

Improving Training in Dementia Diagnosis Among Tertiary Healthcare Workers in Southwestern Uganda

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Background

- In Uganda, dementia prevalence is estimated to be between 5% and 23% in individuals aged 50 years and older.
- In southwestern Uganda, 20% of individuals aged 60 years scored poorly on cognitive tests.
- Knowledge regarding dementia among both primary and tertiary health workers (THCWs) remains low in Uganda.
- Several training approaches have been used for Healthcare workers in Sub-Saharan Africa and Uganda showing effectiveness in improving their knowledge.
- These include WHO mental health Gap Action Program (WHO mhGAP, traditional approaches (face to face, Online, etc.).

The Gap

- There is evidence of an existing dementia knowledge gap among THCWs in Southwestern Uganda which delays diagnosis, decision-making regarding patient care and caregiver support.
- Although WHO mhGAP has been used to improve dementia knowledge among HWCs it has not been locally adapted which hinders it health from being scaled up across all the tertiary institutions as a training tool.

Objectives

1. To adapt the WHO mhGAP dementia training manual for tertiary healthcare workers (THCWs) at Mbarara Regional Referral Hospital (MRRH)
2. To pilot the adapted modified mhGAP training manual with 30 THCWs at MRRH
3. To assess whether THCWs apply the acquired knowledge in clinical practice, including changes in dementia diagnosis at 3 and 6 weeks post-training

Methods: Study participants

The participants will be selected from the various hospital departments by purposive sampling and with a special purpose of becoming champions in dementia after the pilot.

Methods: Objectives

1. An assessment will be first conducted through semi-structured interviews to assess for competencies, gaps and system challenges. Together with 6 dementia experts over a 4-week period, we will modify the WHO mhGAP for dementia
2. We will assess changes in dementia knowledge using pre- and post-training scores on the Alzheimer's Disease Knowledge Scale (ADKS). This pilot will test whether an adapted modified manual training curriculum leads to knowledge improvement in the THCWs. We will also evaluate participants' reactions (confidence in making diagnoses and managing cases) using a 5-point Likert scale.
3. A follow-up survey post training will assess whether the THCWs applied their knowledge in practice. We will review electronic medical records of the hospital before the training, 3 and 6 weeks after the training to see changes in *aspects of their clinical practice (e.g., increased screening and increased referrals to Neurology and Psychiatry)*

Expected outcomes

- Successful adaptation of WHO mhGAP manual fo training THCWs in southwestern Uganda.
- Improvement in dementia knowledge and confidence in diagnosis of dementia among THCWs at MRRH
- Application of the acquired Knowledge in practice for THCWs through changes in dementia diagnosis and increase in referral for dementia patients to Psychiatry and Neurology for further assessment



The long-term goals.

- Increase internal referrals from different hospital departments to neurology and psychiatry for further assessment and management.
- Establish a dedicated clinic for patients with dementia.
- Support participants from different hospital departments in serving as champions for dementia screening and awareness.

References

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