and Related Dementias

Dementia results from a variety of diseases and injuries that affect the brain. Alzheimer's disease (AD) is the most common cause of dementia contributing to 60-80% of cases.[1]

AD is a progressive neurodegenerative disorder that results in increasingly debilitating cognitive, functional, and behavioral impairments.[2]

The number of people living with AD and related dementias is expected to substantially increase over the coming decades.[1,3]

Nonmodifiable Risk Factors for Alzheimer's Disease[1]

Age (Greatest risk factor)[1]



5% of people in the US aged 65 to 74 have AD dementia

13.2% of people in the US aged 75 to 84 have AD dementia

33.4% of people in the US aged 85 or older have AD dementia

Note: Age alone does not cause AD, nor is it a normal part of aging.

Genetics[1,4]

AD Risk Impact

APOE ε4	Of genes that increase risk, *APOE* ε4 has the strongest impact on the risk of late-onset AD.	The risk of developing AD increases with one ε4 copy and even more with two copies compared to ε2 or ε3 forms, but having ε4 form doesn't guarantee an individual will develop AD dementia in their lifetime.	~15-25% of people have one ε4 allele, and 2-5% have two copies.
APOE ε3	The ε3 allele (the most common) is thought to be neutral in terms of AD risk.		
APOE ε2	The ε2 allele may be protective (decreased risk); ~5-10% of people have this allele.		

Everyone inherits one of three alleles of the *APOE* gene from each parent—

ε2, ε3, or ε4

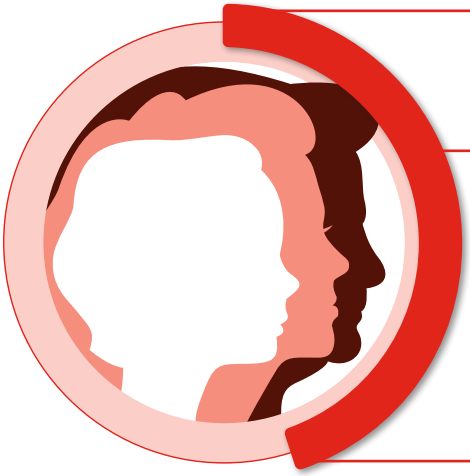
Family History[1]

Having a first-degree relative with AD increases risk independent of genetic risk factors such as *APOE* ε4, but AD can also occur without any family history.

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Modifiable Risk Factors for Dementia[3]

Up to 45% of Dementia Cases May Be Attributable to 14 Potentially Modifiable Risk Factors[3]



Early Life

Less education (5%*)

Midlife

Hearing loss (7%*)
High LDL cholesterol (7%*)
Depression (3%*)
Traumatic brain injury (3%*)
Smoking (2%*)
Physical inactivity (2%*)
Diabetes (2%*)
Hypertension (2%*)
Obesity (1%*)
Excessive alcohol consumption (1%*)

Late Life

Social isolation (5%*)
Air pollution (3%*)
Untreated vision loss (2%*)

64%

of older adults in the US who received a dementia diagnosis received it from a PCP.[5]

Primary care practitioners (PCPs) follow patients across their lives and are uniquely positioned to screen, detect, and inform patients about AD risk factors.[5]

7 lifelong goals to monitor[6]

- Nonsmoking status
- Physical activity
- Body mass index <25 kg/m^2
- Healthy diet
- Untreated blood pressure < 120/<80 mm Hg
- Untreated total cholesterol <200 mg/dL
- Fasting blood glucose < 100 mg/dL

Addressing tomorrow's dementia risk starts today.
Learn more at: medical.lilly.com/us/diseases/cognitivehealth

*Indicates the potential reduction in dementia cases if this risk factor is eliminated.

1. Alzheimer's Association. 2024 Alzheimer's disease facts and figures. *Alzheimers Dement*. 2024;20(5):3708-3821. **2.** Porsteinsson AP, et al. Diagnosis of early alzheimer's disease: clinical practice in 2021. *J Prev Alzheimers Dis*. 2021;8(3):371-386. **3.** Livingston G, et al. Dementia prevention, intervention, and care: 2024 report of the *Lancet* standing Commission. *Lancet*. 2024;404(10452):572-628. **4.** National Institute on Aging. Alzheimer's disease genetics fact sheet. Accessed March 20, 2025. https://www.nia.nih.gov/health/alzheimers-causes-and-risk-factors/alzheimers-disease-genetics-fact-sheet **5.** Sideman AB, et al. Primary care practitioner perspectives on the role of primary care in dementia diagnosis and care. *JAMA Netw Open*. 2023;6(9):e2336030. **6.** Atri A, et al. Alzheimer's Association clinical practice guideline for the Diagnostic Evaluation, Testing, Counseling, and Disclosure of Suspected Alzheimer's Disease and Related Disorders (DETeCD-ADRD): executive summary of recommendations for primary care. *Alzheimer's Dement*. 2024;1-32.

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