IMH Research News

Knowledge of Dementia and it's Demographics Correlates among Primary Informal Caregivers

The extant literature shows that caregivers of persons with dementia are more susceptible to negative health-related outcomes. The WISE study found a 10% prevalence of dementia among those aged 60 years and above, and that caregivers of older adults with dementia were more likely to experience higher caregiver's burden. In this regard, knowledge of dementia has been evinced to be a protective factor against caregiver's subjective distress.

This study which was led by Dr. Yuan Qi, aims to investigate the extent of dementia knowledge among informal caregivers in Singapore using the Dementia Knowledge Assessment Scale (DKAS). This allows the identification of knowledge lapse in or misunderstanding towards dementia among caregivers that needs to be addressed. The other aims of the study are to explore the factor structure of the DKAS which has yet to be validated among caregiver population in Singapore, and to identify how certain caregiver's characteristics affect their knowledge towards dementia.

A total of 282 primary informal caregivers between ages of 24-85 were recruited from IMH and its satellite clinics, and CGH. An exploratory factor analysis of the DKAS was performed, and the 3 factors generated were 'Misconceptions about Dementia (MD)', 'Caregiving Considerations towards Dementia (CD)' and 'Dementia Symptoms (DS)'. Findings from this study suggests a need for knowledge of dementia to be improved among informal caregivers. Additionally, being a male caregiver and having lower educational levels were associated with poorer scores on the MD and CD domains. And

notably, duration of caregiving did not significantly predict better scores on any factors.

Given the benefits that knowledge entails in dementia caregiving, these findings thus highlight the need to introduce more dementia educational intervention tailored for caregivers, especially male caregivers and those of lower educational level. Lastly, our findings also indicate that experienced caregivers may also benefit from such intervention

Mr Gregory Tee Hng Tan
Research Assistant, Research Division
Institute of Mental Health

FACTOR LOADING FROM EFA ANALYSIS ON DKAS

ITEM DESCRIPTION	FACTOR LOADING		
	f1	f2	f3
Factor 1 – Misconceptions about Dementia			
DKAS1 - Dementia is a normal part of the ageing process	0.355		
DKAS 3 - People can recover from the most common forms of dementia	0.850	-0.371	
DKAS 4 - Dementia DOES NOT result from physical changes in the brain.	0.620		
DKAS10 - Maintaining a healthy lifestyle DOES NOT reduce the risk of developing the most common forms of dementia.	0.367		
DKAS13 - Early diagnosis of dementia DOES NOT generally improve QOL for people experiencing the condition.	0.392	0.327	
DKAS14 - The sudden onset of cognitive problems is characteristic of common forms of dementia.	0.343		
DKAS15 - It is impossible to communicate with a person who has advanced dementia.	0.412		
DKAS17 - It is important to correct a person with dementia when they are confused.	0.472		
DKAS20 - People with dementia are unlikely to experience depression.	0.657		
DKAS21 - Medications are the most effective way of treating the behavioural symptoms of dementia.	0.420		
DKAS22 - People experiencing dementia DO NOT generally have problems making decisions.	0.602		
Factor 2 – Caregiving Considerations towards Dementia			
DKAS5 - Most forms of dementia reduce the length of a person's life.		0.702	
DKAS6 - Planning for end of life care is generally NOT NECESSARY following a diagnosis of dementia.	0.325	0.352	
DKAS8 - Most forms of dementia DO NOT generally shorten a person's life.		0.766	
DKAS11 - Symptoms of depression can be mistaken for symptoms of dementia.		0.351	
DKAS12 - Exercise is generally beneficial for people experiencing dementia.		0.414	
DKAS18 - People experiencing advanced dementia often communicate through body language.		0.457	0.327
DKAS19 - Uncharacteristic behaviours in a person experiencing dementia are generally a response to unmet needs.		0.314	
DKAS27 - Daily care for a person with advanced dementia is effective when it focuses on providing comfort.		0.435	0.343
Factor 3 – Dementia Symptoms			
DKAS23 - Movement is generally affected in the later stages of dementia.			0.679
DKAS24 - People with advanced dementia may have difficulty speaking.			0.853
DKAS25 - People experiencing dementia often have difficulty learning new skills.			0.676
DKAS26 - Difficulty eating and drinking generally occurs in the later stages of dementia.			0.623

Contact us : IMHRESEARCH@imh.com.sg

The Evolution in Depression in First Episode Psychosis : A naturalistic data base study

The reason for conducting this study was that while caring for our First Episode Psychoses (FEP) patients we came across many who had depressive symptoms. We were unsure if the depression was pre-existing or had appeared sometime during the psychotic illness. Depression is commonly seen during schizophrenia and can occur during any of the phases of the psychotic illness. However, there are very few studies which had looked at FEP and depression, especially the trajectory of depressive symptoms and any correlation with the trajectory of the psychotic illness, and even these studies have reported a wide range of varying prevalence of depression ranging from 17% to 83%. There was very little data from Asia and none from Singapore. So, we decided to look at the prevalence of depression in first episode psychosis, the trajectory of depression and occurrence of De Novo depression following the first episode of psychosis and any predictive significance of baseline depression with recurrence of depression in the subsequent phases of the psychotic illness.

The study was conducted with a clinical sample of 460 patients under the care of EPIP and data relating to duration of untreated psychosis, sociodemographic data, Positive and Negative Symptom Scale (PANSS), Global Assessment of Functioning (GAF), and Clinical Global Impression (CGI) were collected.

Diagnosis was made using SCID-1, and depression was measured by Patient Health Questionnaire (PHQ-9). Statistical analysis was performed using SAS version 9. Statistical significance was set at p value less than 0.05. We divided the sample into early and late onset psychoses according to the age that the psychoses first occurred. 26 years was the cut off age.

We found that baseline depression was present in 34.42% patients with a preponderance of females ($p = 0.047$) and in those with secondary education. This was primarily due to those with late onset psychoses (above the age of 26 years). A suicide attempt was a strong predictor for depression at baseline. There was a lower incidence of depression in those diagnosed with brief psychotic disorder ($p = 0.015$) and those with lower PANSS positive scores ($p = 0.017$).

Depression at 1-year follow-up was significantly predicted by depression at baseline. We also looked at the trajectories of the depressive symptoms in this group of patients and for this purpose we divided them into 4 groups - **Group1 – No depression**, **Group 2 – Remitted** (those with depression at baseline , but none thereafter), **Group 3 – Persistent** (depression at baseline and persisting at 3 months and beyond), **Group 4 –De Novo depression** (no depression at baseline but depressed at any one time point of 3, 6 or 12 months). The results were – Group 1 – 70 patients , Group 2 – 110 patients, Group 3 – 31 patients, and Group 4 – 22 patients.

Our study has important clinical implications since depression is present in 1/3 rd of our patients with FEP in the early stages of psychoses and needs to be identified and treated adequately. Awareness of the appearance of De Novo depression during the course of the psychotic illness is important, lest it is overlooked in the maelstrom of the psychotic symptoms and is left untreated, adding to the distress of the patient.

Dr Sutapa Basu
Consultant, Department of Psychosis
Institute of Mental Health