Dementia-related stigma, knowledge, and willingness to undergo cognitive screening among older adults

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Introduction

- Screening for dementia such as Alzheimer's Disease may be most beneficial at the earliest detectable stages of disease presentation,
- There is no definitive recommendation for routine cognitive impairment screening and dementia remains underdiagnosed.
- Identifying perceptions of cognitive screening, stigmatized beliefs, and misconceptions about dementia could help create interventions that promote early screening and diagnosis
- We examined the extent to which attitudes, beliefs, and knowledge about cognitive screening and dementia predict willingness to undergo screening and subsequent screening

Methods

- **Recruitment:** 295 participants were recruited through mailings, emails to voter registration lists, flyers, and community health events.
- **Design:** Participants ≥60 years without prior diagnosis of dementia completed the following measures online:
  - **The Perceptions Regarding Investigational Screening for Memory in Primary Care (PRISM- PC)** questionnaire: assesses participants' perceived harms or benefits of cognitive screening (Boustani et al. 2008). Five subscale include: dementia screening acceptance, perceived benefits of dementia screening, perceived negative impact on independence, stigma toward dementia, and perceived suffering.
  - **Alzheimer's Disease Knowledge Scale (ADKS)**: assesses participants' knowledge of dementia (Carpenter et al. 2009).
- Following these surveys, participants are invited to receive the **Montreal Cognitive Assessment (MoCA)** (Nasreddine et al., 2005) in person in a university research laboratory.
  - The MoCA evaluates multiple cognitive elements that, when numerically scored, are indicative of an individual's current cognitive state.

Table 1

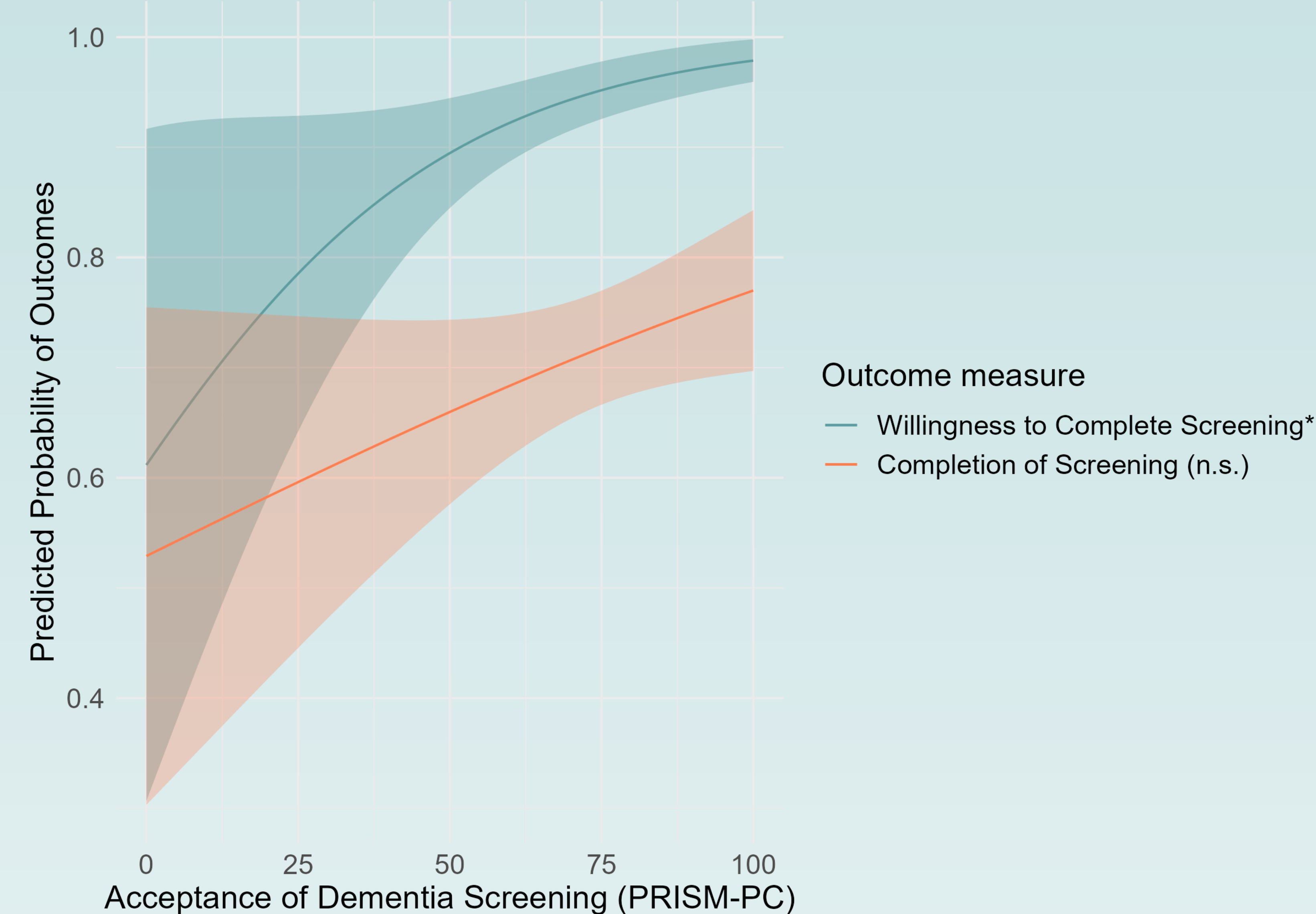
Sociodemographic Characteristics of Participants

Sample Characteristics	*n*	%
Gender		
Men	156	53
Women	139	47
Ethnicity		
Non-Hispanic/Latino	270	92
Hispanic/Latino	25	8
Race		
White/Caucasian	258	87
Black/African American	18	6
Other	10	3
Asian	6	2
Biracial	2	1
Native American	1	<1
Education		
Less than a Bachelor's degree	89	30
College Graduate (BA/BS)	65	22
Higher than a Bachelor's degree	141	48

Note. n = 925. Participants were on average 69.6 years old (SD= 6.67)

Results

- Confirmatory factor analysis verified the previously reported factor structure of the PRISM-PC screening acceptance scale, CFI = .095, robust RMSEA = 0.57 (Boustani et al., 2008).
- Logistic regression analysis revealed that the screening acceptance scale of the PRISM-PC significantly predicted reported willingness to undergo screening but not the pursuit of screening.



- Other PRISM-PC subscales (perceived benefits of dementia screening, stigma of dementia screening, suffering from dementia screening, and impact of dementia screening on patient's independence) and the ADKS did not predict willingness or pursuit of screening.
- While most participants (94%) were willing to undergo screening, significantly fewer (69%) completed screening within the study.

Discussion

- Stigmatized attitudes, knowledge about dementia, and perceived benefits and harms of screening do not appear to influence individuals' screening behavior or willingness to be screened.
- The acceptance of screening PRISM-PC subscale predicts willingness to undergo screening, but not subsequent screening behavior.
- The factors that predict the pursuit of cognitive screening require further investigation.
- Moving forward, we aim to increase recruitment of racial and ethnic minorities to analyze whether there is a moderating effect of racial/ethnic minority status on the relationships between stigma, knowledge, and willingness to be screened,
- We also aim to determine whether these factors influence help-seeking behavior (seeking a physician evaluation) after screening positive for possible MCI/dementia.

Acknowledgements

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