

# Study: Willingness to be screened for dementia varies by age but not by sex, race or income

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The first study to examine the actual willingness of older adults to be screened for dementia has found that acceptance of screening is pervasive, although it varies by age. However, willingness to be screened for dementia does not differ by sex, race or income level.

Almost 90 percent of the 554 people in the study, who ranged in age from 65 to 96, indicated their willingness by undergoing actual screening. The odds of refusal were higher for patients age 70 to 79 than for those age 65 to 69 or for those age 80 or older. Refusal rates were lowest for those who ranged in [age](#) from 65 to 69.

Seventy percent of study participants were female, and slightly over half of those in the study were African-American. Three quarters of the older adults had an annual income of less than \$20,000. Neither sex, race nor income level affected the study participants' willingness to undergo dementia screening. Refusal rates also did not vary by [education level](#).

"Unlike past studies which asked about theoretical willingness to be screened for dementia and found less interest, we looked at actual willingness of primary care patients to be screened," said Regenstrief Institute investigator Malaz Boustani, M.D., MPH, associate professor of medicine at the Indiana University School of Medicine. A geriatrician, Dr. Boustani is the study's corresponding author and principal investigator. He is also medical director of the Healthy [Aging Brain](#) Center at Wishard Health Services, the public hospital where the study was conducted. The majority of older adults receive their health care from [primary care physicians](#).

"We were surprised by the fact that only one in 10 [older adults](#) did not want to be screened for

dementia, and we believe this finding of an extremely high level of acceptance of screening by our well-powered study will help doctors and the United States [Preventive Services](#) Task Force evaluate the benefits and harms of dementia screening by providing the voice and perceptions of patients," said Dr. Boustani, who pointed out that if dementia screening is recommended in the future, special efforts will need to be employed to reach those in their 70s because of their higher rate of refusal.

"Effect of Patient Perceptions on Dementia Screening in [Primary Care](#)" appears in the June issue of the *Journal of the American Geriatrics Society*.

In addition to Dr. Boustani, co-authors of the study are Nicole R. Fowler, Ph.D. of the University of Pittsburgh; Amie Frame, MPH, and Anthony J. Perkins, M.S., of the Regenstrief Institute; Patrick Monahan, Ph.D. and Sujuan Gao, Ph.D., of the IU School of Medicine; and Greg A. Sachs, M.D., and Hugh C. Hendrie, M.B., Ch.B., D.Sc., of the Regenstrief Institute and the IU School of Medicine. Frame, Perkins and Drs. Monahan, Gao, Sachs and Hendrie are also with the IU Center for Aging Research, of which Dr. Boustani is associate director.

[Study participants](#) who indicated stronger agreement to statements about the benefits of knowing about dementia earlier (for example, ability to plan for the future) were more likely to accept screening. Of the 497 individuals screened in the study, 13 percent were found to be positive for [dementia](#) and were referred for a confirmatory diagnostic assessment.

Provided by Indiana University School of Medicine

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