



Problems of Persons with Dementia as Expressed by Caregivers at University College Hospital, Ibadan, Nigeria

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ABSTRACT

In Nigeria, persons with Dementia wrestling with a plethora of problems which often affect their cognitive, motor and psychomotor domains. Hence, the caregiver's expression about problems faced by persons with dementia cannot be overlooked if an appropriate intervention will be made in helping them overcome these problems. This study, therefore, investigated the problems of persons with dementia as expressed by caregivers at University College Hospital, Ibadan, Nigeria. The purposive sampling technique was used to select 291 respondents for the study. A self-designed instrument titled Problems of Persons with Dementia Questionnaire (PPDQ) was used to collect the required information. The instrument possessed a reliability coefficient of 0.75 after being subjected to the test-retest and Pearson Product Moment Correlation statistical method. The results showed that persons with dementia experience bumping body parts against objects around them, they have difficulty in communicating fluently and they often experience depression among others. Respondents were different in their perception on the problems with persons with dementia bases of age and gender. However, no significant difference was found on the basis of their marital status. Based on the findings of the study, it was recommended that caregivers should pay more attention to the daily routine of persons with dementia devout more care and attention to them so as to give an appropriate response to them per time.

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INTRODUCTION

The rapid ageing population is a major predisposing factor to the increasing occurrence in the number of people with dementia and the increase in global projection is alarming (Adeloye, Auta, Ezejimofor, Oyedokun, Harhay, Rudan and Chan, 2019). No effective therapy has been discovered for dementia, even though the government has allocated funds as part of the health care package (Graham, 2008). Old age is connected with the loss of above 85,000 brain cells in a day. Although about 100 billion of these cells are available in people (Amen Clinics, 2018). Dementia is a common age-related disorder among the elderly while Alzheimer's disease is a subset of dementia (Medical News Today, 2015). This disorder often leads to language and memory loss which in turn affects performance and the personality of such an individual. People living with dementia suffer from psychological, emotional and social problem and they often find it difficult to adjust to life situations. Dementia, though strongly associated with old age as discussed above, being forgetful is not related to dementia (Age UK, 2016). According to Wimo and Prince (2010), the onset of dementia usually starts after the age of 60 years.

Dementia, by definition, is the general terminology for a category of deteriorating brain diseases that inhibits the brain functions. It is a term used to describe a collection of symptoms that includes memory loss, mood changes and problems with reasoning and communication (Age UK, 2016). Dementia is a disorder that is characterized by a constant decline in cognitive power. This occurs when some nerve system ceases to function, this decline is often rapid among those with dementia disorder. It is usually accompanied by neuropsychiatric symptoms like depression, stress, apathy, among others (Berr, 2005). These symptoms are apparent in brain functionality. Dementia is a form of disorder which progressively lead to gradual brain deterioration leading to loss of individuals functional capacity and social relations (Gureje, Ogunniyi and Kola 2006). The most common are Alzheimer's disease and vascular dementia. These conditions mainly affect old people, (although they can occur less frequently in younger people) and the likelihood of developing these disease increases with age. Dementia disorder is progressive in nature and each person experiences them in their way (Olayinka and Mbuyi, 2014). The degree of symptoms and the rate of progression is based on individuals makeup with

respect to the type of dementia (Wahab, & Ikebubu, 2014). Dementia becomes severe when people begin to depend on others for their daily activities. While medication and several non-medical therapies for dementia can help with some of the symptoms, there is currently no cure for dementia (James & Stephenson, 2017).

Various studies emphasized different estimation on the prevalence of dementia across all ages. These variations, according to Bamisaye (2016), differs in different countries. Berr (2005) stressed that age standardized prevalence was 6.4% for all causes of dementia, 4.4% accounted for Alzheimer dementia while 1.6% has Vascular Dementia. According to Berr, the prevalence rate was higher in women than in men and almost double with every five year's age increment. In 2009, according to Wimo and Prince (2010) 6.8 million people above 60 years of age are living with dementia in European Union (EU) member state, representing 6% of the total age group population. The study further traced that highest prevalence to France, Sweden, Switzerland and Spain with 6.3% to 6.6% of the 60 years and above population. There was a record of 5% prevalence in Bulgaria, Czech Republic, Slovakia, Malta, Montenegro, Macedonia, Turkey and Romania. Dementia is one of the global public health priority with the ageing population. An estimation of 35.5 million people are living with dementia while two-third of them are from developing countries The number is estimated to increase to 65.7 million in 2030 and 115.4 million in 2050 (Wimo & Prince, 2010).

Wimo and Prince (2010) stated that an estimation of 35.5 million people are living with dementia world over. As such, there is a need for trained caregivers who will assist people with dementia. Based on the foregoing, it could be adduced that there is a need to pay more attention to this group of people using a multidimensional approach. Caregiving is the process of assisting those who need help. Ogunniyi, Hall, Baiyewu, Gureje,, Unverzagt and Gao (2005) stated that persons with dementia need a lot of care, comfort and attention. Thus, the relevance of caregivers such as counsellors, social workers, religious organisations, medical personnel, governmental and non-governmental organizations in identifying and expressing the plight of persons living with dementia is very imperative

Dementia poses a major economic, social and medical problems as its prevalence increases with age (Lobo, Launer, Fratiglioni, Andersen, Di Carlo & Breteler, 2000). It is associated with functional dependency and high mortality among the elderly (Aguero-Torres, von Strauss, Viitanen,

Winblad & Fratiglioni, 2001). According to Adelaye, Auta, Ezejimofor, Oyedokun, Harhay, Rudan, and Chan (2019), the rate of dementia is on the increase in Nigeria and this is fuelled by the rapidly growing population of the aged. Persons with dementia are faced with a lot of challenges and these include, language and attention deficit, difficulty in remembering specific autographical events, difficulty in setting goals and planning. They also find it difficult in recognizing sounds, objects and even familiar people (Aguirre, Woods, Spector & Orrel, 2013). Also, caregivers of person with dementia are often exposed to challenges of managing anxiety and depression.

Thus, various studies have been under research lights in recent times. For instance, Okoye and Asa (2011) researched on Caregiving and Stress: Experience of People Taking Care of Elderly Relations in Southern Nigeria. The results showed that the care and the support for the increasing population of the aged could be an emerging issue in the future, especially in Nigeria. Okoye and Asa asserted that few people are really prepared for the tasks and responsibilities of taking care of the aged population. Wahab and Ikebubu (2014) worked on Quality of Life of Patients with Early Onset of Dementia in Nigeria. The findings showed that the quality of life of person with symptoms of dementia is extremely poor. According to Wahab and Ikebubu, loss of memory, crippling finances, loss of societal position, independence, among others are often followed by the onset of dementia. It is therefore, crucial to have a reliable source of information on the problems faced by people with dementia so as to be able to plan accurately for the provision of social, psychological and medical services for the aged population. Furthermore, Martin, Renata, Emiliano, Anders, Wagner and Cleusa (2013) worked on the global prevalence of dementia: a systematic review and meta-analysis. The findings indicated that there is an increase in the prevalence of dementia challenges. In view of the indispensable contribution of caregivers in assisting persons with dementia, it is thus apposite to probe the problems of persons with dementia as expressed by caregivers. On this note, this study aims at investigating the problems of persons with dementia as expressed by caregivers at University College Hospital, Ibadan, Nigeria.

Research Question

It is pertinent that research attempt to provides answers to certain crucial questions. To this end, the following research questions were attended to in this study:

1. What are the problems of persons with dementia as expressed by caregivers at University College Hospital, Ibadan?

Research Hypotheses

1. There is no significant difference in the problems of persons with dementia as expressed by caregivers at University College Hospital, Ibadan on the basis of gender?
2. There is no significant difference in the problems of persons with dementia as expressed by caregivers at University College Hospital, Ibadan on the basis of age?
3. There is no significant difference in the problems of persons with dementia as expressed by caregivers at University College Hospital, Ibadan on the basis of marital status?

METHODOLOGY

Descriptive survey method was adopted for this study because it enables the researchers to obtain information from a representative sample of the entire target population and describes situations as they exist (Daramola, 2006). The study adopted a purposive sampling technique to select 291 caregivers for the study. This justifies Daramola (2006) who described the purposive sampling

technique as a sampling procedure in which a researcher purposively selects certain groups as samples because of their relevance to the investigation under consideration. The researchers therefore selected caregivers of persons receiving treatment for dementia at the dementia unit of the geriatric clinic, UCH, Ibadan as sample for the study.

A self-designed instrument tagged “Problems of Persons with Dementia Questionnaire” (PPDQ). Section A focused on the respondents’ personal information while B was on the problems of persons with dementia. Section B was patterned in Four Point Likert scale format of Strongly Agreed (SA) = 4points; Agreed (A) = 3points; Disagreed (D) = 2points; and Strongly Disagreed (SD) = 1 point.

The content validity of the instrument was established by giving the instrument to five experts in the Department of Counsellor Education, University of Ilorin to vet. All the corrections and adjustment made were used to produce the final draft of the instrument. Reliability indicates the degree of the instrument’s consistency, accuracy and stability (Abiri 2007). The reliability coefficient of 0.75 was established following the use of Pearson Product Moment Correlation (PPMC). The data obtained was subjected to the use of independent t-test statistical tools. All the null hypotheses were tested @ 0.05 alpha level.

RESULTS

Demographic Data

Table 1: Distribution of Respondents by Gender, Age and Marital Status

Variables	Frequency	Percentage
Gender		
Male	157	54.0
Female	134	46.0
Total	291	100.0
Age		
Less than 45 years old	69	23.7
Above 35 years old	222	76.3
Total	291	100.0
Marital Status		
Single	86	29.6
Married	205	70.4
Total	291	100.0

Table 1 presents the distribution of respondents by gender, age and marital status. It was observed that 157(54.0%) of the caregivers that participated in the study are male while 134(46.0%) are female. In the same vein, 69(23.7%) of the respondents were less than 45 years’ old while 222(76.3%) were above 35 years’ old. It was

further observed that 86(29.6%) of the respondents were single while 205(70.4%) were married.

Research Question: What are the problems of persons with dementia as expressed by caregivers at University College Hospital, Ibadan?

Table 2: Mean and Rank Order of the Expressed Problems of Persons with Dementia

Item No.	Persons with Dementia	Mean Score	Rank
19	experience bumping body parts against object around	3.15	1 st
15	do have difficulty in communicating fluently with people	3.00	2 nd
7	regularly experience depression	2.87	3 rd
5	frequently withdraw from social activities	2.80	4 th
18	do have difficulty setting goals	2.63	5 th
16	do have difficulty with feeding	2.61	6 th
11	experience memory loss that disrupts daily life	2.58	7 th
17	do have difficulty in multi-tasking	2.57	8 th
9	show relentlessness	2.54	9 th
12	do have difficulty in planning things on their own	2.54	9 th
14	show an inability to recognise familiar people	2.53	11 th
6	experience difficulty at speaking	2.51	12 th
10	experience difficulty completing familiar tasks at home	2.50	13 th
13	experience difficulty completing a previously familiar activity	2.33	14 th
3	regularly misplaces things	2.30	15 th
2	frequently changes mood	2.27	16 th
1	find it difficult to promptly re-trace steps	2.25	17 th
20	do have difficulty acquiring new information	2.10	18 th
4	exhibit poor judgment of situation or issues	2.09	19 th
8	find it difficult to recognise visual images of people/things	2.07	20 th
Average Mean Score		2.51	

- Standard Reference Mean Score = 2.50

Table 2 revealed the mean and ranking of items on problems of persons with dementia. It is observed that items 19 (experience bumping body parts against object around), 15 (do have difficulty in communicating fluently with people) and 7 (regularly experience depression) ranked 1st, 2nd and 3rd with the respective mean score of 3.15, 3.00 and 2.87.

However, Items 20 (do have difficulty acquiring new information), 4 (exhibit poor judgment of situation or issues) and 8 (find it difficult to recognise visual images of

people/things) ranked 18th, 19th and 20th with the respective mean score of 2.10, 2.09 and 2.07.

Since the average mean score of all the items is greater than the standard reference mean score, it can thus be inferred that persons with dementia experience certain problems.

Hypotheses Testing

Hypothesis One: There is no significant difference in the problems of persons with dementia as expressed by caregivers at University College Hospital, Ibadan on the basis of gender?

Table 3: T-test analysis of the Expressed Problems of Persons with Dementia by Caregivers' Gender

Variables	N	Mean	S.D	df	Cal. t-val	Crit. t-val	p-value
Male	157	48.42	3.609	289	8.59*	1.96	.000
Female	134	51.46	2.103				

*P < 0.05

As shown in Table 3, the null hypothesis was rejected because the t-test calculated value is 8.59 with a corresponding p-value of 0.00 which is less than 0.05. This implies a significant difference in the problems of persons with dementia as

expressed by caregivers at University College Hospital, Ibadan on the basis of gender.

Hypothesis Two: There is no significant difference in the problems of persons with dementia as expressed by caregivers at University College Hospital, Ibadan on the basis of age?

Table 4: T-test analysis on the Expressed Problems of Persons with Dementia by Caregivers' Age.

Variables	N	Mean	S.D	df	Cal. t-val	Crit. t-val	p-value
Less than 35yrs old	69	51.29	3.163	289	4.27*	1.96	.00
Above 35yrs old	222	49.36	3.307				

*P < 0.05

Table 4 reveals the calculated t-value of 4.27 with a corresponding p-value of 0.00 which is less than 0.05 alpha level. This implies a significant difference in the problems of person with dementia as expressed by caregivers at University College

Hospital, Ibadan on the basis of age, thus the null hypothesis was rejected.

Hypothesis Three: There is no significant difference in the problems of persons with dementia as expressed by caregivers at University College Hospital, Ibadan on the basis of marital status?

Table 5: T-test analysis on the Expressed Problems of Persons with Dementia by marital Status.

Variables	N	Mean	S.D	Df	Cal. t-val	Crit. t-val	p-value
Single	86	49.78	3.302	289	0.14	1.96	.89
Married	205	49.84	3.405				

Table 5 reveals the calculated t-value of 0.14 with a corresponding p-value of 0.89 which is greater than 0.05 alpha level. This indicates no significant difference in the problems of person with dementia as expressed by caregivers at University College Hospital, Ibadan on the basis of marital status, thus the null hypothesis was not rejected.

DISCUSSION OF FINDINGS

The study focused on determining the problems of persons with dementia as expressed by caregivers at University College Hospital, Ibadan. The study revealed that persons with dementia experience bumping body parts against object around (unstable gait) have difficulty in communicating fluently and regularly experience depression among others. This corroborates the findings of Bamford, Lamont, Eccles, Robinson, May and Bond (2004) which revealed that every area of daily living of persons with dementia are being affected over the course of the disease. Bamford *et al* further stated that persons with dementia lose the ability to absorb new information, plan for future, communicate with people, loses the ability to perform daily tasks, inability to recognise the world around them and loses of decision-making ability over time. The researchers stressed that persons with dementia often become depressed, restless and often show resistance to care.

Gender and age of the respondents influenced their expression on the problems of persons with dementia. The finding is in tandem with Oshodi, Adeyemi, Aina, Erinfoami and Umer (2012) who asserted that the problems of persons with dementia were measure on psychological distress and experience attached to care among the male caregivers. The study showed that male caregivers experience more stress than their female counterparts in the care of persons with dementia. This finding equally concretes Armstrong (2001)'s opinion which stated that older caregivers of the very forgetful persons with dementia perceived their burden as being higher than those of relatively

lesser age. Furthermore, Roscoe, Corsentino, Watkins, McCall and Sanchez-Ramos (2009) expressed that caregivers' interpretations of the persons with dementia problems appeared to be more peculiar with age.

Respondents' marital status has no influence on their expression on the problems of persons with dementia. This observation negates Rankin (2001)'s study which claimed that spousal caregivers experiencing low marital satisfaction, expressed more significantly depressive symptoms than those reporting a higher level of marital satisfaction.

CONCLUSION

1. Caregivers of persons with dementia at University College Hospital, Ibadan express that persons with dementia experience bumping body parts against object around have difficulty in communicating fluently and regularly experience depression among others.
2. Gender of the respondents influenced their perception on the problems of persons with dementia.
3. Age of the respondents influenced their expression on the problems of persons with dementia.
4. Marital status of the respondents influenced their expression on the problems of persons with dementia.

RECOMMENDATIONS

1. Caregivers should pay more attention to the daily routine of persons with dementia devote more care and attention to them so as to give an appropriate response to them per time.
2. Caregivers of older age should seek for assistance in the process of carrying out their duties.
3. Male and female caregivers should be committed in their care towards people dementia.

4. As much as possible spouses' caregiver should be encouraged to take on the responsibility of constantly providing care for people with dementia.

REFERENCES

- Adeloye, E. Auta, A. Ezejimofor, M. Oyedokun, A. Harhay, M.O. Rudan, I and Chan, K.Y. (2019). *Prevalence of dementia in Nigeria: A systematic review of the evidence*. <http://www.joghr.org/article/joghr-03-e2019014>
- Age UK (2016). *Caring for someone with dementia: A practical guide to help you*. Tavistock Square, London WC1H 9NA.
- Aguero-Torres, H., von Strauss, E., Viitanen, M., Winblad, B. & Fratiglioni, L. (2001). Institutionalisation in the elderly: The role of chronic diseases and dementia. Cross-sectional and longitudinal data from a population-based study. *Jacob Clinical Epidemiology*, 54: 765-801.
- Amen Clinic (2018). *Memory problems and dementia: Condition we treat*. Retrieved on December 22nd 2018; from <https://www.amenclinics.com/conditions/memory-issues/>
- Bamford, C., Lamont, S., Eccles, M., Robinson, L., May, C., & Bond, J. (2004). Disclosing a diagnosis of dementia: A systematic review. *International Journal of Geriatric Psychiatry*, 19, 151-169.
- Berr, C., Wancata, J. & Ritchie, K. (2005). Prevalence of dementia in the elderly in Europe. *Europe Neuropsychopharmacology*, 15: 463-471
- Graham, S. (2008). *And Still, the Music Plays: Stories of people with dementia* (London: Hawker Publications)
- Gureje, O. Ogunniyi, A and Kola. L. (2006). The profile and impact of probable dementia in a sub-Saharan African community: Results from the Ibadan Study of Aging. *Journal of Psychosom*. 61:327–33. DOI: 10.1016/j.jpsychores.
- James, I. & Stephenson, M. (2007). Behaviour that challenges us: The Newcastle support model. *Journal of Dementia Care* 15(5): 19–22.
- Lobo, A., Launer, L. J., Fratiglioni, L., Anderson, K., Di Carlo, A. & Breter, M. M. (2000). Prevalence of dementia and major subtypes in Europe: A collaborative study of population-based cohorts. *Neurologic diseases in the Elderly Research Group. Neurology*, 54(5), 4-9.
- Martin, P., Retana, B., Emiliano, A., Anders, W., Wanger, R. & Cleusa, P. (2013). The global prevalence of dementia: A systematic review and meta-analysis. *Alzheimer and Dementia*, 9: 63-75.
- Medical News Today (2015). *Dementia: Causes, symptoms and treatment*. Retrieved on 23rd December 2018; from <http://www.medicalnewstoday.com/article/14221.php>
- Ogunniyi, A., Hall, A. K. S., Baiyewu O., Gureje, O., Unverzagt F. W., and Gao, S. (2005). Caring for individuals with dementia: the Nigerian experience. *West Africa Journal of Medicine*. 24:259–62.
- Okoye, A. & Asa, B. (2011). Caregiving and stress: Experience of people taking care of elderly relations in South-Eastern Nigeria. *International Journal of Social and Humanistic Sciences* 12: 28-42.
- Olayinka, O. O. and Mbuyi N. N. (2014). Epidemiology of Dementia among the Elderly in Sub-Saharan Africa. *International Journal of Alzheimers* 2014: p.195-750. DOI: 10.1155/2014/195750.
- Oshodi, A., Adeyemi, F., Aina, W., Suleiman, H., Erinfolami, K. & Umeh, T. (2012). Burden and psychological effects: Caregivers experiences in a psychiatric outpatient unit in Lagos, Nigeria. *International Journal of Social and Humanistic Sciences*, 12: 38-49
- Roscoe, L. A., Corsentino, E., Watkins, S., McCall, M. & Sanchez-Ramos, J. (2009). The well-being of family caregivers of persons with late-stage of Huntington's disease: Lessons in stress and coping. *Health Communication*, 24, 239-248.
- Wahab, E. O., & Ikebubu, C. J. (2014). Quality of life of patients with early onset of dementia in Nigeria. *International Journal of Social and Humanistic Sciences*, 12: 28-42
- Wimo, A., Prince, M. J. (2010). World Alzheimer Report 2012: The Global Economic Impact of Dementia. Alzheimer's disease International.
- Yusuf, A.J. Baiyewu, O. Sheikh, T.L and Shehu, A.U (2011). Prevalence of dementia and dementia subtypes among community-dwelling elderly people in northern Nigeria. *International Journal of Psychogeriatric*. 23:p.379–86. DOI: 10.1017/S1041610210001158.