

Ethnic elderly with dementia

Overcoming the cultural barriers to their care

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Dementia is common among the elderly, regardless of their ethnic background.¹ Ethnic elderly, however, are less likely than non-ethnic elderly to have access to formal comprehensive diagnostic and treatment-and-management resources for dementia care, owing to a variety of social and cultural factors.


Practitioners and health care workers face several barriers when giving ethnic elderly cognitive assessments.

Tables 1 and 2 explain these barriers and provide steps to overcome them.

Literature search

The MEDLINE, CINAHL, Scopus, and PsycINFO databases were searched from 1985 to 2006. The following key words were used: *ethnic elderly, dementia, perceptions, service needs, and caregiving*. Articles were limited to English-language literature.

Conclusion

Ethnic elderly with dementia have unique issues with regards to diagnosis and management. Health care professionals should be aware of these patients' needs and use the mentioned suggestions for the care of their demented ethnic elderly patients. 

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Competing interests

None declared

References

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| ISSUE | EXPLANATION | ACTION |
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| Language barriers and low education can lead to diagnostic errors | Low education among ethnic elderly can result in inappropriate responses from these patients due to educational misinterpretation as opposed to cognitive dysfunction ² | Health professionals should identify the first language, including the dialect, used by the patient and caregiver |
| | When untrained translators are used, there is a possibility of translator bias, poor understanding of terminology, and inaccurate paraphrasing ³ | Access appropriately trained translators |
| | Studies have shown diagnosis is difficult among ethnic groups, even after accounting for age and education; health care professionals should be aware that measures of cognitive testing, such as the Mini-Mental State Examination, can often overestimate cognitive impairment in many cultural and linguistic groups ⁴ | The Mini-Mental State Examination is available in different languages, thus the appropriate language should be used, with the help of language interpreters, when assessing ethnic patients |
| Cultural beliefs about dementia are a barrier to its acceptance and diagnosis | Dementia or memory changes are considered among various cultures to be a normal part of aging ⁵ | In-depth discussion about dementia is required in order for it to be recognized and accepted; to achieve this goal, it is important to identify the primary caregiver and decision maker in the family |
| | Some ethnic families often avoid sharing members' cognitive disturbances and behavioural problems with outsiders, including health care professionals; these families view dementia as taboo and fear it will bring shame to their families ⁶ | |

Table 2. Cultural issues related to management

| ISSUE | EXPLANATION | ACTION |
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| Most of the care of ethnic elderly patients with dementia is given by their families and informal caregivers | Lack of knowledge about dementia assessment centres (geriatric and psychiatry assessment clinics) and formal care services | Promoting awareness and education of specific services is a crucial aspect of health services utilization ⁵ |
| | Awareness of specific services is an important aspect of dementia health services utilization; ethnic caregivers are often less knowledgeable about dementia assessment centres and formal care services for demented patients | Increase public awareness about dementia and mental disorders among ethnic elderly and their family caregivers by providing a forum or group where issues of dementia, caregiving, and diversity (eg, dementia information sessions for caregivers) can be discussed in community-based locations Provide culturally sensitive, relevant materials about dementia written in their language |
| Complementary and alternative medicine | Use of complementary and alternative medications or culturally specific home remedies for memory problems is not uncommon among ethnic elderly | Inform patients that complementary and alternative medicines are not harmless medications and discuss the benefits and risks of these medications (eg, <i>Ginkgo biloba</i>) |
| Caregivers' attitudes | Some ethnic caregivers are reluctant to admit to the stress of caregiving; there are cultural implications to not accepting the caregiver role | In order to provide effective dementia care for ethnic elderly, physicians need to earn the trust of patients and their families ⁷ |
| | Many ethnic caregivers are reluctant to use formal support services, including home care services, respite programs, or day programs | Culturally appropriate dementia care services should be provided by multilingual or bilingual and minority health care workers |
| | Cultural obligations of these caregivers lead to underutilization of long-term care services among some ethnic groups | |

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