Sir Salimullah Medical College Journal

Sir Salimullah Med Coll J 2024; 32: 16-22

Original Article

DOI: https://doi.org/10.3329/ssmcj.v32i1.84507

Knowledge, Attitude, Practices of Health and Social Care Professionals on Dementia Care in a Tertiary Care Hospital, Bangladesh

Saifun Nahar[1], Nasim Jahan[2], Mohammad Mainuddin Mollah[3]

Article information
Received: 01.07.2025
Accepted: 20.09.2025

Cite this article:
Nahar S, Jahan N, Mollah MM. Knowledge, Attitude, Practices of Health and Social Care Professionals on Dementia Care in a Tertiary Care Hospital, Bangladesh. Sir Salimullah Med Coll J 2024; 32: 16-22.

Key words:
Dementia care, Health and social care professionals, knowledge, attitude, and practices.

Abstract

Background: *Dementia is perceived as one of the leading public health concerns and social care challenges of the 21st century. However, accessing appropriate healthcare and social support for people with dementia and their family members is difficult in Bangladesh and there are growing calls for skilled and experienced health and social care professionals in dementia care. The present study is an endeavor to explore the knowledge, attitude, and practices of dementia care among health and social care professionals in Bangladesh.* ***Methods:*** *A cross-sectional research design was conducted to investigate the existing knowledge, attitudes, and practices about dementia care among health and social care professionals (N=99) in a tertiary care hospital in Bangladesh where many doctors, nurses and psychologists are working and getting training every year. The Alzheimer's Disease Knowledge Scale (ADKS) and a self-designed structured questionnaire on attitudes and practices were used.* ***Results:*** *The overall mean score of health and social care professionals' dementia knowledge was 19.09 (SD = 3.90) out of 30 (63.87%). Items related to "life impact" were answered best, while those related to "care giving" were the lowest. The study revealed that 93.9% of professionals believe that much can be done to improve the quality of life of caregivers of people with dementia, and 67.7% do not feel uncomfortable being around people with dementia. However, it also found that 21.2% of professionals have no experience dealing with dementia patients. Most of the participants (69.7%) agreed to provide psychological support to caregivers of dementia patients. However, 15.2% of participants do not recommend sources of social support available to caregivers if needed.* ***Conclusion:*** *The study concluded that there is a need for attention to policy recommendations aimed at enhancing the knowledge, attitudes, and practices of dementia care among health and social care professionals in Bangladesh.*

Introduction:

Dementia is a group of progressive degenerative brain diseases that affect memory, cognition, behaviour, and emotion. It not only worsens the debility and dependence of the elderly but also impacts the lives of their caregivers. In 2018, there were approximately 50 million people worldwide living with dementia, and this figure is projected to reach 152 million by 2050.[1] In 2019, 5.60% of people 65 and older had dementia.[2] China has the most people with dementia of any country on Earth. The number of dementia patients in China is projected to reach 35.98 million by the year 2050.[3] Dementia is common among the elderly, although it is not necessarily a normal part of the aging process.[4] Apart from the most prevalent symptom of Memory loss other brain functions, such as language and communication are also affected and these are responsible for the severe symptoms that dementia patients exhibit.[5,6]In Bangladesh dementia is poorly understood, and patients with dementia are frequently misdiagnosed.[7] Most rural

---

1. Associate Professor, Department of Psychiatry, National Institute of Mental Health , Dhaka, Bangladesh.
2. Associate Professor, Department of Psychiatry, BIRDEM General Hospital & Ibrahim Medical College, Dhaka, Bangladesh.
3. Associate Professor, Institute of Social Welfare and Research, University of Dhaka, Bangladesh.

Correspondence: Dr. Saifun Nahar, Associate Professor, Department of Psychiatry, National Institute of Mental Health, Dhaka, Bangladesh.Email:saifunsumi@gmail.com

residents lack access to adequate essential medical services and care.[8]. In Bangladesh, dementia ismostly viewed as normal consequence of aging rather than a disease.[9] Further, a recent study jointly conducted by Karolinska Institute, Sweden, and the International Centre for Diarrhoeal Disease Research (ICDDRB), Bangladesh, claimed that the prevalence of possible dementia is 11.5% and diagnosed dementia is 3.6% among the older population in Bangladesh. Bangladesh has a prevalence of dementia close to other countries in the South Asia region but lower than other parts of the world.[10] As the prevalence of dementia rises and countries around the world face the difficulties of assisting families to live effectively with dementia, the demand for specialized expertise increases. Health and social care professionals and practitioners need specialized knowledge, skills, and competence about dementia to help people with dementia and their families and caregivers. Dementia is a multidimensional disorder, and persons living with dementia and their families and caregivers require support from a variety of specialists and practitioners from (but not limited to) medical, nursing, social work, psychology, and caregiving.[11] Dementia raises numerous difficulties for primary care. The prevalence of dementia increases with age and alongside other disabilities.[12] It is also a progressive disease that affects people living with dementia, their families, caregivers, the wider community, and health and social care practitioners. This complexity challenges general practitioners and community nurses, affecting their ability to understand, empathize, and intervene. The gradual onset and challenging diagnosis of dementia in its early stages pose a double challenge for primary care workers.[12] In addition, the socio-cultural atmosphere hinders the identification and treatment of Alzheimer's disease. International healthcare standards require that physicians, nurses, and pharmacists coordinate care to guarantee optimal treatment, but this is not the case in Bangladesh. We need to improve the situation and in this regard our study was designed to explore the knowledge, attitude and practices of dementia care among the health and social care professionals in Bangladesh.

Methods:

In this study, the cross-sectional research design was used, and it was conducted at the National Institute of Mental Health (NIMH), Dhaka, Bangladesh, among the health and social care practitioners.Manydoctors, nurses, and psychologists who deals with psychiatric and other neurological disorders, are working at NIMH and many come for training from different institutions. Data collection was done from 13/11/2022 to 08/12/2022. The researchers took the necessary steps to adhere to ethical principles, including obtaining informed consent from all participants. Information sheets provided to participants contained all relevant details to ensure informed consent. Additionally, participants were recruited conveniently and were free to withdraw from thestudy without providing a reason.The knowledge, attitudes, and practices regarding dementia care among health and social care professionals were assessed based on the Alzheimer's Disease Knowledge Scale (ADKS), a self-designed structured questionnaire on attitudes and practices about dementia care, and a questionnaire on socio-demographic profiles of the study population, respectively.[13] The ADKS includes 30 true/false questions divided into seven domains: life impact (3 items), assessment and diagnosis (4 items), symptoms (4 items), disease progression (4 items), treatment and management (4 items), caregiving (5 items), and risk factors (6 items). The score was calculated by summing the correct items from 0 to 30. A higher total score indicated better knowledge. The mean correct rate indicates the average of the correct rate of each item in the domain. The ADKS has adequate reliability (test-retest and internal consistency) and validity (content, predictive, concurrent, and convergent).[13] The sample of this study consisted of 99 respondents. An equal number of respondents were interviewed purposively from the three groups of health and social care practitioners, including doctors (33), nurses (33), psychologists (33) who were working at NIMH. Data were analyzed using spss-25. The collected data was analyzed using mean, standard deviation, and descriptive statistics.

Results:

Questionnaires were administered among 99 participants, and all were returned (response rate 100%). Among the respondents, 67 were female (67.7%), and 32 were male (32.3%). The respondents were between 21 and 50 years old (mean = 30.75 years, SD = 7.47), and their work experience was less than one year to 25 years. The demographic information of the respondents is shown in Table I.

Table I: Demographic data of the respondents (N=99)

Characteristics	N (%)	Characteristics	N (%)
Gender		Experience	
Male	32 (32.3%)	<1 year -5 year	70 (70.7 %)
Female	67 (67.7%)	6-10 year	11 (11.1%)
Age		11-15 year	7 (7.1%)
21-30	62 (62.6%)	16-20 year	9 (9.1%)
31-40	22 (22.2%)	21-25	2 (2%)
41-50	15 (15.2%)		
Occupation			
Doctor	33 (33.3%)	***Habitant***	
Nurse	33 (33.3%)	Rural	7 (7.1%)
Psychologist	33 (33.3%)	Urban	92 (92.9%)

*The mean years of the health and social care professionals is 30.75 Years, and Standard Deviation is 7.47.

The overall mean score of health and social care professionals' dementia knowledge measured by the ADKS was 19.09 (SD = 3.90) out of 30 (63.87%). Items related to "life impact" were answered best; the correct mean rate was 78%, while those related to "caregiving" were the lowest, and the correct mean rate was 52.4%. The mean correct rates of the following domains: treatment management, disease progression/course, assessment, risk factors, and symptoms, were 75.5%, 59.5%, 75%, 54.33%, and 63.5%, respectively. More details are shown in Table II.

The present study also investigates the attitudes of health and social care practitioners about dementia care in the context of Bangladesh. Table 3 shows that 93.9% of respondents think that much can be done to improve the quality of life of caregivers of people with dementia. As well as 92.9% of respondents feel that families would rather be told about their relative's dementia as soon as possible. Similarly, 90.9% believe that much can be done to improve the quality of life of people with dementia. Further, 88.9% thinks providing a diagnosis is usually more helpful than harmful. Also, 87.9% think that dementia is best diagnosed by specialist services. Unlike this, 41.4% thinks managing dementia is not more often frustrating than rewarding. In addition, 69.7% of professionals do not think the primary care team has a very limited role to play in the care of people with dementia and 67.7% do not feel uncomfortable being around people with dementia.

Table II: Health and social care professional's dementia knowledge measured by the ADKS

Domains	Items	Range of total Score	Mean	SD	Mean Correct rate (%)
Treatment Management	9,12,24,29	0-4	2.93	0.94	75.5
Life Impact	1,11,28	0-3	2.29	0.69	78
Disease progression/ Course	3,8,14,17	0-4	2.34	0.98	59.5
Assessment	4,10,20,21	0-4	3.07	0.84	75
Risk Factor	2,13,18,25,26,27	0-6	3.01	1.21	54.33
Symptoms	19,22,23,30	0-4	2.82	1.90	63.5
Caregiving	5,6,7,15,16	0-5	2.62	1.18	52.4
Total Score	All	0-30	19.09	3.90	63.87

Table III : Health and social care professional attitudes to dementia care (N = 99)

Items	Yes (%)	No (%)
1. Do you think that much can be done to improve the quality of life of caregivers of people with dementia?	93.9	6.1
2. Do you feel that families would rather be told about their relative's dementia as soon as possible?	92.9	7.1
3. Do you believe that much can be done to improve the quality of life of people with dementia?	90.9	9.1
4. Do you think that providing diagnosis is usually more helpful than harmful?	88.9	11.1
5. Do you think that dementia is best diagnosed by specialist services?	87.9	12.1
6. Do you think managing dementia is more often frustrating than rewarding?	58.6	41.4
7. Do you think the primary care team has a very limited role to play in the care of people with dementia?	30.3	69.7
8. Do you feel uncomfortable being around people with dementia?	32.3	67.7

Another important objective of this study was to explore the experiences and practices of health and social care professionals regarding dementia care. Table 4 reported that 78.8 % of respondents have experience dealing with dementia patients. On the contrary, 21.2% have no experience in dealing with dementia patients. This table also shows that 46.5% of respondents use any scale to assess patients who have symptoms of dementia, 54.5 % prescribe/suggest any pharmacological/non-pharmacological management to dementia patients. On the other hand, 64.6% of respondents provide safety guides to dementia patients to improve their quality of life. As well as 60.6% of respondents provide nursing/nursing guides to dementia patients. Majority of respondents (69.7%) agreed to provide psychological support to caregivers of dementia patients but in the contrary 15.2% do not recommend sources of social support available to caregivers if needed.

Table IV: Experience in dementia care and Practices regarding dementia care

	Yes (%)	No (%)
Having experience	78.8%	21.2%
Items		
1. Do you use any scale to access patients who have ? symptoms of dementia	46.5	32.3
2. Do you prescribe/suggest any pharmacological/non-pharmacological management to dementia patients?	54.5	24.2
3. Do you provide a safety guide to dementia patients in order to improve their quality of life?	64.6	14.1
4. Do you provide a nursing guide to dementia patients?	60.6	18.2
5. Do you provide psychological support to caregivers of dementia patients?	69.7	9.1
6. Can you recommend sources of social support available to care givers if needed?	63.6	15.2

Discussion:

There are insufficient data regarding the number of dementia patients in Bangladesh, and there are no specific epidemiological records pertaining to dementia. As a result, dementia awareness is in its early stage, and dementia patients and their family members and caregivers continue to encounter numerous obstacles in obtaining dementia care and treatment.[14]

In our study we found mean score of the ADKS is 19.09, which is lower than Wang et al. (2020) findings. Lower scores were also found in risk factor (54.33%) and Symptoms (63.5%) domain in AKDS scale indicating less idea among respondents about early recognition and prevention of dementia. Both people living with dementia and their caregivers benefits from receiving dementia care in a primary health care setting.[15,16] Canada, the United Kingdom, the United States, and Australia have issued recommendations for the diagnosis and management of dementia in primary care to enhance the practice.[17]Aattitudes' toward the diagnosis and care of dementia patients were found positive among General Practitioners (GPs) in two separate studies conducted in Italy and Germany. [18,19]

Items related to "life impact" were answered best; the correct mean correct rate was 78%. This is similarto the finding of Wang et al. (2020); they found 80.8% correct responses in this domain.[20] But they found the highest response rate in the treatment and management domain which in our study was second highest (75.5%). On the contrary, related to care giving were answered as poorest, and the correct mean correct rate was 52.4%. And it is identical to the findings of Wang et al. (2020). Our study showed that the respondents had better knowledge of life impact, treatment and assessment domain. On the other hand, they had relatively poor knowledge about the disease progression, risk factors, and care giving of the disease.

The present study also discussed the health and social care professional attitudes to dementia care. According to the findings, most participants believe that much can be done to enhance the quality of life for caregivers of people with dementia. They also feel that families would rather be informed about their relative's dementia as early as possible and think that much can be done to improve the quality of life for people with dementia (93.6%, 92.9%, and 90.9%, respectively). Further, majority of participants (88.9%) think providing a diagnosis is usually more helpful than harmful and 67.7% admitted that they do not feel uncomfortablearound people with dementia. All these findings are in favour of adequate positive attitude of participants towards patients of dementia. But 87.9% of participants think that dementia is best diagnosed by specialist services. This may reflect less confidence in recognition of dementia at primary level. On the contrary, 69.7% of participants do not think the primary care team has a very limited role to play in caring for people with dementia. This indicates that they realize the role of primary care team.

Patients and their families often struggle to recognize the symptoms of dementia, mistaking them for normal signs of aging. Among those capable of identifying the dementia patients, they would seldom seek help due to stigma. For example, in England, 96% of patients were diagnosed or suspected of dementia in primary care settings, and two-thirds of them could be referred to specialists for further treatment promptly. However, family members of people living with dementia in Lower-Middle-Income Countries (LMICs) rarely seek help from GPs and they infrequently encounter dementia cases.[20] That is why early detection in family and primary care level is very important. However, the present study reported that 21.2% of participants have no experience dealing with dementia patients. It correlates with the fact that about 70% of the participants have less than 1 year to 5 years work experience in this institute and about 62% are younger in age (21-30 years). The study found that 46.5% of participants use any scale to assess patients who have symptoms of dementia. Further, 54.5% of the participants prescribe/suggest any pharmacological/non-pharmacological management to dementia patients. Similarly, 64.6% of participants provide safety guides to dementia patients to improve their quality of life as well as, 60.6% of participants provide nursing guides to dementia patients. Moreover, majority of the participants (69.7%) agreed to provide psychological support to caregivers of dementia patients. However, 15.2% of participants do not recommend sources of social support available to caregivers if needed, which may be due to lack of proper referral system and lack of social support system.

Nonetheless, the obstacles remained. For instance, they lack confidence in their ability to make an early diagnosis or screen patients for referral to specialists.[21,22] To overcome these issues, it has been frequently proposed that health care professionals receive additional training.[23] In 2020, the WHO stated that providing treatment to patients without access to primary care would be challenging. Furthermore, the 2016 World Alzheimer Report emphasized the significant role of primary care workers in offering essential resources, especially in LMICs.[24]Therefore, findings of this study may contribute to some extant in developing a national-level policy on dementia care including early detection starting from family towards tertiary care level for the people living with dementia and their carers and stakeholders in Bangladesh. However, in light of these findings, it is very difficult to take a concrete decision on that issue. Although the present study maintains a sound methodology and analyses the collected data, nevertheless, it is not free from certain limitations. This research was done on a few informants and only one institute. And higher statistical analyses were not used in our work.

Conclusion:

Based on the study findings and the frequency of dementia, different stakeholders, including government, non-government, and international organizations, needs to take necessary initiatives to improve mass awareness and education about dementia. Further, there is a need to conduct formal training and education for health and social care practitioners to develop knowledge, attitudes, and practices on dementia care among health and social care professionals working with people with dementia.

Acknowledgments:

The authors thank all patients, health physicians, nurses and other health care providers involved in the care of these patients of National Institute of Mental Health for their kind help and co-operation.

Funding:

This work was supported by ESTHER Ireland. The funding organization had no role in the design, conduct, analysis and interpretation or preparation of the report of this study.

Conflict of interest:

This research was conducted as a part of a project of “Dementia Master class Bangladesh” under the International Dementia Academy of Bangladesh (IDAB). The course is sponsored via an educational grant from ESTHER Ireland and is being run in partnership with Global Brain Health Institute, Trinity College Dublin, Alzheimer’s Society of Bangladesh, Shaheed Ziaur Rahman Medical College, and Lund University.

Ethical approval:

The study received ethical approval from the ethics committee of the National Institute of Mental Health (NIMH), Dhaka, Bangladesh (Reference No. NIMH/2022/2488, Approval date: 29.10.22).

References:

1. Alzheimer’s Disease International. World Alzheimer Report 2019: Attitudes to dementia [Internet]. London; 2019. Available from: www.daviddesigns.co.uk
2. Huang Y, Wang Y, Wang H, Liu Z, Yu X, Yan J, et al. Prevalence of mental disorders in China: a cross-sectional epidemiological study. Lancet Psychiatry. 2019 Mar 1;6(3):211–24.
3. Wang YQ, Jia RX, Liang JH, Li J, Qian S, Li JY, et al. Dementia in China (2015–2050) estimated using the 1% population sampling survey in 2015. Geriatr Gerontol Int. 2019 Nov 1;19(11):1096–100.
4. Kravitz E, Schmeidler J, Schnaider Beeri M. Cognitive Decline and Dementia in the Oldest-Old. Rambam Maimonides Med J. 2012 Oct 31;3(4):e0026.
5. Abdullah A, Uddin MS, Wahid F, AI M, Rahman MM. Neurodefensive Effect of Olea europaea L. in Alloxan-Induced Cognitive Dysfunction and Brain Tissue Oxidative Stress in Mice: Incredible Natural Nootropic. J Neurol Neurosci. 2016;7.
6. Robinson L, Tang E, Taylor JP. Dementia: Timely diagnosis and early intervention. BMJ (Online). 2015 Jun 16;350.
7. Kabir R, Khan HTA, Kabir M, Rahman MT. Population ageing in bangladesh and its implication on health care. European Scientific Journal [Internet]. 2013; Available from: https://doi.org/10.19044/esj.2013.v9n33p%25p
8. Uddin MS, Mamun A Al, Takeda S, Sarwar MS, Begum MM. Analyzing the chance of developing dementia among geriatric people: a cross-sectional pilot study in Bangladesh. Psychogeriatrics. 2019 Mar 1;19(2):87–94.

9. Amin I. Perceptions of Successful Aging among Older Adults in Bangladesh: An Exploratory Study. J Cross Cult Gerontol. 2017 Jun 1;32(2):191–207.
10. Palmer K, Kabir ZN, Ahmed T, Hamadani JD, Cornelius C, Kivipelto M, et al. Prevalence of dementia and factors associated with dementia in rural Bangladesh: Data from a cross-sectional, population-based study. Int Psychogeriatr. 2014 Nov 15;26(11):1905–15.
11. Mccabe L, Comstock H. Delivering Multidisciplinary and Cross-Cultural Education in Dementia Studies. 2021.
12. Hofman A, Rocca WA, Brayne C, B Breteler MM, Clarke M, Cooper B, et al. The Prevalence of Dementia in Europe: A Collaborative Study of 1980-1990 Findings L AMADUCCI** FOR THE EURODEM PREVALENCE RESEARCH GROUPt Downloaded from [Internet]. Vol. 20, International Journal of Epidemiology © International Epidemiological Association. 1991. Available from: http://ije.oxfordjournals.org/
13. Carpenter BD, Balsis S, Otilingam PG, Hanson PK, Gatz M. The Alzheimer's disease knowledge scale: Development and psychometric properties. Gerontologist. 2009;49(2).
14. Rahman MR, Tajmim A, Ali M, Sharif M. Overview and current status of Alzheimer's disease in Bangladesh. Vol. 1, Journal of Alzheimer's Disease Reports. IOS Press BV; 2017. p. 27–42.
15. Reilly S, Miranda-Castillo C, Malouf R. Case management approaches to home support for people with dementia (Review) [Internet]. 2015. Available from: http://www.thecochranelibrary.com
16. Thyrian JR, Hertel J, Wucherer D, Eichler T, Michalowsky B, Dreier-Wolfgramm A, et al. Effectiveness and safety of dementia care management in primary care: A randomized clinical trial. JAMA Psychiatry. 2017 Oct 1;74(10):996–1004.
17. Galvin JE, Sadowsky CH. Practical guidelines for the recognition and diagnosis of dementia. Vol. 25, Journal of the American Board of Family Medicine. 2012. p. 367–82.
18. Beccaro M, Aprile PL, Scaccabarozzi G, Cancian M, Costantini M. Survey of Italian general practitioners: Knowledge, opinions, and activities of palliative care. J Pain Symptom Manage. 2013;46(3):335–44.
19. Thyrian JR, Hoffmann W. Dementia care and general physicians - A survey on prevalence, means, attitudes and recommendations. Cent Eur J Public Health. 2012;20(4).
20. Wang M, Jin G, Wei Y, Wang F, Pan Z, Chen L, et al. Awareness, utilization and influencing factors of social supports for main informal caregivers of schizophrenia patients: a cross-sectional study in primary care settings in Beijing, China. BMC Fam Pract. 2020 Sep 17;21(1).
21. Ahmad S, Orrell M, Iliffe S, Gracie A. GPs' attitudes, awareness, and practice regarding early diagnosis of dementia. British Journal of General Practice. 2010 Sep;60(578).
22. Veneziani F, Panza F, Solfrizzi V, Capozzo R, Barulli MR, Leo A, et al. Examination of level of knowledge in Italian general practitioners attending an education session on diagnosis and management of the early stage of Alzheimer's disease: Pass or fail? Int Psychogeriatr. 2016 Jul 1;28(7):1111–24.
23. Foley T, Boyle S, Jennings A, Smithson WH. "We're certainly not in our comfort zone": a qualitative study of GPs' dementia-care educational needs. BMC Fam Pract. 2017 May 22;18(1).
24. Alzheimer's Disease International. World Alzheimer Report 2016 Improving healthcare for people living with dementia coverage, Quality and costs now and In the future [Internet]. 2016. Available from: www.daviddesigns.co.uk