ALZHEIMER’S DISEASE - UK DRUG FORECAST AND MARKET ANALYSIS TO 2022
Executive Summary

Sales for Alzheimer’s Disease in the United Kingdom, 2012–2022

The combined sales of medications carrying an indication in AD were estimated at $76.6 million in 2012. By 2022, we project AD drug sales to grow to $167.8 million, with a Compound Annual Growth Rate (CAGR) of 8.15% over the course of the decade. We predict that the following parameters will drive expansion in these markets:

- Potential for increasing revenue from patented pharmaceuticals due to Patent Box policy.
- Full implementation of the UK’s national dementia strategy to occur by 2015, enhancing diagnosis rates and the use of AD medications.
- Change in therapy from antipsychotics to AD-indicated medications following audit.
- Expansion of home care services will drive drug compliance.

Despite these drivers, the major barriers to the growth of the AD market in the United Kingdom include:

- Lack of AD specialists to serve as dementia advisors at local institutions of care
- NICE hinders drug reimbursement from the National Health Service (NHS). Potential for medication shortages due to budget deficit.

- Funding the dementia strategy is contingent upon efficiency savings, and it is uncertain that the cost-savings will account for all layers of the strategy’s proposal.

Figure below illustrates the United Kingdom AD drug sales during the forecast period.
**Executive Summary**

**What Do the Physicians Think?**

“I am very despondent after 2012, I have to say to you directly. It was a tough year for the field. People are excited about BACE [β-secretase] inhibitors. I think what I’m excited about is seeing that we’re moving toward MCI [mild cognitive impairment] and presymptomatic disease states with the API A4, DIAN, and other studies being developed. So, my point is that I’m excited about the newly-emerging prevention programs that [are] being developed. I think that’s where the field needs to go. Symptomatic AD is tantamount [to] treating metastatic cancer, and it is just too difficult to overcome, as we’re starting to realize.”

[US] KOL, January 2013

“For me, and taking into account the experiences of the last year, is to choose a good target. If we believe in [the] amyloid theory, the target is before the appearance of the dementia plaques.”

[EU] KOL, January 2013

“The drugs are tried in [the] wrong population. Again, by the time people [have] even…mild dementia, they [have] already had neuronal loss, tau aggregation, [and] amyloid plaques for a long period of time. The disease starts anywhere between 10 to 20 years before the first onset of symptoms. If you really want to modify the disease, you have to modify the disease pathology much in advance of symptoms, and that’s where biomarkers come in. You need to have good biomarker that can predict who will develop AD in future. An ideal study would be, you get biomarkers, and if the biomarkers suggest/put you at risk for developing AD in [the] future, that’s where you give disease-modifying therapy. Probably you need to give it for 10 to 15 years to really see if it [is] efficacious or not.”

[US] KOL, August 2012

“If disease-modifying therapies will come to market, they will fulfill the market significantly. Drug companies are investing in disease-modifying therapies; there are several trials undergoing, but nothing has been so far proven to be efficacious. Let’s hope some will make it.”

[EU] KOL, July 2012
"I think the goal which is achievable [is] to make the diagnosis earlier and to treat or to have drugs which can stop the disease where it is. In this case, if we have drugs which can stop cognitive decline, [that] would be enough, even if does not cure the disease. If we make the diagnosis early enough, it would be good."

[EU] KOL, September 2012

"Somebody needs to study them [drugs] in asymptomatic patients who are destined to develop AD in the future for them to really show efficacy. If they really delay the diagnosis or prevent it, in fact, they are going to be good preventive therapy. I do not think they are going to be [as] effective as treatment when you already have symptoms."

[US] KOL, August 2012
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2 Introduction

2.1 Catalyst

Alzheimer’s disease (AD) is a looming endangerment to global health and a threat to the world economy. One in every three seniors in the US dies with AD or another form of dementia. It is the sixth leading overall cause of death in the US and ranks as the fifth leading cause of death among those 65 years old or older. The overall costs of AD are estimated to reach upwards of $200 billion in 2013 in the US alone, $143 billion of which will be paid for by Medicaid or Medicare. By 2050, the total cost of AD will reach $1.2 trillion in the US, with government spending on the disease set to increase five fold. Caregivers of dementia patients contribute more than 17.5 billion hours of unpaid care each year, and these working conditions lead to poor health outcomes among those providing care. Due to the high levels of stress encountered when providing care for a person with AD, more than one third of caretakers report symptoms of depression. Along with the physical demands associated with caregiving, AD and dementia caregivers contributed an additional $9.1 billion in health care costs of their own in 2012. To make the problem worse, nearly 80% of all caregiving services are unpaid (AA, 2013).

Amidst several failures, the AD pipeline is large and consists of many novel MOAs. The market landscape is set to undergo rapid changes in the next decade, driven by advancing diagnostic capabilities and growing awareness. Disease-modifying mechanisms are on the horizon, which will bring about new era in the treatment of this neurodegenerative condition. As a global push is made for early diagnosis and treatment, the surge of AD patients will require effective therapies.

2.2 Related Reports

Introduction

- GlobalData (2013). Alzheimer’s Disease – France Drug Forecast and Market Analysis to 2022, July 2013, GDHC152CFR.
- GlobalData (2013). Alzheimer’s Disease – Germany Drug Forecast and Market Analysis to 2022, July 2013, GDHC153CFR.
- GlobalData (2013). Alzheimer’s Disease – Italy Drug Forecast and Market Analysis to 2022, July 2013, GDHC154CFR.
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- GlobalData (2013). Alzheimer’s Disease – India Drug Forecast and Market Analysis to 2022, July 2013, GDHC159CFR.
- GlobalData (2013). Aricept (Alzheimer’s Disease) - Forecast and Market Analysis to 2022, July 2013, GDHC255DFR.
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- GlobalData (2013). Solanezumab (Alzheimer's Disease) - Forecast and Maket Analysis to 2022, July 2013, GDHC261DFR
- GlobalData (2013). Gantenerumab (Alzheimer’s Disease) - Forecast and Maket Analysis to 2022, July 2013, GDHC262DFR
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- GlobalData (2013). MK-8931 (Alzheimer’s Disease) - Forecast and Maket Analysis to 2022, July 2013, GDHC265DFR
- GlobalData (2013). EVP-6124 (Alzheimer’s Disease) - Forecast and Maket Analysis to 2022, July 2013, GDHC266DFR
- GlobalData (2013). Lu AE58054 (Alzheimer’s Disease) - Forecast and Maket Analysis to 2022, July 2013, GDHC267DFR
- GlobalData (2013). Alzheimer’s Disease - Current and Future Players. GDHC1020FPR
Appendix

9.7 About GlobalData

GlobalData is a leading global provider of business intelligence in the Healthcare industry. GlobalData provides its clients with up-to-date information and analysis on the latest developments in drug research, disease analysis, and clinical research, and development. Our integrated business intelligence solutions include a range of interactive online databases, analytical tools, reports, and forecasts. Our analysis is supported by a 24/7 client support and analyst team.

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