

2021 AARP SURVEY ON THE PERCEPTIONS RELATED TO A DEMENTIA DIAGNOSIS: ADULTS AGE 40-PLUS

June 22, 2021



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KEY FINDINGS

Key Findings

Dementia carries a high-level of stigma in society stemming from the fear of the loss of independence, emotional and financial suffering, and the perception of how individuals with dementia are treated by society.

Younger adults are significantly more likely to have a negative perception of dementia than older adults, perceiving a higher degree of stigma.

The loss of driving privileges is the biggest fear adults have about dementia. Few would give up on life.

Healthcare providers (HCPs) perceive their patients are more negative about dementia than they actually are. Significant disconnects exist between healthcare provider perceptions of how their patients feel about dementia and the perceptions of the general population.

A gap in knowledge about dementia exists among adults age 40 and older.

- Half of adults believe it is likely they will get dementia – far more than actually will ever develop it.
- Adults either don't know or aren't sure if there are any treatments for dementia or if there is a cure.

Most adults do NOT want to be examined every year for dementia, even though they see the benefits of early diagnosis. Adults are more accepting of baseline screenings of cognitive function than an annual exam for dementia.

Healthcare providers are in agreement that a healthy lifestyle benefits brain health and adults in the general population are likely to engage in brain-healthy behaviors if they know it may help maintain their mental functioning.





PERCEPTIONS ABOUT ALZHEIMER'S DISEASE AND COGNITIVE IMPAIRMENT

Society stigmatizes cognitive impairment and Alzheimer's disease

To what degree do you think people with each of the following conditions are judged negatively by society? (Q55)

<i>Disease or condition</i>	Sum of to a great/some degree	To a great degree	To some degree	To a small degree	To no degree at all
Addiction	87%	56%	31%	7%	6%
Obesity	85%	51%	34%	10%	5%
Mental illness	78%	40%	38%	13%	7%
Cognitive impairment	62%	18%	44%	25%	12%
Speech impairment	61%	20%	41%	26%	12%
Alzheimer's disease	56%	22%	34%	25%	18%
Parkinson's disease	44%	13%	31%	29%	26%
Hearing impairment	42%	8%	34%	35%	22%
Lung cancer	34%	8%	26%	31%	34%
Type 2 diabetes	32%	7%	25%	33%	35%
Vision impairment	29%	6%	23%	35%	35%
Heart disease	23%	4%	19%	33%	42%

N=3,022 (adults age 40 and older)



While many more adults age 40 and older feel that addiction, obesity, and mental illness are judged negatively by society to at least some degree, a majority also think that about cognitive impairment and Alzheimer's disease.



BENEFIT OF EARLY-STAGE DEMENTIA DIAGNOSIS

Majorities agree that diagnosing dementia at an early stage is beneficial

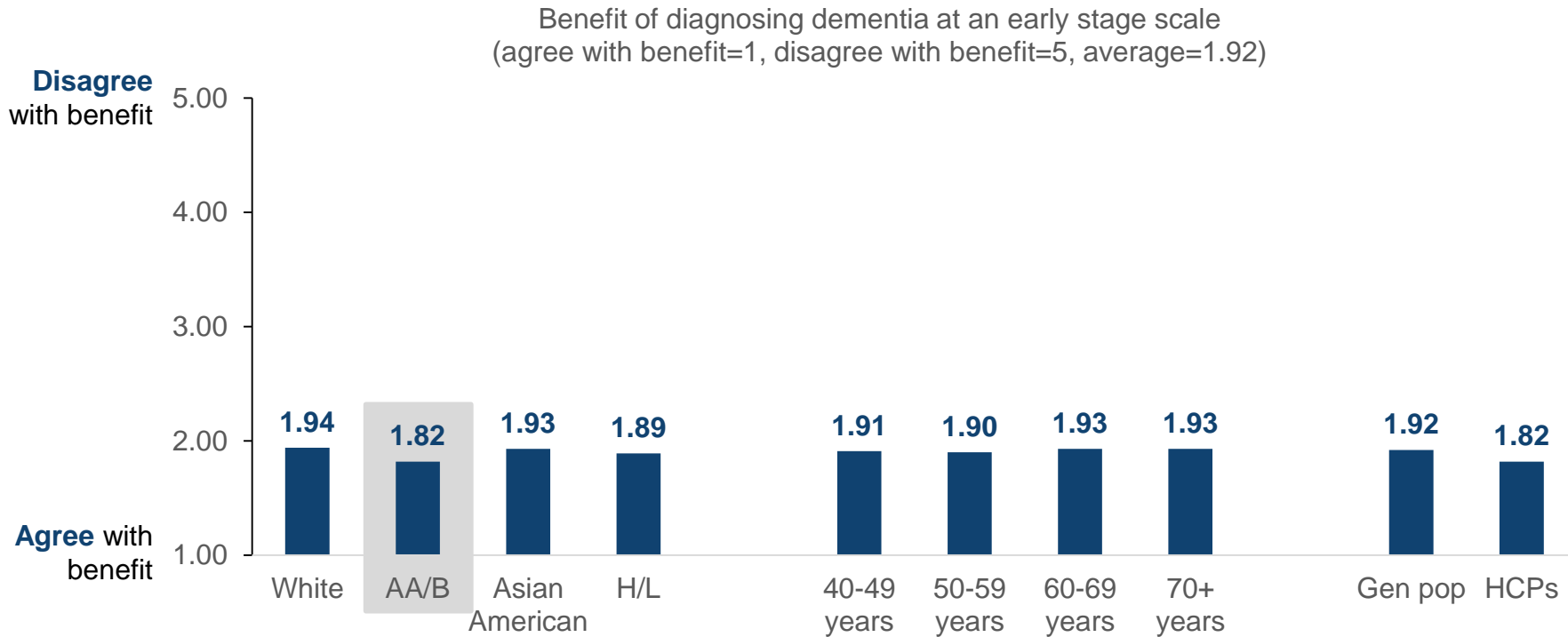
Adults age 40 and older and healthcare providers (HCPs) agree that it is beneficial to diagnose dementia in its early stage. Healthcare providers, compared to adults overall, perceive patients would be less willing to engage in a healthier lifestyle to potentially slow the progress of the disease and less willing to participate in research.

Benefit of diagnosing dementia at an early stage	Adults age 40 and older			% of HCPs who agree (If my patient found out they had dementia at an early stage, they...)
	% disagree	% don't know	% agree	
If I found out I had dementia at an early stage, I would have more time to plan my future care (Q16)	3%	11%	86%	95%
If I found out I had dementia at an early stage, I could prepare my advanced directive or my living-will (Q18)	3%	12%	85%	92%
If I found out I had dementia at an early stage, I would have more time to plan my finances (Q17)	4%	13%	83%	96%
If I found out I had dementia at an early stage, I would be motivated to have a healthier lifestyle to potentially slow the progression of the disease (Q19)	3%	15%	81%	76%
I believe that finding out in the early stage of dementia increases the chance to treat the disease better (Q15)	4%	21%	75%	N/A
If I found out I had dementia at an early stage, I would be more willing to participate in research about the disease (Q20)	5%	25%	69%	61%

N=3,022 (adults age 40+); N=500 (healthcare providers)

Adults agree diagnosing dementia early is beneficial; no substantial differences are noted by race/ethnicity or age

On the scale* that measures the benefit of diagnosing dementia at an early stage, adults age 40 and older tend to agree there is a benefit. African American/Black (AA/B) adults are slightly lower on the scale meaning that they are slightly more likely to agree with the benefit of an early diagnosis than other racial/ethnic groups. The difference is small but significant.



*Scale is a composite of Q15 to Q20 as shown on slide 8 and further described in the methodology section on slide 51.

Note: No significant difference was noted by gender.

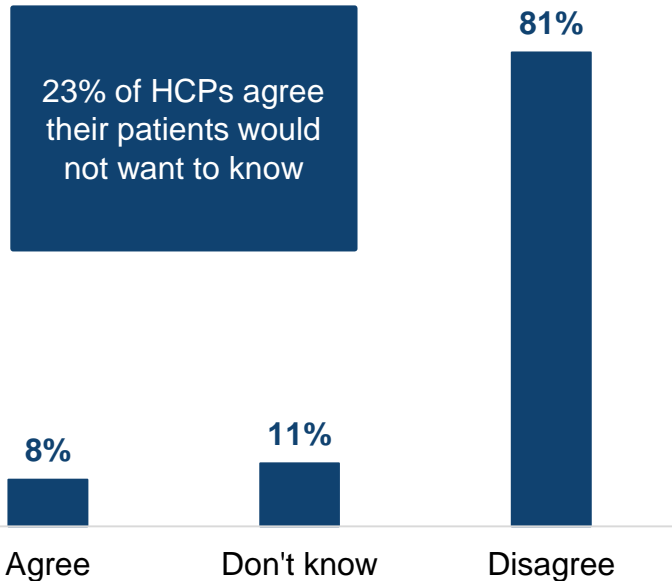


ACCEPTANCE OF DIAGNOSIS AND SCREENING FOR DEMENTIA

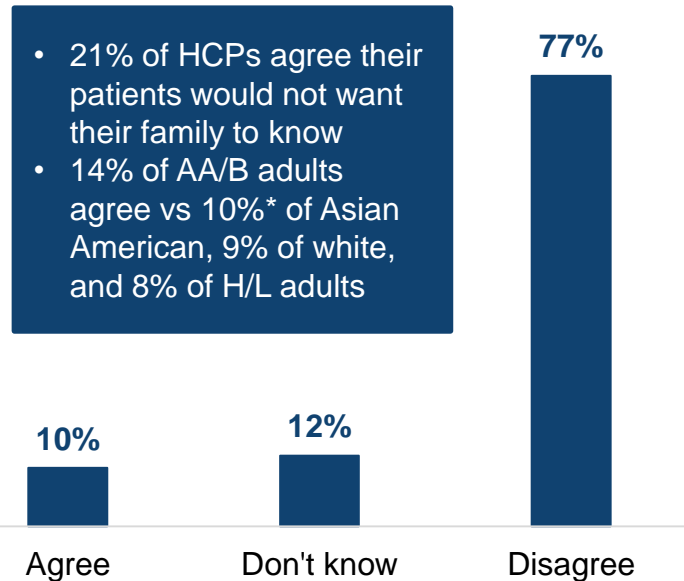
Few adults want a dementia diagnosis kept secret

Most adults would want to know if they had dementia (81%) and would want their family to know (77%). A higher percentage of healthcare providers think their patients would want the diagnosis kept secret. Significantly more AA/B adults compared to white and Hispanic/Latino (H/L) adults would not want their family to know.

Level of agreement: If I had dementia, I would not want to know (Q21)



Level of agreement: If I had dementia, I would not want my family to know (Q22)



N=3,022 (adults age 40+); N=500 (HCPs)

* AA/B statistic is significantly higher than the statistic for white and H/L adults but not Asian American adults.

Adults want to be told if their doctor diagnoses them with dementia but some healthcare providers do not always tell them the truth

Majorities of adults say they would want to know if they are at a high risk for dementia or if they have it. Healthcare providers (HCPs) over-estimate that their patients want to know if they are at a high risk for developing dementia and that they would like to know if they have dementia. However, nine in 10 (91%) adults age 40 and older want to be told of a dementia diagnosis but fewer (78%) HCPs said they always tell patients the truth.

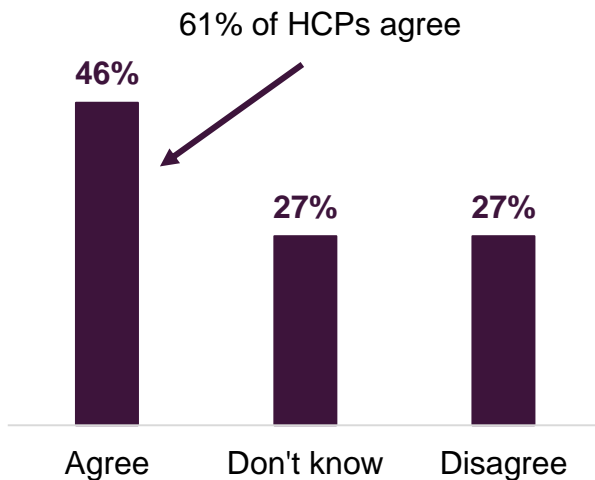
Acceptance of dementia and screening	Adults age 40 and older			% of HCPs who agree their patients...
	% disagree	% don't know	% agree	
If my doctor diagnoses me with dementia, I want to be told (Q8)	2%	6%	91%	78%*
If I am at a high risk for developing dementia, I would like to know (Q6)	9%	13%	78%	87%
I would like to know if I have dementia (Q7)	11%	15%	73%	92%

*No matter how difficult it is for someone to hear they have dementia I always tell them the truth (Q46).

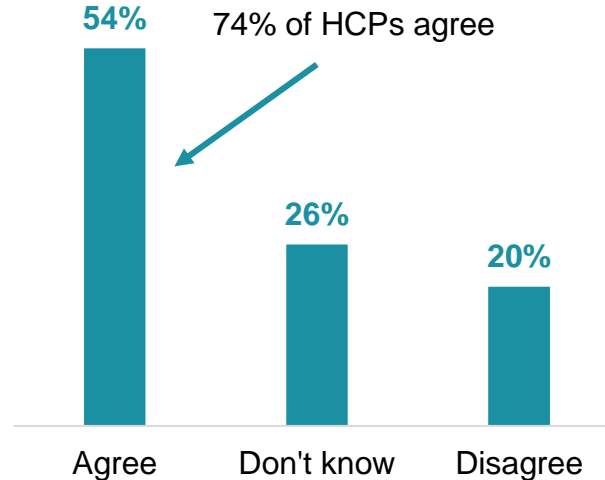
Majority of adults do not want to be examined yearly for dementia

While a substantial percentage (46%) of adults age 40 and older do want a yearly exam for dementia, the majority either do not (27%) want to be examined or don't know (27%). About half (54%) of adults said they would like a baseline cognitive evaluation but healthcare providers over-estimate this desire with three-quarters (74%) agreeing their patients want a baseline.

I would like my doctor to examine me every year **to know if I have developed dementia** (Q9)



I would like a doctor to evaluate my cognitive function **to get a baseline measurement** (Q10)

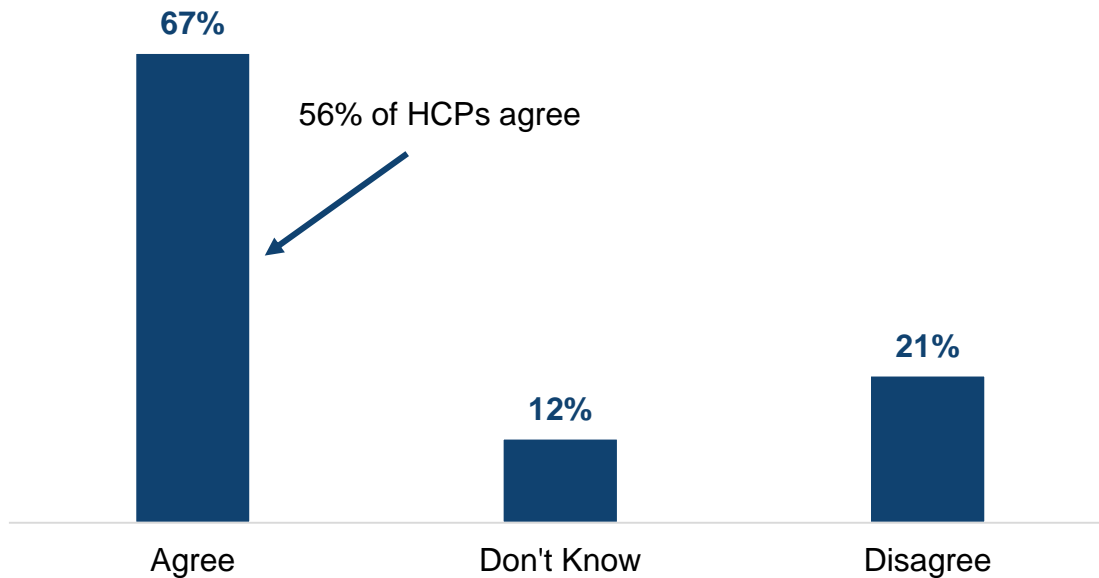


N=3,022 (adults age 40+); N=500 (healthcare providers)

Being examined yearly for cancer is significantly more palatable than being examined yearly for dementia

Adults age 40 and older are more accepting of a yearly cancer exam (67%) than an exam for dementia (46%). This suggests that adults are more afraid of a dementia diagnosis than a cancer diagnosis perhaps fearing that nothing can be done about dementia and cancer treatments are better understood.

I would like a doctor to examine me every year to know if I have developed cancer (Q11)

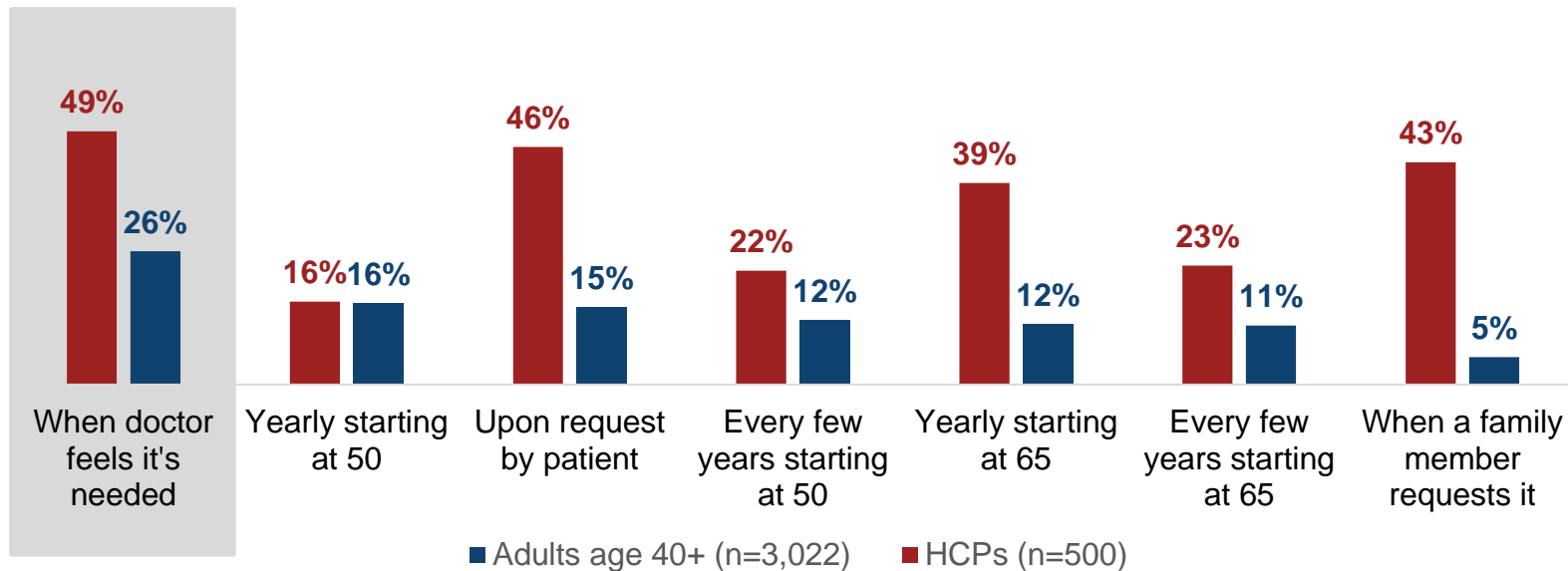


N=3,022 (adults age 40+); N=500 (healthcare providers)

Adults and healthcare providers agree that doctors should decide on the timing of cognitive evaluations

About one-quarter (26%) of adults age 40 and older and nearly half of healthcare providers (49%) say deciding to do a cognitive evaluation should be up to the doctor. Adults age 70+ and H/L adults are more likely to let the doctor decide. Four in 10 (39%) healthcare providers say a cognitive evaluation should be done yearly starting at age 65.

How often do you feel you should have your cognitive function assessed? (Q51)



Significantly more adults age 70+ would leave it to the doctor compared to younger adults:

- 25% -- 40 to 49 years
- 20% -- 50 to 59 years
- 22% -- 60 to 69 years
- **37% -- 70+ years**

Significantly more H/L adults would leave it to the doctor compared to white and Asian American adults:

- **31% -- H/L**
- 26% -- AA/B
- 25% -- White
- 20% -- Asian American

Note: Healthcare providers were able to select multiple responses to this item, adults age 40 and older were instructed to select one response only.

Healthcare providers are the most likely impetus for cognitive evaluation

Which of the following would convince you to get your cognitive function evaluated?
(Q53) (n=3,022)

If my doctor or another healthcare professional recommended an evaluation	63%
Feeling I am forgetting more often than usual	53%
Having someone tell me that I am forgetting more than usual	50%
Feeling that my mental sharpness has declined	48%
If I was asking people for the same information again and again	47%
If people were telling me that I repeat myself frequently	42%
If a family member recommended an evaluation	41%
Having difficulty focusing	37%
Forgetting to pay my bills	36%
If I am forgetting appointments	36%
Feeling that I can no longer manage my finances	34%
Having difficulty paying attention	31%
If I wanted to know if my memory was normal for my age	28%
If I thought I was having a side effect from medication I was taking	18%
Becoming the victim of a financial scam	14%
Experiencing hearing loss	10%
Hearing something about it in the media or through social media	3%
None	7%



More than six in 10 (63%) adults age 40 and older said they would be convinced to get their cognitive function evaluated if their doctor recommended it. Majorities would also be convinced if they were forgetting more than usual. Nearly three in 10 (28%) said their doctor would convince them the MOST*.

*Q54 Which of the following would convince you the most to get your cognitive function evaluated?



PERCEPTIONS OF A DEMENTIA DIAGNOSIS

Adults' feelings about dementia are less negative than what HCPs think

Healthcare providers substantially over-estimate the worry that adults age 40 and older would feel if they had dementia. In particular, one in five (19%) adults say they would feel ashamed or embarrassed if they had dementia but seven in 10 (69%) think their patients would feel this way – representing a 50 percentage-point difference.

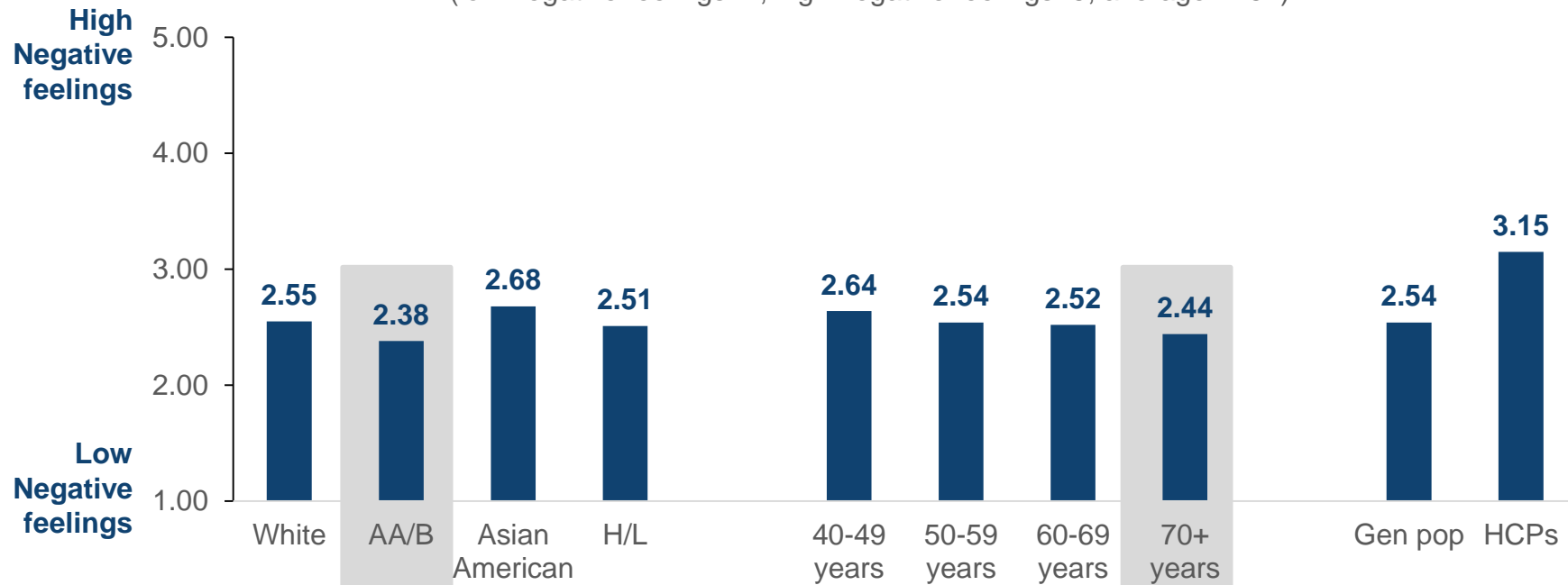
Feelings and worries about dementia and how other people would treat you	Adults age 40 and older			% of HCPs who agree (If my patient had dementia, they...)
	% disagree	% don't know	% agree	
If I had dementia, I would be concerned my employer would find out (Q30)	42%	28%	29%	67%
If I had dementia, I would be considered incompetent (Q25)	35%	37%	27%	49%
If I had dementia, I would no longer be taken seriously (Q24)	39%	36%	25%	46%
If I had dementia, I would be ashamed or embarrassed (Q26)	50%	30%	19%	69%
If I had dementia, I would be mistreated (Q23)	47%	42%	10%	26%
If I had dementia, my doctor and other health professionals would not listen to me (Q29)	56%	34%	10%	33%
If I had dementia, my doctor would not provide the best care for my other medical problems (Q28)	62%	30%	8%	28%
If I had dementia, I would give up on life (Q27)	66%	26%	7%	32%

N=3,022 (adults age 40+); N=500 (HCPs)

Healthcare providers believe their patients feel more negative about a dementia diagnosis than they actually do

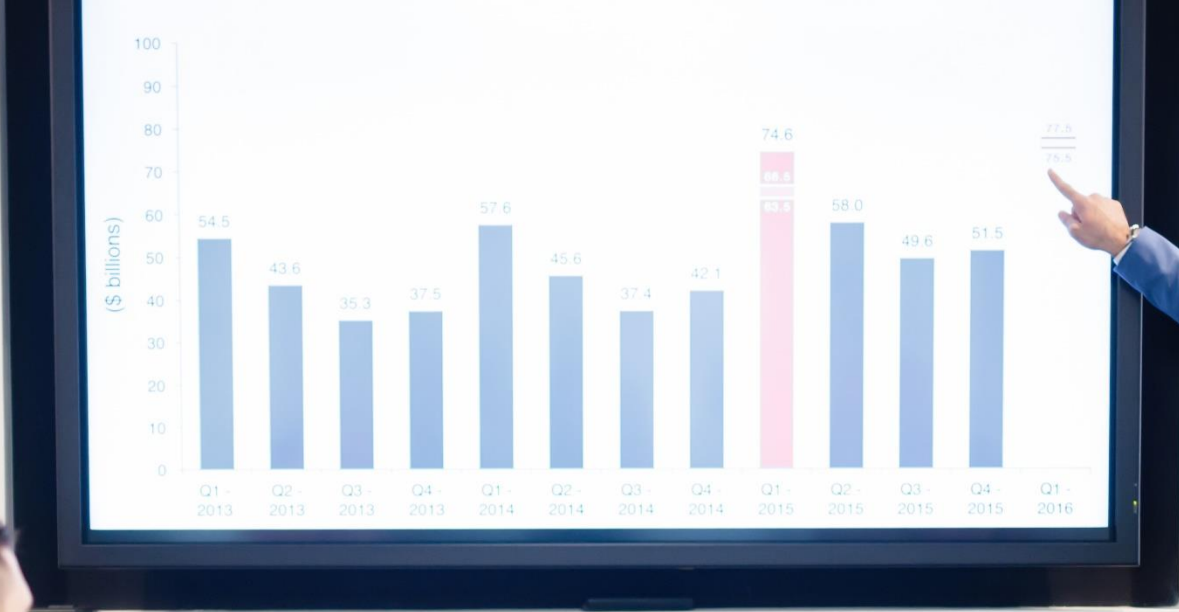
On a scale* that measures the negative feelings associated with a dementia diagnosis, HCPs attribute a significantly higher level of negativity to their patients compared to adults themselves. Additionally, AA/B adults and adults age 70 and older average small but significantly lower scores on the scale. This means they have less negative feelings than other groups.

Negative feelings associated with a dementia diagnosis scale
(low negative feelings=1, high negative feelings=5, average=2.54)



*Scale is a composite of Q23 to Q30 as shown on slide 18 and further described in the methodology section on slide 51.

Note: No significant difference was noted by gender.



FEAR OF LOSS OF INDEPENDENCE DUE TO DEMENTIA

Losing driving and other privileges is adults' biggest fear related to dementia

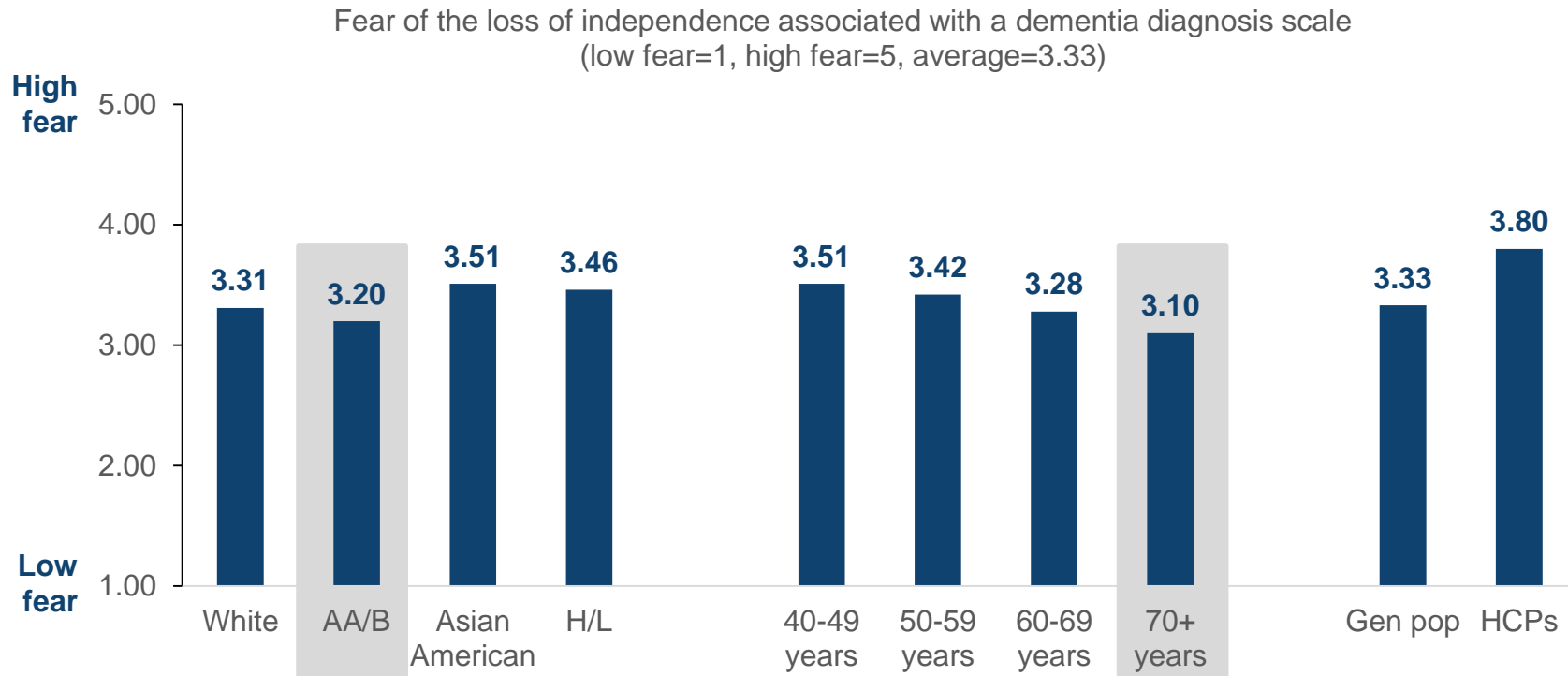
The biggest fear adults would have if they had dementia is the loss of certain privileges like their driver's license. Without exception, more HCPs agree with the statements designed to capture feelings of the loss of independence compared to adults age 40 and older themselves.

Fear of the loss of independence	Adults age 40 and older			% of HCPs who agree (If my patient had dementia, they...)
	% disagree	% don't know	% agree	
If I had dementia, I would be afraid I would lose my driver's license and other privileges (Q36)	10%	20%	70%	89%
If I had dementia, I would be afraid I would have to live in a nursing home (Q35)	20%	25%	55%	88%
If I had dementia, I would be afraid I could not get long-term care insurance (Q33)	17%	34%	48%	75%
If I had dementia, I would be afraid I could not get life insurance (Q32)	22%	36%	41%	69%
If I had dementia, I would be afraid I could not afford health insurance (Q31)	32%	28%	39%	46%
If I had dementia, I would be afraid I would lose my home (Q34)	42%	24%	33%	54%

N=3,022 (adults age 40+); N=500 (HCPs)

African American/Black adults and those age 70 and older fear the loss of independence less

AA/B adults average small but significantly lower scores on the scale*, meaning they are less afraid of losing their independence due to dementia than other groups. This fear also decreases with increasing age. Healthcare providers perceive that their patients would have a higher level of fear when faced with dementia.



*Scale is a composite of Q31 to Q36 as shown on slide 21 and further described in the methodology section on slide 51.

Note: No significant difference was noted by gender.



PERCEIVED SUFFERING DUE TO DEMENTIA

A disconnect exists between adults and healthcare providers in their perception of suffering due to a dementia diagnosis

The second biggest concern held by two-thirds (66%) of adults – after the loss of driving privileges – is emotional suffering by their family, followed closely by the worry they would be a burden to others (62%). HCPs consistently overestimate the suffering adults may feel if they had dementia, revealing a disconnect between the two groups.

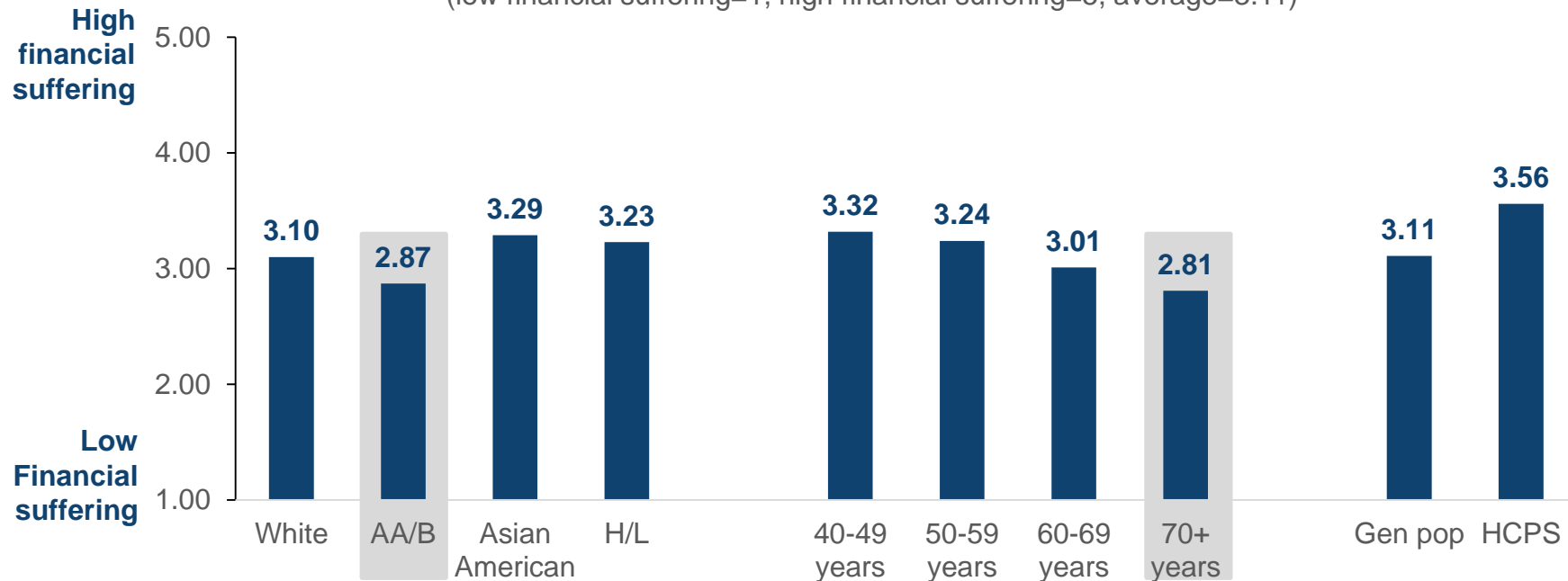
Suffering	Adults age 40 and older			% of HCPs who agree (If my patient had dementia, they...)
	% disagree	% don't know	% agree	
Financial suffering				
If I had dementia, my family will suffer financially (Q38)	30%	32%	36%	70%
If I had dementia, I could not afford the cost of care (Q37)	24%	44%	31%	53%
Suffering, non-financial				
If I had dementia, my family will suffer emotionally (Q39)	10%	24%	66%	85%
If I had dementia, I would be a burden to others (Q42)	11%	25%	62%	88%
I worry if I lose memories of my past, I will lose my sense of self (Q43)	15%	34%	51%	N/A
If I had dementia, I would be anxious (Q41)	9%	47%	43%	67%
If I had dementia, I would be depressed (Q40)	11%	48%	41%	73%

N=3,022 (adults age 40+); N=500 (HCPs)

Compared to healthcare providers, adults overall expect to face a lower level of financial suffering from a dementia diagnosis

In addition to the significant difference between healthcare providers and adults age 40 and older, AA/B adults average small but significantly lower scores on the 2-item scale*. This means they perceive less financial suffering if they had dementia than other groups. The perception of financial suffering also decreases with age.

Financial suffering associated with a dementia diagnosis scale
(low financial suffering=1, high financial suffering=5, average=3.11)

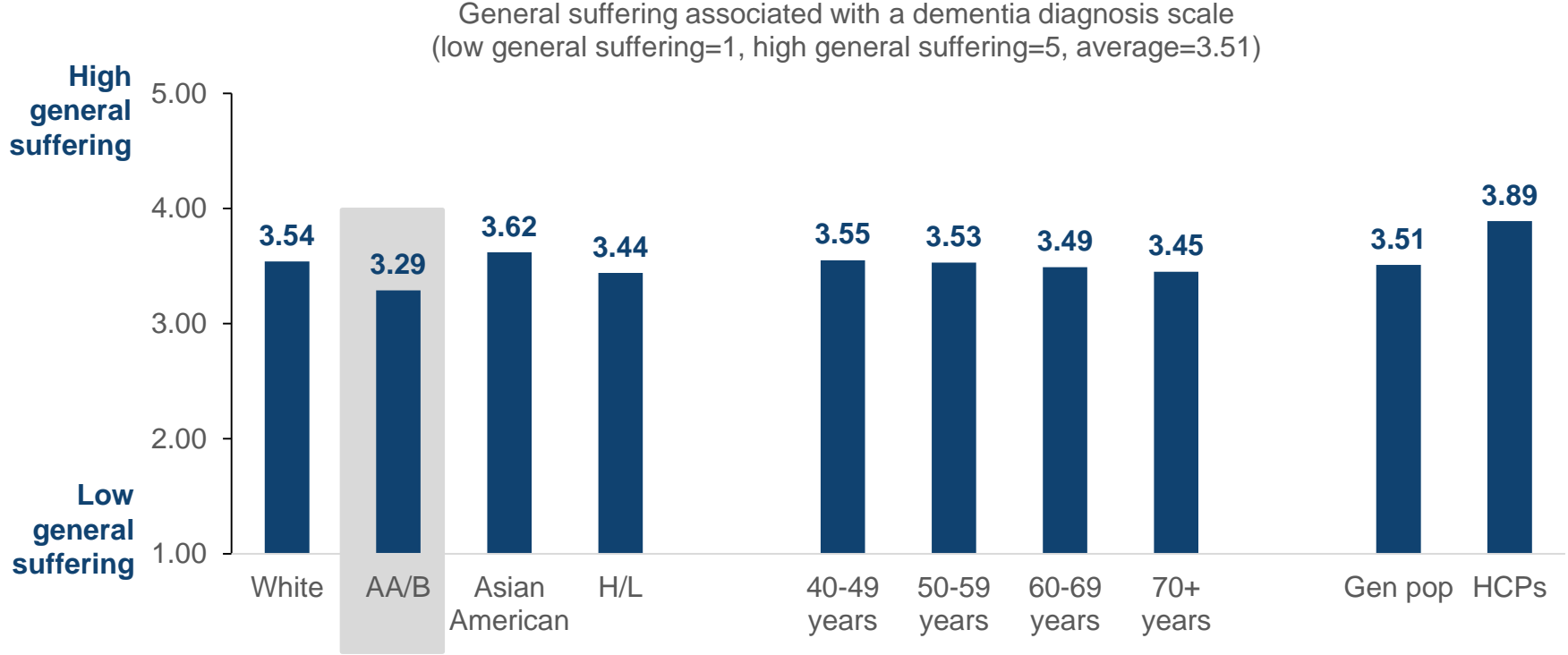


*Scale is a composite of Q37 to Q38 as shown on slide 24 and further described in the methodology section on slide 51.

Note: No significant difference was noted by gender.

Adults overall, compared to healthcare providers, also expect to face a lower level of “general” suffering when faced with dementia

Additionally, on the scale* to measure the perception of general suffering associated with a dementia diagnosis, AA/B adults average small but significantly lower scores. This means they perceive less suffering if they had dementia compared to other groups.



*Scale is a composite of Q39 to Q43 as shown on slide 24 and further described in the methodology section on slide 51.

Note: No significant difference was noted by gender.

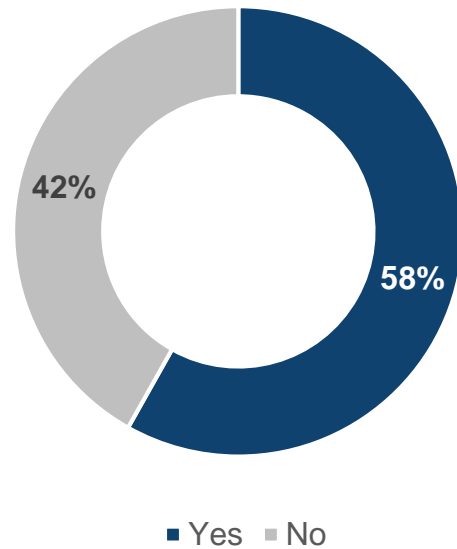


ADULTS' PERCEPTIONS OF DEMENTIA RISK AND COGNITIVE DECLINE

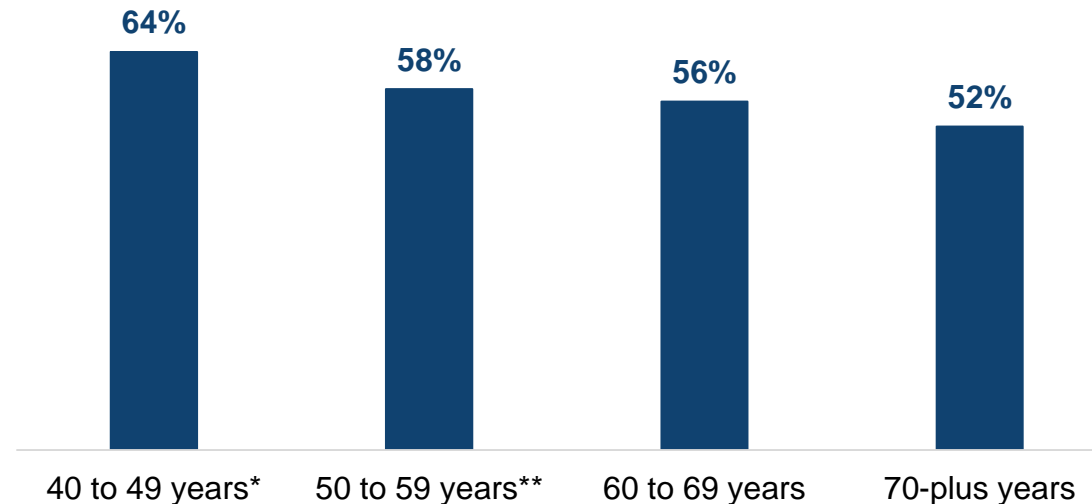
Six in ten adults believe cognitive decline is inevitable; younger adults are more pessimistic about losing cognitive function

Overall, nearly six in 10 (58%) adults age 40 and older believe cognitive decline is inevitable as people age. Significantly more adults age 40 to 49 believe this compared to all other age groups.

Do you believe cognitive decline is inevitable as people get older? (Q57)



Percent who believe cognitive decline is inevitable as people get older by age



*Significantly higher than all other age groups.

**Significantly higher than adults age 70+.

According to a review by the American Academy of Neurology (AAN)*, the prevalence of mild cognitive impairment (MCI) by age is as follows:

- 6.7% -- Age 60 to 64
- 8.4% -- Age 65 to 69
- 10.1% -- Age 70 to 74
- 14.8% -- Age 75 to 79
- 25.2% -- Age 80 to 84

The AAN also concluded that the dementia incidence was 14.9% in individuals with MCI over age 65.

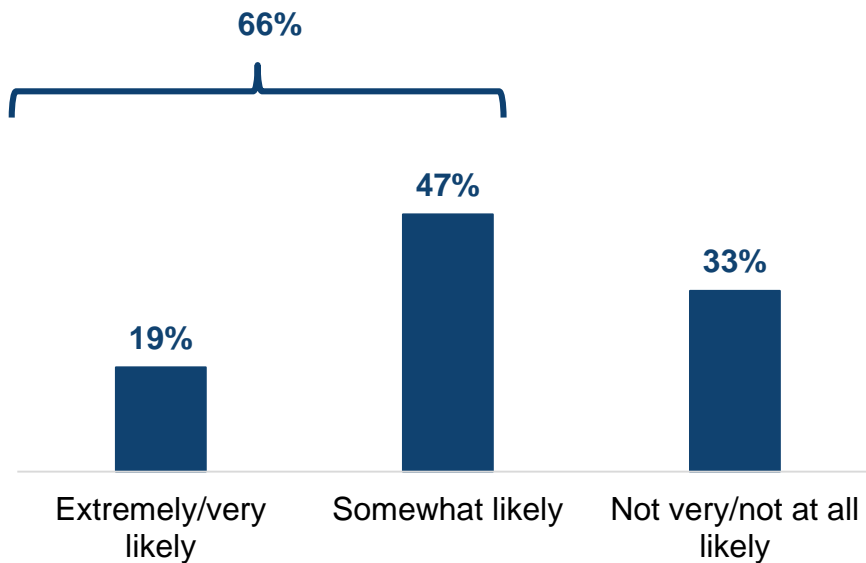
*Petersen, R. C., Lopez, O., Armstrong, M. J., Getchius, T. S. D., Ganuli, M., Gloss, D.,...Rae-Grant, A. (2018). Practice guideline update summary: cognitive impairment. *Neurology*, 90, 126-135. doi: 10.1212/WNL.0000000000004826

N=3,022

Majority feel there is some likelihood they will experience cognitive decline, but fewer adults in their 70s and beyond think this

Two-thirds (66%) of adults age 40 and older think it is at least somewhat likely they will experience cognitive decline as they age. Significantly fewer adults in their 70s and older (60%) and AA/B adults (55%) feel they are likely to experience cognitive decline.

How likely do you think it is that you will experience cognitive decline as you get older? (Q58)



Significantly **fewer** adults age 70 and older think they are likely to experience cognitive decline as they age compared to adults younger than age 70:

- **60% -- Age 70+**
- 67% -- Age 60 to 69
- 66% -- Age 50 to 59
- 70% -- Age 40 to 49

Significantly **fewer** African American/Black adults think they are likely to experience cognitive decline as they age compared to white adults:

- **55% -- AA/B**
- 68% -- White
- 62% -- Asian American*
- 63% -- H/L*

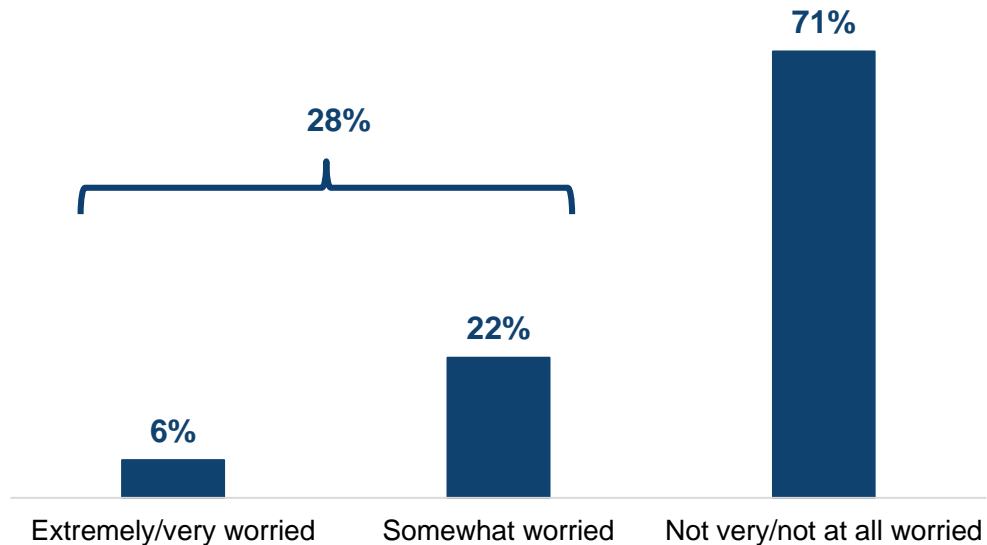
*Not significantly different from white or AA/B adults.

N=3,022

Almost 30% of adults are worried their mental sharpness has already declined

Additionally, there is significantly more worry among H/L and Asian American adults (compared to AA/B and white adults) and adults age 40 to 49 compared to adults age 50 and older.

How worried are you that your mental sharpness has already declined? (Q52)



Significantly **more** Hispanic/Latino and Asian American adults are worried their mental sharpness has declined:

- **40% -- Asian American**
- **38% -- H/L**
- 24% -- AA/B
- 26% -- White

Significantly **more** adults age 40 to 49 are worried their mental sharpness has declined compared to all other age groups:

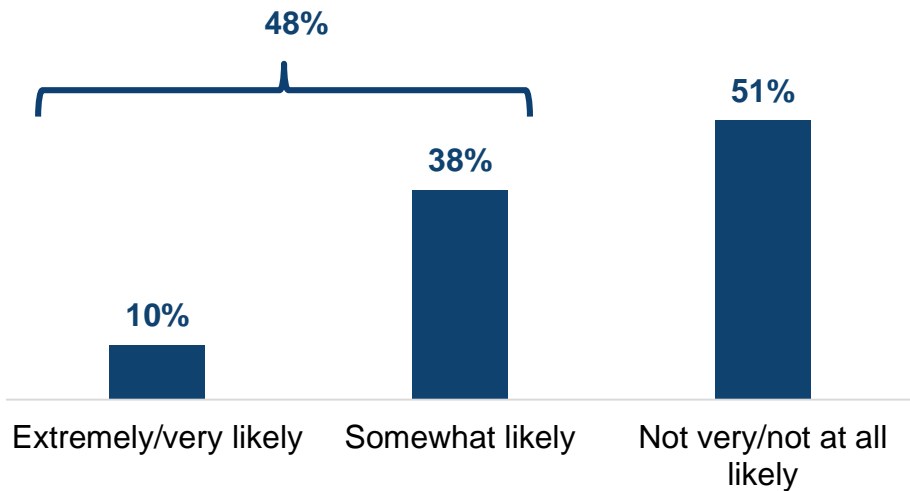
- **33% -- age 40 to 49**
- 27% -- age 50 to 59
- 25% -- age 60 to 69
- 26% -- age 70+

N=3,022

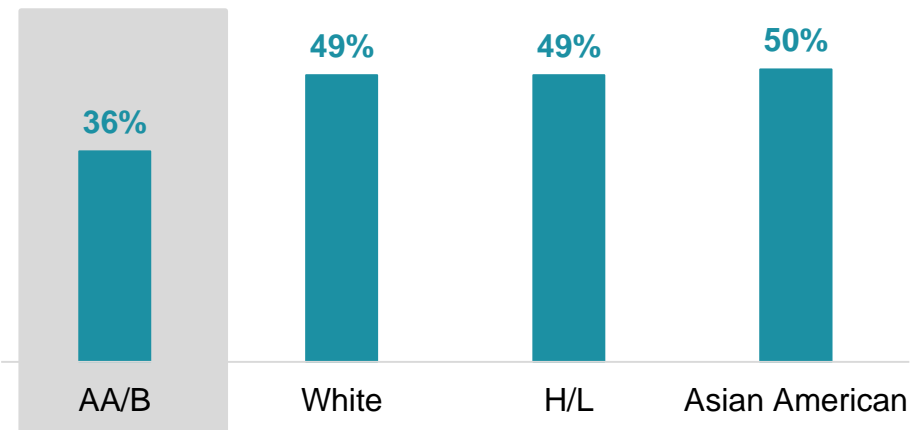
Half of adults think it's likely they will get dementia, fewer actually will

Nearly half (48%) of adults age 40 and older think it is at least somewhat likely they will get dementia as they get older. AA/B adults are significantly less likely to think they will get dementia compared to other groups.

How likely do you think it is that you will get dementia as you get older? (Q56)



Percent who think it is at least somewhat likely they will get dementia when they get older by race/ethnicity



According to the Alzheimer's Association*, the prevalence of Alzheimer's disease among adults age 65 and older is 11%. Risk increases with age and the prevalence by age is as follows:

- 5% -- Age 65 to 74
- 14% -- Age 75 to 84
- 35% -- Age 85-plus

(The prevalence among adults age 40 to 50 is thought to be very rare.)

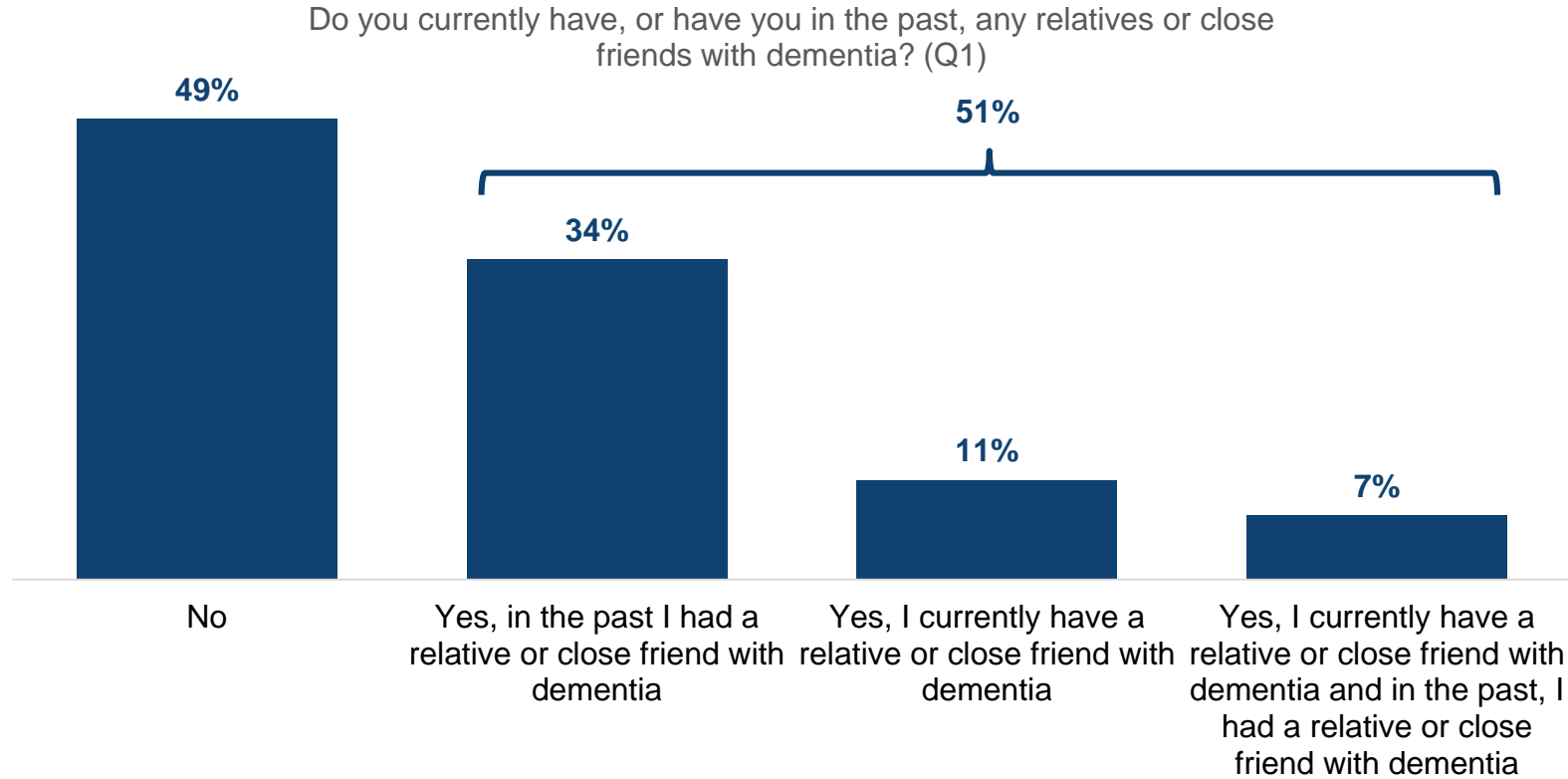
*Alzheimer's Association. 2021 Alzheimer's Disease Facts and Figures. Alzheimer's Dement 2021;17(3)

Note: While these statistics are for Alzheimer's disease specifically, it is estimated that Alzheimer's disease represents 60 to 80% of dementias. According to an NIA funded epidemiological estimate, the prevalence of dementia among individuals aged 71 and older was 13.9%.

N=3,022

Slight majority have had a relative or close friend with dementia

There is a near-even split among adults age 40 and older who have had a close friend or relative with dementia and those who have not.



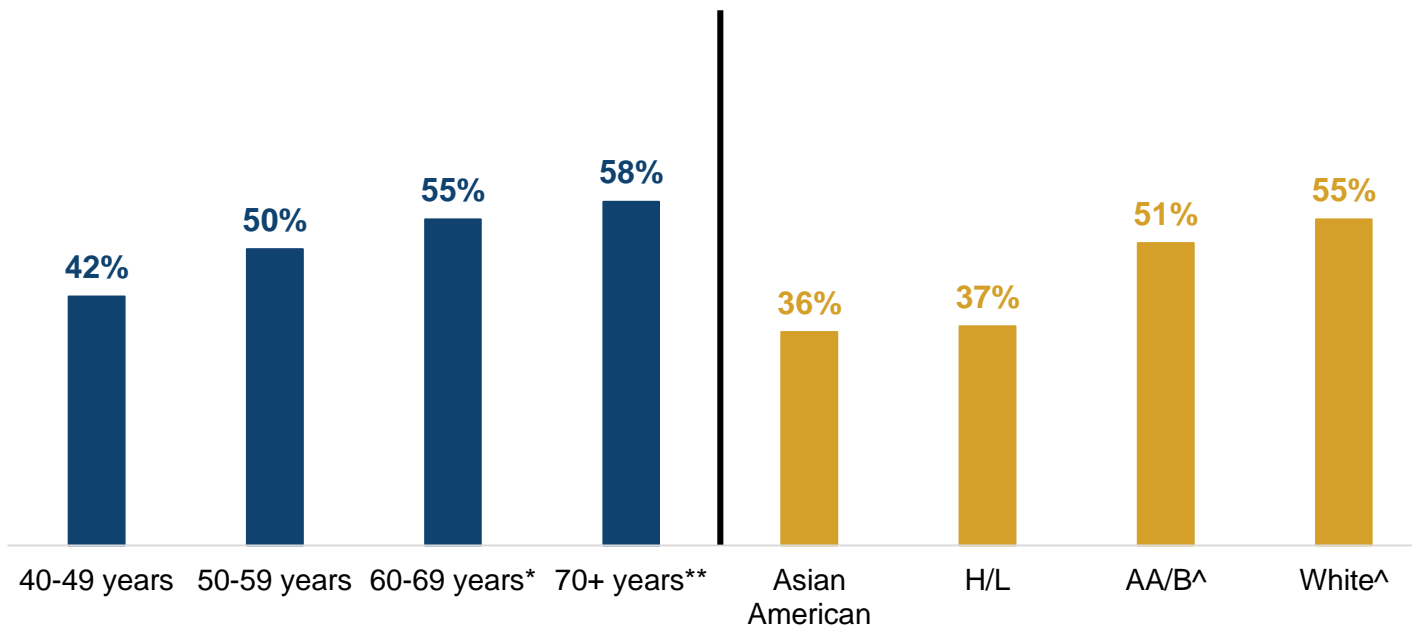
*In two previous AARP surveys, 68% of adults said they know someone who has, or had, dementia such as Alzheimer's disease or another condition causing cognitive decline [Alzheimer's Disease and Dementia Awareness Poll 2018 (adults age 18+) and 2015 Survey on Brain Health (adults age 40+)].

n=3,022

Older adults, white adults, and AA/B adults more likely to have had a relative or close friend with dementia

Unsurprisingly, the fraction of adults who have had a relative or close friend with dementia increases with age. More adults age 60 to 69 (55%) and 70 and older (58%) have had a close friend or relative with dementia compared to adults age 40 to 49 (42%). Additionally, more white (55%) and AA/B (51%) adults say they have had a close friend or relative with dementia compared to Asian American (36%) and H/L (37%) adults.

Percent who currently have, or have you in the past, a relative or close friends with dementia (Q1) by age, race/ethnicity



n=3,022

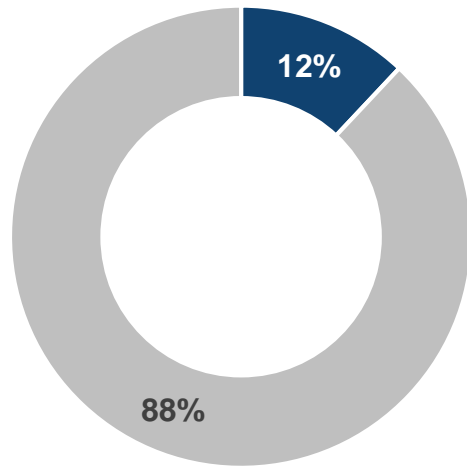


*Significantly higher than adults age 40 to 49.
**Significantly higher than adults 40 to 49 and 50 to 59.
^Significantly higher than Asian American and H/L adults.

Based on an index, 12% of adults express concern about their cognitive function

An index was created from eight self-reported items to identify adults age 40 and older with a high level of concern about their cognitive function. Based on the index, more than one in 10 (12%) are concerned.

Adults age 40 and older who are highly concerned about cognitive function based on the index



■ Cognitive concern ■ No cognitive concern

AARP Research developed an index to identify respondents who have a high level of concern about their cognitive function. The index is based upon their survey responses which consistently reflect concerns about memory, dementia, cognitive decline, and mental sharpness. The index is based on responses to the following items:

- Yes, they believe they are at a higher risk for dementia
- Yes, they think they have more problems with memory than others their age
- Yes, they have been told by a doctor they have a problem with their memory
- They have self-reported their mental sharpness as poor
- They have self-reported their memory as poor
- They are extremely worried their mental sharpness has already declined
- They feel they are extremely likely to get dementia as they get older
- They feel they are extremely likely to experience cognitive decline as they get older

N=3,022



GENERAL KNOWLEDGE AND AWARENESS

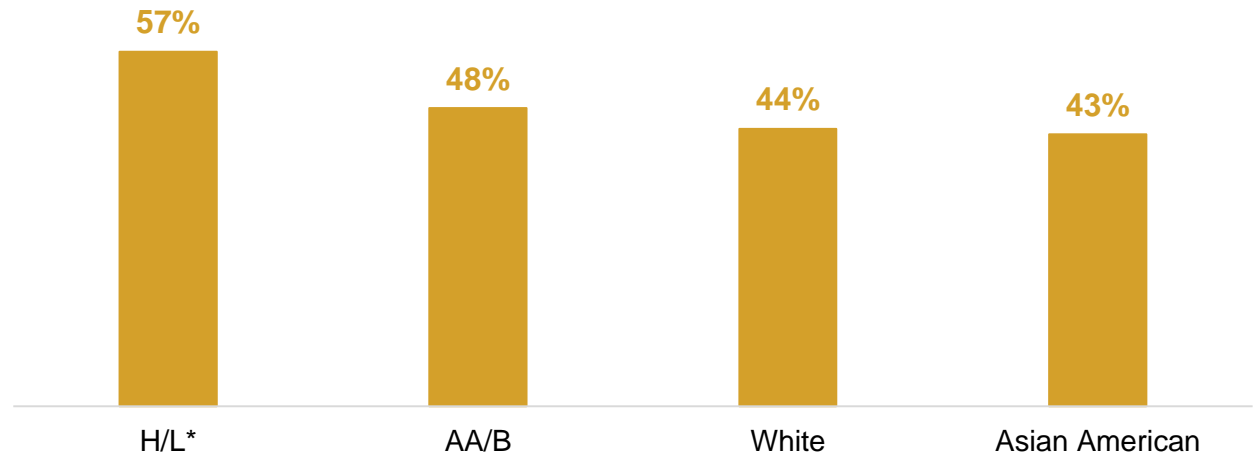
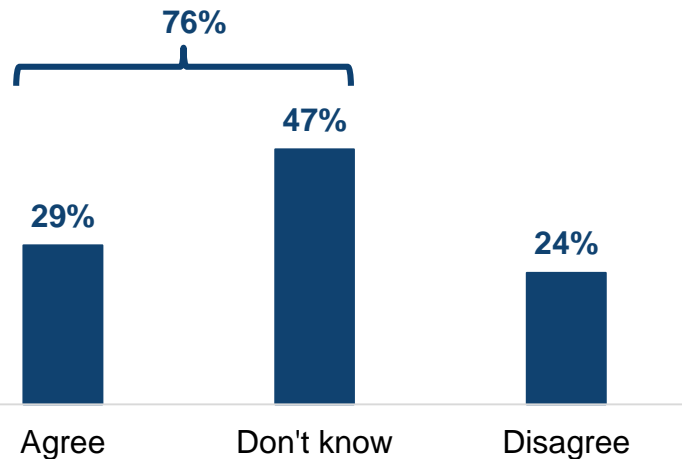
Significant lack of awareness exists about dementia with three-quarters of adults unaware treatments are available

Nearly half (47%) of adults age 40 and older say they don't know if there are treatments available for dementia. Nearly three in 10 (29%) agree there are no treatments available. Significantly more H/L adults compared to AA/B, white, and Asian American adults do not know if there are any treatments for dementia.

Level of agreement: I **do not believe there are currently any treatments** available for dementia (Q13)

Percent who don't know if there are currently any treatments available for dementia by race/ethnicity

33% of HCPs agree their patients think there are no treatments



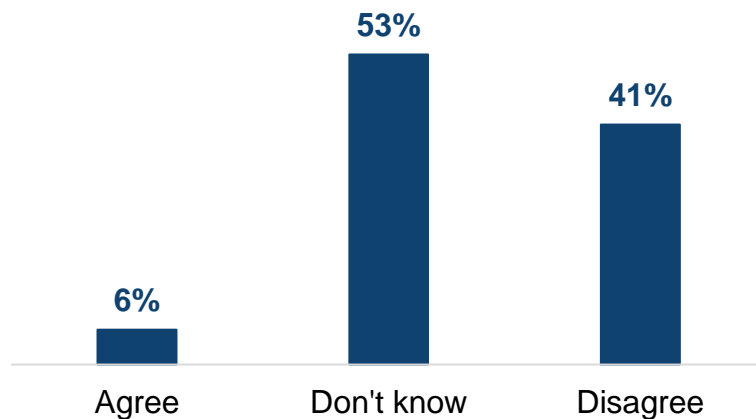
*Significantly higher than all other races/ethnicities.

N=3,022 (adults age 40+); N=500 (healthcare providers)

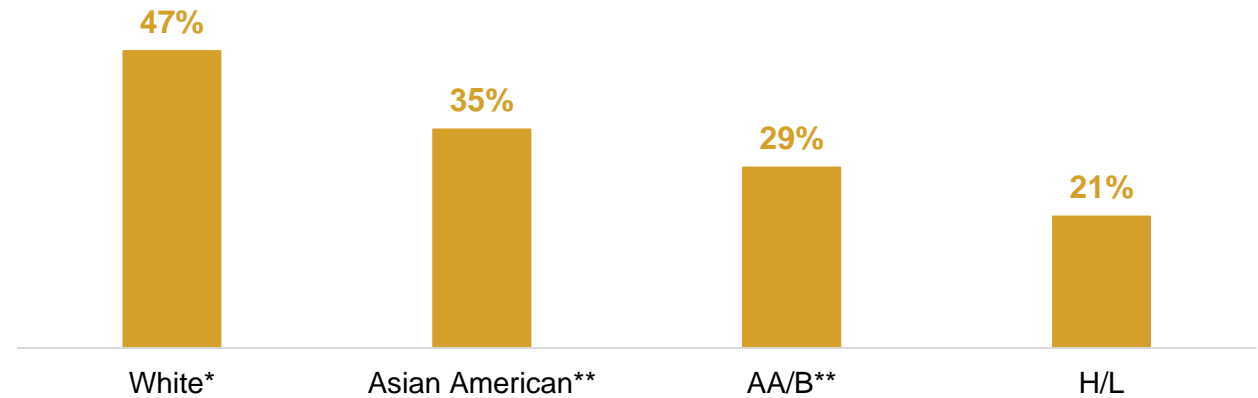
Over half of adults don't know if there is a cure for dementia

A majority (53%) don't know if there is a cure for dementia. Four in 10 (41%) adults are aware there is no cure for dementia (by disagreeing with the statement). Only one in five (21%) H/L adults are aware there is no cure for dementia, significantly fewer than white, Asian American, and AA/B adults.

Level of agreement: There is a **cure for dementia** that is currently available (Q14)



Percent who disagree with the statement: There is a **cure for dementia** that is currently available



*Significantly higher than all other categories. **Significantly higher than H/L adults.

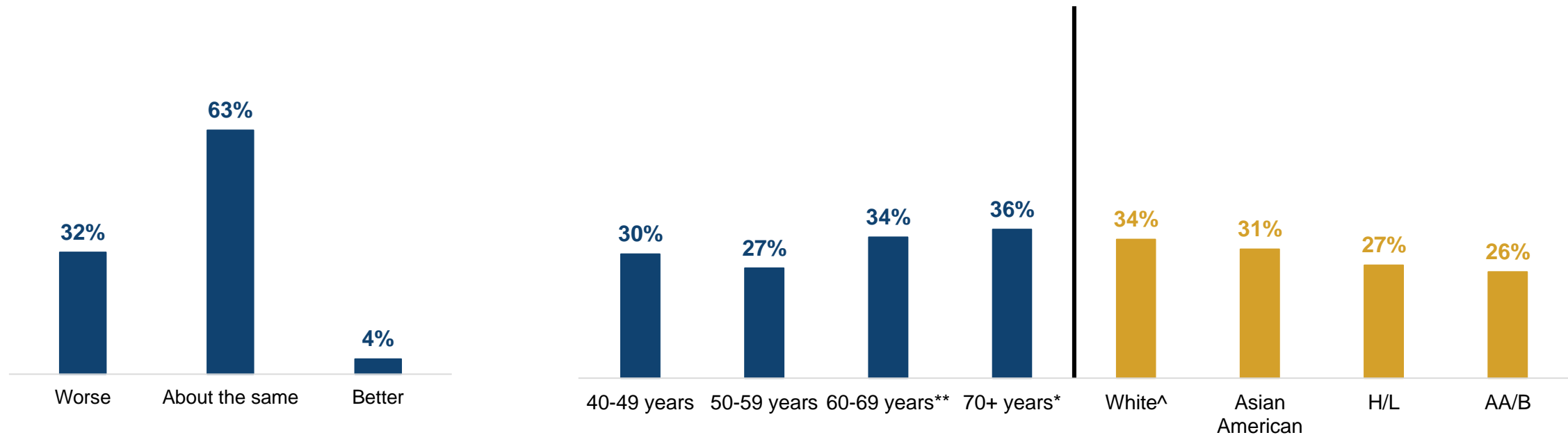
N=3,022

One-third consider an Alzheimer's diagnosis to be worse than a dementia diagnosis

A majority (63%) of adults age 40 and older, however, feel the diagnosis is about the same. Significantly more adults age 70 and older say Alzheimer's disease is a worse diagnosis than dementia as do white adults compared to AA/B and H/L adults.

In your opinion, **how does a diagnosis of Alzheimer's disease compare to a diagnosis of dementia?** (Q59)

Percent who feel **a diagnosis of Alzheimer's disease is worse than a diagnosis of dementia** by age, race/ethnicity



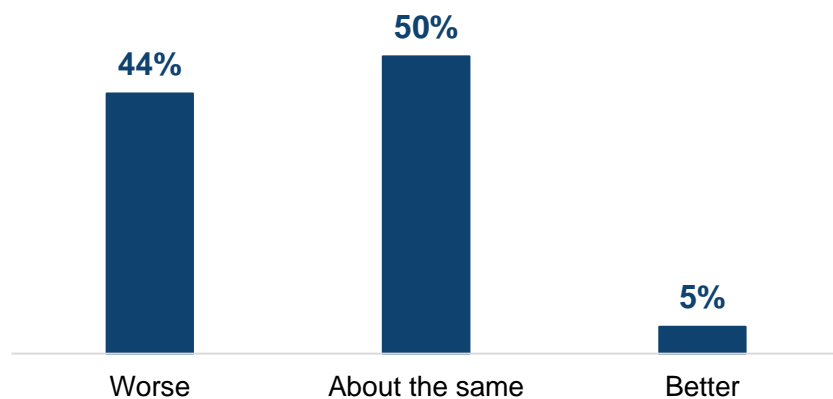
N=3,022

*Significantly higher than age 40 to 49 and 50 to 59, **Significantly higher than adults age 50 to 59, ^ Significantly higher than AA/B and H/L adults.

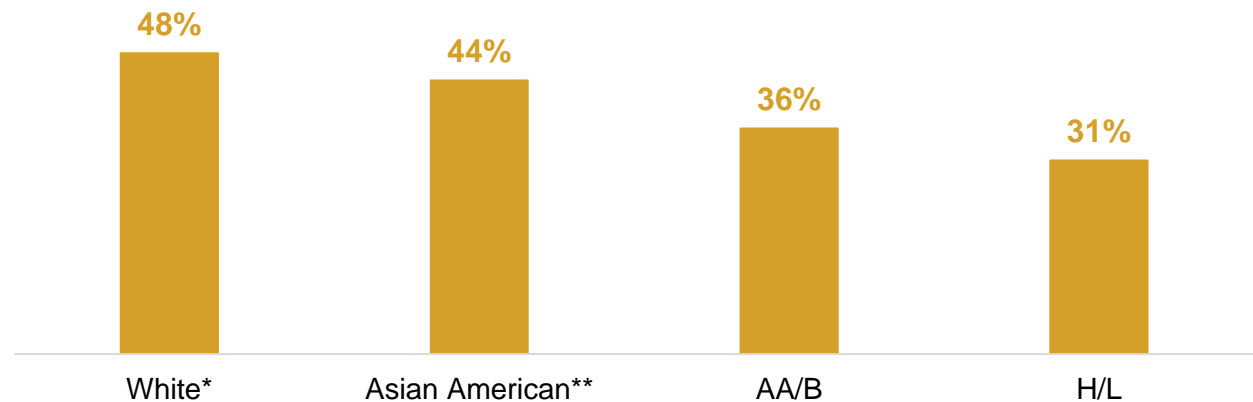
Half feel that a diagnosis of dementia and being told you have cognitive decline are about the same

More than four in 10 (44%) adults age 40 and older feel that a dementia diagnosis is worse than being told you have a cognitive decline, and half think it's about the same. Significantly more white and Asian American adults feel that being diagnosed with dementia is worse than finding out you have a cognitive decline.

In your opinion, **how does a diagnosis of dementia compare to being told you have cognitive decline?** (Q60)

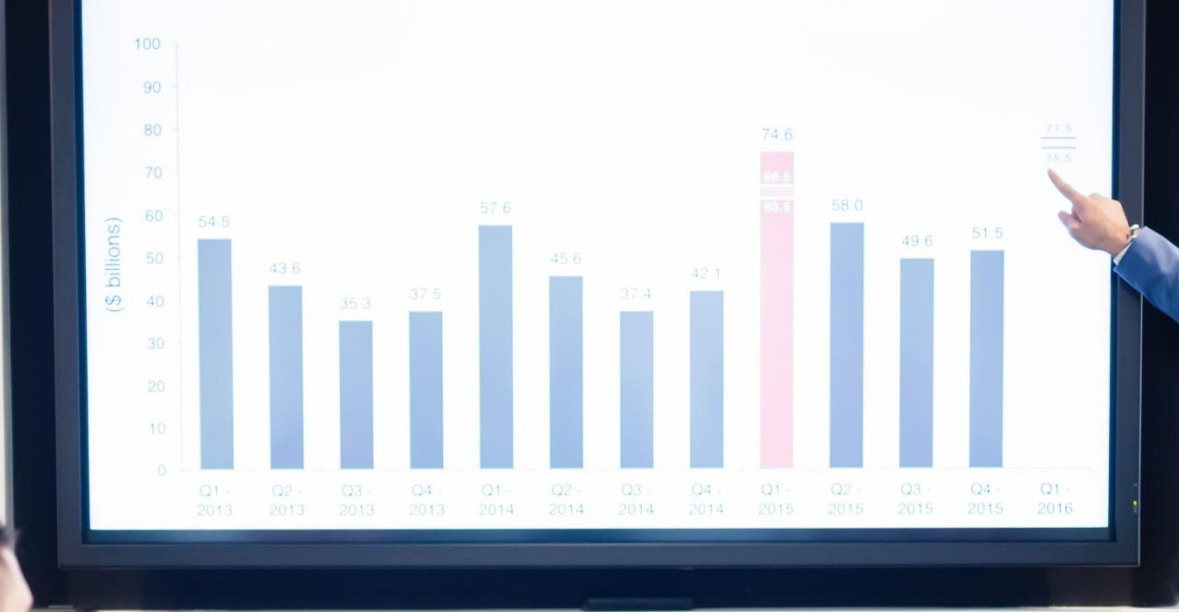


Percent who feel **a diagnosis of dementia is worse than being told you have cognitive decline** by race/ethnicity



*Significantly higher than AA/B and H/L adults, **Significantly higher than H/L adults.

N=3,022

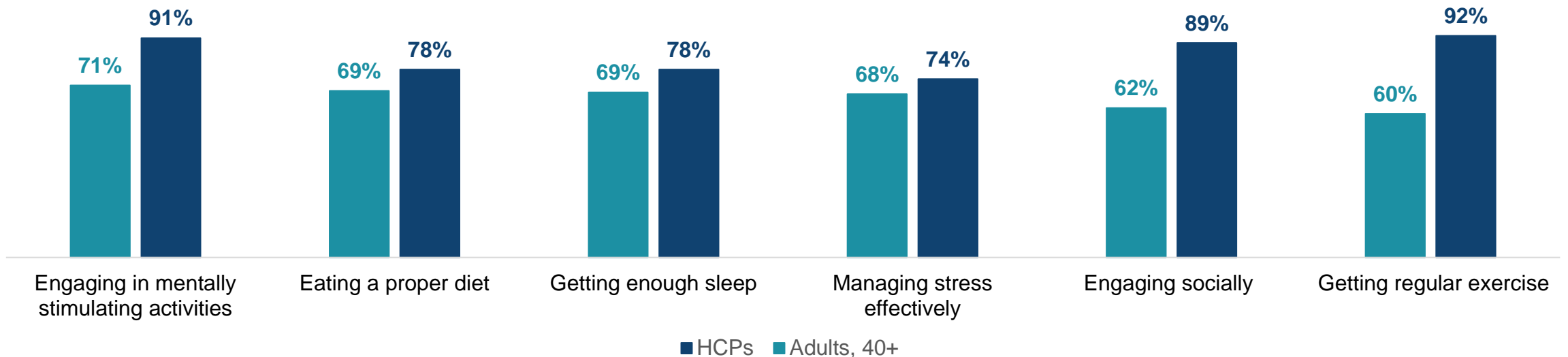


CALLS TO ACTION

Adults would engage in selected activities to maintain thinking skills and HCPs believe these activities help dementia symptoms

A majority of adults age 40 and older said they would be extremely or very likely to add brain-healthy activities into their daily lives if they knew that the activity may help them maintain their mental functioning. A large majority of healthcare providers think each activity helps with the symptoms of dementia. Notably, six in 10 adults age 40 and older would engage in exercise and 92% of HCPs feel exercise helps dementia symptoms, a 32-point difference.

Percent of adults age 40 and older who are extremely/very likely to engage in selected brain-healthy behaviors if they knew the activity may help them maintain mental functioning and percent of HCPs who feel each activity is helpful for dementia symptoms



Q47a-f If you knew the following may help you maintain your mental functioning/thinking skills, how likely would you be to incorporate more of these activities into your daily life? (Q47, % extremely or very likely, among adults age 40+, n=3,022)

Q37 In your opinion, which of the following help with the symptoms of dementia? (among healthcare providers, n=500)

More frequent engagement in healthy behaviors leads to a willingness to engage even more

For example, adults age 40 and older engage in exercise less regularly than other healthy behaviors with six in 10 (61%) saying they exercise occasionally or not at all. Fewer than half (44%) of the infrequent exercisers said they would exercise more often if they knew it would benefit their mental functioning compared to over eight in 10 (85%) of the frequent exercisers. For those with a lower engagement in brain-healthy behaviors, this represents an opportunity to increase awareness of the benefits of each activity.

Would you say each of the following is part of your regular routine? (Q46)	Low engagement		High engagement	
	% who do this occasionally or not at all	% extremely or very likely to engage more often	% who do this almost all the time or much of the time but not always	% extremely or very likely to engage more often
Exercising	61%	44%	39%	85%
Socializing with family, friends or others	49%	44%	51%	80%
Getting enough restful sleep	38%	47%	62%	82%
Engaging in mentally-stimulating activities	38%	53%	62%	84%
Eating nutritious and well-balanced meals	36%	49%	64%	81%
Managing stress effectively	33%	48%	67%	78%



Q46a-f Would you say each of the following is a part of your regular routine? (n=3,022)

Q47a-f If you knew the following may help you maintain your mental functioning/thinking skills, how likely would you be to incorporate more of these activities into your daily life? (n=3,022)

Hispanic/Latino adults are more likely to incorporate brain-healthy activities

Significantly more H/L adults compared to white adults said they would be extremely or very likely to incorporate more brain-healthy activities into their daily life if they knew it may help them maintain their mental functioning. The exception is engaging in mentally-stimulating activities where there is no difference in the likelihood.

Brain-healthy activities	Percent extremely or very likely to incorporate more of each selected activity into their daily life if they knew it may help maintain thinking skills (Q47) by race/ethnicity			
	White	Asian American	African American/Black	Hispanic/Latino
Getting regular exercise	58%	69%*	65%*	64%*
Engaging socially	61%	61%	58%	71%**
Managing stress effectively	66%	63%	74%***	74%***
Getting enough restful sleep	67%	66%	71%	77%**
Eating nutritious and well-balanced meals	67%	72%	73%	75%*
Engaging in mentally- stimulating activities	72%	63%	75%^	74%



*Significantly higher than white adults.

**Significantly higher than white and AA/B adults.

***Significantly higher than white and Asian American adults.

^Significantly higher than Asian American adults.

More older adults are likely to engage in brain-healthy activities

With the exception of exercise, significantly more adults age 70 and older compared to adults age 40 to 49 say they are extremely or very likely to incorporate more brain-healthy activities into their daily life if they knew it may help them maintain their mental function/thinking skills.

Brain-healthy activities	Percent extremely or very likely to incorporate more of each selected activity into their daily life if they knew it may help maintain thinking skills (Q47) by age			
	Age 40-49	Age 50-59	Age 60-69	Age 70+
Getting regular exercise	60%	64%**	59%	55%
Engaging socially	55%	64%*	62%*	67%*
Managing stress effectively	62%	67%	70%*	73%***
Getting enough restful sleep	63%	67%	71%*	74%***
Eating nutritious and well-balanced meals	64%	72%*	69%	72%*
Engaging in mentally-stimulating activities	66%	74%*	72%*	75%*

*Significantly higher than adults age 40 to 49.

**Significantly higher than adults age 70+.

***Significantly higher than adults 40 to 49 and 50 to 59..





IMPLICATIONS

Implications

An opportunity exists to increase awareness of the facts about cognition as people age, because...

- A majority of adults age 40 and older mistakenly believe cognitive decline is inevitable.
- Adults over-estimate the likelihood that they will get dementia.
- A majority are not aware there are treatments available for dementia.
- More than half do not know that dementia cannot be cured.

Adults could benefit from a greater understanding of the impact lifestyle modifications have on the risk for cognitive decline and dementia. While a majority of adults say they would modify selected brain-healthy behaviors with additional knowledge, many currently engage in brain-healthy behaviors infrequently.

An opportunity exists to reassure healthcare providers that adults do not hold as negative a view of dementia as they perceive and they want the truth if they have dementia.





Balance Sheet 2016
Total assets
18,557.92

2012: 14,221.19
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Income Statement 2016
Total revenues
14,650.64

Revenues from Sales
13,855.41



METHODOLOGY

Methodology – General population

- **Objectives:** To understand the stigma associated with a diagnosis of dementia from the point of view of adults age 40 and older
- **Methodology:** Online survey via Ipsos KnowledgePanel®, with sample targeting: Panelists age 40 and older (n=3,022).
- **Interviewing Dates:** March 12-24, 2021
- **Weighting:** The data were weighted according to CPS benchmarks including gender, age, race/ethnicity, income, census region.
- **Questionnaire length:** Overall (minutes): 14.32
- **Margin of error:** Total sample: ± 1.89 percentage points



This description was provided to adults age 40 and older at the start of the survey:

Dementia is an overall term used to describe symptoms that impact memory, performance of daily activities, and communication abilities. Common dementias include Alzheimer's disease, vascular dementia, Lewy body dementia, and frontotemporal dementia.

Methodology – Healthcare providers

- **Objectives:** To understand the stigma associated with a diagnosis of dementia from the point of view of health care providers (HCPs)
- **Methodology:** Online survey via a range of established healthcare panels
- **Sample / Qualifications:** n=500 interviews with physicians, nurse practitioners, physician assistants, and psychiatrists / psychologists; must evaluate people for the presence of cognitive impairment; approximately 25% or more of patients must be age 50 and over. Achieved a mix of specialties including:
 - Family medicine/Internal medicine (n=296)
 - Geriatrics (n=48)
 - Neurology (n=84)
 - Psychiatry/Psychology (n=115)
- **Interviewing Dates:** March 11-17, 2021
- **Questionnaire length overall:** 10 minutes (median)



This description was provided to HCPs at the start of the survey:

For the purpose of this survey, we are using the following definition of dementia: Dementia is a decline in cognitive function that interferes in the ability to perform activities of daily living. Some common causes of dementia include Alzheimer's disease, vascular dementia, Lewy body dementia, and frontotemporal dementia.

Important notes about the survey and data analysis

- Brain-healthy behaviors are defined by the Global Council on Brain Health (GCBH) as: (1) Eating nutritious and well-balanced meals, (2) Getting enough sleep, (3) Managing stress effectively, (4) Engaging socially with others, (5) Exercising, and (6) Engaging in mentally-stimulating activities.¹
- Totals may not add up to 100%: (1) Due to rounding and (2) The exclusion of refusals from the charts and tables.
- The survey instrument is based on the PRISM survey administered and validated in 2008 by Malaz Boustani, MD and colleagues.²
- A parallel survey of 500 healthcare providers was administered at the same time. The parallel questions between this survey of adults age 40 and older from the general population and the healthcare provider survey are reported in this document.

¹The Global Council on Brain Health (GCBH) is an independent collaborative of scientists, health professionals, scholars and policy experts from around the world working in areas of brain health related to human cognition. The GCBH is convened by AARP with support from Age UK.

²Boustani et al. (2008) Measuring primary care patients' attitudes about dementia screening. *Int J Geriatr Psychiatry*. 2008 Aug;23(8):812-20. doi: 10.1002/gps.1983.

Scale Development: Subscales related to attitudes about dementia among the general population age 40 and older generally followed those observed in a clinical population. However, reliability analysis occasionally led to the exclusion of scale candidate items. For each subscale, the Cronbach’s alpha (CA) is reported below.

Acceptance of dementia screening and diagnosis	Benefit of being diagnosed at an early stage (CA=0.84)	Negative feelings associated with dementia	Fear of the loss of independence	Financial suffering	Suffering, non-financial
<p>Q6. If I am at a high risk for developing dementia, I would like to know.</p> <p>Q7. I would like to know if I have dementia.</p> <p>Q8. If my doctor diagnoses me with dementia, I want to be told.</p> <p>Q9. I would like a doctor to examine me every year to know if I have developed dementia.</p> <p>Q10. I would like a doctor to evaluate my cognitive function to get a baseline measurement.</p> <p>CA=0.83</p>	<p>Q15. I believe that finding out in the early stage of dementia increases the chance to treat the disease better.</p> <p>Q16. If I found out I had dementia at an early stage, I would have more time to plan for my future care.</p> <p>Q17. If I found out I had dementia at an early stage, I would have more time to plan my finances.</p> <p>Q18. If I found out I had dementia at an early stage, I would prepare my advance directive or my living-will.</p> <p>Q19. If I found out I had dementia at an early stage, I would be motivated to have a healthier lifestyle to potentially slow the progression of the disease.</p> <p>Q20. If I found out I had dementia at an early stage, I would be more willing to participate in research about this disease.</p>	<p>Q23. If I had dementia, I would be mistreated.</p> <p>Q24. If I had dementia, I would no longer be taken seriously.</p> <p>Q25. If I had dementia, I would be considered incompetent.</p> <p>Q26. If I had dementia, I would be ashamed or embarrassed.</p> <p>Q27. If I had dementia, I would want to give up on life.</p> <p>Q28. If I had dementia, my doctor would not provide the best care for my other medical problems.</p> <p>Q29. If I had dementia, my doctor and other health professionals would not listen to me.</p> <p>Q30. If I had dementia, I would be concerned my employer would find out.</p> <p>CA=0.82</p>	<p>Q31. If I had dementia, I would be afraid I could not afford health insurance.</p> <p>Q32. If I had dementia, I would be afraid I could not get life insurance.</p> <p>Q33. If I had dementia, I would be afraid I could not get long-term care insurance.</p> <p>Q34. If I had dementia, I would be afraid I would lose my home.</p> <p>Q35. If I had dementia, I would be afraid I would have to live in a nursing home.</p> <p>Q36. If I had dementia, I would be afraid I would lose my driver’s license and other privileges.</p> <p>CA=0.83</p>	<p>Q37. If I had dementia, I could not afford the cost of care.</p> <p>Q38. If I had dementia, my family will suffer financially.</p> <p>CA=0.66</p>	<p>Q39. If I had dementia, my family will suffer emotionally.</p> <p>Q40. If I had dementia, I would be depressed.</p> <p>Q41. If I had dementia, I would be anxious.</p> <p>Q42. If I had dementia, I would be a burden to others.</p> <p>Q43. I worry that if I lose memories of my past, I will lose my sense of self.</p> <p>CA=0.83</p>

About AARP

AARP is the nation's largest nonprofit, nonpartisan organization dedicated to empowering Americans 50 and older to choose how they live as they age. With nearly 38 million members and offices in every state, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, AARP works to strengthen communities and advocate for what matters most to families with a focus on health security, financial stability and personal fulfillment. AARP also works for individuals in the marketplace by sparking new solutions and allowing carefully chosen, high-quality products and services to carry the AARP name. As a trusted source for news and information, AARP produces the nation's largest circulation publications, AARP The Magazine and AARP Bulletin. To learn more, visit www.aarp.org or follow @AARP and @AARPadvocates on social media.

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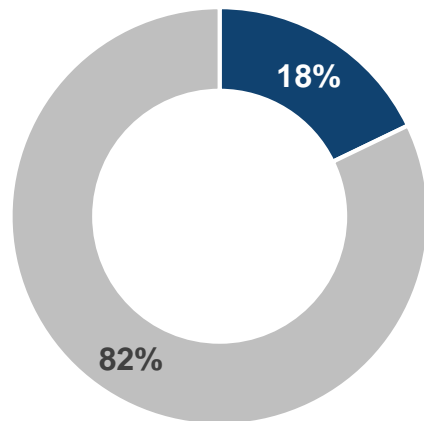


APPENDIX

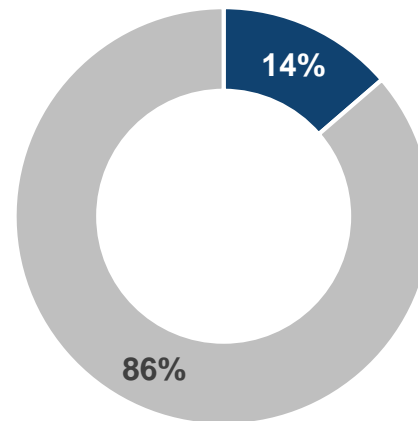
Relatively few say they are at a higher risk of dementia and few have difficulty with their memory

Over eight in 10 (82%) adults age 40 and older say they do NOT believe they are at a higher risk of getting dementia than others their age with a similar fraction (86%) of adults also saying they do NOT think they have more memory issues. Almost noone has been told they have a memory problem or take any medication for their memory.

Do you believe you are at a **higher risk of getting dementia** than other people your age? (Q2)

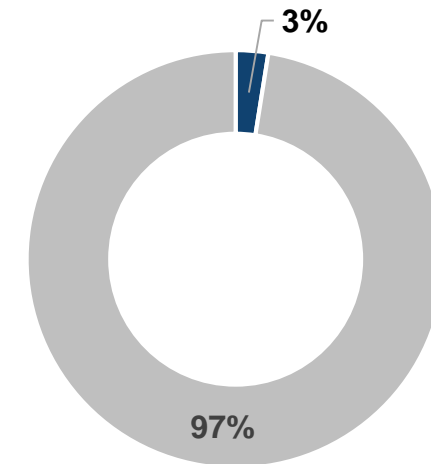


Do you think you have **more problems with your memory** than others your age? (Q3)



■ Yes ■ No

Have you ever been told by your doctor that you have **a problem with your memory**? (Q4)



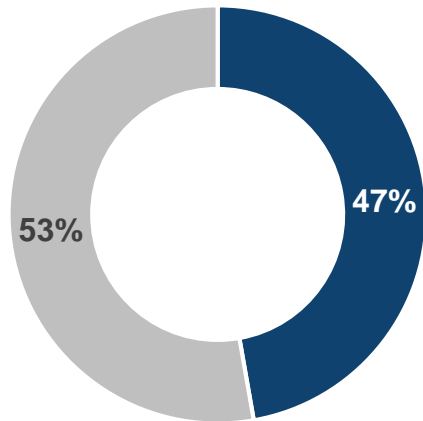
2% take medication to help with their memory (Q5)

N=3,022

Some adults feel negatively judged by others because of their health condition

Among adults who currently have a disease, condition or illness (47%), there are some (21%) who feel they are judged negatively because of it.

Do you currently have any diseases, conditions, or illnesses? (Q48, n=3,022)

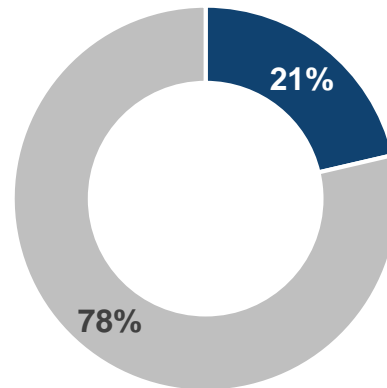


■ Yes ■ No

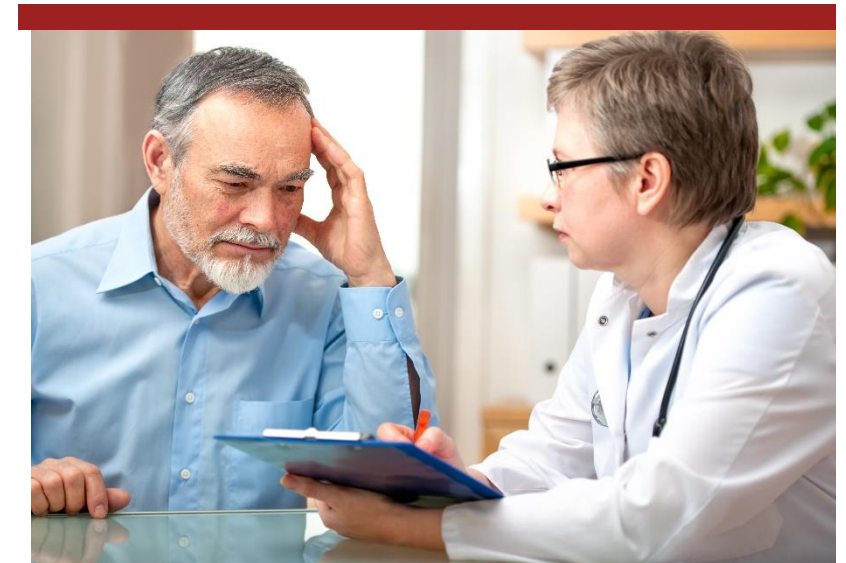


Among those who answered "yes"

Do any of these diseases, conditions, illnesses cause you to feel that other people judge you negatively? (Q49, n=1,453)



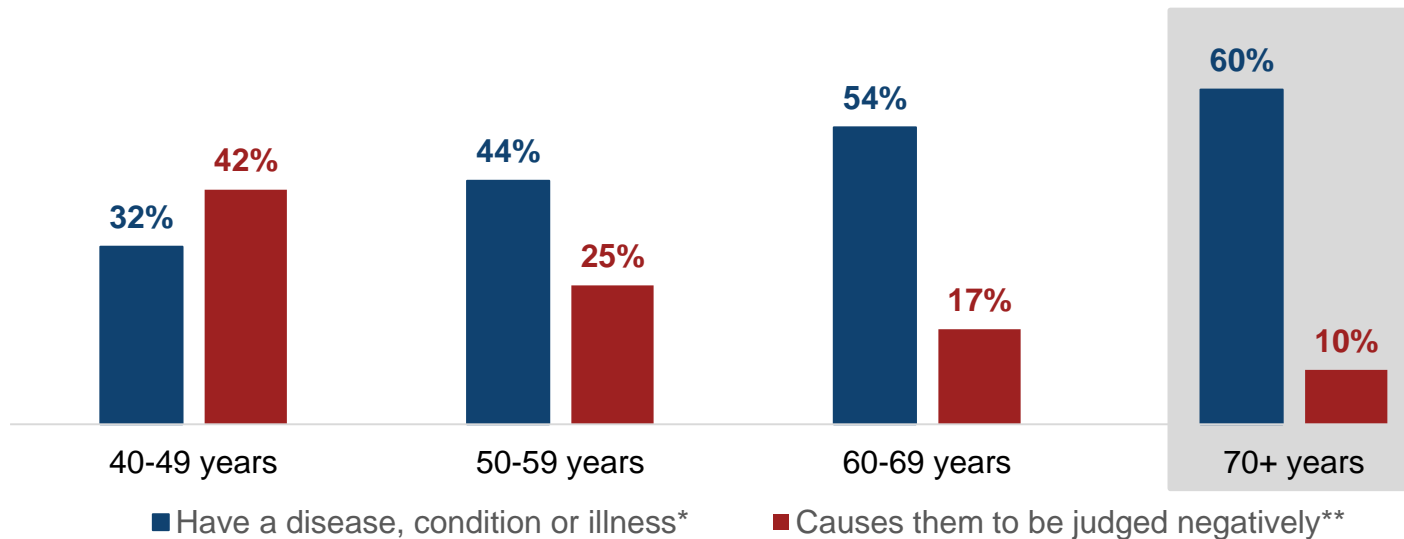
■ Yes ■ No



Older adults feel less judged by their diseases, conditions, or illnesses than younger adults

Unsurprisingly, with increasing age, more adults report having diseases, conditions, or illnesses. But, it is younger adults who feel judged negatively by other people because of them.

Percent who have a disease, condition or illness and say it causes them to feel that other people judge them negative by age



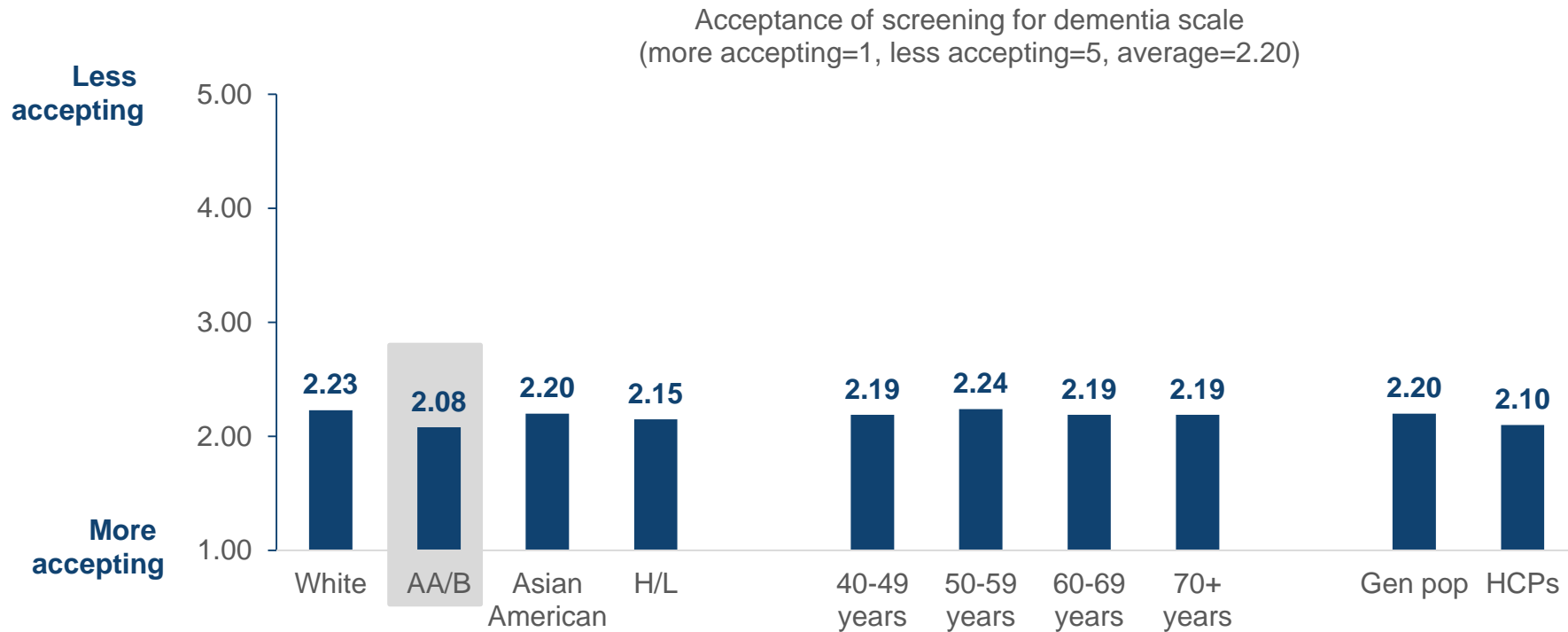
*Adults age 70+ significantly higher than all other age groups, each age group is significant compared to the age groups that are younger.

**Adults age 40-49 are significantly higher than all other age groups. Each age group is significant compared to the age groups that are older.

N=3,022 (Q48); N=1,453 (Q49)

There are no substantial differences in the acceptance of dementia diagnoses and screening by demographic characteristics

On a 5-item scale* that measures the acceptance of screening for dementia, adults age 40 and older are in agreement on the degree to which they would accept a dementia diagnosis and their comfort with dementia screening practices. AA/B adults are slightly lower on the scale meaning they are slightly more accepting. The difference is significant but small.



*Scale is a composite of Q6 to Q10 as shown on slides 12-13 and further described in the methodology section on slide 51.

Note: No significant difference was noted by gender.



Laura Mehegan, AARP Research
imehegan@aarp.org

Chuck Rainville, AARP Research
grainville@aarp.org

For media inquiries, please contact media@aarp.org

This research was designed and executed by AARP Research