

THE DEPENDENCY SERIES WHITE PAPER 2026

NEUROLOGICAL & COGNITIVE

Organic Brain Syndrome

The Dementias Alzheimer's, Lewy Body, Vascular, Frontotemporal, and Mixed

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Overview

Organic Brain Syndrome (OBS) is the umbrella clinical term for the dementias — a group of progressive neurological diseases that destroy memory, judgment, language, and the ability to function independently. It encompasses Alzheimer's disease (the most common form, 60–80% of cases), Lewy Body Dementia, Vascular Dementia, Frontotemporal Dementia, and Mixed Dementia, among others.

As of 2026, an estimated 7.4 million Americans age 65 and older are living with clinical Alzheimer's dementia — one slice of a broader dementia population that exceeds 10 million people when all types are counted, a figure projected to nearly double by 2050.

Unlike many chronic diseases, the dementias erode the very capacity required to plan for them. Cognitive decline often outpaces awareness, and the window for protective legal and financial planning closes quietly and early — sometimes years before a formal diagnosis is made.

10M+ Americans living with some form of dementia in 2026	7.4M have clinical Alzheimer's dementia specifically	4–8 yrs typical course from Alzheimer's diagnosis to death
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How It Leads to Dependency

Each form of dementia follows a different path, but all eventually take the same toll: the loss of short-term memory, executive function, judgment, and eventually the physical coordination needed for basic self-care. Alzheimer's typically progresses from memory lapses to disorientation, poor judgment, and — in late stages — loss of speech, mobility, and bladder and bowel control.

The most widely used staging tool, the Global Deterioration Scale, divides decline into seven stages. A person who lives a full course spends approximately 40% of that time in the severe stages precisely when 24-hour supervision and hands-on ADL support become necessary. Because cognitive impairment removes a person's insight into their own decline, families are often the first to recognize that independent living is no longer safe.

Diagnosis & Early Warning Signs

There is no single test for dementia. Diagnosis involves confirming that decline has occurred, ruling out reversible causes (vitamin B12 deficiency, thyroid disease, medication effects), and identifying the specific type through neurological exam, cognitive screening (MMSE, MoCA, Mini-Cog), brain imaging (MRI, PET), and — increasingly — blood-based biomarkers for amyloid and tau.

Early warning signs families should not dismiss as normal aging: repeating questions, misplacing frequently used items, becoming disoriented in familiar places, and uncharacteristic difficulty managing finances or medications.

Typical Care Needs

Care needs escalate from occasional supervision and medication reminders in early stages to full-time supervision, help with all six ADLs, and management of behavioral symptoms (agitation, wandering, sundowning) in moderate-to-late stages. Nearly half of Alzheimer’s patients experience agitation severe enough to be the leading reason families seek residential placement.

Because judgment and safety awareness decline before physical ability does, dementia caregiving is uniquely demanding: a person may be physically capable of unsafe actions — leaving the stove on, wandering outside, driving — long after they should be supervised.

The Realistic Cost of Care

Dementia care is expensive and, critically, largely uncovered by Medicare. The vast majority of dementia-related care is custodial — help with bathing, dressing, and mobility — rather than skilled nursing, and Medicare does not pay for custodial care.

13M Americans serving as unpaid dementia caregivers in 2025	60+ hrs/wk typical caregiving load in advanced stages	63% higher mortality risk for spousal dementia caregivers
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- Medicare covers physician visits, hospitalizations, some home health, and hospice — but not the day-to-day custodial help most dementia patients need for years.
- Families providing unpaid dementia care delivered over 19 billion hours of care in the U.S. in 2025 — time that has real, if uncompensated, economic value.
- Long-duration cases (many patients live 4–20 years post-diagnosis) mean the cumulative cost of care, whether at home or in a memory care community, is among the highest of any condition in this series.

THE CAREGIVER BURDEN

Dementia caregiving is widely regarded as the most demanding form of family caregiving. 66% of dementia caregivers report at least one chronic health condition of their own, and 40% report symptoms of clinical depression.

Planning Considerations

These considerations are general and educational. They are not financial or legal advice, and no specific product or provider is endorsed here.

- Because dementia removes legal capacity over time, families are strongly encouraged to complete durable power of attorney, health care proxy, and advance directive documents as early as possible — ideally at the first sign of cognitive concern, while the patient can still participate in the decision.
- Understanding the practical difference between skilled nursing coverage (Medicare, time-limited) and custodial care (private-pay or Medicaid, ongoing) helps families plan realistically for what a multi-year dementia journey actually costs.
- Building a support network — support groups, adult day programs, respite care — before crisis strikes tends to produce better outcomes for both patient and family than waiting until burnout.

Sources & Further Reading

1. Alzheimer's Association — 2026 Alzheimer's Disease Facts and Figures
<https://www.alz.org/alzheimers-dementia/facts-figures>
2. National Institute on Aging — <https://www.nia.nih.gov/>
3. Lewy Body Dementia Association — <https://www.lbda.org/>

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