UK research cash for dementia and stroke still way too low

This is despite significant shift in funding since 2008

The amount of government money pumped into dementia and stroke research in the UK has risen significantly in recent years, but it is still way too low when compared with the economic and personal impact these conditions have, finds a study published in the online journal *BMJ Open*.

The researchers assessed central government and charity research expenditure in 2012 into the UK’s leading causes of death and disability: cancer, coronary heart disease, dementia and stroke.

In 2012, all four conditions accounted for over half (55%) of all UK deaths and for 5.5 million disability adjusted life years (DALYs), which combine the number of years of life lost to early death, ill health, or disability.

The amount of funding was compared with the population impact of the individual conditions: prevalence, the number of years lost to early death, ill health, or disability, and the total health and social care costs.

The combined amount of research funding allocated by the government and charities to all four conditions came to £856 million in 2012, almost two thirds of which (64%; £544 million) was allocated to cancer.

Around one fifth (19%; £166 million) was devoted to coronary heart disease, while just 11% (£90 million) was allocated to dementia and even less (7%; £56 million) to stroke research.

That same year, there were around 2.3 million cases of cancer, the same number of coronary heart disease cases, 0.8 million cases of dementia and 1.2 million of stroke.

In 2012 a total of 2.9 million DALYs were lost to cancer, 1.5 million to coronary heart disease, 0.4 million to dementia and 0.7 million to stroke.

The costs of healthcare were highest for cancer (£4.4 billion) and lowest for dementia at £1.4 billion and for stroke at £1.8 billion.

But the social care costs of dementia outweighed the social care costs of the other three conditions combined. And the combined costs of health and social care for dementia came to £11.6 billion in 2012, the researchers calculated.

This was more than double the equivalent costs for cancer at £5 billion, and significantly more than for stroke (£2.9 billion) and coronary heart disease (£2.5 billion).

This means that for every £10 of health and social care costs attributable to each condition, £1.08 in research funding was spent on cancer, £0.65 on coronary heart disease, £0.19 on stroke, and just £0.08 on dementia, the researchers calculated.

Since 2010, there have been substantial changes in medical research funding policies, particularly by government organisations, which pumped 21% of the total share into dementia research and 12% into stroke research in 2012, with cancer attracting 46% of the total spend.

The equivalent figures in 2008 were 66% for cancer, 21% for coronary heart disease, 9% for dementia, and just 4% for stroke.

But the sums allocated by charities have scarcely budged since 2008, say the researchers. Charities are reliant on public funds so this stasis may be down to public perception of risk or a form of ageism, derived from the belief that stroke and dementia are inevitable only in the elderly, they suggest.
Despite the shift in funding priorities, research into the treatment and prevention of dementia and stroke remains underfunded when compared with the economic and personal impact these conditions have, they conclude.