



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

“A study to assess the knowledge regarding Dementia among adults attending OPD in a selected hospital at Meerut” with a view to develop an informational booklet”

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CHAPTER-1 INTRODUCTION

Tomorrow's elderly people are today's adult and Yesterday's children. Adulthood is a unique phase of human development. Adults are the important feature of every society and also a great resource of a nation. Life expectancy has gone up from 20 years at the beginning of the 20th century to 62 years today. India has a large segment of older people in the population. This segment is growing fast with the rapid increase of the grey population in India.

Indian aged population is currently the second largest in the world. By 2020, the countries with the largest elderly population in the world, will be in, China 230 million, India 142 million, Indonesia 29 million, Brazil 27 million, and Pakistan 18 million. In India, more than 4 million people are estimated to be suffering from Alzheimer's and other forms of dementia, giving the country the third highest caseload in the world, after China and the US. India's dementia and Alzheimer's burden is forecast to reach almost 7.5 million by the end of 2030.

Dementia is a syndrome in which there is deterioration in memory, thinking, behaviour and the ability to perform everyday activities. The most common cause of dementia is Alzheimer's disease. It is a degenerative disease. Dementia is caused by other diseases and conditions as well. It hampers the cognitive skills of an individual such as- decline in memory, language and problem solving skills which ultimately diminishes the ability to perform daily activities. Although dementia mainly affects older people, it is not a normal part of ageing. year. Alzheimer disease is the most common form of dementia and may contribute to

60–70% of cases. Dementia is one of the major causes of disability and dependency among older people worldwide. Dementia has a physical, psychological, social, and economic impact, not only on people with dementia, but also on their careers, families and society at large.

1.1.BACKGROUND OF THE STUDY

Worldwide, around 50 million people have dementia, with nearly 60% living in low- and middle-income countries. Every year, there are nearly 10 million new cases. The estimated proportion of the general population aged 60 and over with dementia at a given time is between 5-8%. The total number of people with dementia is projected to reach 82 million in 2030 and 152 in 2050. Much of this increase is attributable to the rising numbers of people with dementia living in low- and middle-income countries

Although age is the strongest known risk factor for dementia, it is not an inevitable consequence of ageing. Further, dementia does not exclusively affect older people – young onset dementia (defined as the onset of symptoms before the age of 65 years) accounts for up to 9% of cases. Studies show that people can reduce their risk of dementia by getting regular exercise, not smoking, avoiding harmful use of alcohol, controlling their weight, eating a healthy diet, and maintaining healthy blood pressure, cholesterol and blood sugar levels. Additional risk factors include depression, low educational attainment, social isolation, and cognitive inactivity

Increasing stroke prevalence and incidence has led to the expectation that stroke dementia will be higher in India. Recently, a prospective community study from East India documented PR of post-stroke dementia at 13.88% (95% CI: 9.91-18.90%). The prevalence was higher than the rate calculated from a meta-analysis of the studies on stroke dementia worldwide (overall rate 7.4%; 95% CI: 4.8-10.0%). Higher rate in the above study may be due to inclusion of pre-stroke dementia subjects. In a clinic-based study from South India, the pattern of vascular damage and underlying vascular risk factors were documented among subjects with vascular dementia (VaD). Out of the different patterns, subcortical, cortical-subcortical, strategic infarcts, and cortical dementia were documented in 52.4%, 26.2%, 14.3%, and 7.1% of cases, respectively.

Growing evidence also implicates midlife hypertension and midlife high Cholesterol as risk factors. Conversely, factors that protect the heart may also protect the brain and reduce the risk of developing Alzheimer's and other dementias. Unlike genetic risk factors, many cardiovascular disease risk factors are modifiable that is, they can be changed to decrease the likelihood of developing cardiovascular disease and, possibly, Alzheimer's and other forms of dementia. . According to the cognitive reserve hypothesis, having more years of education increases the connections between neurons in the brain and enables the brain to

compensate for the early brain changes of Alzheimer's by using alternate routes of neuron-to-neuron communication to complete a cognitive task.

Early-onset Alzheimer's is an uncommon form of dementia that strikes people younger than age 65. Early onset dementia often affects people as young as those in their 40s and 50s. People with younger-onset dementia can face challenges that are different from those with a late onset diagnosis. Often, these subtle signs are initially ignored or attributed to family stress, the busyness of life, or depression. Because the onset is gradual, it's not always recognized right away—and if so, it might not be identified as having a specific cause such as a disease. However, early detection of cognitive impairment can help determine the cause and trigger earlier treatment.

According to the report of the American Academy of Neurology (AAN). A "little dementia" is always how it starts. Early diagnosis is beneficial for several reasons. Having an early diagnosis and starting treatment in the early stages of the disease can help to preserve function for months to years..However, as the disease goes on, symptoms are more easily noticed and become serious enough to cause people with AD or their family members to seek medical help.

CONCEPTUAL FRAMEWORK

Conceptualization is a process of forming ideas, designs and plans.

Polit and Hungler describes Conceptual framework as a group of mental images of concepts are related but the relationship is not explicit. The Conceptual framework provides a foundation for suggestions for relationship among variables.¹⁹

The conceptual framework adopted for this study was modified form of Jean Watson's Human Caring Theory of Nursing process(1985).²⁰

According to Watson, Caring is a nursing term representing the factors, which the nurses use to deliver health care to patients. The theorist states that by responding to others as unique individuals, the caring person (nurse) perceives the feeling of the other (adult) and recognize the uniqueness of other.

The concepts used from this theory are

- a. Developing a helping trustrelationship
- b. Promoting expression of positive and negativefeelings.
- c. Allowing for existing phenomenologicalforces.
- d. Nurse's action.

a. The first concept of this modified theory is developing a helping trust relationship

Here the investigator goes into the community establishes a trust relationship with the adult members by introducing self, including trust and empathy, facilitating unlocking self, developing rapport gaining co-operation and confidence.

b. The second concept of this modified theory is promoting the Expression of positive and negativefeelings

Here the investigator's unveils the adults knowledge on Alzheimer disease by using a structured interview schedule.

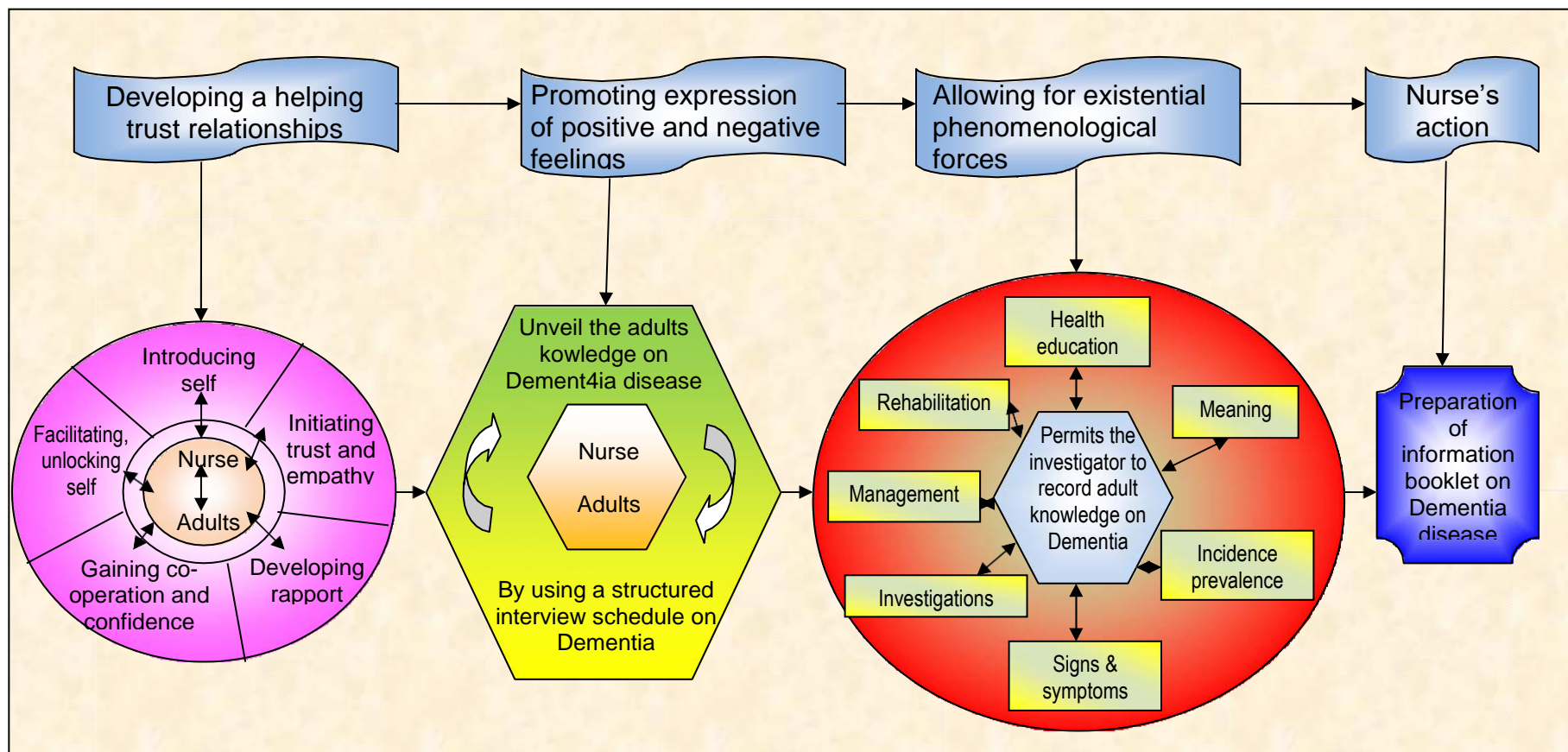
c. The third concept of this modified theory is allowed for existential phenomenological force.

Here it permits the investigator to record adult knowledge on Alzheimer's disease on meaning, incidence and prevalence, signs and symptoms, investigation management rehabilitation and health education.

d. The fourth of this modified theory is nurse'saction.

Here investigator prepares an information booklet on Alzheimer's diseases based on the needs of the adults.





1.3 PROBLEM STATEMENT:

A study“ to assess the knowledge regarding Dementia among adults attending OPD in a selected hospital at Meerut” with a view to develop an informational booklet”.

1.4 OBJECTIVES OF THE STUDY ARE:

1. To assess the level of knowledge regarding dementia among adults.
2. To determine the association between knowledge level of adults with their selected sociodemographic variables
- 3.To prepare an information booklet on dementia

1.5 OPERATIONAL DEFINITIONS:

Assess- Assessment refers to the process of documenting the knowledge on warning signs, risk factors and preventive aspects of dementia.

Knowledge: It refers to number of correct responds received from adults regarding dementia.

Dementia: Refers to a progressive brain dysfunction which results in a serious loss of cognitive ability in a previously unimpaired person, beyond what might be expected from normal agingand restriction of daily activities

Informational booklet: refer to an organized material which include information regarding dementia

1.6 HYPOTHESIS:

H1:There will be a significant association between knowledge score and selected socio demographic variable

1.7 DELIMITATION:

- Study is delimited only to adults who are available at the time of data collection
- Study is delimited to sample size of 50

1.8 ASSUMPTION

It is assumed that adults may have inadequate knowledge regarding Dementia.

CHAPTER- 2

REVIEW OF LITERATURE

- Review of literature is one of the most important steps in the research process. It is an account of what is already known about a particular phenomenon. It is a piece of what is discursive prose. And not a list describing or summarizing one piece of literature after another.
- Review of literature involves “the selection of available documents on the topic, which contain information , ideas, data and evidence written from a particular stand point to fulfill certain aims or express certain views on the nature of the topic and how it is to be investigated and the effective evaluation of these documents in relation to the research being proposed.”
- Reviews has been organized and presented under the following headings

1.LITERATURE RELATED TO PUBLIC KNOWLEDGE ON DEMENTIA

2.LITERATURERELATED TO PREVALANCE AND RISK FACTORS OF DEMENTIA

1.LITERATURE RELATED TO PUBLIC KNOWLEDGE ON DEMENTIA

1. (Lüdecke, von demKnesebeck and Kofahl) conducted a survey on public knowledge about dementia among 1795 persons aged between 18–79 years. The survey was conducted based on several questions and almost 1795 persons .This study result shows that respondents were asked about their knowledge and attitudes about dementia. Knowledge about cause, prevention, diagnosis, treatment and life impact of dementia was characterized by a relatively high uncertainty. People with care experiences and people from higher status groups knew more about dementia. People with more knowledge were less likely to believe that dementia patients have a high quality of life, but tend to be less skeptical about early detection of dementia. It was concluded that to increase knowledge, reduce uncerinty and modify attitudes towards dementia and those who were afflicted, educational programs and contac should be considerd
2. (Ben J Smith, Suha Ali and Henry Quach) conducted a survey on public knowledge and beliefs about dementia risk reduction. The study intended to investigate whether Australian adults recognized Alzheimer’s disease and other forms of dementia as an important health issue, and hold beliefs and knowledge that are consistent with recommendations concerning dementia risk reduction. A cross-sectional telephone survey was undertaken of 1,003 Australians aged 20–75 years. The survey measured the importance placed on dementia, beliefs and confidence related to risk reduction, knowledge of risk reduction methods, and the perceived age-relevance of these. The result

of this survey showed that people aged 60 years and over identified dementia as very important (17.2%) more often than those aged 40–59 years (5.1%) or 20–39 years (2.1%). While 41.5% of respondents believed the risk of dementia could be reduced, 26.9% were very confident that they could achieve this. Mental activity (57.1%) was identified as beneficial much more often than physical activity (31.3%), healthy eating (23.3%) and other cardiovascular health behaviours. The survey concluded that growing attention was given to population risk reduction to combat the dramatic increase in the burden of disease due to dementia.

3. (Luthra V), conducted a research on knowledge of dementia among South Asian (Indian) older people in Manchester, UK. The aim of this study was to examine knowledge of dementia in South Asian older people, as compared with Caucasian older people. This study was conducted by Dementia Knowledge Questionnaire. The result of this survey showed that one hundred and ninety-one DKQs from Indian and 55 DKQs from Caucasian (white UK/Irish/European) older people were included in the analyses. The knowledge of dementia was poor in both Indian and Caucasian older people.

2. LITERATURE RELATED TO PREVALANCE AND RISK FACTORS OF DEMENTIA

4. A systematic review was conducted to clarify the relationship between alcohol use and dementia, a scoping review based on a systematic search of systematic reviews published from January 2000 to October 2017 by using Medline, Embase, and PsycINFO. Overall, 28 systematic reviews were identified: 20 on the associations between the level of alcohol use and the incidence of cognitive impairment/dementia, six on the associations between dimensions of alcohol use and specific brain functions, and two on induced dementias. Although causality could not be established, light to moderate alcohol use in middle to late adulthood was associated with a decreased risk of cognitive impairment and dementia. Heavy alcohol use was associated with changes in brain structures, cognitive impairments, and an increased risk of all types of dementia.

2. (Lushsinger J A, Mayeux R, Reitz C) A longitudinal community based study was conducted to develop a simple summary risk score for prediction of Alzheimer's disease in elderly persons based on their vascular risk profile. The sample size was 1551 medicare recipients aged 65 years or older and residing in New York and who were free of dementia or cognitive impairment. Risk factors contributing to the risk score were age, sex, education, ethnicity, history of diabetes, hypertension or smoking, high protein lipoprotein levels etc. The researchers concluded that vascular risk scores could be a valuable tool to identify elderly individuals who might be at risk for Alzheimer's disease

3. A pre experimental research of one group pretest and posttest with an evaluative approach was conducted in Mangalore. A total of 50 family members of elderly who met the inclusion criteria were selected through purposive sampling technique. The researcher developed a planned teaching program on Alzheimer's disease, and structured knowledge questionnaire on Alzheimer's disease was used to collect the data. Descriptive and inferential statistics was used to analyze the data. Significance of difference between pretest and posttest was statistically tested using paired "t" test and it was found very highly significant ($t = 40.85$, $P < 0.05$). Majority

of the variables showed no significant association between pretest and posttest knowledge score and .The findings revealed that the planned teaching program is an effective strategy for improving the knowledge of the subjects.

CHAPTER III

RESEARCH METHODOLOGY

Methodology of research organizes all the components of study in a way that is most likely to lead to valid answers to the problem that have been posted (**Burns and Groove 2008**).

This chapter describes about the methods and approaches used in assessing the information's of dementia among adults .The research methodology indicates the general pattern or organizing the procedure for getting the valid and reliable data for the purpose of investigations.

The selection of the research method is the important step in research, as it is the framework of conducting the study. It guides the research as to what data to collect and how to use the data collected ton answer the researcher's questions.

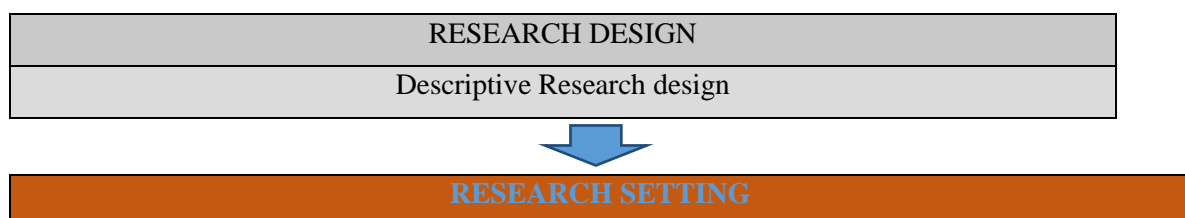
RESEARCH APPROACH:

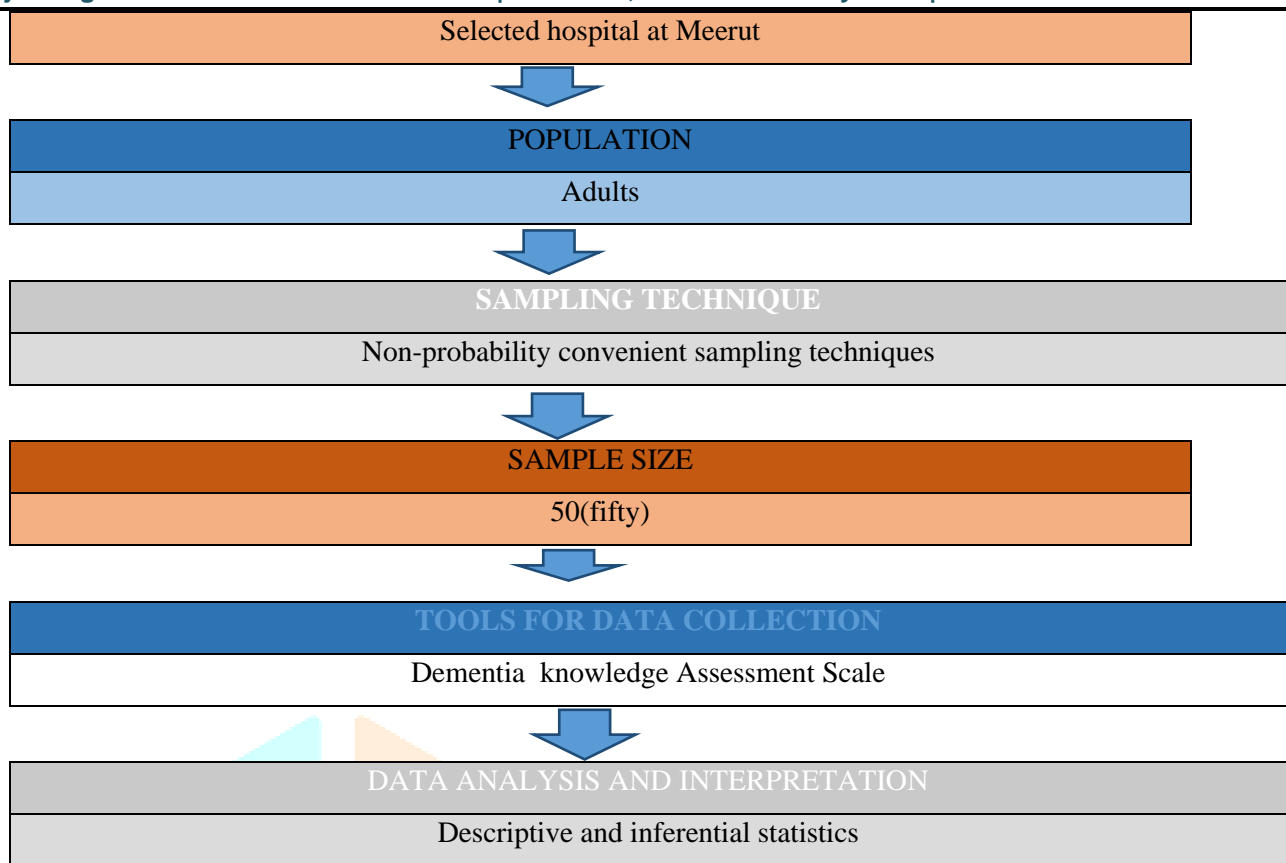
The selection of research approach is a basic procedure for conducting the research study. In view of the nature of the problem selected for the study and objective to be accomplishing a descriptive approach was adopted for the study.

RESEARCH DESIGN:

The term research design refers to the plan of the scientific investigation. Research design helps the researcher in the selection of subjects identified of variables, their manipulation and control, observation of be made and type of statistical analysis to interpret the data. The overall plan for addressing a research questions include specifications for enhancing the integrity of the study (**Polit and Hungler1999**)

Fig-3.1: SCHEMATIC REPRESENTATION OF RESEARCH DESIG





VARIABLES

Research variable

Knowledge on Dementia

Demographic variable

In this study demographic variable are sex, age, qualification, type of family, place of residence, previous knowledge, family member suffering from dementia.

SETTING OF THE STUDY

Setting is the physical location and condition in which data collection takes place (**Pilot and Hungler 1999**)

The study was conducted CSSH at Meerut

POPULATION

The entire set of individuals or objects having the same common characteristics

(**Pilot and Hungler 1999**)

In this study the target population were adults age of 30-50 years attending OPD in a CSSH at Meerut

SAMPLE:

According to **Pilot and Hungler (1999)** sample is a subject of a population selected to participate in a research study. It is a position of the population which represents the entire population

SAMPLING TECHNIQUE:

Selection of the more readily available persons as participants in a study is called as convenient sampling **(Pilot and Hungler 1999)**

Non-probability convenient sampling techniques were used to collect the samples who were fulfilling the inclusion criteria

SAMPLE SIZE:

Sample size included in the study were 50

CRITERIA FOR SAMPLE SELECTION

1.Inclusion Criteria:

- sample who can read,write and speak English and Hindi.
- samples those were available during the study
- samples who were wiling to participate

2.Exclusion Criteria: Adults younger than 30 and older than 50

DATA COLLECTION PROCEDURE

After obtaining permission from the concerned authority, the study was conducted in CSSH hospital at Meerut. Data collection was done on 7/8/2019. The samples were ensured about confidentiality. Adults were gathered in a room. After explaining the purpose of study the written consent obtained from each sample. Based on the inclusion criteria 50 samples were selected by using non-probability convenient sampling technique. Data was collected by using the demographic tool and DKAS. The researcher clarified the doubts which the subject asked in between and the relevant data were collected. Each sample took 15 to 20 minutes to fill the relevant data. Scoring and grading was done according to the score. The samples were well cooperated and given relevant information. The collected data was tabulated and analysed using descriptive statistics.

DATA COLLECTION TOOLS:

SECTION A – demographic profile sheet (age ,gender ,qualification ,type of family, place of residence ,previous knowledge about dementia ? where from you get the knowledge

SECTION B-dementia knowledge assessment scale

SUMMARY

The present study dealt with the methodology adopted for the present study. It includes the research approach, the research design,

Setting of the study, population, sample, and sample technique, sample criteria development and description of tool and scoring procedure.

CHAPTER -IV

DATA ANALYSIS AND INTERPRETATION

This analysis is “a process of organizing and synthesizing data in such a way that research question can be answered and hypothesis tested” (Polit and Hungler,1999).

STATEMENT OF THE PROBLEM:

“ A study to assess the knowledge regarding Dementia among adults attending OPD in a selected hospital at Meerut” with a view to develop an informational booklet”

OBJECTIVES:

1. To assess the level of knowledge regarding dementia among adults.
2. To determine the association between knowledge level of adults with their selected socio demographic variables.
3. To prepare an informational booklet on dementia.

PRESENTATION OF DATA:

The data were entered in master sheet for tabulation and statistical processing.

The obtained data were analyzed, organized and presented under the following headings.

Section -1 : Analysis of demographic data.

Section-2 : Analysis of the information received by the adults based on the Dementia demographic variable

Section-3 : Association between the demographic variables and the information received from the adults based on the Dementia Knowledge Assessment

Scale.

SECTION 1: Analysis of demographic data

This section deals with the details of analysis about the distribution of sample according to frequency and percentage of distribution among the dementia on adult

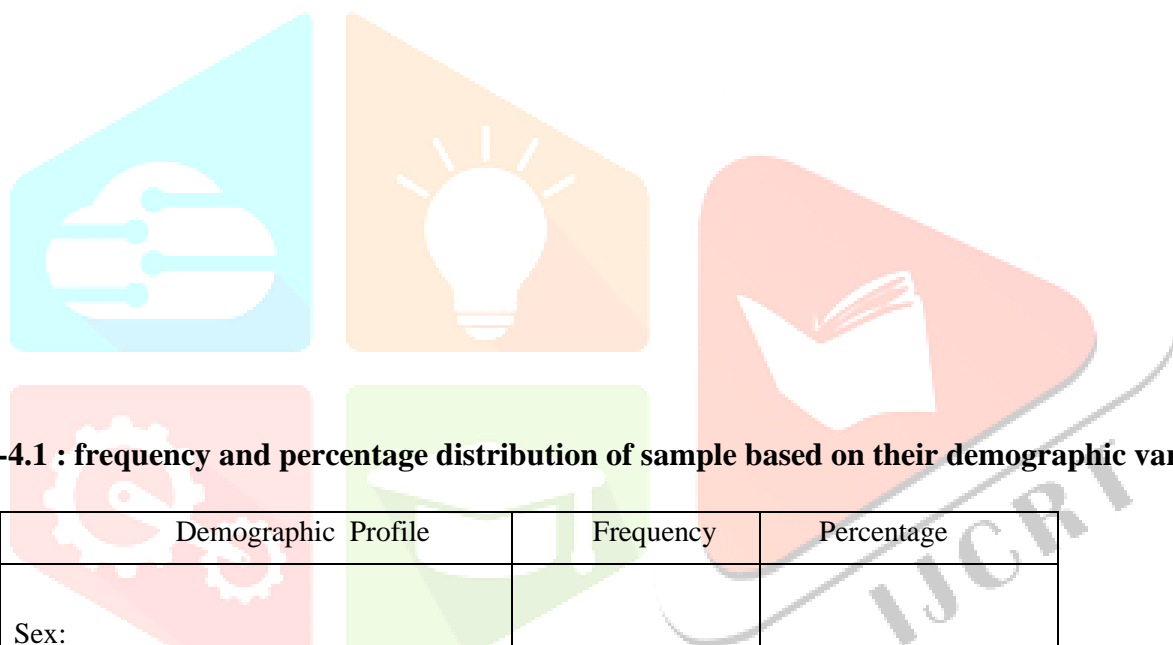


Table-4.1 : frequency and percentage distribution of sample based on their demographic variables

S.NO	Demographic Profile	Frequency	Percentage
1	Sex:		
	a.Female	17	34%
	b.Male	33	66%
2	Age:		
	a.30-35years	31	62%
	b.36-40years	8	16%
	c.41-45years	4	8%
	d.46-50years	7	14%
3	Qualification:		
	a.Primary&Middle school	6	12%
	b.High school	15	30%
	c.Intermediate	14	28%
	d.Graduate/Post graduate	15	30%
4	Type of family:		
	a.Joint family	29	58%
	b.Nuclear family	21	42%

5.	Place of residence:		
	a.Urban	19	38%
	b.Rural	31	62%
6.	Previous knowledge about dementia? If yes from where you get the knowledge.		
	a.Newspaper	15	30%
	b. Mass media	4	8%
	c. Family member and friends	15	30%
	d.Health personnel	16	32%
7.	Any family member suffering from dementia		
	a.yes	8	16%
	b.no	42	84%

The table 4.1 reveals that,

- ❖ The data shows that majority of the adults in the study were (66%) male and 34% were females
- ❖ The participants were in between the age group of 30-35 years (62%), 36-40 years (16%), 41-45years (8%), 46-50years (14%).
- ❖ Among participants 12% were having primary and middle school education, 30% were having high school education, 28% were having intermediate education, 30% were having graduate/post graduate education.
- ❖ The data shows that (62%) of the respondent belong to the rural area and (38%) belong to the urban area.
- ❖ The data shows that majority of the participants belongs to (58%) joint family and (42%) nuclear family.
- ❖ Among respondent (source of information) 15 (30%) were obtained from newspaper, 4 (8%) were obtain from mass media, 15 (30%) were obtain from family members and friends, 16 (32%) were obtained from health personal.
- ❖ Participants family member suffering from dementia 8 (16%) were having the family history and 42 (84%) were not having the family history.

FIG:4.1.1 percentage distribution of gender

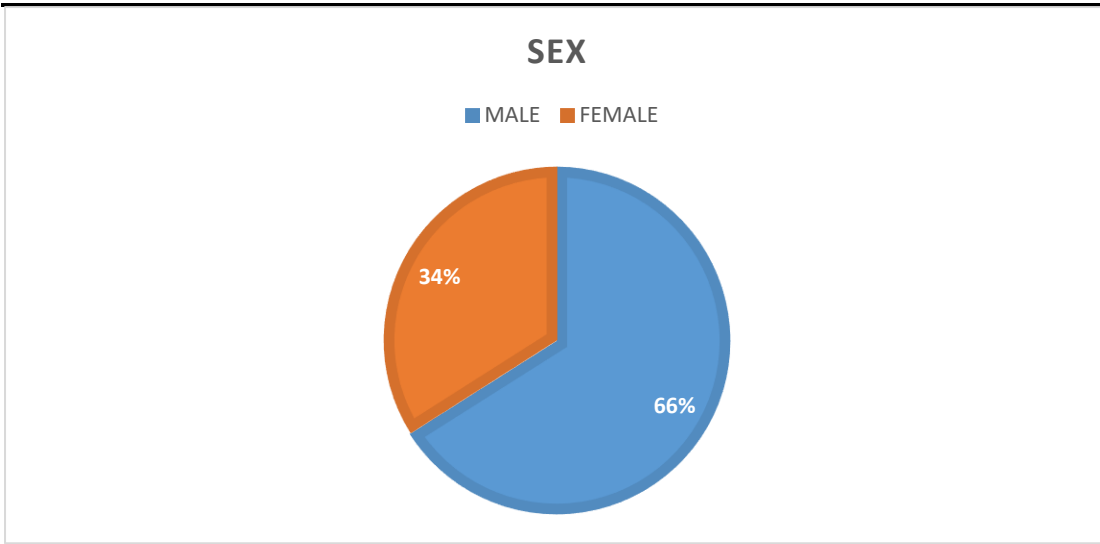


FIG:4.1.2 percentage distribution of age

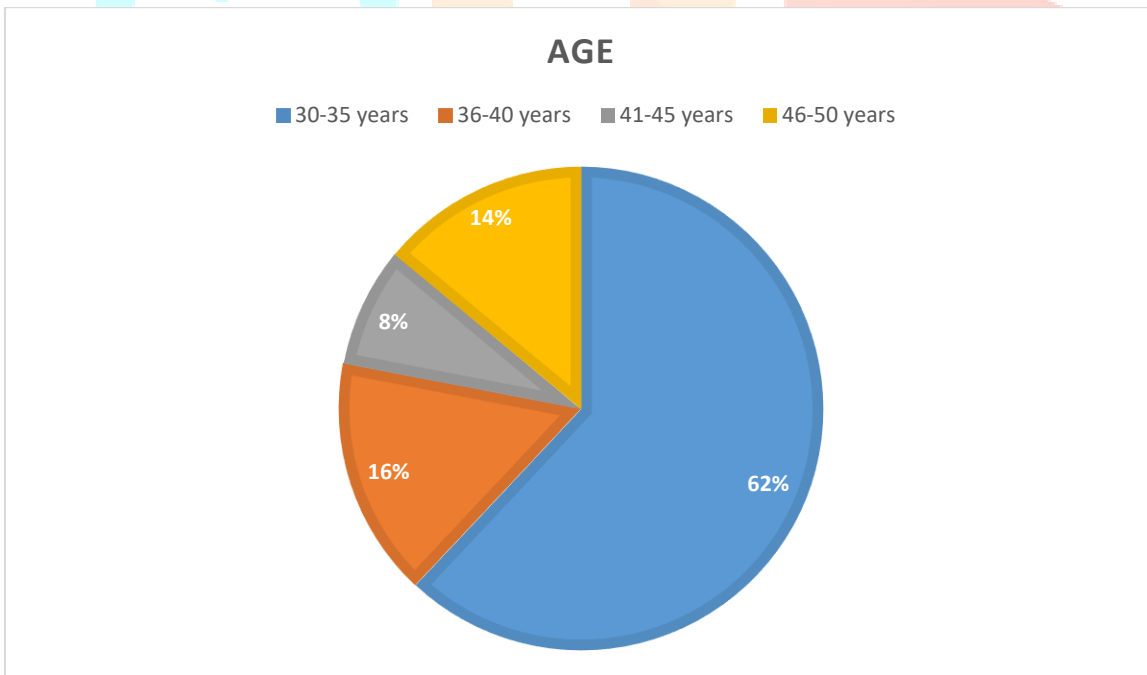


FIG:4.1.3 percentage distribution of Qualification

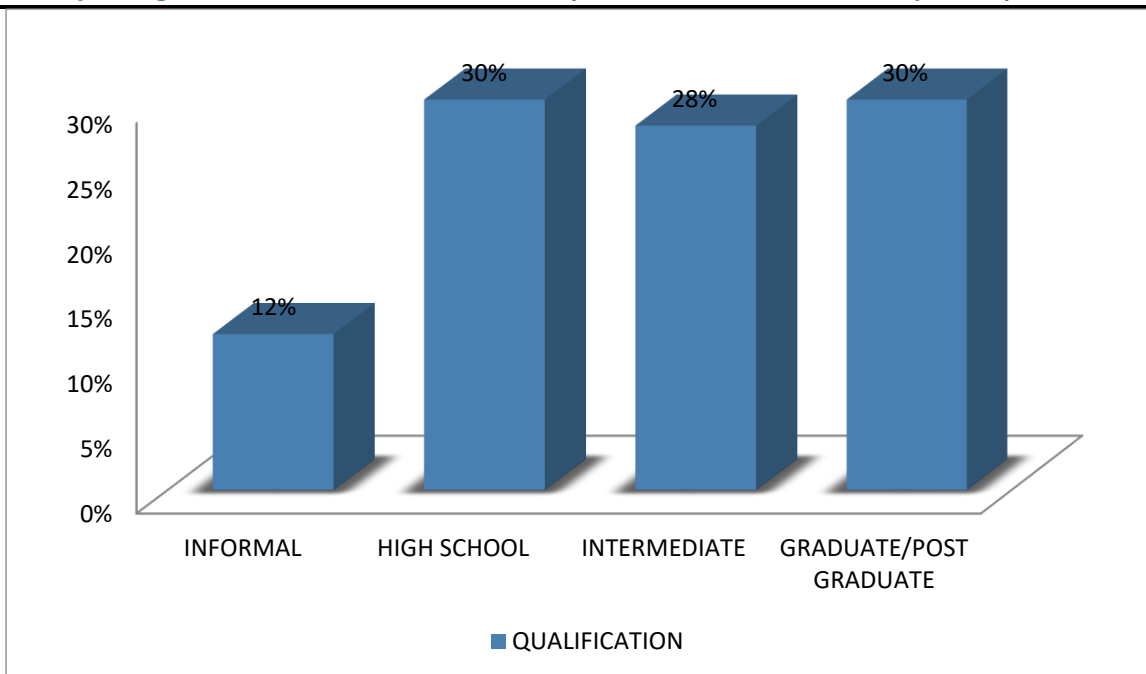


FIG:4.1.4 percentage distribution of Family

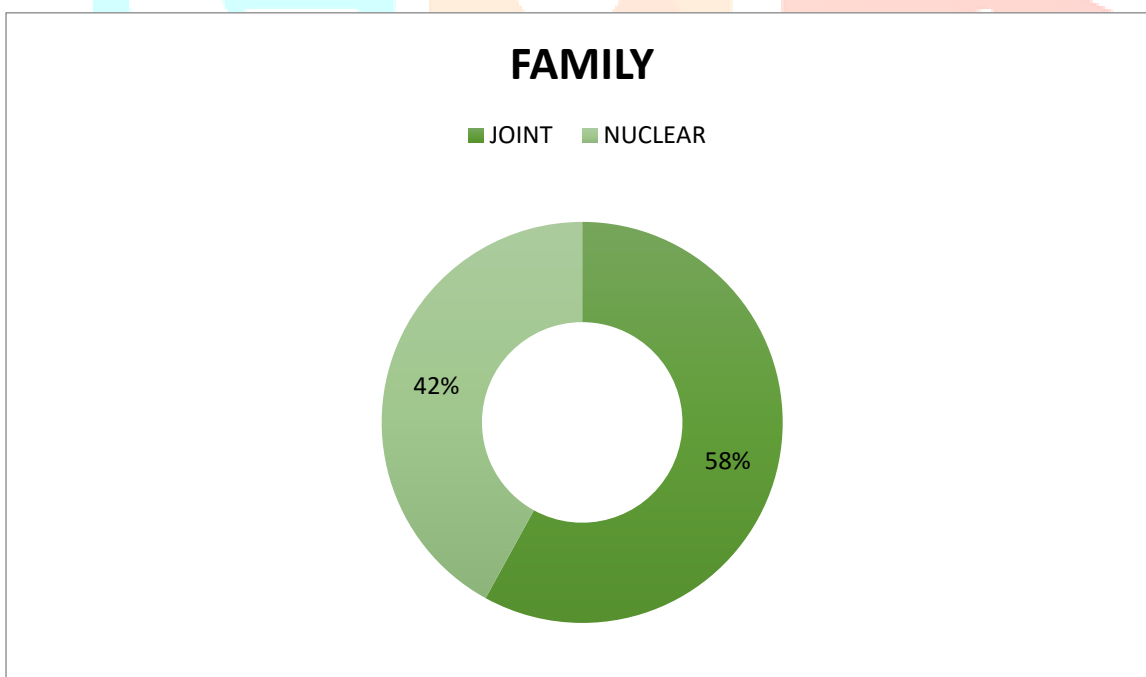


FIG:4.1.5 percentage distribution of residence

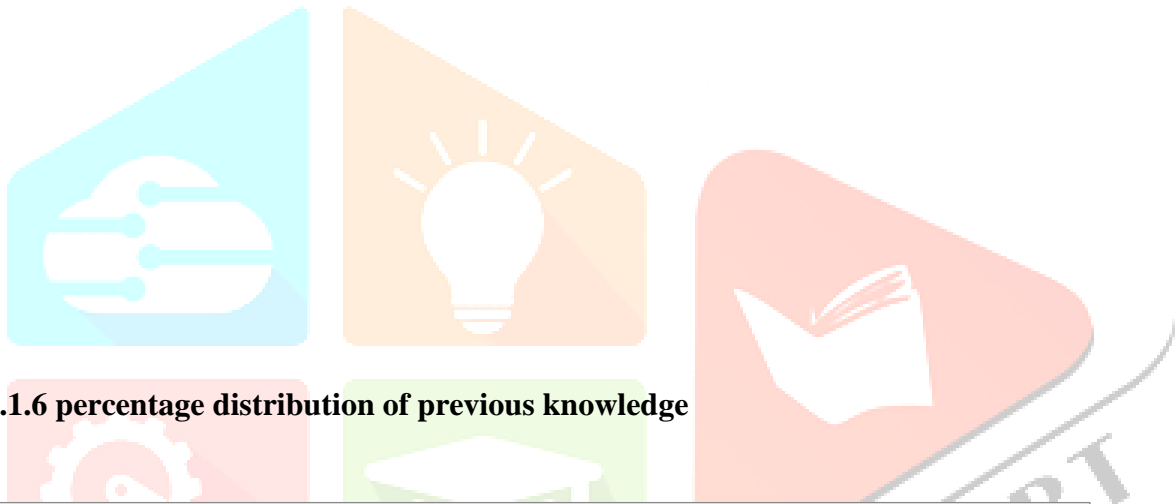
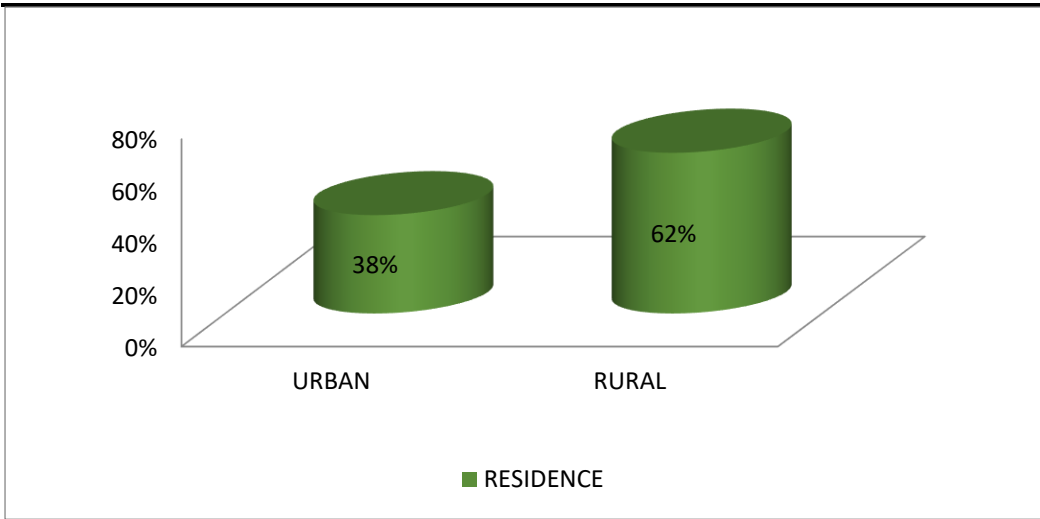


FIG:4.1.6 percentage distribution of previous knowledge

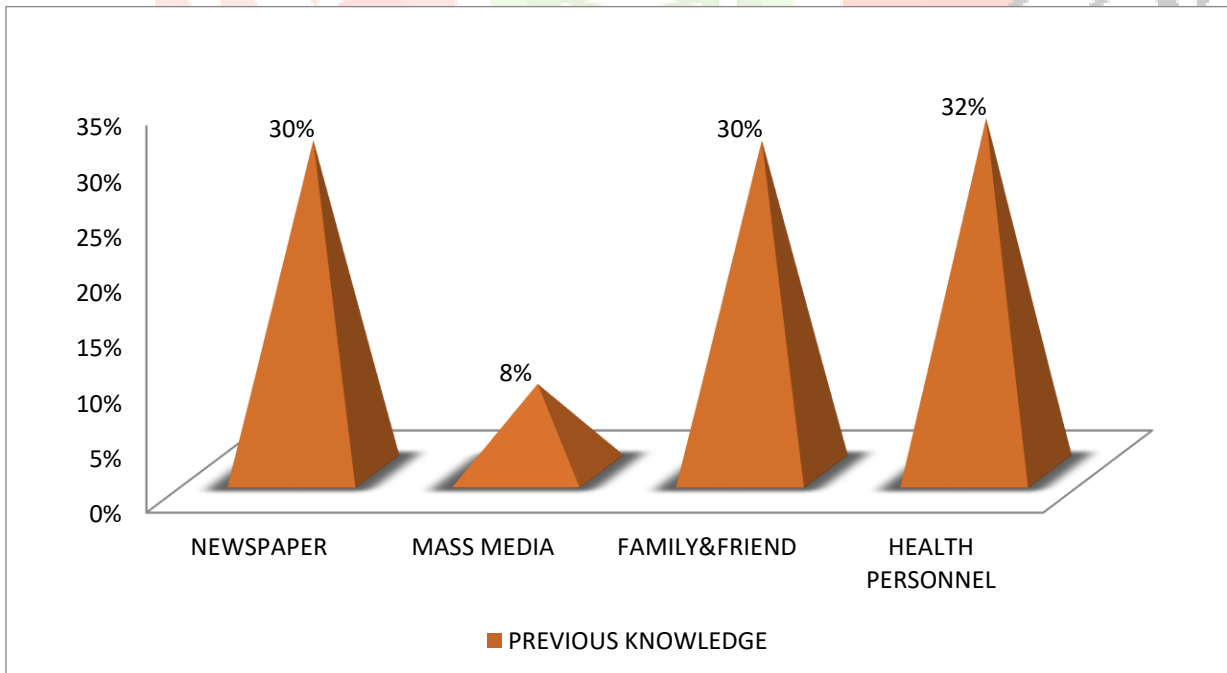
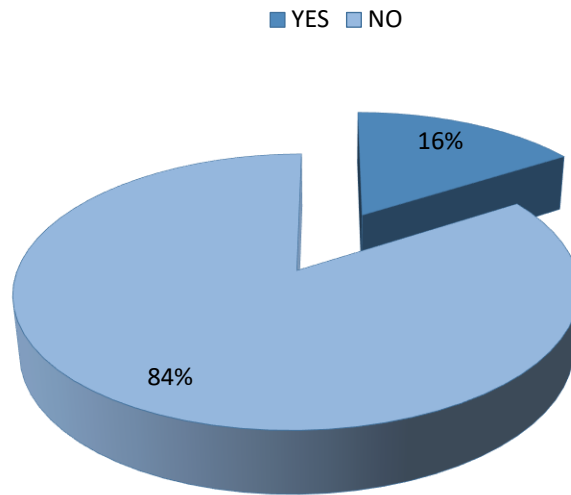


FIG:4.1.7 percentage distribution of Family member

FAMILY MEMBER



SECTION II: Analysis of the information received by the adults based on the Dementia Knowledge Assessment Scale

This section deal with the percentage distribution of the sample based on pretest level of knowledge score on dementia

Table.4.2 Frequency and percntage distribution of the level of knowledge regarding dementia among adults

KNOWLEDGE LEVEL	FREQUENCY	PERCENTAGE
Inadequate (0-16)	20	40%
Moderate (17-32)	30	60%
Adequate(33-50)	0	0

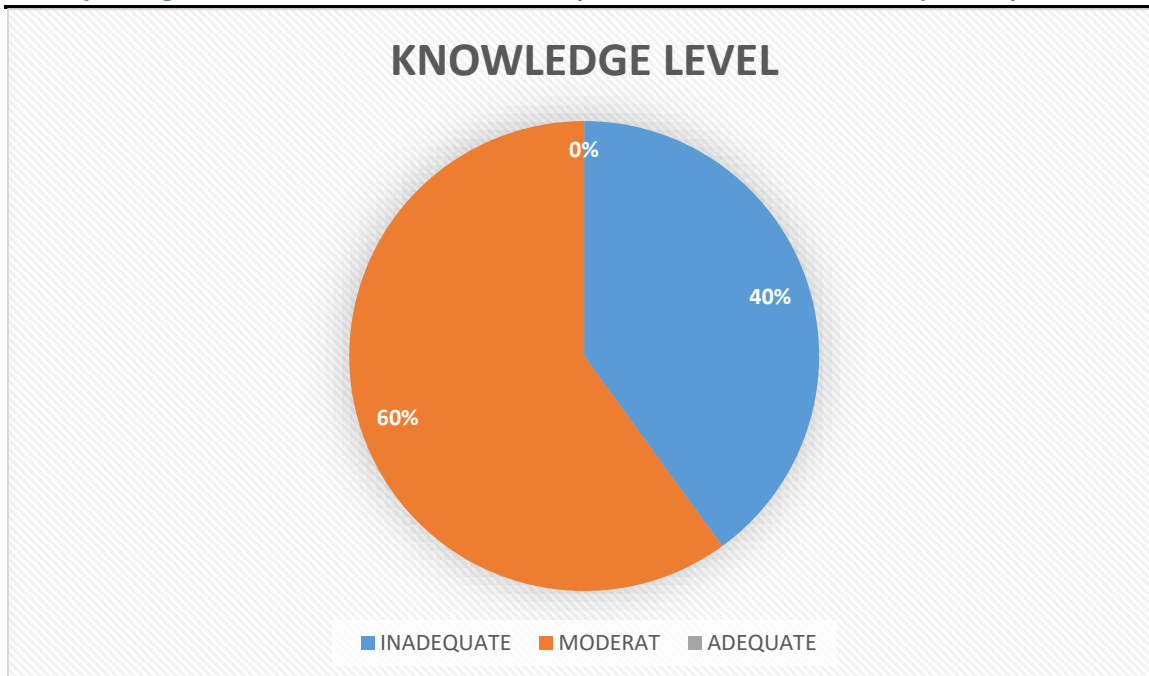


Fig.4.2 diagram representing percentage distribution of the sample based on level of knowledge score on Dementia.

Table.4.3 Discription for structured knowledge questionnaire

S.NO	VARIABLE	MAXIMUM SCORE	MEAN	S.D
1	Knowledge regarding dementia in adults	50	18.84	5.73

Table shows that the mean score of knowledge level was 18.84,the SD was 5.73.

SECTION III: Analysis of the information received by the adults based on the Dementia Knowledge Assessment Scale

Table -4.3 Association between the demographic variables and the information received by the adults patient based on the structured questionnaire

S.No	Variable	Level of knowledge			Total	Chi-square value	Tabe Value	Df	Signifi- cance
		Inadequate	Moderate	Adequate					
1.	Sex :								NS
	a.Female	8	8	0	16	0.51	3.84	1	
	b.Male	13	20	0	33				
		21	28	0	50				

2.	Age :									NS
	a.30-35 years	9	22	0	31	7.81		7.82	3	
	b.36-40 years	3	4	0	7					
	c.41-45 years	5	1	0	6					
	d.46-50 years	4	2	0	6					
		21	29	0	50					
3.	Qualification:									NS
	a.Informal	3	1	0	4	2.62		7.82	3	
	b.High school	7	9	0	16					
	c.Intermediate	6	8	0	14					
	d.Graduate/post graduate	5	11	0	16					
		21	28	0	50					
4.	Type of family									
	a.joint family	17	14	0	31	8.73		3.84	1	S
	b. nuclear family	3	15	0	18					
		20	29	0	49					
5.	Place of residence									
	a.rural	13	20	0	33	0.25		3.84		NS
	b.urban	8	9	0	17					
		21	29	0	50					

6.	Previous knowledge about dementia ?if yes from where you get the knowledge.								
	a.Newspaper	6	9	0	15	3.46	7.82	3	NS
	b. mass media	0	4	0	4				
	c. family member and friend	7	7	0	14				
	d. health personal	8	9	0	17				
		21	29	0	50				
7.	Any family member suffering fever dementia								
	a.yes	3	4	0	7	0	3.84	1	NS
	b.no	18	25	0	43				
		21	29	0	50				

Table: Percentage of Analysis regarding the information received by the dementia on adult patient based on Dementia Knowledge Assessment Scale

SUMMARY

This chapter dealt with the analysis and interpretation of the data collection through questionnaire. According to the data analysis result, (40%) were having Inadequate knowledge, (60%) were having Moderate knowledge (0%) were having Adequate knowledge regarding Dementia. A significant association was observed between education and knowledge of adults on Dementia.

CHAPTER-V DISCUSSION

This study was aimed to assess the knowledge regarding Dementia among adults attending OPD in a selecting hospital at Meerut.

PROBLEM STATEMENT

“A study to assess the knowledge regarding Dementia among adults attending OPD in a selected hospital at Meerut” with a view to develop an informational booklet”

OBJECTIVES OF THE STUDY ARE:

- 1.To determine the knowledge level about dementia among adults.
2. To determine the association between knowledge level of adults with their selected sociodemographic variables
- 3.To prepare an information booklet on dementia

HYPOTHESIS

H1:There will be a significant association between the knowledge scores and selected socio demographic variables

DISCUSSION OF BASELINE DATA OF ADULTS

SECTION I: Analysis of demographic data

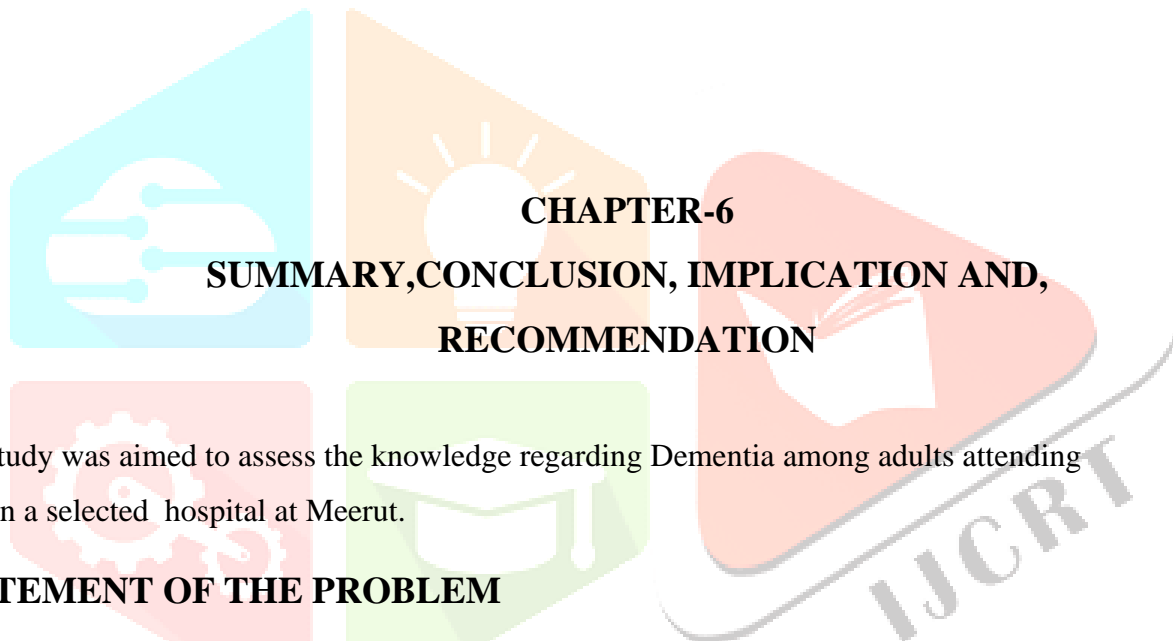
- ❖ The data shows that majority of the adults in the study were (66%) male and 34% were females
- ❖ The participants were in between the age group of 30-35 years (62%), 36-40 years (16%), 41-45 (8%), 46-50 (14%).
- ❖ Among participants 12% were having primary and middle school education, 30% were having high school education, 28% were having intermediate education, 30% were having graduate/post graduate education.
- ❖ The data shows that (62%) of the respondent belong to the rural area and (38%) belong to the urban area.
- ❖ The data shows that majority of the participants belongs to (58%) joint family and (42%) nuclear family.
- ❖ Among respondent (source of information) 15 (30%) were obtained from newspaper, 4 (8%) were obtain from mass media, 15 (30%) were obtain from family members and friends, 16 (32%) were obtained from health personal.
- ❖ Participants family member suffering from dementia 8 (16%) were having the family history and 42 (84%) were not having the family history.

SECTION II: Analysis of the information received by the adults based on the Dementia Knowledge Assessment Scale

Among 50 sample (40%) were having Inadequate knowledge (60%) were having Moderate knowledge.

SUMMARY

This chapter dealt with the discussion of the research findings with support study, findings based on each objective.



This study was aimed to assess the knowledge regarding Dementia among adults attending OPD in a selected hospital at Meerut.

STATEMENT OF THE PROBLEM

A study“ to assess the knowledge regarding Dementia among adults attending OPD in a selected hospital at Meerut” with a view to develop an informational booklet”

1.4 OBJECTIVES OF THE STUDY ARE:

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1.5 OPERATIONAL DEFINITIONS:

Assess- Assessment refers to the process of documenting the knowledge on warning signs, risk factors and preventive aspects of dementia .

ASSUMPTION

It is assumed that adults may have inadequate knowledge regarding Deme

SECTION I: Analysis of demographic data

- ❖ The data shows that majority of the adults in the study were (66%) male and 34% were females
- ❖ The participants were in between the age group of 30-35 years (62%), 36-40 years (16%), 41-45 (8%), 46-50 (14%).
- ❖ Among participants 12% were having primary and middle school education, 30% were having high school education, 28% were having intermediate education, 30% were having graduate/post graduate education.
- ❖ The data shows that (62%) of the respondent belong to the rural area and (38%) belong to the urban area.
- ❖ The data shows that majority of the participants belongs to (58%) joint family and (42%) nuclear family.
- ❖ Among respondent (source of information) 15 (30%) were obtained from newspaper, 4 (8%) were obtain from mass media, 15 (30%) were obtain from family members and friends, 16 (32%) were obtained from health personal.
- ❖ Participants family member suffering from dementia 8 (16%) were having the family history and 42 (84%) were not having the family history.

SECTION II: Analysis of the information received by the adults based on the Dementia Knowledge Assessment Scale

- Out of 50 sample 0-16(40%) were having Inadequate knowledge, 17-32(60%) were having Moderate knowledge

SECTION III: Association between the pre test level of knowledge score on Dementia with selected demographic variable

- 1.The chi-square value of the knowledge score on dementia among sample with their gender found to be nonsignificant (chi square=0.51<table value 3.84) at P<0.05 level.
- 2.The chi-square value of the knowledge score on dementia among sample with their age found to be nonsignificant (chi square=7.81<table value 7.82) at P<0.05 level.
- 3.The chi-square value of the knowledge score on dementia among sample with their Qualification found to be nonsignificant (chi-square=2.62<table value 7.82) at P<0.05 level.
- 4.The chi -square value of the knowledge score on dementia among sample with their type of family found to be significant (chi-square=8.73>table value 3.84) at P<0.05 level.
5. The chi -square value of the knowledge score on dementia among sample with their place of residence found to be nonsignificant (chi-square=0.25<table value 3.84) at P<0.05 level.
6. The chi -square value of the knowledge score on dementia among sample with their previous knowledge found to be nonsignificant (chi-square=3.46<table value 7.82) at P<0.05 level.

7. The chi -square value of the knowledge score on dementia among sample with their family member found to be nonsignificant (chi-square=0<table value 3.84) at P<0.05 level.

The study findings shows that there was significance and non significant association between pre-test knowledge score with selected demographic variables such as Sex, Age, Qualification, Type of family, Place of residence, Previous knowledge, Family member given to adults.

IMPLICATION

Nursing Education nursing education helps the students to gain adequate knowledge, skills and attitude to fulfill their duties and responsibilities in nursing field. Nurse educators can educate students about Dementia, its early identification and management. For these activities nurses also need to update their knowledge through regular in-service education. Nursing educators can help the students to promote activities in the hospital and community setting to help the family members to cope up with dementia patients.

Nursing Practice

Mental health nurses working in hospital and community play an important role in giving health education on dementia disease. Special emphasis needed to be given to promote positive attitudes among adults towards accepting a person with dementia. The investigator as a nurse felt nurses should act as facilitator to educate adults on Alzheimer's disease.

Nursing Administration

The present study reveals that the adults did not have adequate knowledge on Dementia disease. Special endeavors can be taken up by nursing administrator and educators to develop standards of care for Dementia patients. The nursing administrator should organize in service education programme to nursing personnel and allied paramedical regarding Dementia. The nursing administrator working in hospital and community setting should take up keen interest in developing awareness among adults regarding Dementia.

Nursing Research

There is a wide scope of conducting research study in depth using other tools in order to assess the knowledge regarding Dementia. The researcher found that literature regarding the assessment of knowledge on Dementia to Indian context was inadequate. Research studies can also be conducted on caregivers of Dementia. So, the nursing leaders can motivate nurses to do more research in this aspect.

Limitation

1. The finding of the study could not be generalized in view of small size sample and limited area of setting.
2. The findings of the study were limited to 50 adults .

Recommendations

1. A similar study can be conducted on a larger sample for wider generalizations.
2. A study can be done to assess the attitude and practices of caregivers knowledge on Dementia disease.
3. A study to assess the effectiveness of structured teaching programme on adults regarding Dementia.
4. A study can be conducted to assess the nurse's knowledge and attitude on Dementia

CONCLUSION:

The conceptual framework taken from the Mr. King's attainment theory

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