

Letter to the *International Journal of Geriatric Psychiatry*

Dear Sir or Madam:

re: An investigation of public attitudes towards dementia in Bristol and South Gloucestershire using an on-line version of the Approaches to Dementia Questionnaire

To date, surveys of attitudes toward dementia have largely been conducted using un-validated materials or have focussed on health care professionals supporting people affected by dementia. Research commissioned by the Bristol Dementia Health Integration Team in 2012 aimed to carry out a survey using a modified, on-line version of the Approaches to Dementia Questionnaire (ADQ), with a paper version available for individuals without access to the internet (Lintern, 2001). With the permission of the authors of the questionnaire, the wording of some questions of the online version was adapted in order to be consistent with contemporary language in dementia care. In all six of the items were changed (three relating to the Hope and three to the RoP scale). The phrase “*dementia sufferers*” in items 1 and 6 was replaced by the “*people with dementia*” while the wording of items 5, 12, 13 and 19 were slightly changed.

The sample of data collected ($n = 2201$; online = 1918, offline = 283) was analysed to explore the psychometric properties of the ADQ. Initial analysis on the data suggests the scale has good internal reliability with a Cronbach’s Alpha of 0.86, and Alpha’s for the Hope and Recognition of Personhood (RoP) dimensions of 0.77 and 0.84 respectively. Exploratory analysis of the on-line data indicated that there are problem items in the scale: correlation analysis indicated

that questions 1 and 13 did not load on the '*Hope*' factor as expected, and the questions 14 and 15 did not load on the 'RoP' scale as expected.

We have so far carried out two analyses. In the first (Cheston, Hancock and Whites, 2016) data from people living outside the area, and people who were working with people affected by dementia were omitted from the analysis. Responses from the remaining 794 ADQ questionnaires were weighted to correct for under-represented age, gender and ethnic groups. Our results indicated that younger people held more positive attitudes toward dementia than older people. Individuals who identified themselves as white held more positive attitudes than non-white individuals. Individuals with personal experience of dementia held more positive attitudes than those with no experience of dementia. When considering age differences, gender played a role, with younger men having more positive scores than other groups.

Our second analysis drew on the complete data set of 2,201 participants, both on-line and in written form. We tested whether increased contact with people with dementia (either through or personal experience) was associated with differences in attitudes. Our results showed that increased contact with people with dementia was associated with increases in both total ADQ scores and across both the Hope and RoP sub-scales reflecting more positive person-centred attitudes toward dementia. The highest levels of increase were found amongst non-white participants.

This study is, we believe, one of the first surveys of public attitudes to dementia to use a validated questionnaire such as the ADQ. The study provides a baseline of attitudes towards dementia for the Bristol and South Gloucestershire areas, against which we will be able to compare changes over time. This is

important due to the emphasis in public health campaigns on improving attitudes towards dementia. In this regard our results support the contention that increased contact with people with dementia leads to more person-centred attitudes, and by inference, less stigmatising views. Moreover, younger people also held more positive views. We believe that both findings suggest that greater integration of people with dementia will contribute to more dementia friendly communities.

Yours sincerely

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References

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