



Differences in knowledge of dementia among older adults with normal cognition, mild cognitive impairment, and dementia: A representative nationwide sample of Korean elders



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ABSTRACT

Objective: Lack of knowledge about a disease could impede early diagnosis and may lead to delays in seeking appropriate medical care. The aim of this study was to explore knowledge of dementia (KOD) and to find the determinants of KOD among three groups: older adults with normal cognition, mild cognitive impairment (MCI), and dementia.

Methods: A representative nationwide sample of 6141 Korean elders aged 65 years or older participated in face-to-face interviews and answered 14 questions pertaining to general information, etiology, symptoms, and treatment of dementia. Stepwise multiple regressions and path analyses probed the relationships between various sociodemographic variables and KOD.

Results: The percentage of correct responses was only 62%. The item 'A person who remembers things that happened in the past does not have dementia' was answered correctly (false) by only 24.8–27% of the respondents in all groups. Older adults with normal cognition had higher KOD scores than those with MCI or dementia. In the normal-cognition group, KOD scores were higher among highly educated, younger, and literate women with no depression and a family history of dementia. In contrast with the determinants in the normal-cognition group, only the ability to read and write predicted KOD scores in the dementia group.

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Conclusions: Efforts to enhance KOD in elder adults are needed. Public education regarding the differences between dementia and healthy aging may increase KOD among normal elders and those with MCI. Among elders with dementia, educational materials that do not require literacy may be more helpful in increasing KOD with the aim of preventing treatment delay.

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1. Introduction

People have own explanatory theories to account for their symptoms and signs of disease, and these theories are usually based on knowledge of the disease, which is, in turn, derived from own experiences, their friends' comments, mass media, or information from professionals. Insufficient information regarding disease may result in insensibility of health status, and they may deny or ignore the possible benefits of seeking appropriate medical care (Chung, Chen, Peng, & Chi, 2015; Werner, 2003). In terms of dementia, members of the general public are often not able to recognize recent memory loss or naming difficulties as early symptoms of dementia because they are unfamiliar with the disease and mistakenly believe these symptoms to be part of the normal aging process; as a result, they may postpone seeking medical help (Cahill, Pierce, Werner, Darley, & Bobersky, 2015; Tsolaki, Paraskevi, Degleris, & Karamavrou, 2009). In a study of Korean and non-Korean elders, dementia patients typically delayed 3–4 years before seeking help, by which time memory decline was accompanied by other dementia symptoms (Watari & Gatz, 2004). Such delay in seeking medical help is related to poor knowledge of Alzheimer's disease (AD) symptoms (Werner, 2003).

Several studies have surveyed knowledge of dementia (KOD) among the general public, caregivers, and older adults (Arai, Arai, & Zarit, 2008; Ayalon & Arean, 2004; Brodaty, Thomson, Thompson, & Fine, 2005; McParland, Devine, Innes, & Gayle, 2012). These surveys have reported insufficient KOD among older adults, people with low levels of education, and ethnic minority groups. However, samples have tended to be small and non-representative or were based on younger people not at risk for dementia. In addition, no

study to date has explored the correlates of KOD in groups at high risk of dementia, who need medical care but have cognitive impairment that act as a barrier to dementia knowledge.

To identify the correlates of KOD, we distributed questionnaires to a representative sample of 6141 subjects who participated in a nationwide survey on the prevalence of dementia and mild cognitive impairment (MCI) in South Korea. Furthermore, we investigated these associations separately in normal healthy elders, elders with MCI, and elders with dementia.

2. Methods

2.1. Participants and sampling procedures

Our sample was based on a representative set of 6141 subjects who participated in the Nationwide Survey on the Prevalence of Dementia in Korean Elders (Seoul National University College of Medicine, 2008). The subjects who had a history of alcohol or drug addiction, neurological disease, head trauma, stroke, or any other physical illnesses that could affect cognitive functions were excluded. In addition, those who had visual or hearing difficulties that could interfere with the survey procedures were also excluded.

A representative nationwide sample of 8199 randomly selected Korean elders aged 65 years or older were invited to participate in the Phase I screening assessment using the Mini-Mental State Examination (MMSE), which was administered during a face-to-face home visit; 6141 subjects (response rate = 74.9%) responded positively to the invitation. The characteristics of the participants are presented in Table 1. Among the subjects who participated in

Table 1
Characteristics of participants.

Variable	Level	% (N = 6141)	KOD Scores ^a	SD	p-value [post-hoc]	Effect size [Cohen's <i>d</i> or η^2]
Age	(1) 65–69	32.2	9.0	1.79	<0.001 [(1)>(2)>(3), (4)>(5)]	0.031
	(2) 70–74	30.2	8.7	1.72		
	(3) 75–79	19.7	8.4	1.89		
	(4) 80–84	10.5	8.2	1.91		
	(5) Over 85	7.4	7.9	1.96		
Gender	Male	39.8	8.9	1.80	<0.001	0.23
	Female	60.2	8.5	1.85		
Education	(1) None	31.3	7.9	1.86	<0.001 [(1)<(2)<(3)]	0.088
	(2) 1–6 years	38.1	8.6	1.75		
	(3) Over 7 years	30.6	9.3	1.68		
Family history of dementia	No	92.8	8.6	1.83	<0.001	0.27
	Yes	7.2	9.1	1.77		
Literacy level	Literate	85.7	9.1	1.73	<0.001	0.55
	Illiterate	14.3	8.1	1.83		
Depression	No	72.4	8.7	1.84	<0.001	0.24
	Yes	27.6	8.3	1.77		
Living situation	Living with a partner	56.7	8.8	1.82	<0.001	0.28
	Living alone	43.3	8.3	1.83		
Dementia	No	96.1	8.6	1.84	>.05	0.09
	Yes	3.9	8.8	1.72		
Economic status	No public aid	90.1	8.6	1.83	<0.001	0.14
	Public aid	9.9	8.4	1.81		

^a Scores; Number of correct responses (maximum 14); SD = Standard deviation of the KOD scores.

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