

## Dementia 2019: Challenges of diagnosing dementia among elderly patients in a rural Referral Hospital, South-Western Uganda

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**Background:** Dementia, is a common disease among elderly persons and is characterized by progressive decline of cognitive functioning. Uganda is one of the countries grappling with high fertility rates and 4% elderly population. Most low resource settings lack capacity to screen and diagnose dementia because of limited testing options. We evaluated the impact of Montreal Cognitive Assessment (MOCA) tool in screening dementia among elderly patients in a low resource setting.

There is a paucity of information about the association of seizure severity and quality of life (QoL) in people living with epilepsy (PLWE) in sub-Saharan Africa. We evaluated the relationship between seizure severity and health-related quality of life (HRQoL) of patients with epilepsy being followed up in an outpatient neurology clinic in urban central Uganda.

**Methods:** A cross-sectional study was conducted in a Regional Referral Hospital in Uganda. We enrolled 90 elderly patients ( $\geq 60$  years) admitted in medical, surgical, emergency, obstetrics and gynaecological, and psychiatry wards. All participants had standardized screening using the MOCA tool in order to establish the relevance of the checklist in the management of dementia within a low resource setting.

Dementia disease which includes carotid artery stenosis, plaques, clots and increased intima media thickness, have been reported by many studies to be associated with dementia. Dementia is an end stage of usually asymptomatic cognitive impairment. Risk factors of carotid artery disease include; age, atherosclerosis, arteriosclerosis, shorter years in school, history of hypertension, diabetes mellitus, stroke and depression. This study set out to determine the prevalence of abnormal carotid ultrasound findings and their association with cognitive func-

tion among the adults  $\geq 60$  years in Wakiso district, Uganda in 2018. A total of 210 participants were included. Carotid artery stenosis, presence of plaque, stenosis and intima-media thickness were assessed by ultrasound. Cognitive status was assessed using a Mini Mental State Exam (MMSE) test. The prevalence of plaque was 21.4%. Variables which included; presence of plaque, age, education, gender, marital status, whether participant stayed alone or with someone else, care for self, occupation status, division of staying and history of smoking. The presence of plaque was associated with an abnormal cognitive function at both univariate and multivariate analysis with respective OR = 3.8 (95% CI = 1.90–7.54, p-value = 0.0001) and OR = 3.4 (95% CI = 1.38–8.15, p-value = 0.007). The cognitive function distribution was 43.8%, 19%, 34.3% and 2.9% within the normal, mild, moderate, and severe cognitive function status respectively. This study showed that prevalence of carotid artery plaque was high in this elderly population in Wakiso district Uganda. Also, carotid artery plaque was associated with abnormal cognitive function.

**Results:** Overall, 46/90 (51%) were females with median age of 72 years. Of these, 41/90 (46%) had no formal education while 48/90 (53%) were married. Most patients; 25/90 (28%) were admitted with respiratory problems while 41/90 (46%) had a cognitive disorder; 18/90 (20%) mild, 11/90 (12%) moderate, 12/90 (13%) severe, that was not screened at admission. Moreover, 12/90 (13%) had a history of a family member presenting with memory loss. The MOCA checklist was highly subjective with scores more likely to increase with level of education and age.

The severe deficit of health care workers in Uganda

necessitates hospitalized patients to be cared for by a relative. These informal caregivers constitute a crucial component of patient care. Mulago Hospital in Kampala, Uganda, is one of the nation's national referral hospitals, receiving very sick patients. Although studies have been conducted on challenges facing informal caregivers in the home setting, no study has addressed the caregiver burden in the hospital setting.

We affirm that in its current form, the MOCA checklist is not suitable to screen dementia in low resource settings where majority of presumptive elderly patients lack basic education. We propose a modified checklist capturing more relevant aspects in such populations. Background: Dementia, is a common disease among elderly persons and is characterized by progressive decline of cognitive functioning. Uganda is one of the countries grappling with high fertility rates and 4% elderly population. Most low

resource settings lack capacity to screen and diagnose dementia because of limited testing options. We evaluated the impact of Montreal Cognitive Assessment (MOCA) tool in screening dementia among elderly patients in a low resource setting.

A survey of 100 randomly selected informal caregivers was conducted in Mulago Hospital's internal medicine wards to evaluate informal caregivers' demographics, impact on patient care, and challenges.

**Conclusions:** Despite hardships, informal caregivers recognize the importance of familial presence, thereby setting a new standard for patient care by recreating the comfort of home care in the hospital. Studying the characteristics of these care givers and more fully delineating the sacrifices they make and the challenges they faced provides the basis for a series of recommendations to hospital management aimed both at improved patient care and care of the informal caregiver.