



# A DESCRIPTIVE STUDY TO ASSESS THE LEVEL OF KNOWLEDGE REGARDING PREVALENCE OF WARNING SIGNS OF ALZHEIMER DISEASE AMONG ELDERLY PEOPLE AT SELECTED NIRASHRIT VRIDH AASHRAY GRIH, JABALPUR

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## ABSTRACT

A descriptive study was conducted on 30 elderly people selected by convenience sampling to assess their knowledge about warning sign of Alzheimer disease (AD) at Nirashrit Vridh Aashray Grih, Jabalpur. Over all knowledge score shows that 15 elderly peoples (50%) scored between 13-18 revealed poor knowledge towards warning sign of AD. Three elderly people scored 19-24% shows good knowledge whereas 11 elderly people scored between 13-18% shows average knowledge. Only 1 elderly people scored between 0-6% shows very poor knowledge. Here it can be interpreted that highest percentage 50% of elderly people had poor knowledge regarding warning signs of AD. Percentage wise distribution of elderly people according to their age group shows that majority (43.33%) of the elderly peoples was in the age group of above 70 years of age. Percentage wise distribution of elderly people according to their gender reveals that most (67.67%) of the elderly people were females. Percentage wise distribution of elderly people according to their education status depicts that highest percentage (33.33%) of them was in the higher secondary school education. Fifty percentage of elderly people had family history of Alzheimer diseases & the remaining 50% of them were in the group of no family history of Alzheimer disease. Percentage wise distribution of elderly peoples to having a previous information on Alzheimer disease (53.33%) was exposed. Percentage wise distribution of elderly people according to their source of information reveals that majority (63.33%) of them had knowledge from health personnel's.

**KEYWORDS:** Descriptive study, Elderly people, Knowledge assessment, Warning signs, Alzheimer's disease (AD), Convenience sampling, Demographic distribution, Information sources

## INTRODUCTION

Memory is an integral part of our identity, encapsulating our experiences, emotions, and connections. As Kevin Arnold poignantly states, memories are cherished, forming the essence of who we are. However, the aging process often brings challenges, particularly with conditions like Alzheimer's disease, which erode these cherished memories and cognitive abilities. In today's technological era, where advancements have been exponential, diseases associated with old age, such as Alzheimer's, have seen a corresponding increase.

Alzheimer's disease stands as a formidable adversary in the realm of modern healthcare, exacting a heavy toll on both patients and their families. This neurodegenerative condition progressively diminishes cognitive functions, leading to memory loss, language impairment, and behavioral changes. While age is the primary risk factor, environmental, dietary, and inflammatory factors also influence its progression. Understanding the complex interplay of genetic, neurological, and environmental factors is crucial in tackling this debilitating disease.

Distinguishing Alzheimer's disease from other forms of dementia is essential for effective diagnosis and treatment. While Alzheimer's is the most prevalent form of dementia, its symptoms, including memory loss, disorientation, and mood swings, can overlap with other conditions. Delving deeper into its pathophysiology reveals intricate neurological changes, including the accumulation of beta-amyloid proteins, leading to nerve cell death. Despite its prevalence and devastating impact, Alzheimer's is not an inevitable consequence of aging, underscoring the urgency for comprehensive research and intervention strategies.

The global burden of Alzheimer's disease is staggering, with projections indicating a significant rise in cases worldwide. India, in particular, faces a looming crisis, with a rapidly aging population and a surge in dementia cases anticipated. Initiatives such as those led by the Alzheimer's and Related Disorders Society of India (ARDSI) aim to raise awareness and advocate for better care and support systems. However, widespread misconceptions and stigma persist, hindering progress in addressing this public health challenge.



Efforts to combat Alzheimer's disease must encompass early detection, comprehensive care, and support for affected individuals and their caregivers. With the prevalence of dementia expected to escalate in the coming decades, concerted action is imperative to alleviate the socioeconomic burden and ensure dignified and compassionate care for those impacted by this relentless disease. Through collaborative research, education, and advocacy, society can strive towards a future where Alzheimer's disease no longer robs individuals of their memories, identities, and dignity.

## OBJECTIVE

- ❖ To Assess the level of knowledge regarding prevalence of warning signs of Alzheimer disease among elderly people.
- ❖ To Compare the knowledge of old age people regarding AD with their selected demographic variables.
- ❖ To Find the association between the level of knowledge on the prevalence of warning signs with AD selected demographic variables.

## RESEARCH HYPOTHESIS

**H1:-** There will be significantly low level of knowledge regarding prevalence of warning signs of Alzheimer disease among elderly people at selected Nirashrit Vridh Aashray Grih, Jabalpur.

**H2 :-** There will be significant association between selected socio-demographic variable and level of knowledge regarding prevalence of warning signs of Alzheimer disease among elderly people at selected Nirashrit Vridh Aashray Grih, Jabalpur.

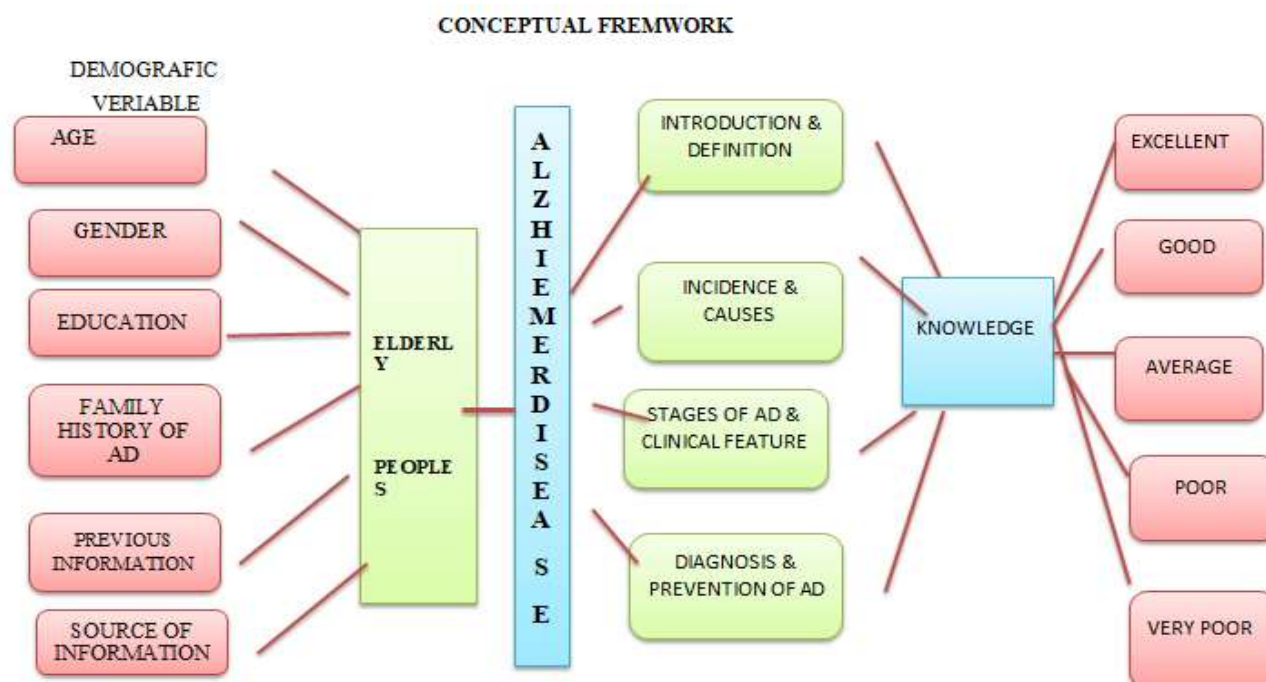
## LIMITATION

- The study was limited to the particular old age home the generation can be made to a large population.
- The study was limited only to the elderly peoples in selected old age home at Jabalpur.
- The study was limited to only knowledge aspect, the study could be conducted to evaluate the attitude & practice aspect.

## DELIMITATION

The study will be limited to the elderly people who are-

- Between the age group of above 60 years with both male and female.
- Residing in Nirashrit Vridh Aashray Grih, Jabalpur.
- Present during the period of Data Collection.
- Willing to participate study.
- Able to understand Hindi.



**FIG. 1.1 CONCEPTUAL FRAMEWORK BASED ON HEALTH BELIEF MODEL.**



**In this study the review of literature is classified under four category i.e.**

1. Studies early warning sign of Alzheimer's disease.
2. Studies on risk factor of Alzheimer disease.
3. Studies on home care management of Alzheimer 's disease.
4. Studies on adults knowledge on Alzheimer s disease.

## **METHODOLOGY**

The methodology of research indicates the general of organizing the procedure of gathering the data for the purpose of investigation.

The methodology of the study include research design research approach sampling technique, development of the tool, data collection procedure and method of analysis based on the statement and the study.

Research methodology is away to systematically solve the research problem. It involves systematic procedure by which the researcher starts from initial identification of research problem to its final conclusion.

The methodology of research refers to controlled investigation of the way of obtaining, organizing, and analyzing data. Methodological studies address the development, validation, and evaluation of research tools or techniques.(politand Hunger, 1999)

The methodology of research indicates the general patterns of organizing the procedure of tethering valid and reliable data for the purpose of investigation. (Kothari 2004).

The methodology of this study include research design research approach sampling technique, development of tools, data collection procedure and method of analysis based on the statement and objective of study.

The objective of the methodology section is to promulgate to reader what the researcher did, to solve the research problem or to report the research question. The section deals with the major methodological decision and often affects rationales for these sections.

## **RESEARCH DESIGN & APPROACH**

The research design is the plan, structure, & strategy of investigation of answering the research question is the overall plan or blueprint the researchers select to carry out their study.

Research design is a plan for the research study providing the overall frame work for the data collection. **Polit and hungler (1999)** State that research design incorporates he most important methodological decision that a researcher makes in conducting a research study.

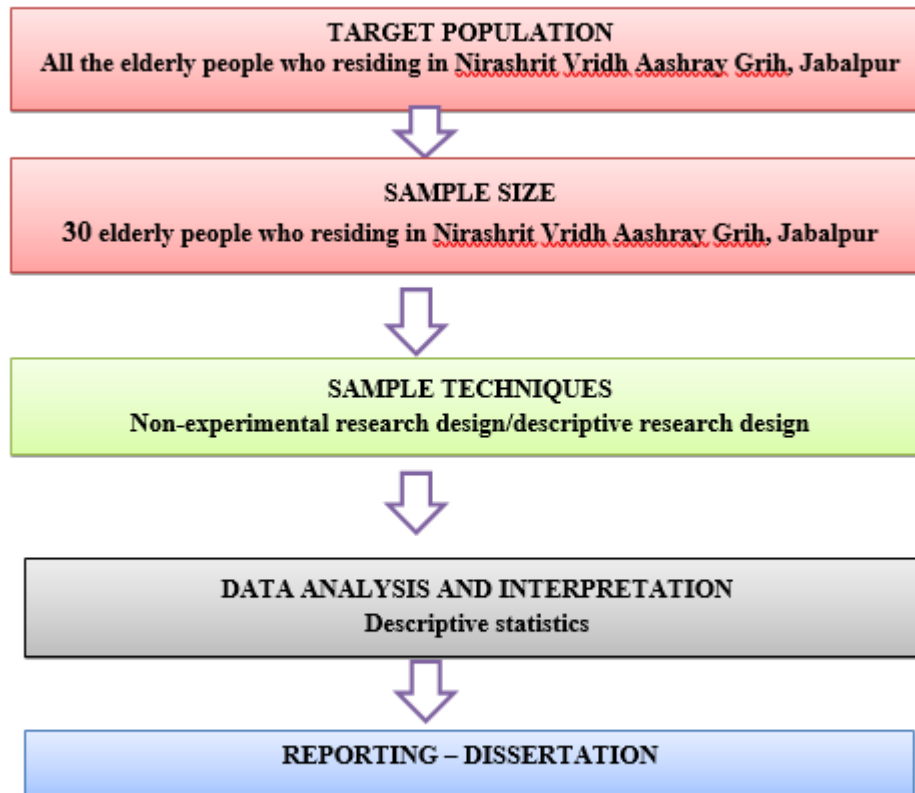
The research design used for this study is simple descriptive research design.

Research design is a systematic enquire that uses disciplined method to answering the research question or solve problem (Polit&Beck,2004).

Research approach indicates the basic procedure for conducting the research study. Research approach mainly depends on the existing problem, the objective framed for the study, the method of collecting data & its analysis.  
non-experimental research design/descriptive research design was selection as a research design & approach for study.



THE SCHEMATIC REPRESENTATION OF THE STUDY DESIGN SHOWS THE  
STUDY CONDUCTED IN FLOW CHART|



**Figure 2:- Schematic Representation of Research Process**

### SETTING OF THE STUDY

The physical location in which data collection takes place in the study is known as setting. The study was conducted in Nirashrit Vridh Aashray Grih, Jabalpur.

### POPULATION

The term population includes all the person, events and object under the study.

(Kulkarni A.P, 2003)

Polit & hungler (1999) define a population as the totality of all subjects that confirm to a set of specification, comprising and the entire group of persons that is of interest to the researcher and to whom the research results can be generalized.

The population for the present study was the all elderly people in Nirashrit Vridh Aashray Grih, Jabalpur.

### SAMPLEANDSAMPLETECHNIQUE

#### SAMPLE

The sample including selecting group of people event behavior or other element with which to conduct study.

(Kulkarni A. P, 2003)

Lobiado-wood and Haber (1998) describe a sample as a portion or a subset of the research population selected to participate in a study, representing the research population.

The sample of the present study was all the elderly people in Nirashrit Vridh Aashray Grih, Sastri Nagar Jabalpur.



### Sample size

Sample size 30 elderly people who residing in Nirashrit Vridh Aashray Grih, Jabalpur.

### SAMPLE TECHNIQUE

The sample technique for the present study is convenience sampling technique.

**Sampling Technique** is a taking sample from the entire population representing the whole participates in the study.

#### Convenience Sampling

Convenience sampling is also referred to as accidental or incidental & involves choosing readily available people or objects for a study.

### Criteria for Selecting the Sample

- **Inclusion Criteria**

The age group above 60 year who will be-

Residing in Nirashrit Vridh Aashray Grih, Sastri Nagar Jabalpur.

- Available during the data collection.

- Willing to participate of the study.

### Method of Data Collection

The data collection method was face to face interview with notes taking by one of the researchers. Face to face interview was used because personal experience and testimonies gives the researcher more and detailed information. (Polkinghorne2005),

Development of the tool: Multiple choice questionnaires are prepared to assess the knowledge of elderly peoples regarding prevalence of warning sign of Alzheimer Disease.

**The tools consist of two section that are section-A and section -B.**

### SECTION – A

It consist of demographic characteristics of elderly people such as age, sex, education, income, residence, source of information regarding prevalence of warning sign of Alzheimer disease.

### SECTION- B

It consists of knowledge item regarding prevalence of warning sign of Alzheimer disease among elderly peoples.

Validity is a criterion for evaluating the quality of measure or an instrument. A measure is valid if it accurately measures what it is supposed to measure. Content validity refers to the extent to which an instrument adequately encompasses the pertinent range of subject matter.

The prepared data collection tool along with statement of the problem, objectives, operational definitions, blue print, and criteria rating scale designed for validation were submitted to experts for content validity. They all are belonging to Mental Health nursing. The experts were requested to judge the items for relevance, clarity, appropriateness of the title, and content area against the criterion rating scale, which had column for 'agree,' 'disagree,' and 'remarks.' The tool was modified as per the recommendations of the experts. The items were developed in Hindi.

### ETHICAL CONSIDERATION

The researcher had taken permission from the obtained from Supervisor of Nirashrit Vridh Aashray Grih, Jabalpur. Consent was taken from the elderly people before data collection.

### RELIABILITY OF THE TOOL

There liability of an instrument is the degree of consistency with which it measures an attribute it is supposed to be measuring.

Reliability of a research instrument is the extent to which the instrument yields the same results or repeated measures.

The tool was administered to five elderly people other than the main study sample to establish the reliability. The internal consistency was computed using Karl Pearson's Correlation Coefficient formula and with split half technique.

$$R = 2r \div 1(n-1)$$



R: Reliability coefficient of whole test

R: Reliability coefficient of correlation of half test

A value of 0.83 for structured knowledge questionnaire was obtained. Hence, the tool was considered to be moderately reliable. After validation, tool modified according to suggestion of Expert's & prepared the final tool.

### **PILOTSTUDY**

A pilot study is a small scale version or trial run, done in preparation for a major study.

The main objective of the pilot study was to assess the feasibility, practicability, and adequacy of measurement. The purpose of the study was explained to them prior to the test and an informed consent was obtained to get their cooperation and prompt answers. Pilot study was conducted in a similar way as the final data collection.

Pre-testing is the process of measuring the effectiveness of an instrument. The purpose is to verify the clarity and adequacy of the items. The purpose of the pre-test is to reveal problems relating to answering, completing, and to point out weakness if any in the administration and distribution of the instrument.

The pilot study was conducted in Nirashrit Vridh Aashray Grih, Jabalpur from 28/09/2013 to 06/10/2013 the investigator obtained permission from the of Secretary officer in Nirashrit Vridh Aashray Grih, Jabalpur prior to the study. The data was collected from five elderly people. The respondents were assured of the confidentiality of their identity and responses. And assessed the reliability of tool by using split half method & by using Karl Pearson's correlation, tool was found to be reliable.

The tool was pre-tested by administering to five elderly people in Nirashrit Vridh Aashray Grih, Jabalpur who met the criteria, elderly people of Nirashrit Vridh Aashray Grih. The responses by the sample revealed the clarity and appropriateness of the items in the tool. The time taken to complete the tool was 30 minutes. No modification was made.

### **Data collection procedure**

Prior collection of data, permission was obtained from Supervisor of Nirashrit Vridh Aashray Grih, Jabalpur. The investigator was personally & explains the need & importance of study to the elderly peoples. Data were collected by distributing questionnaire convenience technique.

### **PLANNED DATA ANALYSIS**

The data was analyzed by descriptive & inferential Statistics. The collected data was organized tabulated and analyzed by using descriptive statistic i.e. percentage and mean. The data was presented in the tables & figures.

### **ANALYSIS & INTERPRETATION OF DATA**

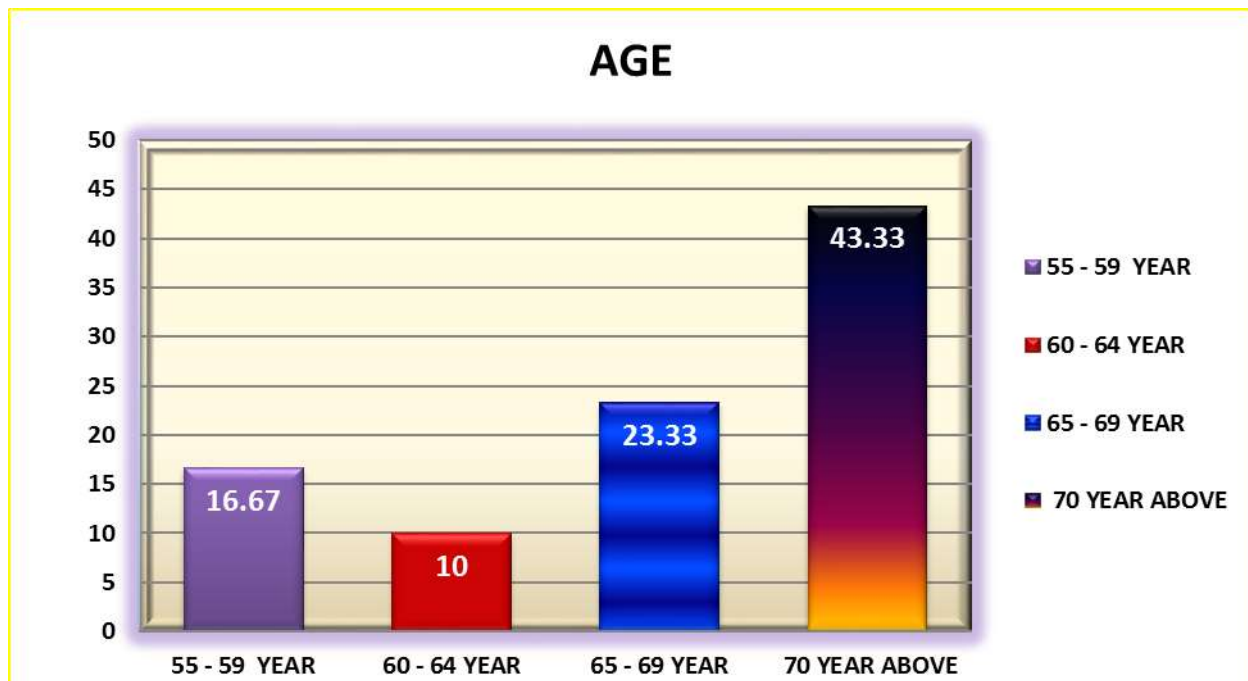
Analysis & interpretation of data are based on objectives of the study. The data are presented under following section:

Section 1- Percentage wise distribution of elderly people according to their demographic variables.

Section 2- Level of knowledge of elderly people regarding warning sign of AD.

Section 3- Comparison of knowledge of elderly people regarding warning sign of AD with their demographic variables.





**Figure 3:** Percentage wise distribution of elderly people according to their age group shows that majority (43.33%) of elderly people were in the group of above 70 years of age & 23.33% of them were in the group of 60 to 64 years & 16.67 of them were in the group of 55 to 59 years. It might be due to the average age group of above 70 years of age

## Section 2- Level of Knowledge of elderly people regarding warning sign of AD

**TableNo:1 Showing Level of knowledge regarding warning sign of AD**

Table No.1: Showing Level of Knowledge Regarding warning sign of AD				
S.NO.	LEVEL OF KNOWLEDGE		NO.	PERCENTAGE
1.	Very poor	(0-6%)	1	3.33
2.	Poor	(7-12%)	15	50.00
3.	Average	(13-18%)	11	36.67
4.	Good	(19-24%)	3	10
5.	Excellent	(25-30%)	0	0
	TOTAL		30	100

Overall knowledge score shows that 15 elderly people 50% scored between 13-18 which shows poor knowledge towards sign of AD. Whereas, 3 elderly people score 19-24% shows good knowledge. And 11 elderly people scored between 13-18% which shows average knowledge. Only 1 elderly person scored between 0-6% shows very poor knowledge.

Here it can be interpreted that highest percentage 50% of elderly people had poor knowledge regarding warning sign of AD. Hence Hypothesis **H1 is accepted**.

## Section 3 - Comparison of knowledge of elderly people regarding warning sign of AD with their demographic variables

### Gender wise distribution of elderly people related to their knowledge score regarding warning sign of AD.

S.NO.	GENDER	NO OF RESPONDENT	MEAN	SD	MEAN%
1.	Male	11	12.09	2.98	42.95%
2.	Female	19	13.85	4.52	46.08%
	Overall	30	25.93	7.5	89.03

Gender wise distribution of mean, SD and mean% of knowledge score of elderly people that the highest mean score (13.85+4.52) which is 46.08% of total score was obtained by the elders from female & lowest mean score (12.09+2.98) which is 42.95% of total score was obtained by the elderly from males. Hence it can be interpreted that female people having more knowledge **Table 2**



## DISCUSSION

A descriptive design with cross sectional survey conducted to “assess the level of knowledge & warning sign of AD among elderly peoples age group above 55 years “on the 20/03/2014 to 05/04/2014. This was analysis & the findings were presented in the form of tables & grapes in chapter-IV. This chapter attempts to discuss to finding the present study as per the objectives.

The findings are discussed under the following heading:

- Demographic characteristics of the sample.
- Comparison of the score of elderly with demographic variables.

### Demographic Characteristics of the sample

According to their age group shows that majority (43.33%) of the elderly people was in the age group of above 70 years & 16.67% of them were in the age group of 55 to 59 years. Finding were contradictory to the present study, who reported that 30% of the old age people were in the age group of 65-69 years.

Majorities (66.67%) of the elderly peoples were females & (33.33%) were males. This was entirely findings that males were 62% and females were 38%.

Highest percentage (33.33%) of them was in the higher secondary school education. The lowest percentage (16.67%) was illiterate. According to their family history (50.00%) of them in the family history of Alzheimer disease & the remaining 50.00% of them in the no family history of Alzheimer disease, regarding previous information on Alzheimer disease, highest percentage (53.33%) was exposed & 46.67% of them were not exposed.

Majority (63.33%), of them got knowledge from health personnel's, whereas lowest 3.33% got knowledge from friends.

Comparison of the score of elderly with demographic variables Age wise distribution mean, SD and mean percentage of knowledge score of elderly peoples with regards to age shows that the higher mean scores (14.87+3.40) which is 49.51% of the total scores was obtained by the elder people in the age group of above 70 years . The lower mean score (9.67+4.32) which is 22.31% of the total score was for the elderly people in the age group of 65- 69 year. Whereas the middle score obtained was (14+3.74) which is 46.67% & (10+1) which is 33.3% .It is revealed that the highest percentage of score obtained by the age group of above 70 years Table 3.1.

Gender wise distribution of mean , SD and mean % of knowledge score of elderly peoples that the highest mean score (13.+4.52) which is 46.08 % of total score was obtained by the elders from female & lowest mean score (12.09+2.98) which is 42.95% of total score was obtained by the elders from males. Hence it can be interpreted that female people having more knowledge Table 3.2. Education wise distribution of mean SD & of knowledge scores of the elderly peoples with regard to education shoes that the highest mean score (16.2+2.740) which is 53.94% was obtained by them who were studied higher education .Then the score (12.37+4.596) obtained by those who studied secondary classes and that was 41.19% . Then score (11.75+3.651) obtained by those who were studied primary classes that was 39.12%. The lowest mean score (10.25+1.258) which is 34.13% was obtained by who were illiterate .It is revealed that highest percentage was of elderly peoples were studied higher secondary class Table 3.3.

Family history of AD wise distributed of mean, SD & mean % of knowledge score of elderly peoples shows that the highest mean score (13.46+3.96) which is 44.82% of total score was obtained by the elderly peoples from having a no family history of AD and lowest mean score (12.94+4.28) which is 43.09 of total score was obtained by the elderly people from having a family history of AD. Hence it can be interpreted that highest percentage of no family history of AD .

Previous information of AD wise distribution of mean, SD & mean% of knowledge score of elderly people shoes that the highest mean score (14.21+3.59) which is 47.31% of total score was obtained by the elderly peoples from having a no previous information of AD and lowest mean score (12.31+4.34) which is 40.99% of total score was obtained by the elderly people having a previous information of AD. Hence it can be interpreted that highest percentage of no previous information of AD.

Distributed of mean, SD & mean % of elderly people knowledge score according to their source of information related to warning sign of AD that highest mean score was (14.26+4.29) which is 47.48% of total score was obtained by the elders who had received information from health personnel's & lowest mean score was (11+0.81) which is 36.63% of total score was obtained information from family members. The middle mean score (13.5+3.65) which is 43.29% of total score was obtained information from friends then the mean score was (11+3.46) which is 36.63% of total score was obtained information from mass media or T.V. Hence it can be interpreted that the highest percentage 47.48% elderly peoples got information from health personnels.





## SUMMARY

A description survey was done to assess the knowledge on warning sign of AD among elderly peoples age group above 55 years in Nirashrit Vridh Aashray Grih, Jabalpur & the obtained data has analyzed by using descriptive & inferential statics presented in chapter IV.

Based on the finding of the study it can be summarized that: \*Highest percentage (43.33%) of the mother was in the age group of above 70 years.

- Highest percentage (66.67%) of the female's elders.
- Highest percentage of 33.33% of them had studied of high secondary school.
- Majority (50%) of the elderly peoples were from no having a family history of AD.
- Majority (53.33%) of the elderly peoples were from having previous information about AD.
- Most (63.33%) of them received information health personnel's.

## CONCLUSION

From the finding of the present study it can be concluded that highest percentage of elderly people were above 70 years & above had secondary majority of them were belong to old age home in Nirashrit Vridh Aashray Grih, Jabalpur.

Most of elder received information from health personnel's & most them had studied of high secondary school.

Overall mean, SD & mean % revealed that elderly peoples having poor knowledge of AD.

## RECOMMENDATION

Keeping in view finding in the present study the following recommendation were made since the study was carried out in a small sample. The result can be used only as a guide of for further studies.

- The study can be repeated by taking a large sample in other part of the country.
- A similar study can be conducted on assessment of knowledge regarding AD among high risk population for primary prevention.
- An experimental study can be carried out to find out the effectiveness of the style practice on prevention of AD.

## LIMITATION

- The study was limited to the particular old age home the generation can be made to a large population.
- The study was limited only to the elderly peoples in selected old age home at Jabalpur.
- The study was limited to only knowledge aspect, the study could be conducted to evaluate the attitude & practice aspect.

## IMPLICATION

After analyzing the gathered information, the researcher came to know that there was inadequate knowledge regarding Alzheimer's disease and STP had a significant role in improving the knowledge, the finding of the study have implication or nursing education nursing, nursing research & nursing practice.

## NURSING EDUCATION

1. The study proved that the regarding Alzheimer disease is effective in gaining the knowledge, so this will enhance the students to import the knowledge of risk factors, sign & symptom & preventive strategies of the disease.
2. The study will be helpful for the students to realize their role in primary prevention of the Alzheimer disease among high risk population.
3. During basic nursing education course, students may give clinical sentiments on Alzheimer disease.
4. The health care providers are the key personnel in improving education to the client there is a need for in service education programme for health care providers for preparing then to function effectively as a counsellor for Client.

## NURSING PRACTISE

Along with the changing scenario of health care delivery system the emphasis is shifted from care oriented approach regarding Alzheimer disease. This study stresses that there is a need of involvement of nursing staff in planning and conducting education programmes and also there is need of students nurses to involve in the education programs.

1. The studies reveal that there is a need of educational programme on Alzheimer disease among elderly patients.
2. Also reveal there is need of nurse to involve in the education programme on Alzheimer disease elderly patients.
3. Nurses working in hospital setting will be able to find out the high risk population and provide comprehensive health education about the disease.



4. Good education with appropriate approaches will help the risk personnel to attempt for lifestyle changes and prevention of Alzheimer's disease.

## NURSING RESEARCH

In India few very studies are conducted among elderly peoples regarding knowledge on Alzheimer disease.

1. Studies revealed that Alzheimer disease is more prevalent in elderly people.
2. The present study reveals that there is a lack of adequate knowledge Alzheimer disease elderly peoples.
3. This study enlightens that there is a need for educational programmers in the schools or Community based educational programmer to improve the knowledge regarding Alzheimer disease.
4. This study motivates other investigation to conduct further studies regarding the topic to Find out the risk behavior of population.

This study motivates other researcher to conduct further study to evaluate the practice on Lifestyle change for prevention of Alzheimer disease.

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