

Likelihood of dementia higher among black ethnic groups

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Rates of dementia diagnosis are higher among black ethnic groups compared to white and Asian groups in the UK, a new UCL-led study has found.

The study, published in *Clinical Epidemiology*, is the first to compare incidence of [dementia diagnosis](#) by ethnicity in any nationally representative sample.

Researchers from UCL Psychiatry and the UCL Institute of Epidemiology & Health Care analysed data from 2,511,681 people, including 66,083 who had a [dementia diagnosis](#), from The Health Improvement Network primary care database between 2007 and 2015.

They found that the incidence of dementia diagnosis was 25% higher among black women than white women, and 28% higher among black men than white men. Asian women and men were 18% and 12% less likely than white women and men, respectively, to have a dementia diagnosis.

More research is needed to understand why people in certain ethnic groups are more likely to develop dementia. It could be that factors such as level of formal education, financial deprivation, smoking, physical activity, mental health and some mid-life health outcomes, which all affect dementia risk, differ between the groups. Other research has found that South Asian people may have a lower genetic risk of getting dementia.

"Our new findings may reflect, for example, that there are inequalities in the care people receive to prevent and treat illnesses associated with dementia," said the study's lead author, Dr. Claudia Cooper (UCL Psychiatry). "Or perhaps GPs or patients' families are reluctant to name dementia in communities where more stigma is associated with a dementia diagnosis."

The research team also compared the diagnosis rates to what could be expected in the different groups as predicted by prior research.

"What we found suggests that the rates of people receiving a diagnosis may be lower than the actual rates of dementia in certain groups, particularly among black men. It is concerning that black people appear to be more at risk of dementia but less likely to receive a timely diagnosis," added co-author Dr. Tra My Pham (UCL Institute of Epidemiology & Health Care).

The researchers say they cannot yet explain the lower dementia rates they found among people of Asian descent.

"Perhaps British Asians do have a lower risk, or they may only be less likely to be diagnosed when they develop it. Rates of timely diagnosis in the UK have been improving, but it appears that not all groups of society are benefiting equally. It's important that messages that dementia is best diagnosed early are tailored to different groups. We've previously found that people's cultural background can influence how willing or unwilling they are to seek help," said Dr. Cooper.

Wesley Dowridge, member of King's College London's Social Care Workforce Research Unit Service User and Carer Advisory Group, and study steering group member, commented: "As a black carer and one of the Windrush generation, these findings make me think about why black people I know have been reluctant to seek help for memory problems:

worries about being treated fairly, or about being put in a care home. This study shows how important it is that messages about the benefits of timely dementia diagnoses reach everyone, especially people from minority [ethnic groups](#) who may be more at risk."

Co-author Professor Jill Manthorpe (King's College London), added that she hopes many [people](#) beyond academics and clinicians will take on board the study's findings. "Family and friends, as well as professionals such as nurses and social workers, have a key role to play in explaining the potential benefits of getting a timely diagnosis and in reducing the fears of talking about dementia. Faith and community groups can also play a part in making sure local dementia services are accessible to all."

More information: *Clinical Epidemiology*, [DOI: 10.2147/CLEP.S152647](#)

Provided by University College London

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