



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

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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.
- Electronic databases searched included: CINAHL, PubMed, Medline, Web of Science, PsycINFO, Google Scholar, and Social Services Abstracts.
- 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:
 - Partaking 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
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