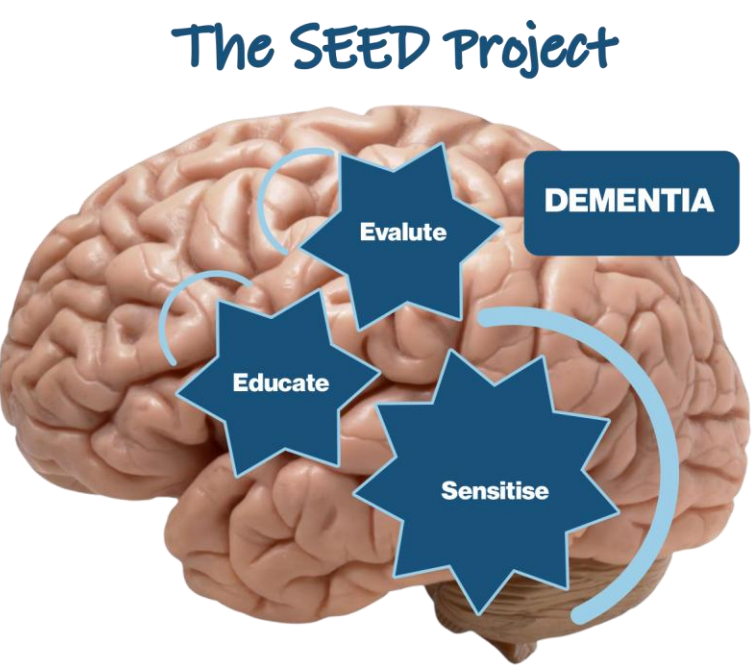


Dementia Knowledge, Attitudes And Practices Among Non-physician Primary Healthcare Providers In Southeast, Nigeria. (The SEED Study)



P1-0922

Laz Ude Eze, MD, MPH, FAPH^{1,2,4}, Dominic Trepel, PhD.^{3,4}, Jesse Chigozie Uneke, PhD.⁵, Elizabeth Finbarrs-Bello, PhD.⁶, Chukwuemeka Okorie Eze, MBBS, FWACP⁷, Obiora Okoye, MD, MPH^{2,8}, Chukwuanugo Ogbuagu, MBBS, PhD, MWACP⁹, Chi Udeh-Momoh, MSc., PhD.¹⁰, Rufus Akinyemi, MBBS, MSc, PhD, MWACP, FMCP¹¹, Olanrewaju Oladimeji, MB; BS, MSc, MPA, FRSPH, PhD,¹², Eboreime Ejemai, MD; MSc; PhD; DLSHTM¹³, Amanuel Yigezu, BSc., MPH³, Ada Akwari⁶, Donald Egwu, MBBS, MSc.⁶, Chikodili Adolphus Mbah MSc, PhD.⁶

*1*Department of Public Health, David Umahi Federal University of Health Sciences, Uburu, Ebonyi State, Nigeria. *2*Co-Founder, Sub-Saharan Africa Brain Health Initiative, Abuja, Nigeria. *3*Trinity College Institute of Neurosciences, Trinity College Dublin, Dublin, Ireland. *4*Global Brain Health Institute, Dublin, Ireland. *5*Vice Chancellor, David Umahi Federal University of Health Sciences, Uburu, Ebonyi State, Nigeria. *6*International Institute for Neurological and Brain Health Research, David Umahi Federal University of Health Sciences, Uburu, Ebonyi State, Nigeria. *7*Head of Department of Internal Medicine, Alex Ekwueme Federal University Teaching Hospital, Abakaliki, Nigeria. *8*Global Brain Health Institute, San Francisco, CA, USA. *9*Nnamdi Azikiwe University Teaching Hospital, Nnewi, Nigeria. *10*Brain and Mind Institute, Aga Khan University, Nairobi, Kenya. *11*Institute for Advanced Medical Research and Training, University College Hospital, Ibadan, Nigeria. *12*School of Health Care Sciences, Sefako Makgatho Health Science University, Pretoria, South Africa. *13*Department of Psychiatry, Dalhousie University, Halifax, NS, Canada.

The Sensitise, Educate and Evaluate Dementia (SEED) study reveals that while non-physician primary healthcare providers in Ohaozara exhibit deep compassion and a strong willingness to care for people living with dementia, they face critical gaps in knowledge, training and cognitive screening capabilities. These gaps are further widened by a lack of policy framework, health systems deficiencies and community-level cultural misconceptions.

INTRODUCTION

METHODS

RESULTS

CONCLUSIONS

REFERENCES

- The burden of dementia is rising on the African continent, with prevalence ranging from 2 to 20%.
- The pooled crude prevalence of dementia in Nigeria is 4.9% amid a rising population of persons aged 60 years and above.
- Due to inequitable distribution of medical specialists, more tasks are being shifted to primary healthcare providers especially in rural communities.
- **Aim:** This study examined the level of dementia knowledge, attitudes as well as how people with memory loss and signs of cognitive impairment are perceived and treated by non-physician primary healthcare providers.



Study Design: Cross-sectional descriptive pilot

Ethical Approval: Ethical approval and informed consent were obtained. Zero non-response.

Study Area: Ohaozara LGA, Ebonyi State, Southeast Nigeria

Study Population: Non-physician primary healthcare providers in 58 public & private HF.

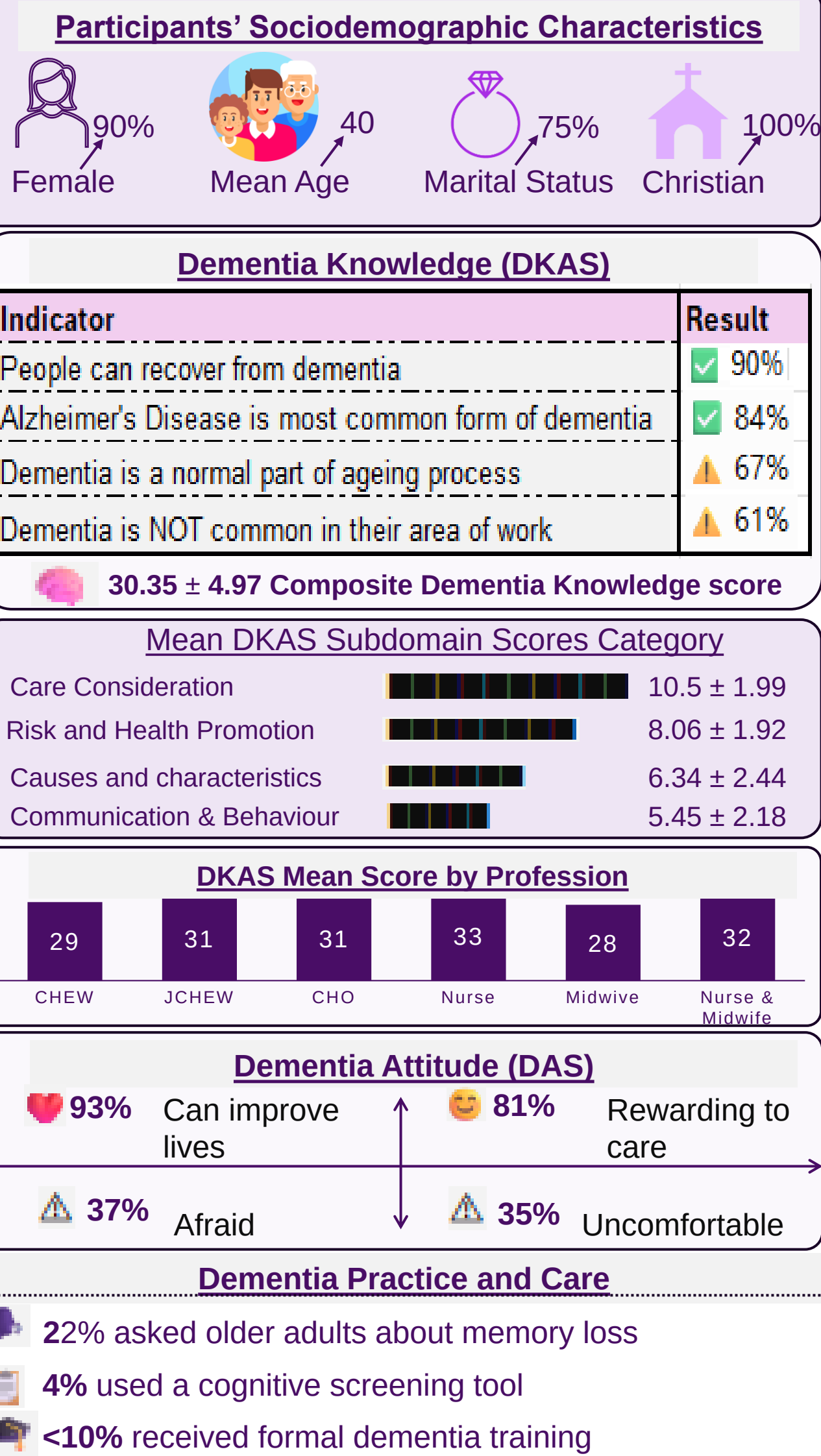
Distribution of PHC Providers in Nigeria



Sample Size & Technique:124 eligible non-physician PHC providers. Total sampling method

Semi-structured Questionnaires used, included questions from DKAS, DAS Dementia Attitude Scale and adapted questions on practices self-administered on chisquares.com using Android smartphones.

Data Analysis: Quantitative data were analysed using descriptive statistics; χ^2 or Fisher's exact tests were applied to explore associations. The qualitative data was analyzed using the thematic and content analytic methods.



- Gender Influence**
- The female dominance in primary healthcare roles may influence caregiving attitudes as women are culturally and professionally socialized into caregiving roles
- Professional Training**
- The dominance of CHEWs and JCHEWs but with limited formal training in geriatric and mental health care underscores an urgent need for targeted dementia education
- PHCs have low proportion of high-level health professionals who may have greater exposure to clinical assessment and mental health concepts.
- Primary HealthCare Landscape**
- PHCs are majorly government owned/state registered.
- This presents an opportunity for government-led interventions, policy implementation, and standardized dementia training at the primary healthcare level
- Summary of Findings in Ohaozara**
- Moderate awareness but substantial gaps in conceptual understanding
- Low experiential knowledge of dementia
 - PHC workers perceived dementia as uncommon and this may reflect under-recognition, under-diagnosis, or limited help seeking rather than low prevalence
 - Significant gaps in practice of standard dementia case management among non-physician PHC providers
- Recommendations**
- Deep-dive; more research. Determine training model.
 - Launch a national dementia awareness programme.
 - Advocacy for development of national dementia plan

Akinyemi et al. (2022). Dementia in Africa: Current evidence, knowledge gaps, and future directions. *Alzheimers Dementia*. Apr;18(4):790-809. doi:10.1002/alz.12432. Epub 2021 Sep 27. PMID: 34569714; PMCID: PMC8957626.

2. Alzheimer's Disease International. (2016). Improving healthcare for people living with dementia: Coverage, quality and costs now and in the future.[https://www.alz.co.uk/research/WorldAlzheimerReport.pdf].

3 Chukwuanugo O, Richard U, James GK,Ekenechukwu O, Obiageli E, Uzoma O,Irene O, Godswill C and Obiora O.(2023).Primary health care providers knowledge of dementia and cognitive assessment tools for elderly populations in Southeast Nigeria: A pilot survey. *SAGE Open Medicine*.Vol 11: 1-8. journals.sagepub.com/home/smo. DOI: 10.1177/205.03121231204224

4 Huang HL, Shyu YI, Huang HL, Chen ST, Li HJ, Shiu MN, Pong MC. (2013). Factors associated with dementia care practices among community health nurses:results of a postal survey. *Int J Nurs Stud*.50(9):1219-28.

CONTACT

Email: laz.eze@gbhi.org;
lazudeze@gmail.com. X/in/Fb: @donlaz4u

Mobile/WhatsApp: +234 708 873 0488

The Principal Investigator, Dr Laz Eze is a Global Atlantic Fellow for Equity in Brain Health at the Global Brain Health Institute (GBHI) and is supported with funding from GBHI, Alzheimer's Association, and Alzheimer's Society, UK <GBHI ALZ UK-25-1289637>

