THE IMPACT OF DEMENTIA AMONG BLACK AND ETHNIC GROUPS IN THE UK

PROPOSAL VIVA VOCE

Keren Godson-Cofie

INTRODUCTION

The work centres on the impact of dementia on black and other ethnic groups.

As we all know, the UK is made of several ethnic groups including, whites, British, blacks, Asians, Caribbeans and others.

The work is divided into 5 chapters. Chapter one is the introduction while chapter two is the Literature Review, then the chapter three is the Methodology. Chapter four contains the Results and Discussion while chapter five is Conclusion and Recommendations.

AIM AND OBJECTIVES

THE AIM:

The aim of this study was to evaluate the burden of dementia on black and ethnic minority in the UK. Then the specific objectives include:

OBJECTIVE 1

To analyze the factors responsible for dementia among black and Asian minority ethnic groups;

OBJECTIVE 2

To identify the prevalence of dementia among the BME;

OBJECTIVE 3

To examine the health and socio-economic challenges facing the Black and minority ethnic groups.

RESEARCH QUESTIONS

1.

What are the risk factors of dementia among BAME/BME in the UK?

2.

What is the rate of the onset of dementia among the black and ethnic minorities in the UK?

3.

Finally, what are the health and socio-economic impacts of dementia on black and minority ethnic groups?

DEFINITIONS

What is BME/BAME?

BAME (black, Asian and minority ethnic) and BME (black and minority ethnic) are terms that have been used to describe individuals of certain ethnic minority groups, in particularly individuals from African, Caribbean, South Asian, South American and East Asian backgrounds.

The concept of Dementia

Dementia is a clinical syndrome characterised by consistent medical decline which negatively impacts the ability of an individual to function without assistance. However, according to Alzheimer Society factsheet, dementia has to do with the collection of symptoms such as lack of memory retention, reasoning, or language usage as well as mood fluctuations, changes in emotions, and behaviour.

RATIONALE OF THE STUDY

Dementia is one of the diseases that affects a large population of people globally and it is estimated that about 50 million individuals are suffering from dementia, which is also expected to increase to about hundred and fifty million by the year 2050 according to the World Health Organisation.

In the UK, it has been reported that about 850,000 individuals are having dementia. And Invariably, black and other ethnic minorities form part of the population suffering from dementia in the UK and it has been reported that they account for 15,000 people suffering from dementia in the UK.

But one thing that is important is that even though dementia affects every race, there still exists a barrier with respect to the accessibility of social and healthcare services among the BME. This causes a significant problem and deterioration as well as morbidity and mortality.

LITERATURE REVIEW - DEMENTIA

We have different types of dementia. We have Alzheimer's disease which is the commonest type of dementia accounting for about 75% of all dementia. Alzheimer's disease could be categorised into three phases: we have the early stage which is the time the sickness is just starting. Mileage as well. Then we have the moderate phase and the last stage is the severe phase when there is a deterioration of the individual.

Alzheimer’s disease

Alzheimer's disease results from neurodegeneration resulting from improper processing of proteins which could result from different factors ranging from genetic mutation, ageing and protein aggregation. When there is a misfolded protein i.e. structure of the protein, a few things could happen, one is that the misfolded protein could aggregate leading to some of these neurodegenerative disorders such as Alzheimer's disease. Some misfolded proteins could also be corrected with the help of proteins we call heat shock proteins.

METHODOLOGY

The study made use of qualitative data which were sourced online, thus the search technique used is very important. In doing a systematic review, it is always preferable to make use of an online data search strategy using some keywords to get the appropriate and relevant material.

The two databases used in this research were PubMed and Medley. Initially, about 6,588 research articles were identified with some of the articles found in both PubMed and Medley. For this study, the keywords used include dementia, black and minority ethnic groups, impacts and then the UK. While the synonyms used in searching the keywords include Alzheimer's disease for dementia then BME or Black and Minority ethnic group.

Then for the impacts, some of the keywords or synonyms used include effects, implications and consequences. Then, for the UK, the near word or synonym used was the United Kingdom.

During the search, a brulliant operator ON was used to combine the words for the database search to ensure or create cohesiveness within the search terms. Using brulliant operator also helps the search to be specific and accurate.

RESULTS AND DISCUSSION:

FACTORS HIGHLIGHTED AS POSSIBLE CAUSES OF THE EARLY ONSET DEMENTIA IN BAME/BME

Misdiagnosis: misdiagnosis of ill health among the BME. They went further to itemize some of the factors that could lead to misdiagnosis.

Studies mentioned cerebrospinal disease, diabetes and hypertension, as well as identifiable risk factors of dementia, especially vascular dementia such as stroke and hypertension.

They stated that this could increase the rate of dementia diagnosis. In this case, some people that have suffered from mental health issues such as depression could be misdiagnosed as if they are suffering from dementia.

RESULTS AND DISCUSSION:

FACTORS THAT ACT AS BARRIERS TO ACCESS TO HEALTH CARE SERVICES

Lack Of Knowledge And Awareness

Some of the BME communities do not have enough knowledge about the risk factors of dementia as well as where to get a good healthcare service when an individual is suffering from dementia. So, it was identified as a factor.

Religion

It was reported that dementia could be seen as a retribution of an evil committed in past life. Because of this belief, people may not readily want to visit the hospital. However, one other study submitted that religion offers a helping hand in encouraging patients to cope with the burden of dementia.

Language Barrier

This is a significant issue in terms of barriers to healthcare services. For instance, some languages used by BME communities, there is no direct word for dementia. So they find it difficult to give the word even when they meet healthcare practitioners. According to Whole et al 20020, they opined that t language barrier causes a substantial burden for carers in BME communities, especially in Chinese and Latino communities.

RECOMMENDATIONS/CONCLUSION

Importantly, further research that would look at how the different ethnic groups that make up the BME communities respond to some of the identified risk factors of dementia should be carried out. Such a study would highlight the peculiar level of challenges faced by each ethnic group as well as possible strategies that have been adopted to ameliorate the condition.

There is a need to carry out extensive research that would aim at identifying possible factors that could be responsible for the high prevalence of early-onset dementia in BME populations.

There is a need for policies that will bridge the gap between the high incidences of dementia in black and minority ethnic groups and their level of access to healthcare systems. These policies should also include community-based strategies to address the problem of cultural-related and language barriers.

REFERENCES

APPG (All-Party Parliamentary Group) on Dementia (2013). Dementia does not discriminate. The experience of black, Asian and minority ethnic communities. London: Alzheimer's Society.

Aspinall, P. J. (2021) 'BAME (black, Asian and minority ethnic): The 'new normal' in collective terminology'. *Journal of Epidemiology and Community Health*, 75(2), p.107. http://orcid.org/0000-0002-8209-579X

Ayalon, L. and Arean, P. (2004). Knowledge of Alzheimer's disease in four ethnic groups of older adults. *International Journal of Geriatric Psychiatry*, 19, pp.51-57.

Banerjee, S., Biram, R., Chataway, J. and Ames, D. (2010) 'South Asia strokes: lessons from the St Mary's stroke database,' *QJM: Monthly Journal of association of Physicians*, 103, pp.17–21. https://doi.org/10.1093/qjmed/hcp148

Berwald, S., Roche, M., Adelman, S., Mukadam, N., *et al*. (2016) 'Black African and Caribbean British communities' Perceptions of memory problems: "We don't do dementia.". *PloS one*, *11*(4), e0151878. https://doi.org/10.1371/journal.pone.0151878NLM

Bothongo, P.L.K, Jitlal, M., Parry, E., Waters, S., *et al*. (2022). Dementia risk in a diverse population: A single-region nested case-control study in the East End of London. *The Lancet Regional Health*, 15, 100321. https://doi.org/10.1016/j.lanepe.2022.100321

Cerejeira, J., Lagarto, L. and Mukaetova-Ladinska, E. B. (2012). 'Behavioral and psychological symptoms of dementia,' *Frontiers in Neurology*, 3, pp. 73. https://doi.org/10.3389/fneur.2012.00073

Chatterjee, S., Peters, S.A., Woodward, M., Mejia Arango, S., *et al*. (2016). Type 2 diabetes as a risk factor for dementia in women compared with men: A pooled analysis of 2.3 million people comprising more than 100,000 cases of dementia. *Diabetes Care*, 39(2), pp.300–307. https://doi.org/10.2337/dc15-1588

Cleary, M., Hunt, G. E. and Horsfall, J. (2009) 'Conducting efficient literature searches: strategies for mental health nurses,' *Journal of Psychosocial Nursing and Mental Health Services*, 47(11), pp.34-41. https://doi.org/10.3928/02793695-20090930-03