

Common Sense Model Factors Affecting African Americans' Willingness to Consult a Healthcare Provider Regarding Symptoms of Mild Cognitive Impairment

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Objective: *Although at increased risk for developing dementia compared with white patients, older African Americans are diagnosed later in the course of dementia. Using the common sense model (CSM) of illness perception, we sought to clarify processes promoting timely diagnosis of mild cognitive impairment (MCI) for African American patients. Design, Setting, Participants:* *In-person, cross-sectional survey data were obtained from 187 African American (mean age: 60.44 years). Data were collected at social and health-focused community events in three southern Wisconsin cities. Measurements:* *The survey represented a compilation of published surveys querying CSM constructs focused on early detection of memory disorders, and willingness to discuss concerns about memory loss with healthcare providers. Derived CSM variables measuring perceived causes, consequences, and controllability of MCI were included in a structural equation model predicting the primary outcome: Willingness to discuss symptoms of MCI with a provider. Results:* *Two CSM factors influenced willingness to discuss symptoms of MCI with providers: Anticipation of beneficial consequences and perception of low harm associated with an MCI diagnosis predicted participants' willingness to discuss concerns about cognitive changes. No association was found between perceived controllability and causes of MCI, and willingness to discuss symptoms with providers. Conclusions:* *These data suggest that allaying concerns about the deleterious effects of a diagnosis, and raising awareness of potential benefits, could*

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Timely Diagnosis of MCI in African Americans

influence an African American patient's willingness to discuss symptoms of MCI with a provider. The findings offer guidance to designers of culturally congruent MCI education materials, and healthcare providers caring for older African Americans.

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Key Words: timely diagnosis, mild cognitive impairment, common sense model, health disparities, structural equation modeling

INTRODUCTION

Although nearly twice as likely to develop Alzheimer disease (AD) as older white Americans, older African Americans are less likely to receive specialized diagnostic evaluations, and are diagnosed later in the course of the illness.¹⁻⁵ The barriers to timely diagnosis encountered by African Americans are multifactorial, representing both cultural beliefs about aging and cognitive decline, as well as disparities in access to diagnostic service, treatment practices, and accuracy of screening methods.⁶

Recent publicly sponsored initiatives have been focused on improving the timely diagnosis of dementia (e.g., National Plan to Address Alzheimer disease, Early Detection of and Timely Intervention of Dementia). An emerging consensus, however, suggests that AD, the most common form of dementia, starts decades before the onset of symptoms.^{7,8} For this reason, it may be important to expand the scope of early detection efforts to include recognition of symptoms consistent with mild cognitive impairment (MCI), a condition representing an intermediate stage between cognitive health and dementia.⁹

According to Leventhal's common sense model¹⁰ (CSM), the decision to seek medical attention for a condition is influenced by one's personal understanding of the illness, which in turn is organized around a set of five cognitive constructs, including 1) illness identity, 2) timeline, 3) causes, 4) consequences, and 5) controllability. In previous work,¹¹ we examined the illness perception of MCI using the CSM. In a sample of predominantly white adults with MCI, illness identity was accurately portrayed as cognitive as opposed to physical and emotional in nature, and the timeline as chronic. Older adults with MCI felt their disease was controllable, and most reported the causes to be aging, genetics or heredity, abnormal brain changes, and

stress. Overall, for individuals already diagnosed with MCI, illness identity, perception of causes, timeline, and controllability were well-articulated. In contrast, the expected consequences of the illness were highly variable. Importantly, the extent to which illness perception facilitated recognition of MCI for these older adults was not investigated.

This project sought to clarify the process through which African Americans obtain a timely diagnosis of MCI by examining perceptions of the cognitive and behavioral symptoms of MCI in a sample of African Americans, using Leventhal's CSM to characterize beliefs about MCI. A structural equation model (SEM) approach was used to test the influence of African American patients' perceptions of causes, consequences (beneficial and harmful), and controllability of MCI on willingness to seek evaluation of symptoms. The CSM construct of causes refers to an individual's understanding of what leads to the development of MCI. We focused on a range of modifiable and fixed causes. Illness consequences describes one's perception of what will occur as a result of having the illness. In our project we queried participants' perception of both beneficial and harmful consequences associated with a diagnosis of MCI. The CSM construct of controllability refers to whether individuals perceive the occurrence of disease as controllable. We assessed the construct by referencing controllable and uncontrollable risk factors for MCI. Because we provided participants with a description of MCI, as well as its corresponding symptoms and course, the CSM constructs of illness identity (i.e., the understanding of how the illness is manifested), and timeline (i.e., the nature of the disease course) were not included in our model. We hypothesized that perceiving the causes of MCI as modifiable, the consequences as beneficial, and the illness itself as controllable would associate with a willingness to discuss symptoms with a healthcare provider.

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