Misconception about Dementia and its Effects on Treatment Seeking Tendency: A Study on Hong Kong Chinese

Elsie Yan, Florence Ho, Wai-Man Chan*, Ada Wong*, Schwinger Wong, Peter Lai, & Timothy Kwok

Jockey Club Center for Positive Ageing
Department of Health Elderly Health Service*
Dementia

• A progressive condition with community-wide impact (Gallo et al., 1991)

• Early diagnosis → medical, social, emotional and psychological benefits (Audit Commission, 2000). However, the disease remains under-detected (O’Connor et al., 1988).

• Attitudes of the patients and their family members may have important implications (Haley et al., 1992).
Objectives

It is the aim of the present study to investigate misconceptions about dementia in Hong Kong.

Objectives of the present study:

– To explore the prevalence of misconceptions about dementia
– To unearth factors predictive of such misconceptions, and
– To examine the effects of dementia related misconceptions on participants’ treatment seeking tendency
Method

• Participants
  – 1002 Hong Kong people (433 males and 569 females)
  – Response rate = 53.8%
  – Age ranged from 18 to 64
  – Most attained secondary level of education (58.7%) and near one third (28%) graduated from diploma or degree programs.
Method

• **Instruments**
  – Demographic variables - age, gender, education level, any demented relative
  – Perceived prevalence of dementia. Prevalence of dementia among elderly persons age 80 or above in Hong Kong.
  – Self-constructed items were used to assess participants’ Misconception about dementia and Treatment seeking tendency

• The Asia Pacific Research Centre was commissioned to conduct the present survey
Results

• 14% indicated that they had close relatives affected by dementia at the time of the study.

• Misconceptions about Dementia
  – 91% endorsed at least one misconception about dementia, and 37% endorsed three or more.
  – Participants who had demented relatives reported significantly fewer misconceptions then those who didn’t (t=2.381, p<.05).
Results

• Misconceptions about Dementia
  – Participants who had demented relatives were more likely to identify “forgetting breakfast” (Chi square = 11.52 p<.001) and “having difficulty managing financial transactions” (Chi square = 6.92 p<.01) as early symptoms of dementia
Only affects elderly

"forgetting breakfast" not an early symptom*

"Forget simple expressions" not an early symptom

"difficulty handling transactions" not an early symptom*
# Misconceptions about Dementia

<table>
<thead>
<tr>
<th>Misconception</th>
<th>Predictor</th>
<th>Odds Ratio</th>
<th>95% C.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same as insanity / mental illness</td>
<td>Male Gender</td>
<td>1.74</td>
<td>1.04 / 2.90</td>
</tr>
<tr>
<td>Same as depression</td>
<td>Higher Education Level</td>
<td>.73</td>
<td>.59 / .90</td>
</tr>
<tr>
<td>Only elderly persons are affected</td>
<td>Older Age</td>
<td>1.36</td>
<td>1.21 / 1.52</td>
</tr>
<tr>
<td>“Being able to remember what happened 20 years ago, yet forget what one had for breakfast” is not an early symptom</td>
<td>Male Gender</td>
<td>1.83</td>
<td>1.33 / 2.51</td>
</tr>
<tr>
<td></td>
<td>Demented Relative</td>
<td>.400</td>
<td>.23 / .70</td>
</tr>
<tr>
<td>“Forget simple expressions” is not an early symptom</td>
<td>Older Age</td>
<td>.81</td>
<td>.72 / .90</td>
</tr>
<tr>
<td>“Have difficulty handling financial transactions” is not an early symptom</td>
<td>Older Age</td>
<td>.73</td>
<td>.65 / .81</td>
</tr>
<tr>
<td></td>
<td>Demented Relative</td>
<td>.57</td>
<td>.36 / .90</td>
</tr>
</tbody>
</table>

Logistic Regression: age, gender, education level and whether or not participants had demented relatives as predictors.
Results

- Treatment Seeking Tendency
  - 13.3% would not seek treatment anyone of the depicted situations
  - 39.7% would seek treatment in only one of the depicted situations
  - No difference observed between participants who had demented relatives and those who didn’t (p>.05)
Seeking Medical Treatment in Anyone of the Scenarios

<table>
<thead>
<tr>
<th>Scenario</th>
<th>With Demented Relatives (N = 141)</th>
<th>Without Demented Relatives (N = 851)</th>
<th>Total (N = 1002)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excreting everywhere</td>
<td>76.6%</td>
<td>71.2%</td>
<td>71.8%</td>
</tr>
<tr>
<td>Being able to remember what happened 20 years ago, yet forget what one had for breakfast</td>
<td>51.1%</td>
<td>46.3%</td>
<td>47.0%</td>
</tr>
<tr>
<td>Have difficulty handling financial transactions</td>
<td>50.4%</td>
<td>43.4%</td>
<td>44.3%</td>
</tr>
<tr>
<td>Forget simple expressions</td>
<td>41.1%</td>
<td>37.0%</td>
<td>37.6%</td>
</tr>
<tr>
<td>Seek treatment in any of the above situations</td>
<td>28.4%</td>
<td>21.4%</td>
<td>22.3%</td>
</tr>
<tr>
<td>Seek treatment in none of the above situations</td>
<td>9.2%</td>
<td>14.0%</td>
<td>13.3%</td>
</tr>
</tbody>
</table>
Results

- Treatment Seeking Tendency
  - Logistic Regression: perceived prevalence and misconceptions about dementia as predictors
  - Seeking treatment in any one of the depicted scenarios is predicted by participants’ misconceptions about dementia (OR = .71, 95% CI .62 & .80)
Discussion

• Implications
  – Public education programs aiming at increasing the general public’s awareness of the early symptoms of dementia should be launched
  – Such programs, in particular, should address the male population, and individuals who don’t have any relatives affected by dementia
Discussion

• Limitations
  – Low response rate → respondents who participated in the present study may differ systematically from those who didn’t
  – Self constructed items → validity and reliability
  – Implication of cultural factors
  – Further studies should explore other significant factors not included in this study
Thank You 😊

End of Presentation