

Dementia training and validation of the Amharic version of AD8 in primary care in Southern Ethiopia

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Background

The Problem

- Dementia is a growing public health challenge in lower-middle income countries (LMIC)
- East Africa, dementia prevalence ranges from 6–23%
- Most people living with dementia remain undiagnosed

Why Does This Gap Exist?

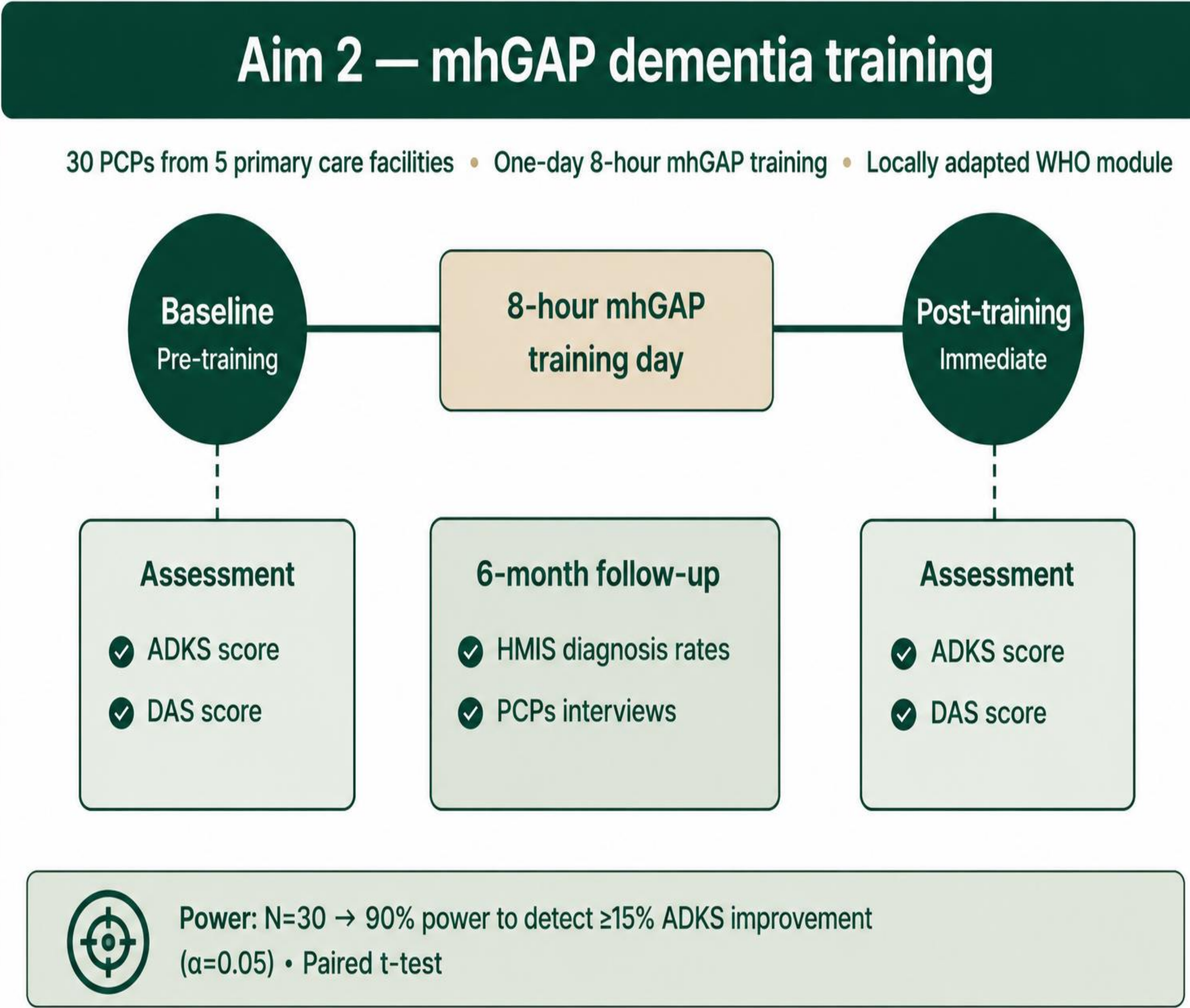
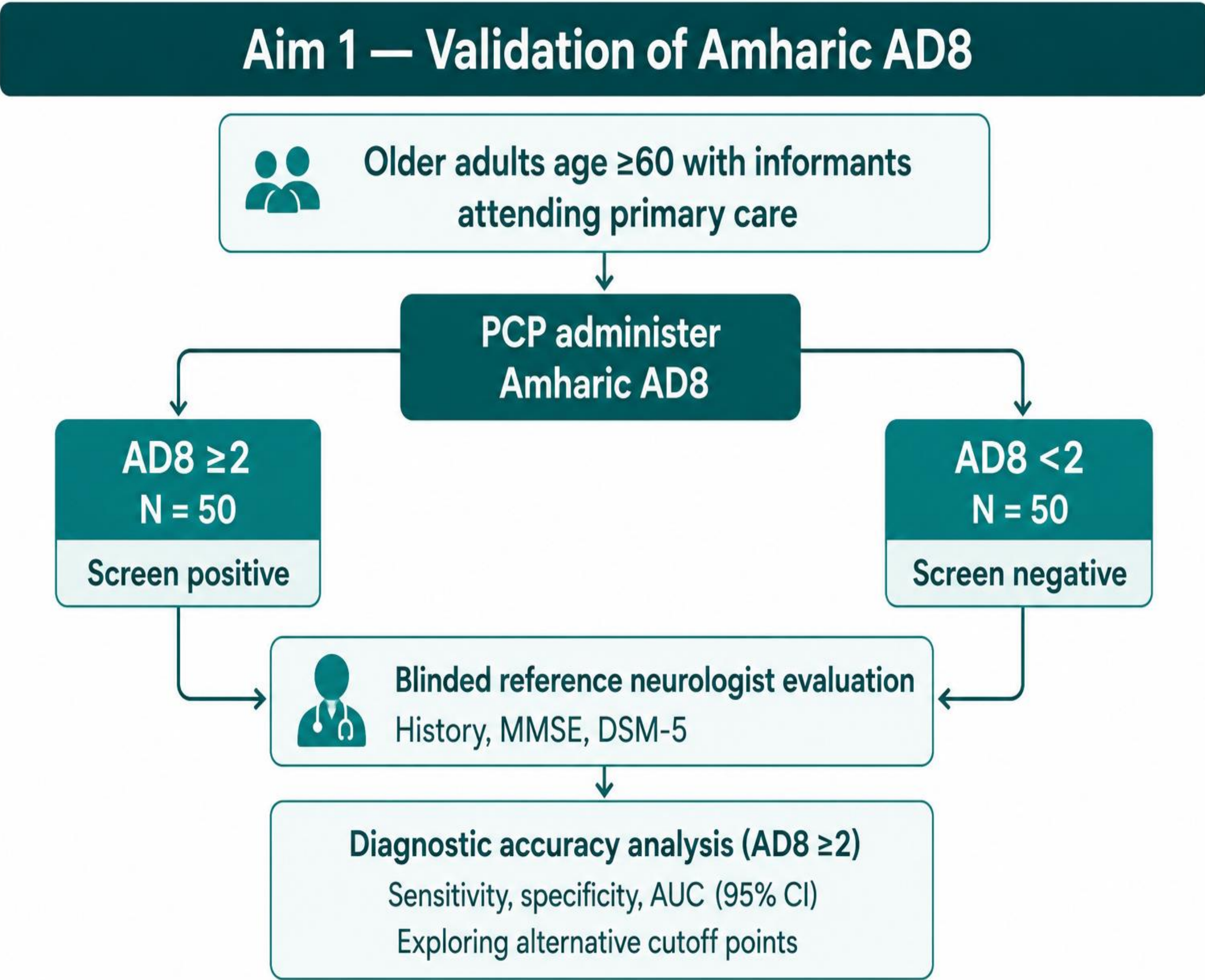
Limited dementia knowledge and confidence among Primary Care Providers (PCPs)
No brief, culturally validated cognitive screening tools for primary care in Ethiopia

The Opportunity

Two evidence-based solutions exist but have not been combined or evaluated in Ethiopia:

- 1. WHO mhGAP dementia module** — a structured training programme proven to improve PCP dementia knowledge and attitudes in LMIC
- 2. Amharic AD8** — a culturally adapted, brief (8-item), informant-based screening tool suitable for low-literacy settings, recently adapted by Ethiopian investigators — but never validated in primary care

Methods



Expected Results

- 1 Amharic AD8 validated**
 - ≥85% sensitivity
 - AUC ≥0.80
- 2 PCPs trained and equipped**
 - ≥20% improvement in ADKS score
 - ≥14% improvement in DAS score
- 3 Diagnosis rates increased**
 - Increase in diagnosis rate: ~2% → ~8% per provider
 - Increase in referral rate: Improved linkage to neurology services
- 4 Barriers and facilitators identified**

Impact

First local evidence on the diagnostic utility of the Amharic AD8 in Ethiopian primary care
Replicable training model for mhGAP-based dementia scale-up across primary care in southern Ethiopia
Strengthened referral linkages between primary care facilities and HUCSH neurology clinic
Policy brief for the Ethiopian Federal Ministry of Health on integrating dementia care into primary care
Foundation for a future larger-scale implementation study

References

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