Knowledge of Dementia Among Vietnamese American Immigrants

Article in Press: Accepted Manuscript

Peter T. Nguyen, Natalie Nguyen, Kelly Vo, Sophia Ho, Jan Nguyen and Benjamin K.P. Woo

No Disclosures to Report. All authors have approved this final article.

Dementia and age-related diseases are gaining national attention as more people advance in age and longevity. The number of people in the United States with Alzheimer's associated dementia is projected to nearly triple from 4.7 million in 2010 to 13.8 million in 2050 (Hebert et al., 2013). However, primary care providers may fail to diagnose up to half of all the possible cases of dementia (Connolly et al., 2011). This disconnection demonstrates a great challenge for health care since dementia is a disease of insidious cognitive decline that lowers the patient quality of life and independence requiring greater dependence on caretakers (Xiao et al., 2015). Several studies have shown that knowledge about dementia among Asian American is greatly lacking (Ho and Woo, 2013) with strong misconceptions on what constitutes as early symptoms of dementia (Woo, 2013). A lack of dementia knowledge can limit the patient from seeking appropriate care. Patients who have greater knowledge of dementia symptoms correlates to more help-seeking behavior such as counseling and health care services (Werner, 2003; Low and Anstey, 2009).

There is strong resistance towards acknowledging dementia as a pathological disease rather than a natural process due to the negative stigma and attitude of avoidance in the Vietnamese culture (Ng., 1997). It has been shown that improved knowledge on the life impact of dementia is positively correlated with improved attitudes about home care and early detection (Ludecke et al., 2015). However, current literature on the Vietnamese American knowledge of dementia is very limited which prevents a full assessment of disease impact on this population. This is a pilot study using survey questionnaires to assess the knowledge and misconception currently existing among the Vietnamese American immigrants in California. The information obtained from this study will be used to build a foundation for future public health and education programs targeting at-risk Asian American communities.

Vietnamese American participants were recruited from various community health fairs in Orange County. There were 102 participants that qualified for the study based on the following inclusion criteria: 1) literacy in Vietnamese or English, 2) can complete a survey questionnaire in either
Vietnamese or English, 3) age greater than 18 years, and 4) born in Vietnam. This survey was translated from English to Vietnamese and pilot-tested among a small cohort of bilingual Vietnamese speakers of various ages to confirm adequate translation. The self-administered survey consisted of two sections: 1) a binomial set of 11 questions to obtain a baseline of dementia knowledge and 2) demographic questions addressing age, gender, education, birth country, years living in the United States and family history of dementia. The content of the questionnaire was based on surveys from literature assessing dementia knowledge (Arai et al., 2002; Woo, 2012). This study protocol has been approved by the University of California, Los Angeles.

In the sample size of 102 respondents, 37 (36.3%) participants were male and 65 (63.7%) were female. The mean age was 50.56 years old, 76% completed high school, 56% had some post-secondary education, and 34% completed a bachelor's or associate's degree. The average length of time in the United States was 23.14 years with standard deviation of 10.20 years. The total mean score on the exam was 7.17 (71.7%) with a 1.9 standard deviation out of a possible 11 questions (Table 1).

Table 1
Survey questions with the correct answers and patient responses.

<table>
<thead>
<tr>
<th>Category</th>
<th>Question</th>
<th>True/False</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>Dementia is forgetfulness due to aging; everyone will have dementia with advancing age</td>
<td>F</td>
<td>48</td>
<td>47.0</td>
</tr>
<tr>
<td>General</td>
<td>Dementia is a disease affecting the brain. Not everyone will suffer from dementia.</td>
<td>T</td>
<td>81</td>
<td>79.4</td>
</tr>
<tr>
<td>General</td>
<td>Risk from dementia increase with age.</td>
<td>T</td>
<td>90</td>
<td>88.2</td>
</tr>
<tr>
<td>General</td>
<td>Senescence forgetfulness progresses with advancing age, resulting in patients being unable to recognize their families.</td>
<td>F</td>
<td>31</td>
<td>30.3</td>
</tr>
<tr>
<td>Symptom</td>
<td>Dementia is defined as a reduction of cognitive abilities including understanding, judgment, and memory loss.</td>
<td>T</td>
<td>89</td>
<td>87.2</td>
</tr>
<tr>
<td>Treatment</td>
<td>Some types of dementia are treatable.</td>
<td>T</td>
<td>81</td>
<td>79.4</td>
</tr>
<tr>
<td>Symptom</td>
<td>People suffering from dementia become unable to perform familiar tasks all at once.</td>
<td>F</td>
<td>25</td>
<td>24.5</td>
</tr>
<tr>
<td>Symptom</td>
<td>People suffering from dementia become unable to recognize time, place, and person, all at once.</td>
<td>F</td>
<td>41</td>
<td>40.1</td>
</tr>
<tr>
<td>Cause</td>
<td>Some types of dementia are caused by cerebrovascular disease.</td>
<td>T</td>
<td>66</td>
<td>64.7</td>
</tr>
</tbody>
</table>
Some types of dementia are hereditary. T 52 50.9

Dementia shortens life expectancy after onset. T 58 56.8

n= number of respondents who answered correctly.

The Vietnamese American community recognizes the definition of dementia (question 5 = 87.2%) but have an incorrect dismissal of pathologic forgetfulness as a part of normal aging (question 4 = 30.3%). This is particularly critical to the study because most diagnoses of dementia are brought to a physician's attention due to the concern of the family member. It is clear that the community more readily recognizes the sudden loss of cognitive ability as with delirium rather than the slow decline associated with dementia (question 7 = 24.5%, question 8 = 40%). Instead of misconceptions previously hypothesized, this community understand that dementia is a treatable biological process. It is possible that the community is dismissing pathological decline as the regular and natural part of aging that is unavoidable. This determination is important for the prompt recognition and subsequent timely evaluation by a healthcare provider to minimize diminished quality of life among the first generation Vietnamese dementia population.

Further research is warranted to determine if education or community outreach programs would be effective in increasing the literacy and encouraging discussions of dementia, and if an increase in literacy would lead to a greater number of patients that seek dementia evaluation and treatment.

The authors greatly appreciate Steven Lam, DO., and Sebastien Fuchs, MD., PhD., at Western University, Paul Hoang CSW at Viet Care. Mark Nguyen, PhD., Audrey Tran at the Vietnamese Community Health (VCH) at UCLA, Nancy Nguyen and Ngan Cao at Western University Vietnamese Student Association (WVSA) Lastly, the Vietnamese division of the Orange County Alzheimer's Association and the Nhan Hoa Clinic.

1 Uncited references


References


Cross Ref (http://dx.doi.org/10.1002/gps.1037)

Cross Ref (http://dx.doi.org/10.1093/geront/39.4.457)

Cross Ref (http://dx.doi.org/10.1080/13607863.2011.596805)

Cross Ref (http://dx.doi.org/10.1212/WNL.0b013e31828726f5)

Cross Ref (http://dx.doi.org/10.1111/jgs.12194)


Cross Ref (http://dx.doi.org/10.3109/00048679709073848)

Cross Ref (http://dx.doi.org/10.1177/1533317512438224)

Cross Ref (http://dx.doi.org/10.1002/gps.1011)

Cross Ref (http://dx.doi.org/10.1016/j.ajp.2013.03.010)
