

# Pathways to dementia diagnosis: Evidence of cross-ethnic differences

**Author/s:** Hinton, L Franz, C Friend, J | **Year:** 2004 | **Publication type:** Journal article | **Peer reviewed:** | **Topic area/s:** Dementia, Carers of CALD Older People

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**Key Words:**

Dementia, older people, CALD, diagnosis, family care-givers

**Research aim:**

(1) To describe pathways to diagnosis from the perspective of family caregivers and (2) to compare help-seeking patterns and experiences across three ethnic groups.

**Results/Conclusion:**

Help-seeking was most often initiated by family members or formal care providers (ie, healthcare providers or social workers), usually in outpatient primary care settings but also elsewhere (eg, social service agencies, hospitals). "Secondary" formal helpers were often involved, usually through self-referral by families rather than by healthcare providers. While most families reported receiving a "final" diagnosis, a small minority of predominantly Chinese-American families did not. Four distinct pathways to diagnosis were identified and found to vary significantly across the three ethnic groups, which we label as smooth pathways, crisis events pathways, fragmented pathways, and dead-end pathways. Adverse experiences in the healthcare system were common and included unsatisfactory diagnosis disclosure and explanation, inadequate workup, uncaring or insensitive attitude, language barriers, and discrimination.

**Implications:**

Adverse experiences in the healthcare system were common and included unsatisfactory diagnosis disclosure and explanation, inadequate workup, uncaring or insensitive attitude, language barriers, and discrimination. Cross-ethnic differences were found in both pathway types and in adverse experiences.

**Cultural Group(s):**

CALD

**Location of study:**

United States

**Age group:**

Not specific - carers

**Number included in study:**

39 family caregiver interviews

**Type of participants:**

Family Caregivers of CALD

**Research approach:**

Qualitative

**Type of data:**

Primary

**Secondary data sources used:**

None

**Specific scales or analytical techniques used:**

**Implications/ Recommendations:**

**Notes:**