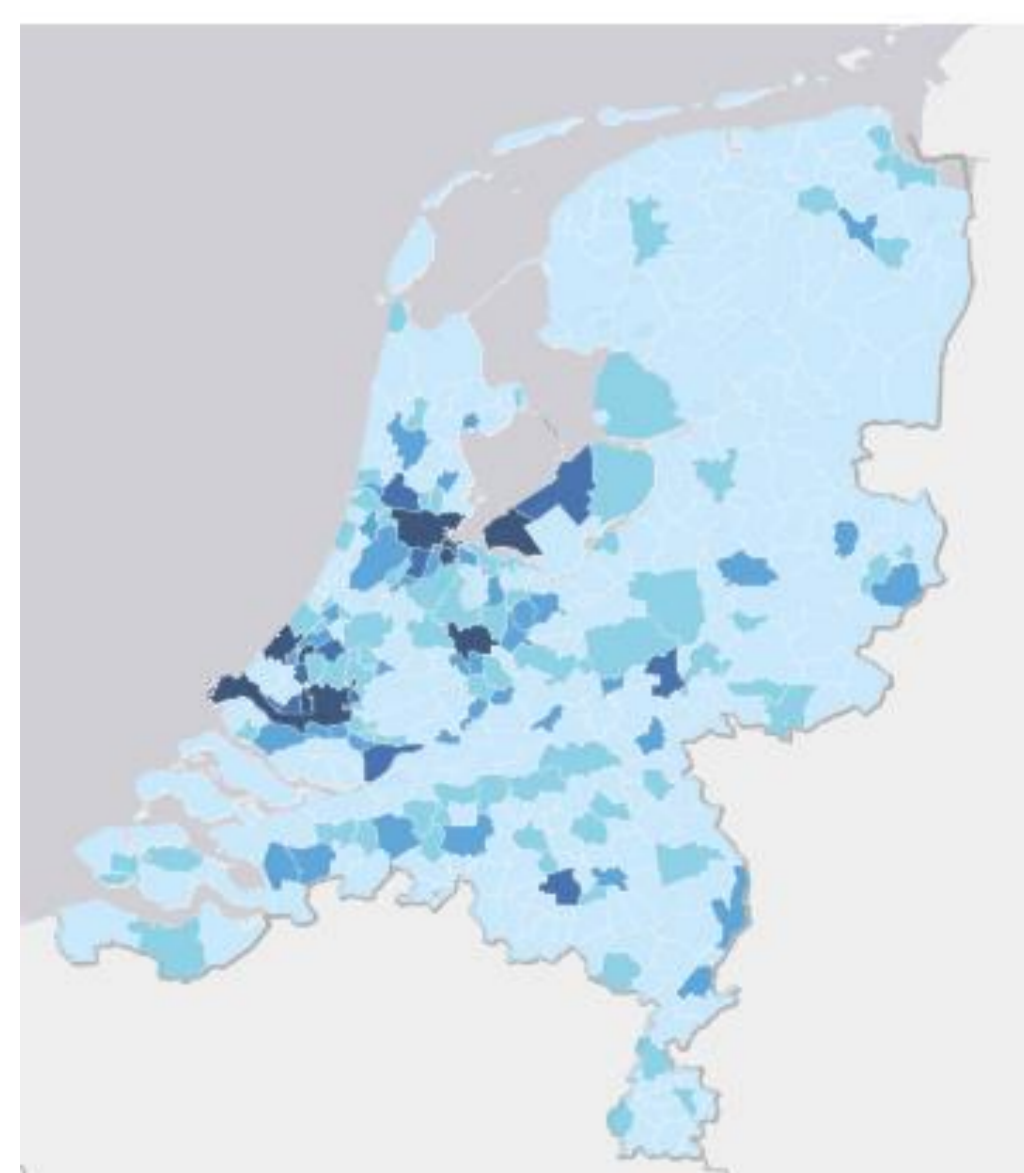


Cross-cultural neuropsychological dementia diagnostics in the multicultural memory clinic: Study protocol

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Introduction

Diagnosing dementia in culturally and linguistically diverse (CALD-)patients in the Netherlands is difficult due to cultural- and language barriers and low education levels or illiteracy. Due to new culture-sensitive screening instruments for dementia in the Netherlands, such as the Cross-Cultural Dementia Screening (CCD)[†] and Rowland Universal Dementia Assessment Scale (RUDAS)[‡], it has become easier to determine the absence or presence of a dementia syndrome in CALD-patients. However, in the previous pilot project of the Alzheimer Center Rotterdam, 38% of the CALD-patients received diagnoses of which the etiology remained unknown. In-depth, domain-specific cross-cultural neuropsychological tests – necessary to differentiate between different dementia subtypes and dementia stages – are lacking. The development of cross-cultural psychometric tests is therefore the primary goal of this study.



Non-western immigrants in the Netherlands*



Participating multicultural memory clinics in Rotterdam, the Hague, Amsterdam & Enschede

Methods

This four year (2017-2021), multicenter study by the multicultural memory clinics in Rotterdam (Erasmus MC/Maastad Ziekenhuis), Amsterdam (MC Slotervaart), The Hague (Haaglanden MC) and Enschede (Medisch Spectrum Twente) is funded by a grant of the Dutch national government (ZonMw).

The project consists of the following phases:

- 1) a systematic review of available cross-cultural neuropsychometric tests
- 2) focus group sessions with (neuropsychological) experts on cross-cultural test design
- 3) focus group sessions with CALD-patients/-caregivers
- 4) development/adaptation of tests
- 5) piloting of tests in the target population
- 6) clinical validation in our multicultural memory clinics
- 7) collection of normative data in the healthy CALD-population (n=100).

Interim Results

Focus groups with neuropsychological experts revealed that the memory domain is adequately covered with cross-cultural tests, and that some existent attention and executive function tests can be validated in our population, without extensive adaptation. Adequate naming and visuoconstruction tests should be developed *de novo*. In validating these measures in our population, special attention will be paid to literacy, as more than 50% of our patients did not finish primary education, and about a quarter is fully illiterate. We will therefore measure reading level by means of a literacy test and divide patients into five literacy levels, similar to da Silva (2014)[§], with 0 = illiteracy, 1 = syllabic literacy, 2 = phonemic literacy, 3 = basic literacy and 4 = complete literacy.

Future Directions

- Validating a measure for attention and executive functions (such as the Five Digit Test), using RUDAS, IQ-code and CCD as reference tests within a multidisciplinary diagnostic work-up
- Developing or adapting tests of visuoconstruction and naming (see poster #23245 by Franzen et al.)

References

- * Statistics Netherlands (CBS) 2016
- † Goudsmit et al. 2016 J Clin Exp Neuropsychol
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- § da Silva (2014) J Am Ger Soc

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