Interventions to reduce dementia-related stigma: Improving dementia care policies, programs and practices

Juanita Bacsu, Shanthi Johnson, Marc Viger

Faculty of Kinesiology and Health Studies, University of Regina, School of Public Health, University of Alberta, Department of Family Medicine, University of Saskatchewan

Background

- Recently, the Government of Canada (2019) published a national dementia strategy that addressed the need to reduce stigma and improve quality-of-life for people with dementia.
- Stigma refers to an attribute or characteristic which is socially discrediting and may lead to stereotyping, labeling, loss of status, social exclusion, and discriminatory practices (Alzheimer’s Disease International, 2012).
- Dementia-related stigma can detrimentally impact interactions with health care workers; experiences in acute care settings; access to specialist services (e.g., geriatricians and neurologists); and can lead to misdiagnosis, and a decreased quality of life (World Health Organization, 2012).
- In long-term care, people with dementia often experience an increased use of restraints and an over-reliance on anti-psychotics without psychosis diagnosis (Canadian Institute for Health Information, 2019).
- In order to improve quality of life for people living with dementia, there is a growing need for knowledge on interventions to address dementia-related stigma.

Objectives

1. To explore interventions to reduce stigma towards people living with dementia; and
2. To identify key components of existing anti-stigma interventions to inform future dementia care policies, programs and practices.

Approach

- Scoping review was conducted to examine peer-reviewed literature on interventions to reduce stigma of dementia from 2008 to 2018.
- Corrigan and Penn’s (2005) stigma reduction framework was used for conceptualizing the different interventions: education (replacing myths with facts and accurate information); contact (interacting with people living with dementia to challenge stereotypes of dementia); mixed (combining education and contact interventions); and protest (confronting negative perceptions of people living with dementia).

Results

- Several education, contact and mixed interventions were found.
- After screening the initial 744 records, 21 articles were included in the review.

1. Education interventions (11 studies) ranged from community presentations to university seminars.
   - Key components of education interventions included:
     - Creating culturally and context-informed strategies tailored for specific groups;
     - Sharing facts to replace myths;
     - Using different mediums (e.g., print and television) to improve dementia knowledge; and
     - Teaching that dementia is more than memory loss.

2. Contact interventions (8 studies) ranged from intergenerational ballet to an orchestra group.
   - Key components of contact interventions included:
     - Participating in purposeful-learning with a common goal (e.g., visual arts programs and intergenerational choir groups);
     - Opportunities for social interaction to show that it is possible to lead an active life with dementia (e.g., orchestra groups and intergenerational storytelling groups); and
     - Showcasing the achievements of people living with dementia (e.g., artistic performances).

3. Mixed interventions (2 studies) included an educational event with keynote speakers who were people with dementia, and learning modules combined with clinical rotations for nursing students.
   - Key components of mixed interventions included:
     - Partnering with people living with dementia as teachers, champions, and spokespersons to reduce dementia-related stigma; and
     - Opportunities for clinical placements with nursing students and people living with dementia.

Conclusion

- Reducing dementia-related stigma is essential for improving long-term care practices, optimizing cognitive health services, and promoting timely dementia diagnosis.
- Findings from our study can help to inform the development of anti-stigma interventions and improve dementia-care policies, programs, and practices.

References


