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Understanding the barriers and facilitators towards dietary change for dementia risk reduction among British South Asians

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Up to 40% of dementia cases could potentially be prevented through targeting modifiable risk factors⁽¹⁾. South Asian communities are at increased risk for dementia, having an earlier onset and greater cumulative life-course exposure to dementia related risk factors⁽²⁾. Research on dietary patterns, such as the Mediterranean Diet⁽³⁾, has shown promise as a non-pharmacological strategy to reduce cognitive decline. Acculturation and the assimilation of dietary habits to that of the host country can mean that minority ethnic groups require tailored dietary advice to suit their needs⁽⁴⁾. Therefore, cultural adaptation of dietary interventions is required to ensure that advice for brain health is culturally relevant. Research concerning which culturally adapted, or country-specific dietary interventions are brain healthy, is currently lacking. The aim of this research was to understand the perceived barriers and facilitators towards dietary change for dementia risk reduction among British South Asians.

Five focus groups were conducted with individuals of South Asian ethnicity (n = 38) living in the North East of England. Patient and Public Involvement contributors from preliminary engagement activities supported recruitment from community and voluntary organisations. Data were transcribed and analysed using template analysis⁽⁴⁾. This involved deductively analysing the data using relevant a-priori themes; pre-identified themes generated based on previous experience of the research team, and from a broad literature review.

Participants were aged between 26–82 years with the majority being female (n = 26, 68.4%), unemployed (n = 22, 57.9%), Pakistani ethnicity (n = 28, 73.7%), with an education level of college attendance or higher (n = 22, 57.9%). Themes identified included a lack of awareness of dementia, and the link between diet and dementia. Shame and stigma surrounding dementia was highlighted as a major issue that could influence willingness to engage in preventative strategies. Participants reported the main barriers to dietary change as: the influence of religious beliefs; issues with interpretation, accessibility, and lack of culturally appropriate resources; engrained dietary habits; time, cost, and convenience. Generational influences relating to differences in eating habits and awareness of healthy eating were highlighted as both a barrier and facilitator to behaviour change. Peer support strategies and the provision of practical, culturally sensitive dietary advice were viewed as facilitators.

This qualitative study highlights the need to increase awareness surrounding dementia prevention, specifically the role of diet, and to address this in a culturally sensitive way, that supports ethnic minority communities to improve their understanding and willingness to openly talk dementia. These findings will inform the development of a prototype for a dietary intervention, guided by the Medical Research Council guidance for complex interventions, and co-developed with the South Asian community, to explore how dietary advice for dementia prevention can be implemented in a culturally acceptable and feasible way in a community setting.

References

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