



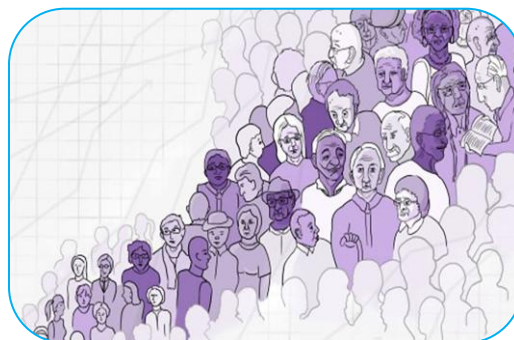
PUBLIC AWARENESS OF DEMENTIA AMONG PEOPLE OF THRISSUR DISTRICT, KERALA

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ABSTRACT :

Dementia is a syndrome characterized by memory disorder, impaired reasoning and personality changes that interfere with an individual's daily life and activities. Awareness about dementia help timely diagnosis and interventions, improved care and support to demented person and also to promote prevention and reduction by changing life styles. The study was undertaken with general objective of study the awareness of people about dementia in Thrissur district. The descriptive method of research was used to evaluate the public awareness about dementia. A structured questionnaire was prepared and distributed to the people using. The present study revealed that significant number of populations remains unaware of dementia, others who have knowledge about the condition still lack a comprehensive understanding of it.



KEYWORDS : syndrome characterized , individual's daily life and activities , descriptive method .

BACKGROUND:

"DEMENTIA is a syndrome usually chronic, characterized by a progressive, global deteriorations in intellect including memory, learning, orientation, language, comprehension and judgement due to disease of brain. It is a significant contributor to morbidity and mortality in older adults. (Robinson et al, 2015) Age is one of the factors that contribute to the development of dementia. (Chen et al 2009) Advances in medicine, science and technology have led to a consistent rise in life expectancy. (Weatherall et al, 2006). A new case of dementia occurs every three seconds worldwide. In 2020, more than 55 million people worldwide were living with dementia. This number is expected to nearly double every 20 years, reaching 78 million by 2030 and 139 million by 2050, with much of the increase occurring in developing countries. Currently ,60% of people with dementia live in low and middle-income countries, but by 2050, this figure will increase to 71%. The fastest growth in the elderly population is occurring in China, India, and their south Asian and Western Pacific neighbors. WHO-

NEED OF THE STUDY

Dementia is a growing public health concern worldwide, with India estimated to have over 5.3 million people living with dementia. (WHO 2019). Despite its increasing prevalence, awareness about dementia is poor and misconceptions about the conditions are common. Even healthcare professionals believe that dementia is normal part of ageing (ADI 2019). According to Deepak (2019) ignorance about dementia may result in misidentification and inappropriate rehabilitation, stigmatization of the

demented person and insufficient family support. A. Oscar et al (2008) pointed out that an understanding of public awareness of dementia can enhance more health and educational programs. This can help early diagnosis and offer patient and caregivers better knowledge of the condition thereby eluding misconceptions and reducing psychological distress.

The present study aims to assess the public awareness of dementia in Thrissur district, Kerala. Understanding the current level of awareness and identifying gaps in knowledge will inform the development of targeted interventions to promote dementia awareness and improve care for individuals affected by the condition.

REVIEW OF LITERATURE

Zheng et al (2020) conducted a cross-sectional study on 3338 people to assess the public awareness of the factors associated with dementia in China. The percentage of participants who accurately identified dementia risk factors were following. 84.4 for negative effect, 65.07% for alcohol use, 56.68% for smoking, 48-74% for hyper and 42.66% for diabetes. The percentage of participants who accurately identified protective factors were 90.00% for exercise, 84.9% for social activity, 80.92% for intelligent games, 74.45% for reading and 6.14 % for antihypertensive drugs. The majority of people correctly identified the role of lifestyle factors in the development of dementia but not medical factors. Level of Knowledge of the factors that are associated with dementia were significantly distinct across population with China

Heger et al (2019) conducted survey among people of Dutch and it was reported that more than half of the respondents were not aware that dementia risk removal is possible, and knowledge of modifiable and protective factors for dementia were poor and most of the participants wanted information on improving their brain health

Ludeke et al (2016) studied the public awareness about dementia in Germany. They conducted a survey in 1795 people and it was found that knowledge about cause, diagnosis, treatment, and life impact of dementia is characterized by a relatively high uncertainty. people with care experience and people from higher status group know more about dementia. People with more knowledge were less likely to believe that dementia patients have a higher quality of life, but tends to be less skeptical about early detection of dementia.

Deepak et al (2009) assessed the awareness and knowledge of dementia in general public. 200 (18-40) aged people were participated and the result showed that public were partially aware about dementia and its consequences and they did not know much on the professionals to be consulted.

Arthur Oscar et al (2008) examined the public awareness of dementia in the people of Botucatu among 73 participants. Result showed that respondents believed dementia was characterized by prevalent memory impairment and behavioral changes (32.9%) with onset in the 60 s or older (42.5%) and upon suspecting dementia only few would seek specialized medical help.

MATERIALS AND METHODS

GENERAL OBJECTIVES

A study on public awareness of dementia in Thrissur District

Specific objectives

To study sociodemographic profile of respondent

To study awareness of respondents about the symptoms and causes of dementia

To study awareness of respondents about the management of dementia

MATERIALS

A) GOOGLE FORM WITH INTRODUCTORY PAGE AND QUESTIONNAIRES.

Google form begins with an Introductory page that explains the purpose and benefits of the study. consent information also added to get informed consent to ensure anonymity and confidentiality.

Questionnaire consisted of two parts

(1) Basic sociodemographic factors including age, gender, education, types of job, type of residence and a question for filtering Do you know anything about dementia?

(2) Dementia related questions.

The questionnaire about dementia include:

1. Do you have any contact with dementia affected person?

(Yes, No)

2. What is the source of your information about dementia?

(magazine/newspaper, internet, awareness class, others, not awareness)

3. At what age does dementia begin?

(30-39, 40-59, 60 above, any age, don't know)

4. Which are the behaviors you may believe that symptoms of dementia?

(Forgetting obligations, unable to perform common tasks, feeding problem, movement disorder, don't know)

5. Which factors do you think can boost the risk of dementia?

(negative affects like stress, anxiety depression, Alcohol use, smoking, hypertension, diabetes, don't know)

6. What factors do you believe may prevent the risk of dementia?

(Exercise, Social activity, intelligent games, reading, antihypertensive or hypolipidemic drugs, don't know)

7. Do you believe a dementia person can safely live alone?

(yes, no, don't know)

8. Where can you find help if your relative shows signs of dementia?

(public Health service, neurologist, psychiatrist, geriatrician, don't know)

B) SURVEY POPULATION:

Friends and relatives in Thrissur District and their network

C) DATA COLLECTION TOOL:

Wats app is used for collection of data.

METHODS

The study design is **Cross sectional survey**.

Sampling strategy used here is **convenient sampling** (non probability)

Participant recruitment was done by **Snow ball sampling**

PROCEDURE

The descriptive method of research is used to evaluate the awareness of people about dementia. In order to accomplish the objectives of the study a structured and self-administered questionnaire is prepared. The survey is administered to friends and relatives in Thrissur districts, who are requested to circulate it to their own groups using Google Forms. The respondents who don't know anything about dementia is noted and their responses are excluded from the rest of the analysis and it is done based on the responses from people who know something about dementia.

A yielding response from all taluks in Thrissur district, although representation was not equal across taluk.

RESULT AND DISCUSSION

A total of 372 respondents participated in the survey about dementia. Their demographic features are presented in the table 1.

Demographic features	(number)	(in percentage)
GENDER		
Male	173	46.51
female	199	53.49

AGE		
18-30	99	26.61
31-50	142	38.17
51-70	131	35.22
EDUCATIONAL LEVEL		
Secondary level	46	12.36
Higher secondary level	64	17.20
Graduate level	145	38.97
Post graduate level	117	31.45
TYPE OF RESIDENTS		
Village	152	40.86
city	108	29.03
town	112	30.10

Table 1 (1) Demographic features of respondents (n=372)

The above table shows that among 372 participants female respondents are more in this study which constitutes 53.5% while male respondents 46.5%. Most of the respondents (38.2%) are from 31-50 age group followed by 35.2% and 26.6% are from 51-70 and 18-30 age groups respectively. Educational level of the respondents are as follows, secondary level 12.36%, Higher secondary level 17.2%, Graduate level 38.9% and post graduate level 31.4%. While considering the type of residents most of the respondents are from village (40.8%) and from city and town it is almost equally distributed. (29.03% and 30.10%)

Awareness about dementia

A total of 372 participants responded to the question “Do you know anything about dementia”. The result is presented in the given figure (1)

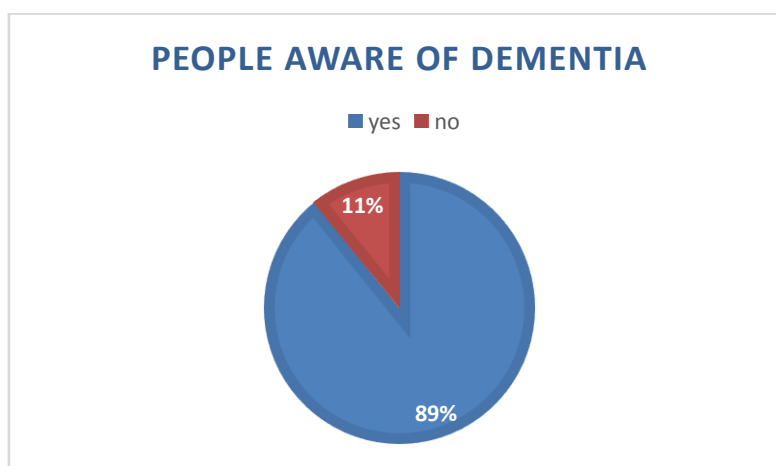


Fig. (1) People aware of dementia, (n=372)

The above diagram shows that 11% of the sample is not aware of the condition dementia. It should be noted that there are even people who haven't ever heard about dementia and it emphasizes the importance of spreading knowledge about dementia in the society.

CONTACT WITH DEMENTIA AFFECTED PEOPLE

A total of 322 respondents answered to the question whether they are connected to any dementia affected people. The distribution is presented in the figure 2.

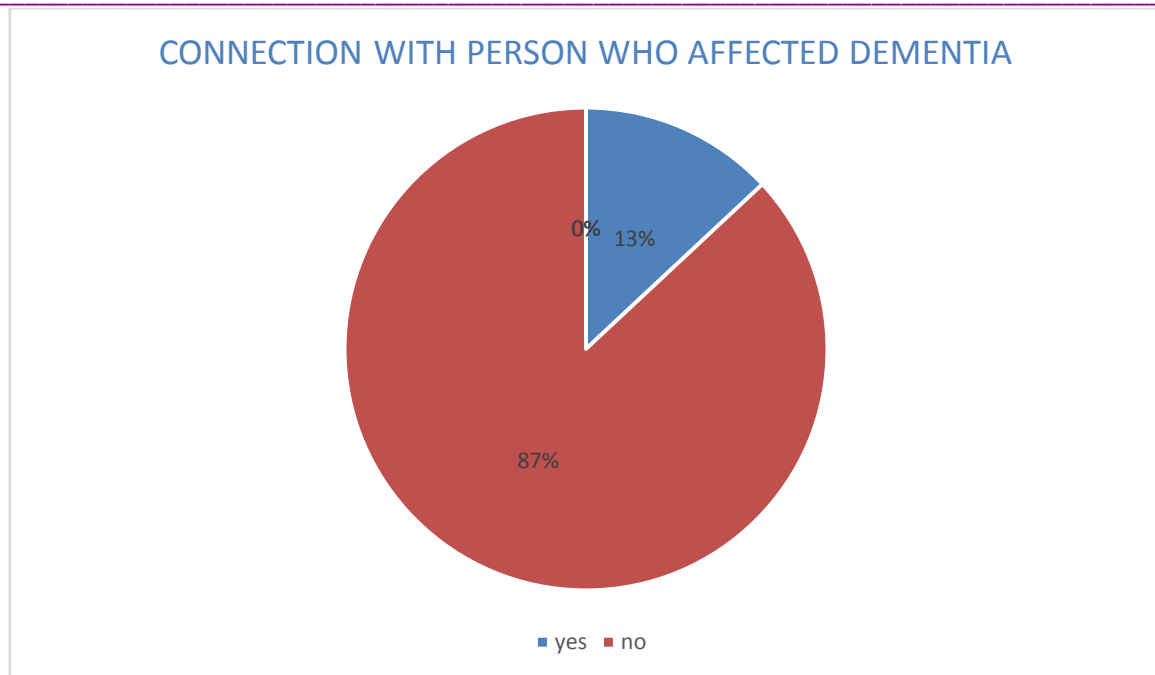


Fig (2) contact with person affected with dementia

The above diagram shows that among 322 participants, 42 respondents (13%) reported having a connection with person who affected dementia and 280 respondents (87%) reported no connection.

The report that 13% respondents are connected with dementia affected people shows that a significant number of people have been affected with dementia. This result highlights the significance of dementia awareness programs in Thrissur district.

Source of awareness of dementia

A total of 322 participants responded to the survey regarding their sources of awareness about Dementia. The distribution is presented in the figure1.

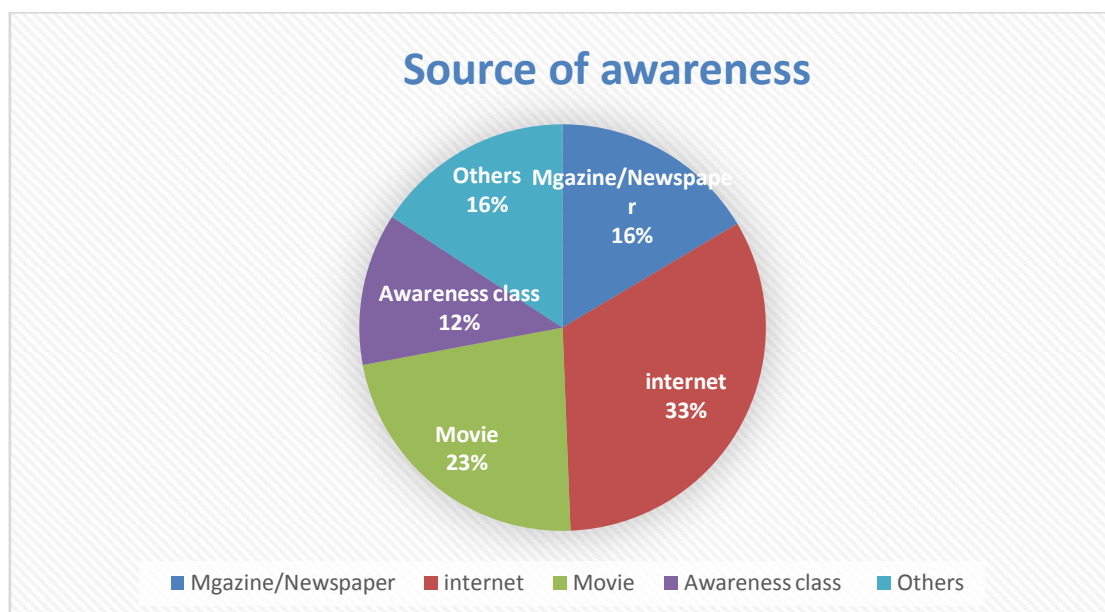


Fig (3) Sources of awareness (n=322)

The above diagram shows that the 33% of the participants got awareness from internet, 16% from magazine or newspapers 12% from awareness class 23% from movies and other sources contributed to 16%

These findings suggest that online platform play a remarkable role in propagating information about dementia. The distribution of awareness from magazines, movies, and awareness program highlights the importance of multimedia approaches in education.

EXPECTED AGE OF DEMENTIA ONSET

A sum of 322 participants responded to the expected age of onset of dementia. The distributions are presented in figure 4

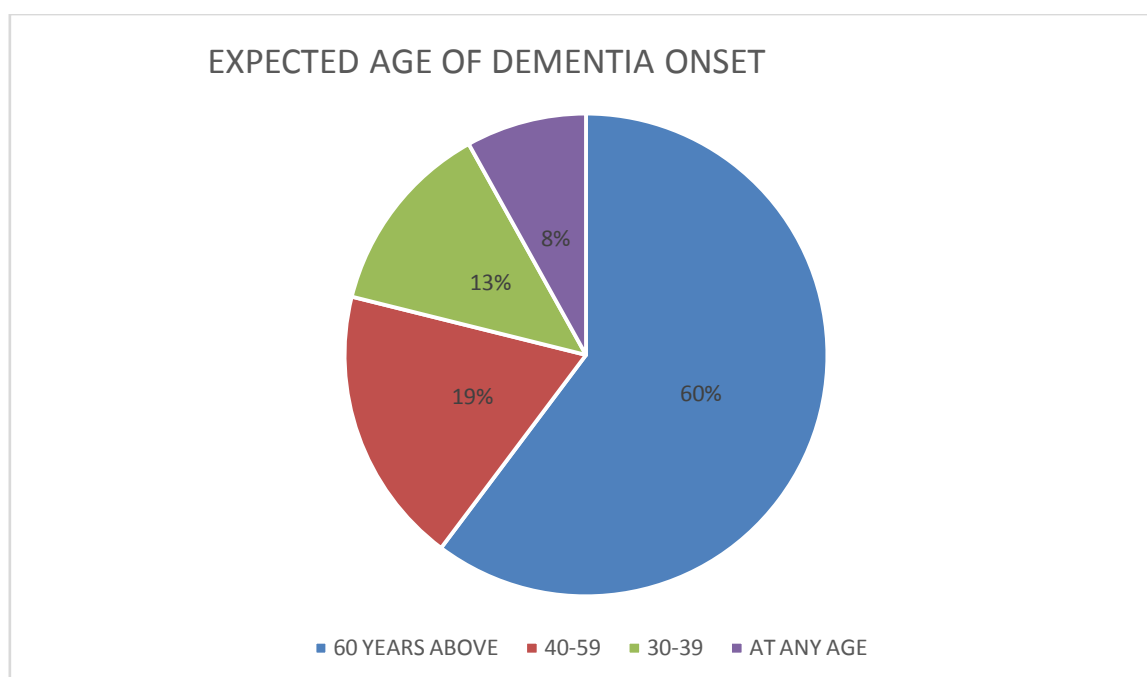


Fig (4) Expected age of dementia onset

The above figure shows that 194 participants responded to 60 years and above, 60 participants responded to 40-59 years, 42 responded to 30-39 years and 26 responded to at any age.

Findings indicate that the majority of the respondents (60%) recognized that dementia onset is at age of 60 and above.

However, a notable number of participants (19%) believed dementia occurs between 40 and 59 years of age and some (13%) expected dementia onset as early as 30-39 years. This indicates that some participants may be aware of possibility of early onset of dementia.

The 8% of participants who responded at any age may suggest that dementia onset may be at any stage of life, irrespective of the age.

SYMPTOMS OF DEMENTIA

A sum of 322 subjects participated in the survey and all responded to the question regarding the symptoms of dementia. The distributions are presented in the figure 3.

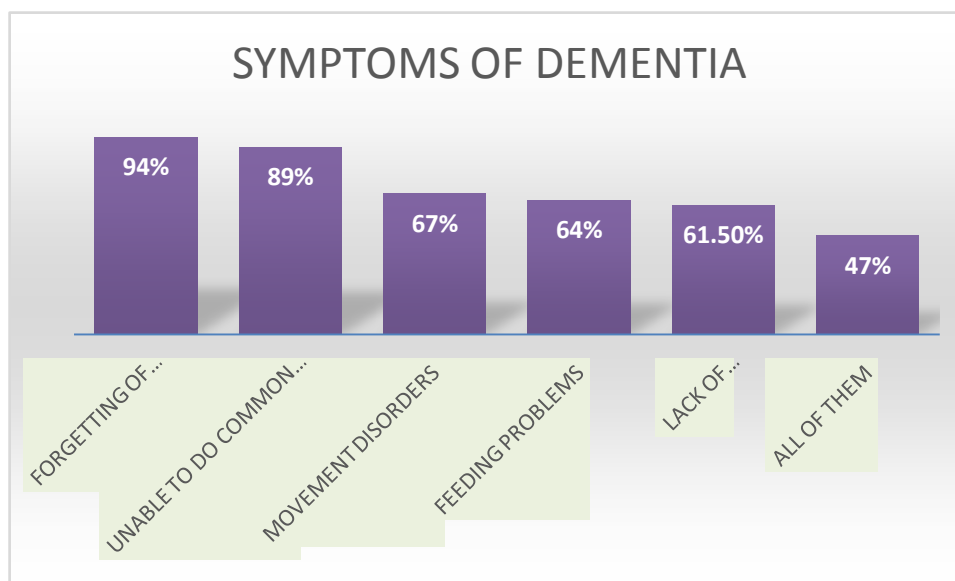


Fig (5) Awareness about the symptoms of dementia

The above figure shows that the most commonly identified symptom is forgetting obligation (94%) followed by unable to do common task (89%) movement disorders (67%) and feeding problems (64%) lack of comprehension (61.5%) and all of them (47%)

The result shows that majority of participants emphasis forgetting obligations as a symptom of dementia. A considerable number of participants also identify inability to perform common task as a symptom. However relatively lower number of participants recognize movement disorders and feeding problems as symptoms of dementia. Very few participants cite all the symptoms and it reveal the importance of increased awareness about the possible symptoms of dementia.

RISK OF DEMENTIA FACTORS

322 respondents responded to the question to recognize the risk factors for dementia. The distributions are presented in the figure 4.

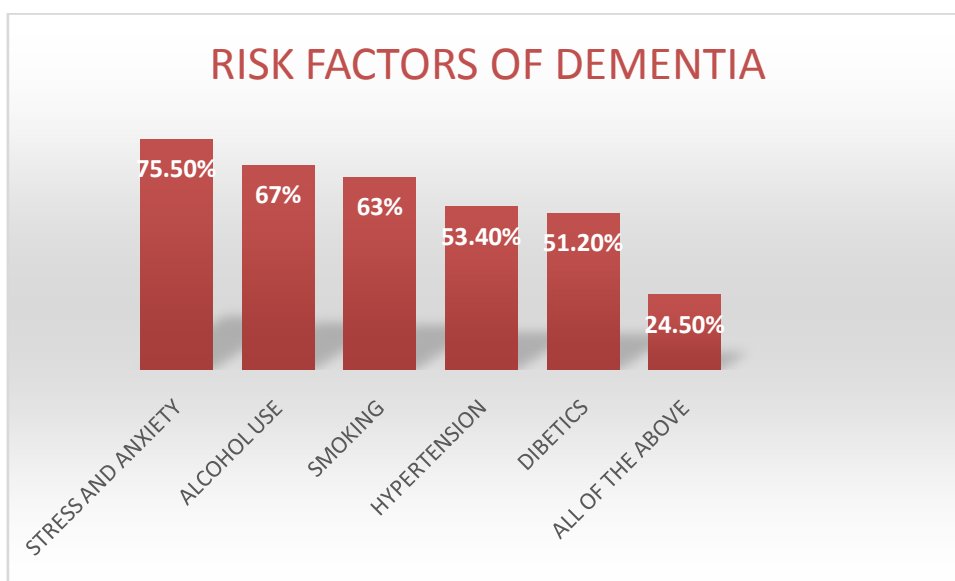


Fig (6) Awareness of risk factors of dementia

The above figure shows that there are 75.5% responses for stress and anxiety followed by 67% for alcohol use, 63 for smoking for hypertension 53.4% and for diabetics 51.2% and only 24.5 participants responded for all the risk factors.

These findings show that the people are more aware about the relationship between stress and anxiety with dementia indicating the understanding of the psychological factor. But the awareness of other risk factors is relatively lower (Alcohol use, smoking hypertension diabetes) and some respondents are not aware of the risk factors. Cation et al (2018) pointed out that in his research study it was reported that almost half of the individual believed that dementia is normal part of ageing and so it was not preventable.

The findings emphasis the significance of need for targeted education and campaign.

PROTECTIVE FACTORS FOR DEMENTIA RISK

A sum of 322 subjects participated in the survey and responded to the question regarding the protective factors for dementia. The distributions are presented in the figure 5

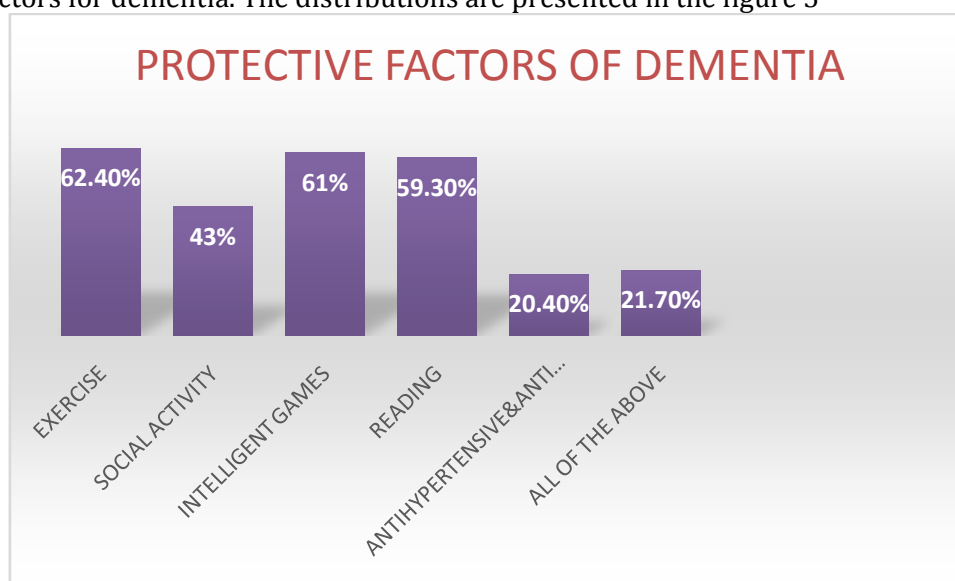


Fig (7) Awareness about the protective factors of dementia

The above figure shows that the majority of the respondents identify exercise (62.4%) as protective factor for dementia followed by social activity (43%), Intelligent games (61%) reading (59.3%) antihypertensive and antilipemic drugs (20.4%) and only 21.7% respondents responded to the all of them.

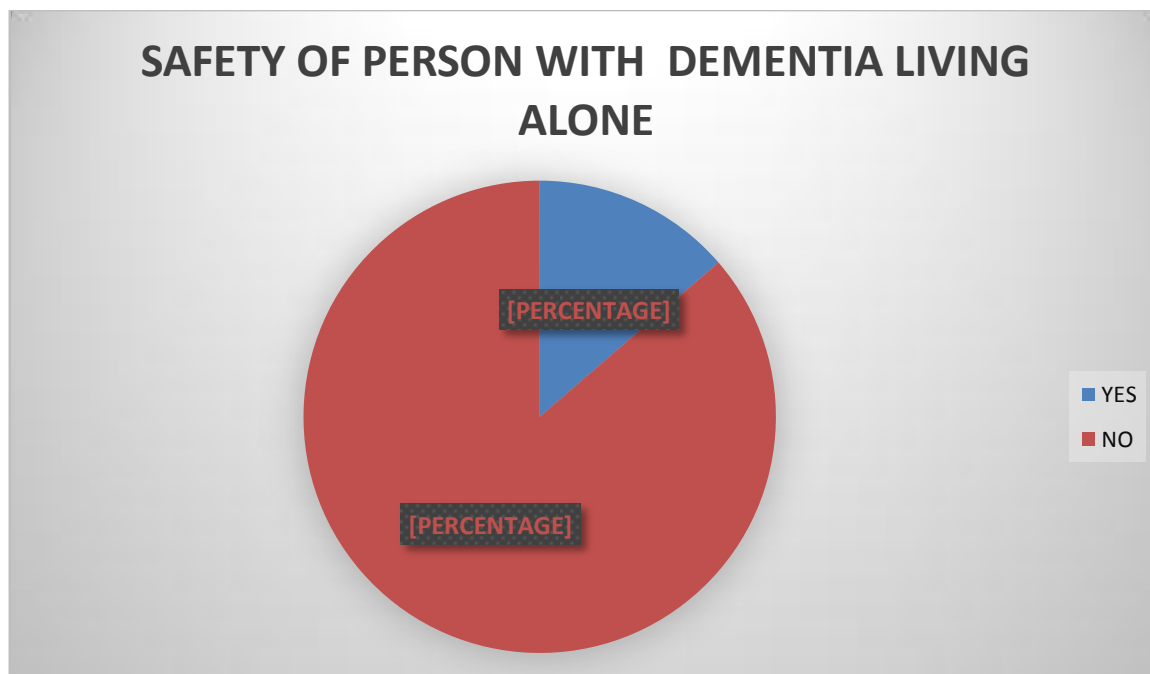
The outcome shows that considerable number of participants are known about the role of life style factors such as exercise, intelligent games and reading in preventing dementia risk. Relative low number of participants recognize that social activity is protective factor. But very few number know that taking antihypertensive or hypolipidemic drugs can reduce the risk of dementia.

It is reported that as many as 40% of dementia cases are linked to 12 controllable lifestyle choices, (Livingston et al 2020) suggesting that identifying and mitigating these factors can significantly reduce the likelihood of developing dementia and alleviate the associated disease burden. Extensive research has investigated the contributors to dementia development, revealing that individuals with unhealthy habits, such as smoking and excessive alcohol consumption, as well as those with depression, diabetes, and hypertension are at a higher risk of developing dementia. Participating in leisure activities, such as regular physical exercise and socializing, has been shown to lower the risk of developing dementia. Despite the identification of various risk and protective factors for dementia there is a lack of awareness and recognition of these factors among the general public." Nonetheless, the

general public seems largely aware that dementia is indeed partially modifiable by adopting a healthy life style and proper management of existing health condition.” (Steyaert et al,2020).

SAFETY OF DEMENTIA PATIENTS LIVING ALONE

A sum of 322 participants responded to the question whether a person with dementia can safely live alone. The distributions are presented in the figure (8)

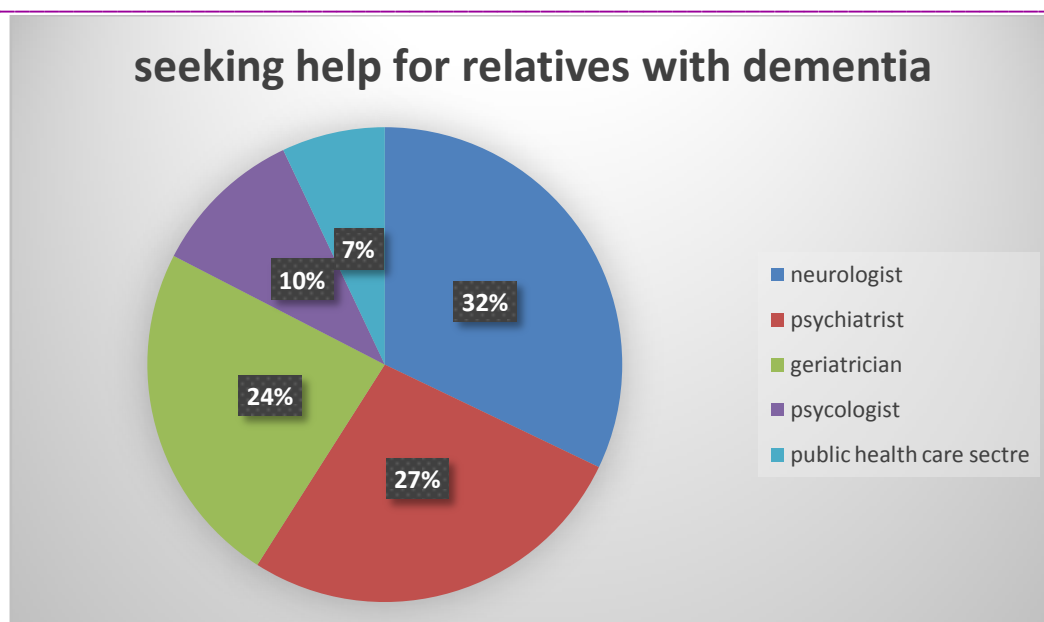


Fig(7)Awareness about the safety of dementia persons living alone

The findings shows that most of the participants are known about the potential risk of dementia. However, there are the participants who don't know the challenges and complexities of dementia.

SEEKING HELP FOR RELATIVES WITH DEMENTIA

A sum of 322 participants responded to question regarding where to find help if their dear ones showed signs of dementia. The distributions are presented in figure (8)



Fig(8) seeking help for relatives with dementia

The responses are as follows; Neurologist, (105), Psychiatrist (88) Geriatrician (72) Psychologist (34) and public healthcare (23).

The outcomes shows that a considerable number of people would find help from a neurologist if their relatives any symptoms of dementia. This is followed by psychiatrist and geriatricians. These findings shows that participants are aware of the significance of specialized care for dementia. The relatively low percentage would find help of participants who would find help from public healthcare point out that people are not aware of the services available in public health care settings.

LIMITATIONS OF THE STUDY

As the recruitment of the participants were done with the assistance of social media and personal networks, it might introduce selection bias.

- Small sample size may constrain the statistical power of the study.
- As nonprobability sampling was done Result may not be generalizable to the larger population.
- Google form may support technologically literate people.
- In the self-reported data Participants responses may be susceptible to socially desirability bias.

Data collection was conducted across 7 taluks (Chalakudy, Kodungalloor, Mukundapuram, Chavakkad, Thalappilly, Thrissur, Chalakkudi, Kunnampalam). However, due to logistic constraints and uneven participant recruitment, sample size varied across taluks having the highest representation and having the lower representation.

The study's geographic scope is limited to Thrissur District, which may not be representative of the entire state of Kerala.

However, the study's, demographic diversity is a remarkable strength as the participants are of age range 20-70 years and from diverse educational backgrounds. These factors enhance the study's representativeness and validity.

SUGGESTIONS AND IMPLICATIONS

Public health education: Findings point to the importance of education campaigns to improve dementia awareness particularly among younger population.

Health care policy: Inform policy decisions on dementia care and support services, emphasizing early detection and intervention.

Community engagement: Encourage community- based initiatives promoting dementia awareness and support.

Research: Inform future studies on dementia awareness, focusing on regional and demographic differences.

IMPLICATIONS

For public health practitioners

1. Develop culturally sensitive education materials.
2. Collaborate with community leaders for outreach.
3. Integrate dementia awareness into existing health programs.

For policy makers

1. Allocate resource for dementia research and education.
2. Impliment policies supporting dementia care and supportive services

For future research

1. Longitudinal studies on dementia awareness.
2. Comparitive studies across regions and demographics
3. Interventions to improve dementia awareness and education.

CONCLUSION

The present study is aimed to assess the public awareness of dementia in Thrissur district. The result indicates that notable number of populations are not aware of dementia and even though majority knows, they are not aware of every aspect of it. It underscores the need for sustained awareness and educational program to bridge this knowledge gap. Health care professionals, community leaders and policy makers should join together to achieve this goal. Eventually, enhancing public awareness about dementia can contribute to better health outcomes, improved quality of life, and more supportive environment for demented persons.

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