

Study IDs traits of those who screen positive for dementia but refuse diagnostic testing

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Two thirds of individuals 65 and older who screened positive for cognitive impairment refused subsequent evaluation according to the first study of its kind to examine older adults' willingness to undergo diagnostic assessment. The Indiana University Center for Aging Research, Regenstrief Institute and Eskenazi Health study of approximately 500 older adults found that individuals living alone were the least likely to agree to diagnostic assessment following a positive screening test for dementia.

Screening is designed to detect if a problem exists. Diagnostic assessment provides a diagnosis based on the best available tests.

"Traits of Patients Who Screen Positive for Dementia and Refuse Diagnostic Assessment" is published in the June issue of *Alzheimer's & Dementia: Diagnosis, Assessment & Disease Monitoring*, an open access, peer-reviewed journal from the Alzheimer's Association.

In addition to living alone, an individual's negative preconceptions of the stigma surrounding [dementia](#) were associated with refusal to undergo diagnostic assessment; although, surprisingly, not with unwillingness to undergo initial [screening](#).

Those who agreed to continue from positive screening to diagnostic assessment were also more likely to agree with positive statements about other types of screening, such as colonoscopy.

Age, sex and race appeared to have no impact on an older adult's decision to follow or not follow a positive [cognitive impairment](#) screening result with diagnostic assessment.

"The findings from our study are important given the low rates of detection of dementia and the high

percentage of [older adults](#) with dementia who never receive a cognitive evaluation," said Nicole Fowler, Ph.D., the IU Center for Aging Research and Regenstrief Institute investigator who led the new study. "Early intervention and education of patients and their caregivers on dementia and [dementia screening](#) could increase the number of patients seeking diagnostic assessment and inform efforts that address the perceived stigmas associated with dementia screening.

"While screening and evaluation can't delay or alter dementia progression, definitive diagnosis based on a cognitive assessment can alert physicians to treatable symptoms and allow the older adult and family members to prepare for future cognitive decline," Dr. Fowler said.

Study participants did not have a previous diagnosis of dementia. They received primary care at Eskenazi Health, one of the largest safety net health systems in the United States.

"Understanding patients' attitudes about the risks and benefits of early identification of dementia and how those attitudes translate to behaviors toward screening is vital to assess the value of population-based dementia screening," Dr. Fowler, who is also an assistant professor of medicine at IU School of Medicine, said.

Provided by Indiana University

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