Investigating the Characteristics of Middle-Aged and Older Adults Who Do and Do Not Seek Memory Screenings

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Introduction
- Alzheimer’s disease and related dementias (ADRD) can result in significant cognitive decline as the diseases progress. Given that early detection of ADRD is essential for an individual’s future planning (Hodgson & Cutler, 2004), investigating characteristics of individuals who display help-seeking behavior is vital.
- The present study hypothesized that participants who sought memory screenings would report significantly 1) higher dementia-related anxiety, 2) lower anticipated ADRD stigma, and 3) higher self-perceived ADRD risk compared to participants who did not receive memory screenings.

Methods
Participants
- Memory Screening (N = 25) Non-Memory Screening (N = 25)
  - Recruited from UCCS Aging Clinic or Participant Registry
    - Gender: Female (N = 31), Male (N = 19)
    - Age (58 – 79): M = 70.92, SD = 6.08
    - Education (Yrs. Post-Kindergarten): M = 15.92, SD = 2.21
    - Self-Perceived Physical Health: M = 3.38, SD = 1.02
- Memory screening lasting approx. 2 hr. including 30 - 40 min of testing, 20 - 30 min break, and a cognitive functioning review by a licensed clinical psychologist and graduate student.
- In-person interview lasting approx. 30 min that assessed the participants knowledge, thoughts, and feelings about ADRD (15 questions).

Questionnaire Packet
- 12-item Dementia-related anxiety scale
- 7-item Anticipated ADRD scale
- Self-perceived ADRD risk inquiry
- Demographics Page

Materials
- Table 1: T-Test Analyses

<table>
<thead>
<tr>
<th>T-Test results comparing memory screening and non-memory screening groups</th>
<th>Memory Screening</th>
<th>Non-Memory Screening</th>
<th>Mean Difference</th>
<th>t</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>DWS</td>
<td>1.84 (0.70)</td>
<td>1.60 (0.59)</td>
<td>.24</td>
<td>1.334</td>
<td>48</td>
<td>.189</td>
</tr>
<tr>
<td>ACS</td>
<td>2.53 (0.49)</td>
<td>2.37 (0.70)</td>
<td>.16</td>
<td>1.67</td>
<td>48</td>
<td>.096</td>
</tr>
<tr>
<td>Self-perceived Risk</td>
<td>2.03 (1.13)</td>
<td>2.28 (0.84)</td>
<td>.25</td>
<td>1.95</td>
<td>47</td>
<td>.057</td>
</tr>
</tbody>
</table>

- Table 2: Pearson’s Correlation (p ≤ .01)

<table>
<thead>
<tr>
<th>Pearson Correlations among both Groups</th>
<th>Memory Screening</th>
<th>Non-Memory Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variables</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1. DWS Mean</td>
<td>---</td>
<td>.210</td>
</tr>
<tr>
<td>2. ACS Mean</td>
<td>.765*</td>
<td>.326</td>
</tr>
</tbody>
</table>

- McT-test analyses suggest that dementia-related anxiety, anticipated ADRD stigma, and self-perceived ADRD risk do not appear to be associated with help-seeking behavior.
- Correlational analyses suggest that individuals who report high dementia-related anxiety and high self-perceived ADRD risk may be more likely to seek memory screenings. Whereas individuals who report high dementia-related anxiety and high anticipation of ADRD stigma may be less likely to seek memory screenings.
- Possible limitations to generalizability include prevalent small sample size and a potential lack of a “true” control.
- Future investigation of these relationships may help understand motivators and barriers to memory screening, and possibly promote early detection in middle-aged and older adults.

Discussion
- Overall, t-test analyses suggest that dementia-related anxiety, anticipated ADRD stigma, and self-perceived ADRD risk do not appear to be associated with help-seeking behavior.
- Correlational analyses suggest that individuals who report high dementia-related anxiety and high self-perceived ADRD risk may be more likely to seek memory screenings. Whereas individuals who report high dementia-related anxiety and high anticipation of ADRD stigma may be less likely to seek memory screenings.
- Possible limitations to generalizability include prevalent small sample size and a potential lack of a “true” control.
- Future investigation of these relationships may help understand motivators and barriers to memory screening, and possibly promote early detection in middle-aged and older adults.

References