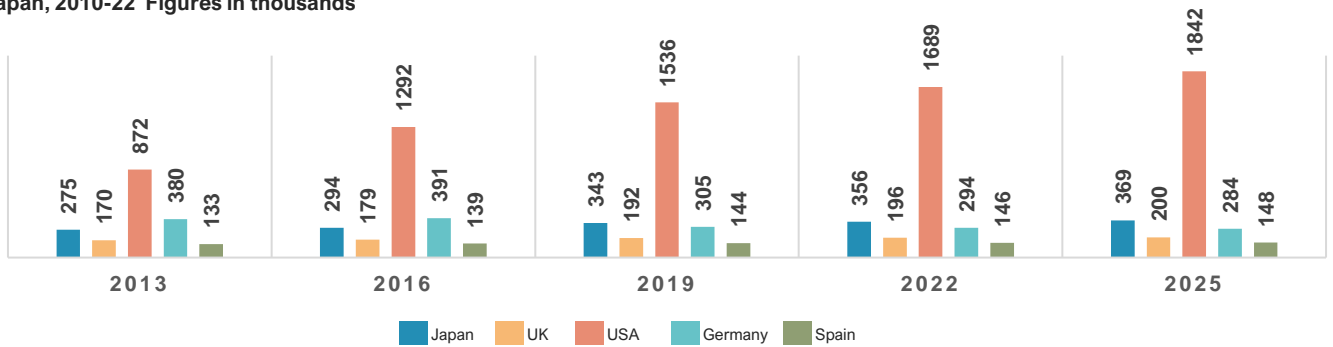# PARKINSON'S DISEASE BURDEN IN JAPAN:

CHANGES IN EPIDEMIOLOGY OF PARKINSON'S DISEASE IN JAPAN

Parkinson's disease (PD) is the second most common chronic progressive neurodegenerative disorder in the elderly, after Alzheimer's disease. It impacts 1–2% of individuals aged 65 and above globally. In 2019, the prevalence of PD in Japan was approximately 0.064% of the total population. The development of PD is influenced by a combination of genetic and environmental factors. Notably, its market size is the second largest in Japan, totaling USD 778.7 million.

INCIDENCE CASES OF PD

Japan, 2010-22 Figures in thousands

Legend: Japan, UK, USA, Germany, Spain

|	2013	2016	2019	2022	2025
Japan	275	294	343	356	369
UK	170	179	192	196	200
USA	872	1292	1536	1689	1842
Germany	380	391	305	294	284
Spain	133	139	144	146	148

- Although the rise in PD cases and prevalence is lower in Japan compared to other major countries, a marked increase of has been noted in the last 4 years. This is alarming as, unlike other countries, Japan is experiencing a decline in population.
- The increase in aging population concentrated in the group of 60–80 years would be a significant contributing factor for the further increase in PD incidence in Japan.
- When considering major countries, the combined PD incidences from Japan and the US constitute about 53%.

In Japan, the highest incidence of onset occurs by **70–79 years**, followed by individuals aged 80 and above.
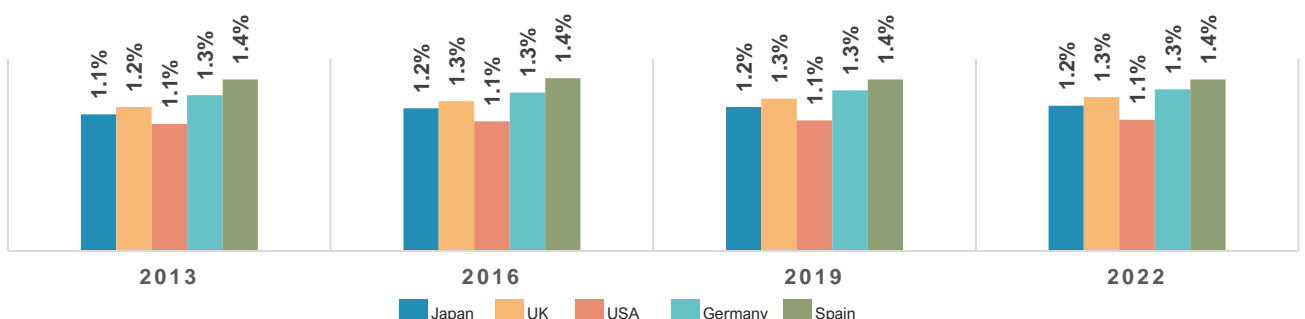

- 50–59 years: 5%
- 60–69 years: 17%
- 70–79 years: 42%
- 80 and above: 37%
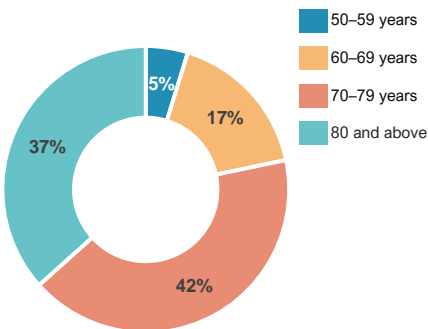
Incidence of PD per 1,000 people **is consistently higher for women compared to men in Japan**. However, early onset (before 50 years) is seen more frequently in women than men.

	2013	2016	2019	2022
Men	116	100	114	140
Women	125	126	121	148
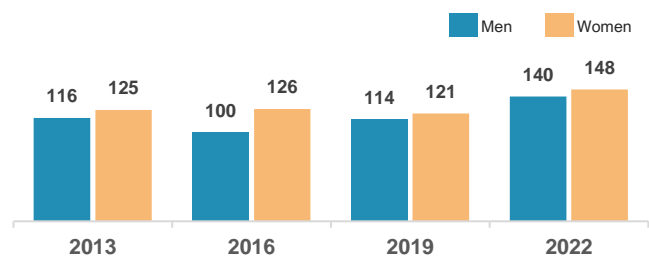
MORTALITY RATE

People with PD in Japan tend to have **a longer life expectancy** compared to other major countries. This may be attributed to dietary habits and healthcare facilities. As the aging population in Japan continues to grow, the numbers of individuals living with PD may also rise. This shift highlights the need to understand the elements influencing the health outcomes of individuals with the disease.

	2013	2016	2019	2022
Japan	1.1%	1.2%	1.2%	1.2%
UK	1.2%	1.3%	1.3%	1.3%
USA	1.1%	1.1%	1.1%	1.1%
Germany	1.3%	1.3%	1.3%	1.3%
Spain	1.4%	1.4%	1.4%	1.4%

Legend: Japan, UK, USA, Germany, Spain

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RISK FACTORS

- In 2019, there were 11,204 reported deaths associated with PD in Japan, marking an uptick from the 10,815 recorded in 2018. The swift rise in both the incidence rate and progression of the disease in the country is of grave concern.
- Ongoing efforts to discover the causes of PD aim to mitigate its incidence and mortality. Research has identified global associations between PD and environmental as well as genetic factors. Beyond this, numerous studies have specifically explored links between PD and occupational factors.
- The major risk factors that may contribute to the rise in the prevalence of PD in Japan are mentioned below.

Age	Genetic Factors	Sex	Environmental Factors
- Advancing age emerges as a potent risk factor for the disorder, displaying an almost exponential correlation. - Despite the association between age and an elevated risk of PD, the reasons for this link remain unclear. - The average age of onset globally is 60, while in Japan, it is ~65 years.	- Research indicates that individuals carrying the GBA mutation have a fivefold increased risk of developing PD. - In Japanese patients with PD, the most prevalent genetic variants were PRKN and LRRK2. - Individuals with a parent or sibling who is affected have about 2x the chance of developing PD.	- While there is a global trend indicating a higher likelihood of PD development in men, Japan diverges from this pattern. - The occurrence of early onset in Japanese females surpasses that in males.	- Rural areas have been demonstrated to exhibit a higher prevalence of PD compared to urban cities, indicating an influence of environmental factors. - Exposure to toxins and various gases may also contribute to this trend.

While no reversal therapies have been found yet, efforts are being made to develop treatments that provide the best control over symptoms. Addressing the specific needs of the aging population, including healthcare support, may play a crucial role in managing the impact of PD in Japan's aging society.

Right from understanding key issues to advising you through the right set of insights and recommendations, Aranca provides research, consolidation, and insightful analysis to aid in-depth understanding of therapy and effective decision-making.

HOW CAN ARANCA HELP?

01 **Epidemiological Analysis:** Prevalence and diagnosis of diseases based on geography, gender, race and ethnicity, etc.

02 **Diagnosis and Treatment Paradigm:** Analysis of diagnosis and treatment algorithm adopted in clinical practice

03 **Current and Future Landscape:** Current treatments and latest pipeline landscape assessment for a particular therapy area

04 **Humanistic, Economic Burden, and Unmet Need Analysis:** Impact of a disease on the patient's mental and economic well-being

05 **Health Technology Assessment:** Analysis of various HTA decisions published by various countries

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