



DEMENTIA PREVALENCE AMONG THE ELDERLY PEOPLE OF RAJASTHAN IN CORRELATION WITH EDUCATION, AND MARITAL STATUS.

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BACKGROUND

- Dementia is characterized as a considerable decline in at least one of the cognitive functions—executive function, complex attention, language, learning, memory, perceptual-motor, or social cognition. The patient's level of cognitive function has changed from its prior state as a result of the constant decline, which gets worse over time.
- Dementia, a huge global health issue brought on by the world's increasingly ageing populations, currently affects more than 50 million people worldwide. There will be 152 million cases by 2050. Furthermore, half of the 10 million new cases of dementia each year are found in Asia.
- Education level and being married has reflected in improvement of cognitive capacity lowering the risk of dementia.

BACKGROUND

There are nine risk factors for dementia:

- Hearing loss in middle age accounts for 9% of the risk.
- Not finishing secondary education: 8%
- tobacco use: 5%
- Neglecting to get depression therapy right away: 4% Activity-related, inactivity: 3%
- 10% Social isolation
- 2% have high blood pressure.
- Obesity: 1%
- Diabetes type 2: 1%

These risk variables total 35% and are categorised as potentially modifiable

It is believed that the remaining 65% of dementia risk may not be modifiable.

INTRODUCTION

- India has surpassed China as the most populous country as of 2023. Its population is also ageing quickly. India is projected to have 319 million individuals who are 60 or older by 2050, accounting for 15.4% of the world's population. This corresponds to a portion of the population that would be nearly 20% older. India's life expectancy increased steadily from 42.9 years in 1960 to 70.4 years in 2020, which is consistent with the demographic trend towards longer lifespans.
- The Longitudinal Ageing Study in India (LASI-DAD), which makes use of a systematic dementia diagnostic assessment, is the first nationally representative study of dementia in India.

REVIEW OF LITERATURE

AUTHOR	STUDY DESIGN	SAMPLE SIZE	FINDINGS
Sharma et al. (2015)	Cross-sectional	500	In Rajasthan, reduced dementia prevalence was linked to higher education. Those who were married had a reduced risk than those who were single.
Singh et al. (2018)	Cross-sectional	800	Higher education was found to be significantly associated with lower dementia prevalence among elderly people in Rajasthan. Marital status showed no significant correlation.
Choudhary et al. (2021)	Cross sectional	700	Education level was found to be significantly correlated with lower dementia prevalence in Rajasthan’s elderly population. Marital status showed no significant association
Kumar et al. (2023)	Cross sectional	500	Higher education was significantly associated with lower dementia prevalence among elderly individuals in Rajasthan. Marital status did not show a significant correlation.

AIM

- ❖ The aim of this study was to analyse the relationship between education & marital status with prevalence of dementia.

OBJECTIVES

1. To examine the risk of dementia among older populations living in community with higher proportions of low educational attainment.
2. To examine the risk of dementia in older populations living in community with marital status.
3. To evaluate & understand the relationship of factors like education and marital status with cognitive ability in elderly.

METHODOLOGY

STUDY DESIGN: A Retrospective cross-sectional study design was employed.

SETTING: LASI DAD (AIIMS DELHI) study was conducted in the state of Rajasthan.

STUDY POPULATION:

- **INCLUSION CRITERIA:** Respondents over 60 years of age, of any gender belonging to state of Rajasthan.
- **EXCLUSION CRITERIA:** Psychotic individuals, respondents in last stages of End-of-Life chronic conditions.

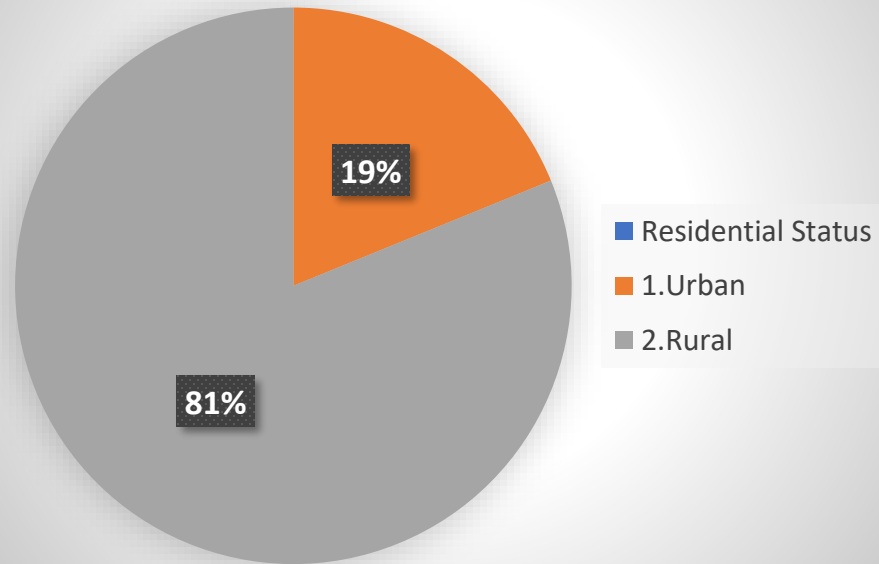
METHODOLOGY

- **DURATION OF STUDY:** The study was conducted for 3 months period.
- **SAMPLE SIZE:** 308 respondents
- **DATA SOURCE:** Secondary data was taken from LASI DAD WAVE 1 (Program on Global Ageing Health & Policy). in collaboration with the Regional Geriatric Centres (RGCs).

RESULTS

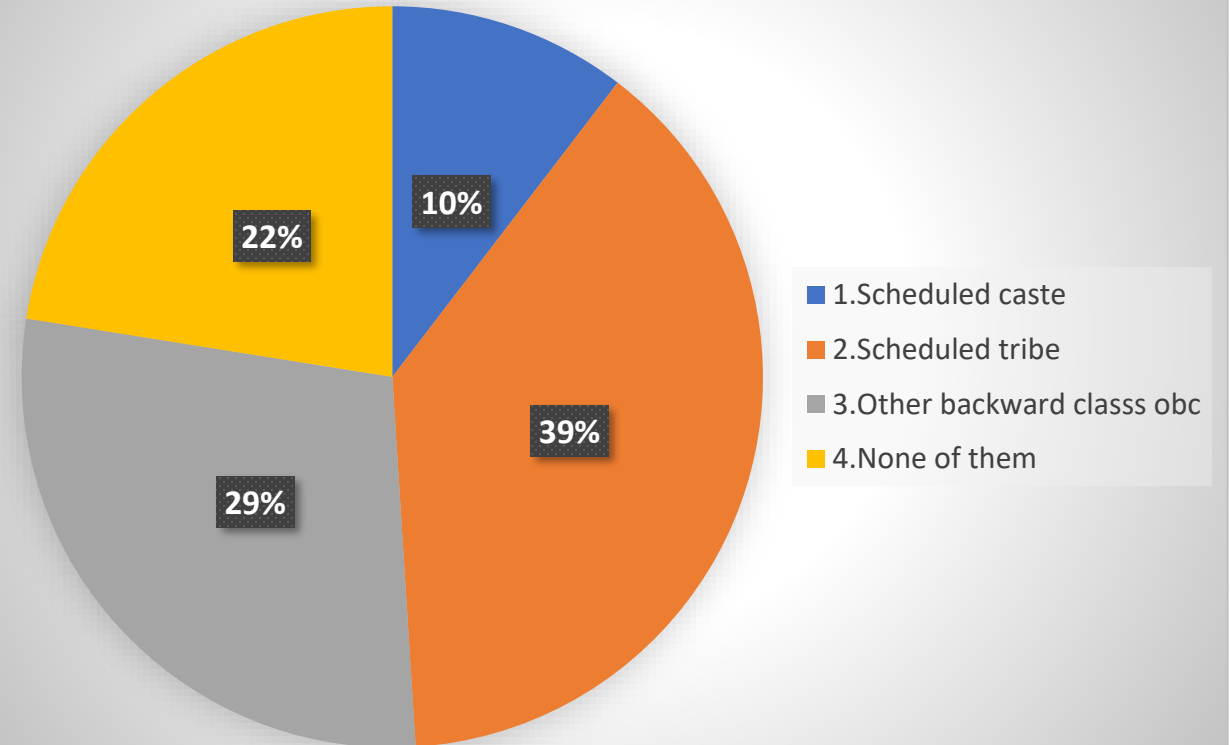
1. Residency Distribution:

Fig 1. Residential Status



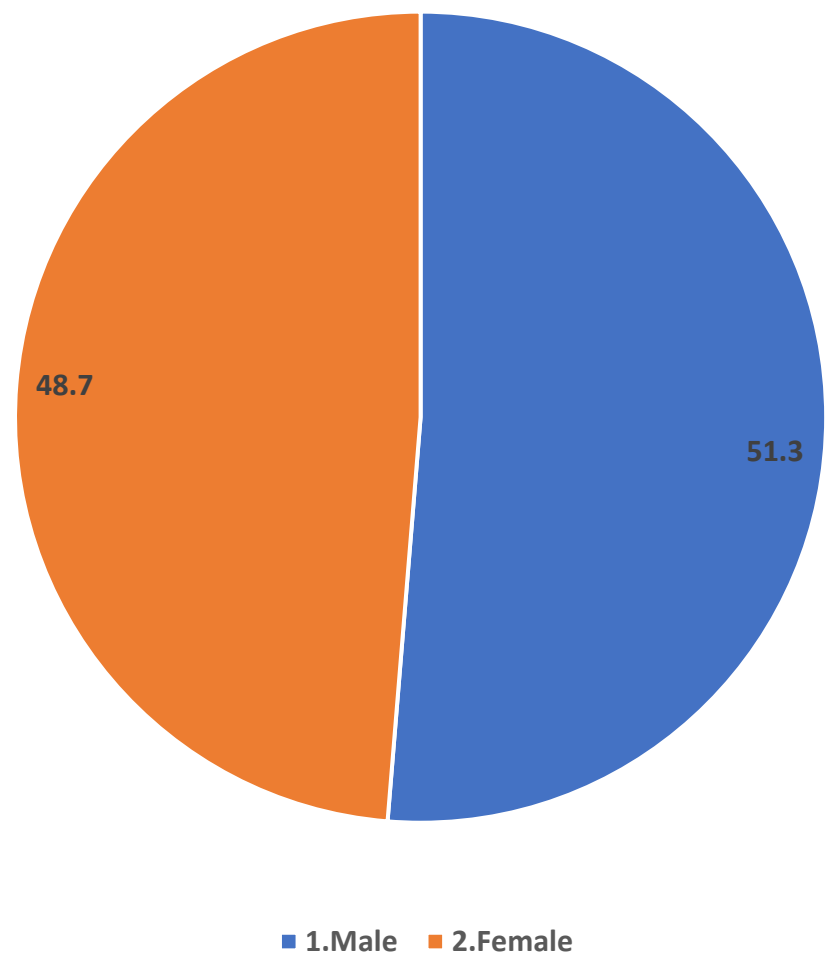
2. Caste:

Fig 2. Caste



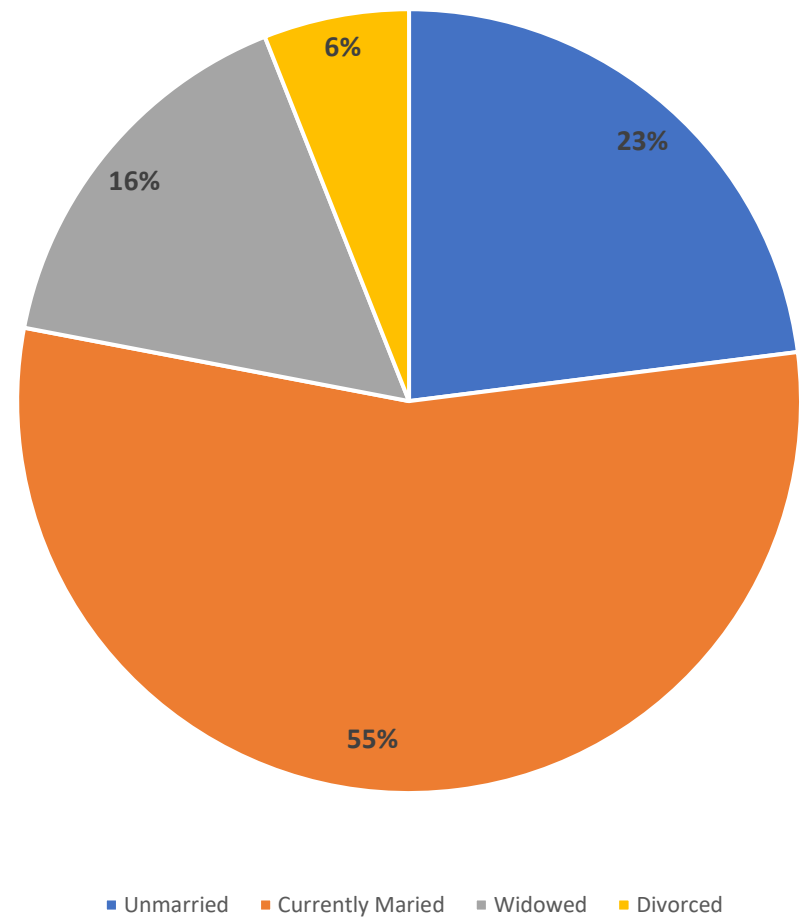
3. Gender Distribution:

Fig 3. Gender



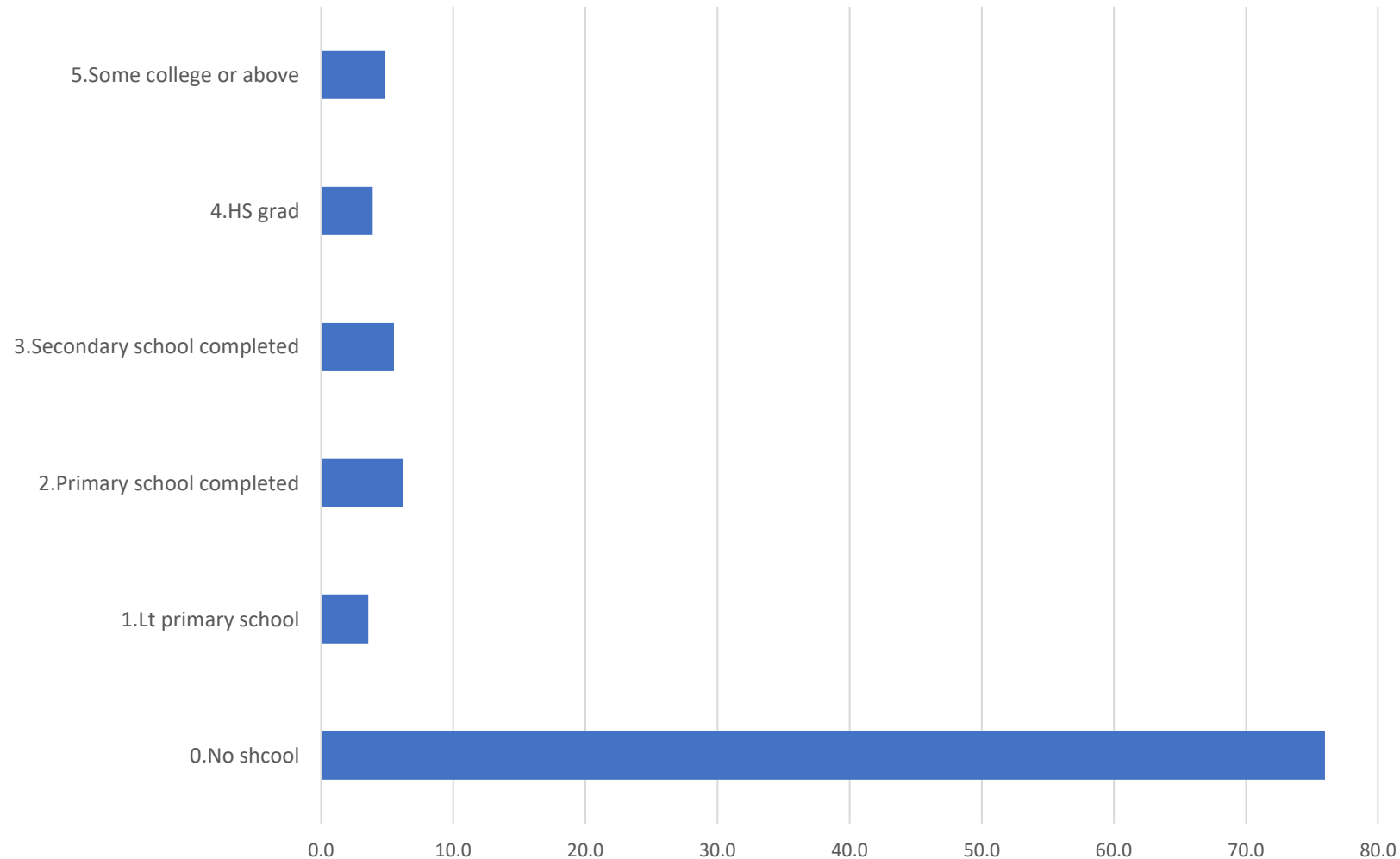
4.Marital Status:

fig 4. Marital Status

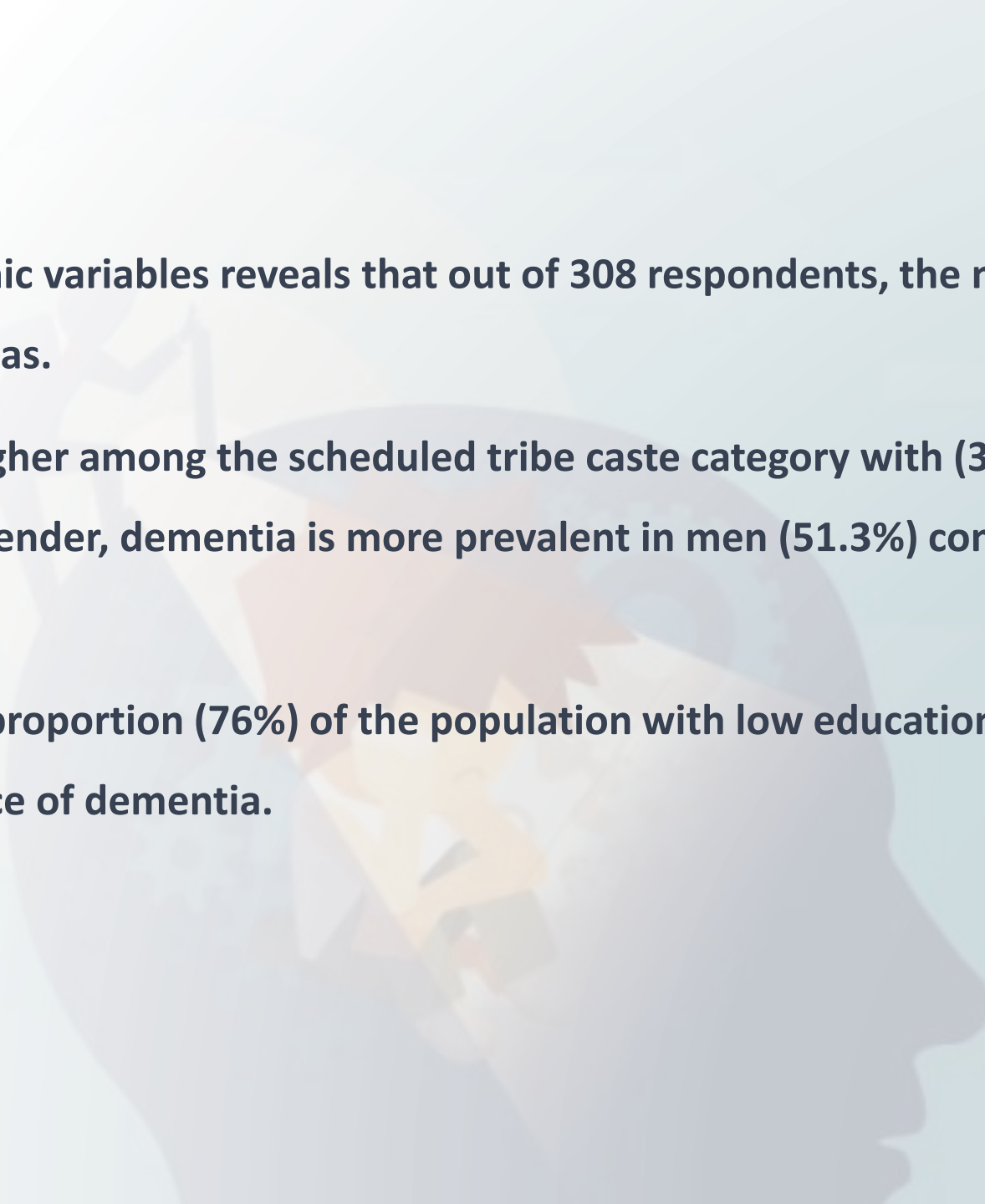


5.Highest Level of Education Distribution:

Fig 5. Highest Level of Education



- No school: 234 participants (76.0%)
- Less than primary school: 11 participants (3.6%)
- Primary school completed: 19 participants (6.2%)
- Secondary school completed: 17 participants (5.5%)
- High school graduate: 12 participants (3.9%)
- Some college or above: 15 participants (4.9%)

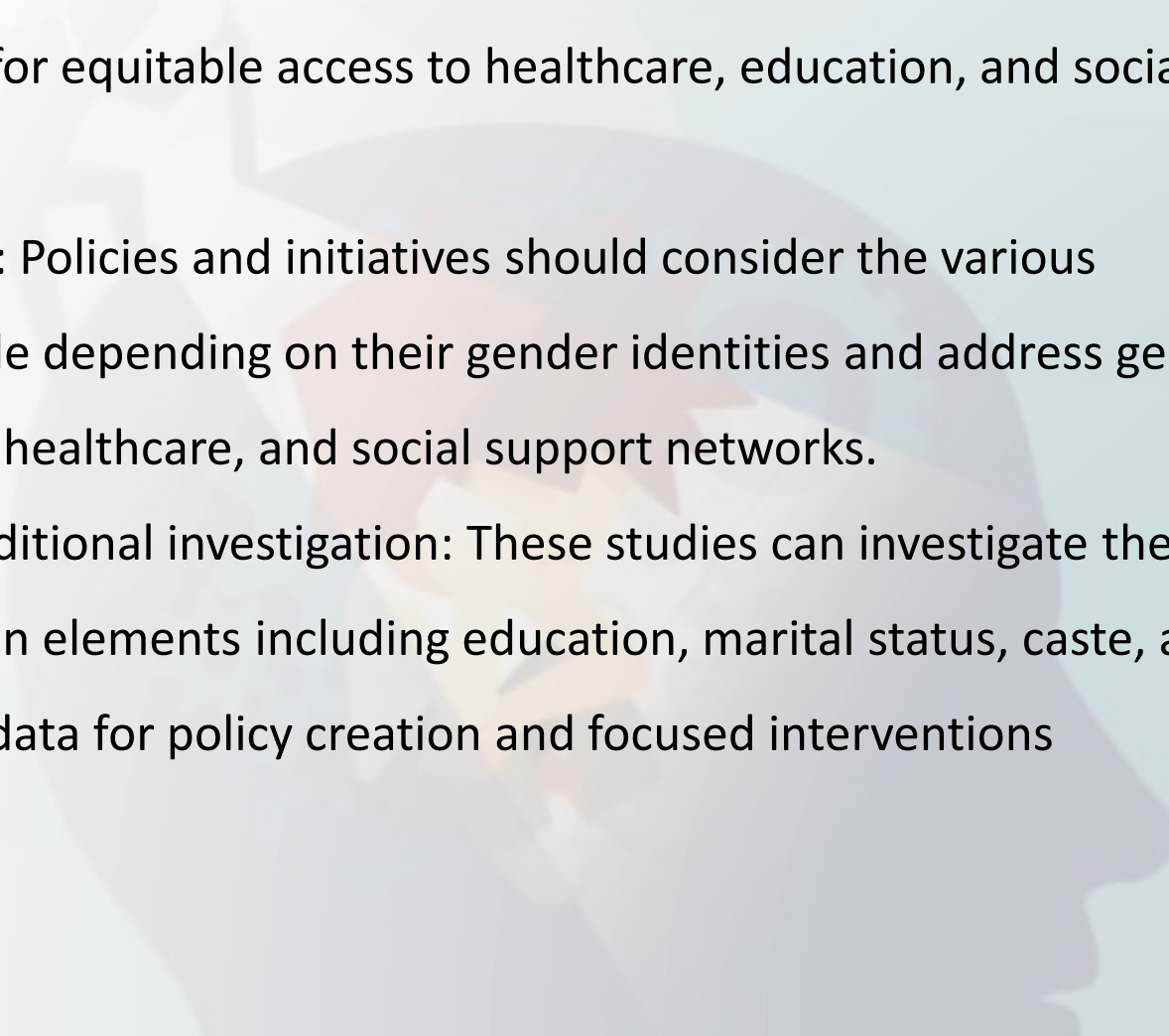
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- ❑ The analysis of demographic variables reveals that out of 308 respondents, the majority (81.2%) belong to rural areas.
 - ❑ Dementia prevalence is higher among the scheduled tribe caste category with (37.8%) respondents. In terms of gender, dementia is more prevalent in men (51.3%) compared to women (48.7%).
 - ❑ Additionally, a significant proportion (76%) of the population with low education access showed a higher prevalence of dementia.

DISCUSSION

- The analysis of variables influencing dementia prevalence among older adults in Rajasthan highlights the importance of considering marital status, residency distribution, caste, gender, and education level.
- The findings show higher dementia prevalence among married individuals, potential representation of rural challenges, the need for understanding caste identities, gender-specific factors, and the impact of education on dementia risk.

RECOMMENDATIONS

1. Improve dementia awareness and education :dementia awareness and education initiatives & focus on programmes in order to encourage early detection and intervention.
2. Stabilise the healthcare system in rural areas: access to specialised dementia care options, setting up memory clinics, and teaching medical personnel how to accurately diagnose and treat.
3. Encourage the development of social support networks: strengthen social networks for seniors, especially those who are widowed or single. community-based programmes like support groups and carer networks



4. Address caste-based disparities: adequate support for dementia prevention, diagnosis, and management, campaign for equitable access to healthcare, education, and social services.

5. Gender-sensitive approach: Policies and initiatives should consider the various requirements of elderly people depending on their gender identities and address gender-specific risk factors, access to healthcare, and social support networks.

6. Longitudinal studies and additional investigation: These studies can investigate the temporal correlations between elements including education, marital status, caste, and dementia, offering insightful data for policy creation and focused interventions

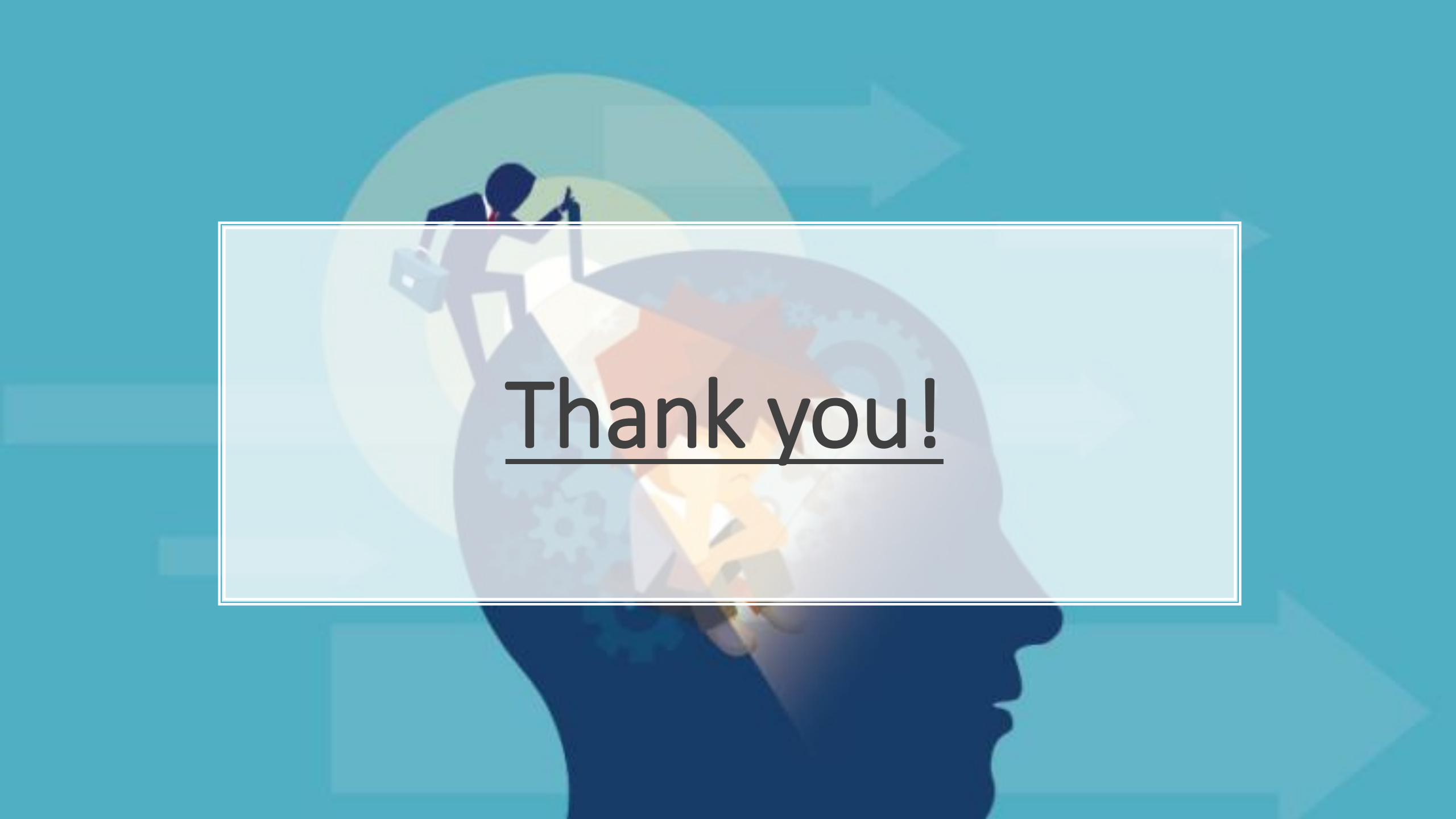
CONCLUSION

- The analysis reveals that the prevalence of dementia among Rajasthan's elderly population is estimated to be 7.7%. The findings highlight a higher prevalence in rural areas (81.2%), among the scheduled tribe caste category (38.6%), and slightly more among males (51.3%). There is also a correlation between lower levels of education and dementia prevalence, suggesting the impact of education on cognitive skills & no significant influence of marital status with dementia prevalence.

LIMITATIONS

- 1.The study's cross-sectional design limits the ability to establish causal relationships between variables.
- 2.Reliability of the data is subject to potential errors in data collection and reporting.
- 3.Individual differences and other factors that may influence dementia prevalence are not considered.
- 4.Socioeconomic status, genetics, and other health conditions are not accounted for in the analysis.

These limitations restrict the ability to draw definitive conclusions about the relationship between education, marital status, and dementia prevalence.



Thank you!