



A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE ON DEMENTIA AMONG OLDER ADULTS (40-50 YEARS) IN A SELECTED COMMUNITY AREA, CHENNAI

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ABSTRACT

Dementia is currently the seventh leading cause of death among all diseases and one of the major causes of disability and dependency among older people globally. Currently more than 55 million people live with dementia worldwide, and there are nearly 10 million new cases every year. Dementia is a syndrome in which there is deterioration in cognitive function beyond what might be expected from the usual consequences of biological ageing. Although dementia mainly affects older people, it is not an inevitable consequence of ageing. There is often a lack of awareness and understanding of dementia, resulting in stigmatization and barriers to diagnosis and care. **AIM:** The study aims to assess the knowledge on dementia among older adults (40- 50 yrs). **OBJECTIVES:** 1.To assess the knowledge on dementia among older adults (40-50 yrs). 2.To associate the level of knowledge on dementia among older adults with their selected demographic variables. **METHODS:** Quantitative research design was used. A total of 100 older adults (40-50 years) in selected community area, Chennai were selected by non probability convenient sampling technique. The knowledge on dementia was assessed by self structured questionnaires comprising of 25 questions. The data was analysed by Inferential and Descriptive statistics. **RESULTS:** The study showed that the level of knowledge on dementia among older adults was moderate. The analysis of overall level of knowledge shows 1 (1%) Adequate level of knowledge, 79(79%) moderate level of knowledge, 20 (20%) Inadequate level of knowledge. The study reveals that there was significant association between the knowledge on Dementia among older adults (40-50 years) with their selected demographic variables such as Gender ($X^2=6.52$, $P=0.03$) And Type of Family ($X^2=7.73$, $P=0.02$). There was no significant association between knowledge on dementia with the selected demographic variables like Age, Marital status, Educational status, occupational status. **CONCLUSION:** The study was intended to assess the knowledge on DEMENTIA among older adults (40-50 yrs). The findings revealed that most of the older adults had moderate knowledge on dementia.

INTRODUCTION

"Dementia isn't when you can't find your car keys. We all do that." It's when you're standing at the door with your keys in your hand and you don't know what they are there for. Dementia is an umbrella term which describes a serious deterioration in mental functions, such as memory, language, orientation and judgement. Dementia is not a single illness but a group of symptoms caused by damage to the brain. The symptoms include loss of memory, mood changes and confusion. Dementia results from a variety of diseases and injuries that primarily or secondarily affect the brain. Alzheimer's disease is the most common form of dementia and may contribute to 60-70% of cases. Dementia has physical, psychological, social and economic impacts, not only for people living with dementia, but also for their carers, families and society at large. Dementia is caused by a number of diseases of the brain. The main types of dementia are: Alzheimer's disease: small clumps of protein, known as plaques, begin to develop around brain cells. This disrupts the normal workings of the brain. Alzheimer's disease is the most common form and may contribute to 60-70% of cases. Vascular dementia: problems with blood circulation result in parts of the brain not receiving enough blood and oxygen. Dementia with Lewy bodies: abnormal structures, known as Lewy bodies, develop inside the brain. Fronto-temporal dementia: the frontal and temporal lobes of the brain begin to shrink. Unlike other types of dementia, fronto-temporal dementia develops most often in people under the age of 65. Some people have mixed dementia – more than one of the four types. Dementia may also develop after a stroke or in the context of certain infections such as HIV, harmful use of alcohol, repetitive physical injuries to the brain (known as chronic traumatic encephalopathy) or nutritional deficiencies. The boundaries between different forms of dementia are indistinct and mixed forms often co-exist. It is important that these conditions are identified as early as possible, yet less than half of people who have dementia have been diagnosed.

Dementia affects each person in a different way, depending upon the underlying causes, other health conditions and the person's cognitive functioning before becoming ill. The signs and symptoms linked to dementia can be understood in three stages.

Early stage: the early stage of dementia is often overlooked because the onset is gradual. Common symptoms may include:

- forgetfulness
- losing track of the time
- becoming lost in familiar places.

Middle stage: as dementia progresses to the middle stage, the signs and symptoms become clearer and may include becoming forgetful of recent events and people's names becoming confused while at home.

- having increasing difficulty with communication
- needing help with personal care
- experiencing behavior changes, including wandering and repeated questioning

Late stage: the late stage of dementia is one of near total dependence and inactivity. Memory disturbances are serious and the physical signs and symptoms become more obvious and may include:

- becoming unaware of the time and place
- having difficulty recognizing relatives and friends

- having an increasing need for assisted self-care
- having difficulty walking
- Experiencing behavior changes that may escalate and include aggression.

Dementia mainly affects people who are older, and the numbers of people with dementia is forecast to grow as people live longer, but younger people can sometimes have dementia - this is referred to as early onset dementia. Memory problems are common; however, they can be an early sign of a medical condition such as dementia. Many people notice that their memory becomes less reliable as they get older, and tiredness, stress, anxiety, depression, some physical illnesses and the side effects of medications may also be factors.

BACKGROUND

Dementia is considered to be one of the common conditions in the aging population. It is characterized by deficits in cognition and caused by degeneration of neural structures, disturbance in metabolism and neurodegenerative diseases.

The major symptoms include changes in mood, such as increased irritability, depression, and anxiety, changes in personality and behaviour. As many as 7% of adults aged 60 and older suffer from dementia. Dementia is the Seventh leading cause of death in the world. (WHO 2019)

According to World Alzheimer's Report (2020), there are over 50 million people worldwide living with dementia in 2020. There are over 9.9 million new cases of dementia each year worldwide, implying one new case every 3.2 seconds. This number will almost double every 20 years, reaching 82 million in 2030 and 152 million in 2050.

According to the Dementia in India 2020 report, it is estimated that 5.3 million people above the age of 60 have dementia in India in 2020 & a figure set to cross 10 million by 2040. This equals to one in 27 people.

Estimated number of people with dementia among elderly persons (aged 60+) in Tamil Nadu during 2020-2021 is 10507/ 1000 population. (ARDSI, 2020)

Much of the increase will be in developing countries. Already 60% of people with dementia live in low and middle income countries, but by 2050 this will rise to 71%. The fastest growth in the elderly population is taking place in China, India, and their south Asian and western Pacific neighbours. (ADI Report-2020).

A.NEED OF THE STUDY

Dementia is a syndrome characterized by cognitive dysfunction leading to interference with daily life activities. Irene Heger, Kay Deckers, Martin van Boxtel. (2019) conducted a cross sectional study to assess the Dementia awareness and risk perception in middle-aged and older individuals. An online-survey was carried out among 590 community-dwelling people between 40 and 75 years old in the Province of Limburg, the Netherlands by using British Social Attitudes (BSA) survey. study corroborates the evidence that the majority of people in the general population are unaware of a relationship between lifestyle-related factors and brain health, and most people in this study expressed a need for brain health education. This study focus on assessing the knowledge about dementia in older adults (40-50 yrs) who are at risk of developing dementia in future. By performing this study we can impart knowledge about dementia in those people who lack knowledge about the condition and we can also help prevent dementia in future in these people.

AIM AND OBJECTIVES AIM:

The study aims to assess the knowledge on DEMENTIA among older adults (40-50 yrs).

OBJECTIVES:

To assess the knowledge on dementia among older adults (40-50 yrs)

To associate the level of knowledge on dementia among older adults with their selected demographic variables.

HYPOTHESIS

RH1: There will be a significant relationship between the levels of knowledge on dementia among older adults with their selected demographic variable.

STATEMENT OF THE PROBLEM

A descriptive study to assess the Knowledge on dementia among older adults at Selected Community Chennai.

OPERATIONAL DEFINITION

ASSESS: It refers to analysing or evaluating the level of knowledge on dementia among older adults.

KNOWLEDGE: Facts & information acquired through experience or education on Dementia

DEMENTIA: A chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning.

OLDER ADULTS: The adults aged between 40-50 years old.

CONTENT VALIDITY

The content validity was obtained from the internal nursing experts. Their suggestions were included in the study.

ETHICAL CONSIDERATION

The study was approved by the institutional ethics committee of ACS medical college and hospital. Informed consent was obtained from the participants explaining the purpose and benefit of the study.

1.BENEFICIENCE

The investigator followed the fundamental ethical principle of beneficence by adhering to

a)THE RIGHT TO FREEDOM FROM HARM AND DISCOMFORT

The study was beneficial for the participants as it assesses the knowledge on DEMENTIA among older adults at selected community, Chennai.

b)THE RIGHT TO PROTECTION FROM EXPLOITATION

The investigators explained the procedure and nature of the study to the participants and ensured that none of the participants in the study would be exploited.

2.RESPECT FOR HUMAN DIGNITY

The investigators followed the second ethical principles of respect for human dignity. It includes the right to self – determination and the right to self – disclosure.

a)THE RIGHT TO SELF – DETERMINATION

The investigators gave full freedom to the participants to decide voluntarily whether to participate in the study or to withdraw from the study and the right to ask questions.

b)THE RIGHT TO FULL DISCLOSURE

The investigators have fully described the nature of the study. The person’s right to refuse participation and the research’s responsibilities based on which both oral and written informed consent was obtained from the participants.

3.JUSTICE

The researcher adhered to third ethical principle of justice, includes participants rights to fair treatment and right to privacy.

a)RIGHT TO FAIR TREATMENT

The researcher selected the study participants based on the research requirement.

b)RIGHT TO PRIVACY

The researcher maintained the study participant’s privacy throughout the study.

4.CONFIDENTIALITY

The researcher maintained confidentiality of the data provided by study participants.

RELIABILITY OF THE TOOL

The reliability of the tool was done by using Re-test method. The reliability value of the tool was 0.95. This indicates the tool is highly reliable to assess the knowledge on DEMENTIA among older adults at selected community, Chennai.

PILOT STUDY

Pilot study was conducted for a period of 1 week. Total 10 samples were selected by using convenient sampling. Informed consent was obtained from the participants. Knowledge on dementia among older adults was assessed using SELF STRUCTURED QUESTIONNAIRE ON dementia . After completion, the pilot study result showed the tool was reliable for conducting the main study.

METHOD OF DATA COLLECTION

- The study was conducted after formal permission of the higher authority
- The study participants were selected by using convenient sampling technique.
- The purpose and need for the study were explained and informed consent was obtained from the participants
- Data was collected using

SELF STRUCTURED QUESTIONNAIRE ON DEMENTIA

PLANS FOR DATA ANALYSIS

The demographic variables were described descriptively in terms of frequency and percentage. Mean and standard deviation were done to evaluate the knowledge on dementia. Chi square was done to find out association between the level of knowledge and selected demographic variables, the level of significance was at (0.05).

DATA ANALYSIS AND INTERPRETATION

Data analysis is defined as the methods of organizing data in such a way that the research questions can be answered.

Interpretation is the process of making sense of the results examining the simplification of findings within a broader context.

Pilot and Beck, 2004

This chapter deals with data analysis and interpretation of the level of knowledge on dementia among older adults at selected community, Chennai.

The data collected from 100 older adults (40-50years) were grouped and analyzed using descriptive and inferential analysis, the result were presented under the following sections.

SECTION 4.1:

Distribution of samples according to the demographic variables among older adults.

SECTION 4.2:

Percent distribution of level of knowledge on dementia among older adults.

SECTION 4.3:

Association of knowledge on dementia among older adults with their selected demographic variables.

Table 4.1: Frequency and percentage distribution of demographic variables of olderadults.

S.NO	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1.	AGE		
	40 YEARS	13	13%
	41 YEARS	8	8%
	42 YEARS	10	10%
	43 YEARS	7	7%
	44 YEARS	3	3%
	45 YEARS	14	14%
	46 YEARS	3	3%
	47 YEARS	9	9%
	48 YEARS	12	12%
	49 YEARS	10	10%
	50 YEARS	11	11%

2.	GENDER		
	MALE	46	46%
	FEMALE	53	53%
3.	MARITAL STATUS		
	MARRIED	100	100%
	UNMARRIED	0	0%
4.	TYPE OF FAMILY		
	JOINT FAMILY	79	79%
	NUCLEAR FAMILY	21	21%
	EDUCATIONAL STATUS		
	HIGHER SECONDARY EDUCATION	14	14%
	DEGREE HOLDER	13	13%
5.	OCCUPATIONAL STATUS		
	SELF EMPLOYEE	32	32%
	GOVERNMENT JOB	2	2%
	PRIVATE JOB	13	13%
	DAILY WAGES	22	22%
	UNEMPLOYED	31	31%
5.			
	NO FORMAL EDUCATION	23	23%
	PRIMARY EDUCATION	29	29%
	HIGH SCHOOL EDUCATION	21	21%

N=100

Table 4.1 shows that 14% of adults were aged 45 years, 53% of adults were females, 100% of adults were married, 79% of adults lived in a joint family, 29% of adults had primary education and 32% of adults were self employed.

Table4.2.1: frequency and percentage distribution of level of knowledge on dementia among older adults

N=100

S.NO.	LEVEL OF KNOWLEDGE	FREQUENCY	PERCENTAGE
1.	ADEQUATE KNOWLEDGE	1	1%
2.	MODERATE KNOWLEDGE	79	79%
3.	INADEQUATE KNOWLEDGE	20	20%

TABLE 4.2.1 &FIG 4.2.1depict the level of knowledge on dementia among older adults. The analysis if overall level of knowledge shows that 1% of older adults had adequate knowledge, 79% of older adults had moderate knowledge and 20% of older adults had inadequate knowledge.

Table 4.2.2: Mean and standard deviation of level of knowledge on dementia among older adults. N=100

LEVEL OF KNOWLEDGE	Mean	Standard Deviation
	11.3	3.427

Table 4.2.2: The above table shows the mean and standard deviation value of of knowledge on dementia among older adults. The mean value is 11.3 with a standard deviation of 3.427.

TABLE 4.3: Association of knowledge on dementia among older adults with their selected demographic variables

S.N O.	DEMOGRAP HIC VARIABLES	ADEQUA TE KNOWLE D GE		MODERAT E KNOWLED GE		LOW KNO W LED GE		CHI SQUAR E VALUE
		F	%	F	%	F	%	
1.	AGE							$X^2= 23.96$ $df = 20$ $p = 0.2$ NS
	40 YEARS	0	0%	12	12%	1	1%	
	41YEARS	0	0%	8	8%	0	0%	
	42 YEARS	0	0%	7	7%	3	3%	
	43 YEARS	0	0%	5	5%	2	2%	
	44 YEARS	0	0%	1	1%	2	2%	
	45 YEARS	1	1%	12	12%	1	1%	
	46YEARS	0	0%	1	1%	2	2%	
	47 YEARS	0	0%	7	7%	2	2%	
	48 YEARS	0	0%	8	8%	4	4%	
49 YEARS	0	0%	10	10%	0	0%		

	50 YEARS	0	0%	8	8%	3	3%	
2.	GENDER							$X^2 = 6.52$ $df = 2$ $p = 0.03$ S^{***}
	MALE	0	0%	32	32%	14	14%	
	FEMALE	1	1%	47	47%	6	6%	
3.	MARITAL STATUS							$X^2 = 0$ $df = 2$ $p = 1$ NS
	MARRIED	1	1%	79	79%	20	20%	
	UNMARRIED	0	0%	0	0%	0	0%	

** $p \leq 0.001$, ** $p < 0.01$, S – Significant, N.S – Not Significant

TABLE 4.3.1 shows that the demographic variable Gender of older adults ($X^2=6.52$, $p = 0.03$) and Type of family ($X^2 = 7.73$, $p = 0.02$) had shown statistically significant association with level of knowledge on dementia at $p < .05$ and the other demographic variables had not shown statistically significant association with the level of knowledge on dementia among older adults (40-50 yrs).

DISCUSSION

This chapter manages with the major findings of the study and considers them in relation to related studies handled by other investigators. A study was handled to assess the knowledge on Dementia among older adults (40-50 years) in selected community area, Chennai.

A total number of 100 samples were chosen by non probability convenient sampling. Their level of knowledge was tested using self structured questionnaire and analyzed using chi-square test.

The objectives of the study were:

1. To assess the level knowledge on Dementia among older adults (40-50 years) in a selected community area, Chennai.
2. To associate the knowledge on Dementia among older adults (40-50 years) with their selected demographic variables.

The following variables were selected by the investigator to identify whether there was any significant association of these variables with level of knowledge on Dementia among older adults (40-50 years). (Age, Gender, Marital status, Type of family, Educational status, occupational status,)

With the age group, a majority of the adults were aged 45 years (14%), 40 years (13%), 48 years (12%), 50 years (11%), 49 years (10%), 42 years (10%), 47 years (9%), 41 years

(8%), 43 years (7%), 46 years (3%), 46 years (3%).

Regarding both the genders, the majority were women (53%) and male (46%). With regards to marital status, all the older adults were married (100%).

Regarding type of family, majority of older adults lived in a joint family (79%) and nuclear family (21%).

With the regards of education of the older adults, Primary education (29%), No formal education (23%), high school education (21%), higher secondary (14%), Degree holder (13%),

Regarding occupational status of older adults, majority were self employed (32%), unemployed (31%), daily wages (22%), private job (13%) and government job (2%).

The first objective was to assess the level of knowledge on Dementia among older adults (40-50 years) in a selected community area, Chennai.

In this study, level of knowledge on Dementia among older adults was assessed through the self structured questionnaire. In that majority 79 (79%) of older adults had moderate knowledge and remaining 20 (20%) had Inadequate knowledge and 1 (1%) had Adequate knowledge.

The second objective was to associate the knowledge on Dementia among older adults (40-50 years) in a selected community area, Chennai. With their selected demographic variables.

The study reveals that there was significant association between the knowledge on Dementia among older adults (40-50 years) with their selected demographic variables such as Gender ($X^2=6.52$, $P=0.03$) And Type of Family ($X^2=7.73$, $P=0.02$). There was no significant association between knowledge on dementia with their selected demographic variables like Age, Marital status, Educational status, occupational status. Hence the formulated (H_0) hypothesis stated that there is no significant association in the level of knowledge with their selected demographic variables was rejected.

SUMMARY

Statement of the problem

A Descriptive study to assess the knowledge on DEMENTIA among older adults (40-50 years) selected community area, Chennai.

The objectives of the study were

1. To measure the knowledge on dementia among older adults (40-50 years).
- 2 To associate the level of knowledge on dementia with their selected demographic variables. The study was based on the assumptions that, the older adults may have some knowledge about dementia

Findings of the study

Demographic variables of older adults

This shows that respect to that maximum 13% were aged 40 years and 535 were females and 100% were married and 79% lived in a joint family and 29% had no formal education and 32% were self employed.

Assessment of knowledge on dementia among older adults

This showed that 1 member (1%) had adequate knowledge, 79 members (79%) had moderate knowledge and 20 members (20%) had low level of knowledge.

Association of level of knowledge with their selected demographic variables

It shows that the demographic variable Gender of older adults ($X^2=6.52$, $p = 0.03$) and Type of family ($X^2 = 7.73$, $p = 0.02$) had shown statistically significant association with level of knowledge on dementia at $p<-.05$ and the other demographic variables had not shown statistically significant association with the level of knowledge on dementia among older adults (40-50 yrs).

CONCLUSION

The study was intended to assess the knowledge about dementia among older adults in selected community area, Chennai. The findings revealed that most of the older adults had moderate knowledge (79%) about dementia.

IMPLICATIONS

Some of the implications drawn from the study have a greater concern for nursing service, nursing education, nursing administration and nursing research.

NURSING EDUCATION

A nurse educator, the nurse can integrate the study findings in the nursing curriculum to develop the knowledge about dementia in the view of educating the people

NURSING ADMINISTRATION

The nurse administrator can organize an awareness program among the staff nurse since they do need to know about the knowledge on dementia

NURSING RESEARCH

Nurse researcher should disseminate the study findings to other nurses motivate them to do further researches and to publish the findings of the study in conference, workshop or through other medias.

RESEARCH UTILIZATION

A counseling program on improving the knowledge on dementia can be organized on regular basis.

RECOMMENDATION

The study aims to improve the knowledge on dementia among older adults. It promotes the physiological well being of the primi antenatal mothers

PLAN FOR RESEARCH DISSEMINATION

The research findings will be presented at national and international conference The research findings will be published in journals

LIMITATIONS

The researcher found difficulty to collect the nursing reviews

SCOPE OF THE STUDY

Gaining a better understanding of what it is like to live with dementia can help to support people with dementia.

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