

Can mild cognitive impairment be accurately diagnosed in english speakers from linguistic minorities? Results from the Sydney Memory and Ageing study

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Reference:

Key Words:

mental health, validity of measures, characteristics, language ability, years since arrival

Research aim:

The aim of this article was to examine the prevalence and incidence over 2 years of mild cognitive impairment (MCI) in English speakers from linguistic minorities.

Results/Conclusion:

We found a two- to threefold higher prevalence of Mild Cognitive Impairment (MCI) in NESB participants than ESB participants depending on the impairment criterion applied. This difference was because of higher rates of objective cognitive impairment in NESB participants; rates of functional impairment and subjective cognitive complaints did not differ between the groups. This association between MCI prevalence and NESB status was accounted for by the proportion of time the participant spoke English and the proportion of life they had lived in Australia, but not by age, gender, and education. There were no differences between NESB and ESB groups in MCI incidence, dementia incidence, or rates of conversion from MCI to dementia. NESB participants had lower rates of reversion from MCI to normal.

Implications:

It is difficult to accurately diagnose MCI in persons from linguistic minority groups, even when proficient in English as neuropsychological test scores may not be valid for these groups. English language ability and level of acculturation should be considered when assessing older persons from ethnic minority groups.

Cultural Group(s):

NESB

Location of study:

New South Wales (Sydney)

Age group:

70-90

Number included in study:

987

Type of participants:

People aged 70-90 who were respondents to the the Sydney Memory and Ageing Study

Research approach:

Quantitative

Type of data:

Secondary data sources used:

Sydney Memory and Ageing Study

Specific scales or analytical techniques used:

Implications/ Recommendations:

Notes: