



Exploring Psychosocial Factors and Dementia Prevalence in East Asia
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Abstract

Dementia is an umbrella term for progressive neurodegeneration, characterized by decline in one or more cognitive domains that interfere with daily functioning [1]. This review investigates dementia prevalence in East Asian countries and the unique sociocultural factors that may distinguish its development from Western countries. Alongside prevalence, sociocultural factors in East Asia will be discussed, such as identifying with a culture of independence, which can reduce opportunities for cognitive stimulation and emotional connection and increase dementia risk [2]. This paper also explores how stigma and family caregiving dynamics influence dementia diagnosis and care. Findings from this research will not only help health professionals direct personalized care methods, but educate individuals living in and/or identifying as East Asian, to hopefully mitigate the rising rates of dementia that are ongoing and predicted to increase.

Introduction

Dementia (also referred to as Major Neurocognitive Disorder) is defined as a progressive syndrome in which an individual is experiencing a loss or decline in cognitive functioning severe enough that it interferes with their ability to perform daily tasks and activities [3]. Dementia is one of the leading causes of death worldwide, affecting over 10 million new individuals every year [4]. There are many different causes of dementia, with Alzheimer's disease being the most common, followed by vascular dementia, and Lewy Body disease [5]. Regardless of the underlying cause, there are currently no curative treatments for dementia. Dementia is notably one of the most expensive illnesses; global costs of dementia in 2019 were estimated to be \$1313.4 billion, and of that, 50% were the costs of informal home care [6].

Our understanding of dementia and the factors that may increase someone's risk for developing it has significantly evolved over the past several decades. For example, psychosocial factors, such as social isolation and lack of community participation, have been increasingly recognized as influencing the risk of dementia [7]. Despite efforts for further research and breakthroughs in dementia care, there are still several knowledge gaps when it comes to the prevalence of dementia and its impact on individuals across different cultural contexts, as most dementia research has been conducted in Western countries. Therefore, the majority of existing research may not be applicable to other demographics due to the lack of gathering diverse data in studies. As such, dementia treatments that are largely studied and tailored to Western communities may not account for unique cultural factors or barriers that may be relevant to marginalized communities. This may make dementia care less effective for patients who identify with different races and ethnicities. Increased understanding of Eastern communities, such as those in East Asia, could help identify certain clinical factors, experiences, or social norms that are important for developing effective treatments. However, in a region like East Asia, which is large and consists of many unique countries and cultures, it is essential to explore specific cultural groups within it to avoid overgeneralizing norms across communities. There is an urgent need to better understand dementia prevalence and risk factors in East Asian countries, and to clarify how unique cultural factors may influence the disease trajectory and treatment needs.

East Asian communities are at heightened risk for dementia due to several psychosocial factors, some of which are further complicated by cultural differences, such as social isolation, caregiving dynamics, filial care, and stigma [7-10]. Although some research has explored these unique relationships, studies are limited, particularly when seeking to understand how these

factors may differ across East Asian countries and their influence on dementia risk and development. Comprehensively reviewing these factors across individual countries may help educate the general population and allow research on treatment to be more cross-culturally sensitive [11]. In addition to the limited research involving psychosocial factors influencing dementia in East Asian communities, it is unclear whether these factors affect one another and if or how they may interact with each other to further increase risk. Ultimately this review examines several cultural factors in East Asian countries that may contribute to disproportionate dementia rates and prompt discussion on specialized dementia treatment.

Methods

Articles selected for this review were derived from Google Scholar. Search terms to gather potential articles were: "dementia," "East Asia," "social isolation," "loneliness," "caregiving," and "stigma." The following inclusion criteria were used to select articles that directly address the objective of this review: 1) articles including older adult samples from East Asian countries; 2) studies in which a primary objective involved exploring social isolation, loneliness, caregiving, and/or stigma and their associations with dementia risk; 3) peer-reviewed articles; and 4) articles published within the past 20 years. The following review will be structured under each cultural factor, including social isolation and loneliness, family caregiving, and stigma with the goal of identifying factors distinguishing East Asia from Western studies.

Social Isolation and Loneliness

Social isolation is defined as a lack of regular interaction with other individuals and is thought to restrict stimulation of the brain, potentially leading to cognitive decline [12]. Prior research indicates that social isolation is also a risk factor for dementia globally [13]. Social isolation is one of East Asia's most striking modifiable risk factors of dementia. In East Asia, the culture of social isolation is more normalized in comparison to Western countries, possibly due to differences in work-life balance. Work-life balance is especially disrupted in East-Asian countries, because many cultures place high emphasis on work performance and less emphasis on time spent at home or engaging in leisure activities [14]. This lifestyle can lead to higher levels of stress and less time with families. Japan serves as an extreme example, with 21,724 suicides recorded from 2011 to 2020, connected to overworking [15].

The above study by Chen identified possible causes of workload burden. Probable causes included lack of being assertive to superiors—making it hard to draw boundaries, or expectations of loyalty to the company. Such factors appear throughout East Asian countries, underlining the deeply rooted culture of work and isolation, with individuals being pushed to the absolute maximum. Countries such as Korea, China, and Taiwan also exemplify long, underregulated workhours. Dedication to their employment affects relationships between family and community [16].

Another risk factor to consider is loneliness, a personal feeling of disconnection from people around them as opposed to objective physical separation [17]. This arises in the form of traditional lifestyles like independent living, that can lead to increased risk of dementia for East Asians. Independent living is characterized as a single-adult household, distinguished from familial or shared living frameworks. For one, South Korea has rising rates of solo living which carries correlation to loneliness risks. One study analyzed the Seoul single-person household

survey data. Here they found that 62.1% of those living alone mentioned feelings of loneliness, 13.6% expressed feeling socially isolated, and 7.6% reported depression [18]. Interestingly, individuals who identified as both lonely and depressed were comprised mostly of elderly individuals. Therefore, it may be the case that the culture of living alone leads to disproportionate rates of social isolation and cognitive decline, increasing risk of dementia related disorders, especially considering that older adults generally exhibited an overlap of loneliness and depressive symptoms.

Furthermore, characteristics in Taiwan such as gender roles, lead to 60.2% of the elderly Taiwan population to report a sense of loneliness, compared to 43% in the US or 16.9% of European countries [19]. In Taiwan, the demographic who most often self-report loneliness are males, and the conclusion was drawn that it was likely because of a lack of emotional outlet. The traditional values of men to limit their emotional expression and maintain a more masculine temperament are still strongly upheld and highly regarded in Taiwan, likely contributing to higher loneliness and social isolation rates in men compared to women.

Work-life balance, independent living, and societal expectations, collectively contribute to increased isolation and loneliness in East Asian individuals. Given that loneliness is a significant risk factor for dementia, examining these patterns is crucial for developing specialized education and treatment options that are culturally sensitive [20]. Ultimately, these cultural differences may at least partially explain the varying presentations and rates of dementia compared to Western countries.

Family Caregiving

Family caregiving for those with dementia is another topic to address in East Asia. Such communities face unique obstacles regarding caregiving within their families, making professional treatment more difficult and nuanced. This involves specific East Asian traditions that differ from Western views like filial piety. Filial piety is the idea that it is an individual's moral duty to honor their parents. Naturally, filial care follows this expectation, defined as a responsibility of children to take care of aging parents financially and physically. In the case of illnesses, it often places the burden of providing aid on the children, commonly seen with dementia caretaking [21]. Traditional values that characterize elder respect as a duty are important to consider in the topic of caregiving. It might explain why East Asians, particularly those of older generations, avoid seeking professional care. Addressing the different approaches to caregiving in dementia will allow health care providers to promote professional support and challenge traditional beliefs that might get in the way of effective treatment.

This idea stems from Confucianism values. Less focused on family bonding, it highlights the hierarchy of family and how one can show their love by serving one another. Researchers Lee and Sung noted that Koreans held this standard much higher and with importance compared to American caregivers who did not grow up around these cultural values [21]. A clear distinction within caregiving is made, pointing toward ancestral views and traditions. Additionally, the responsibilities that fall on family members may be burdensome or negatively affect the individual facing cognitive decline. Considering that some might be adults amidst the cut-throat work culture, and supporting their own family as a caregiver, it proves to be overwhelming. More so, the culture of filial piety discourages seeking out professional treatment [21]. Because family

treatment is viewed as a traditional norm, society may look down upon those who do not find care within their families. It is perceived as non-traditional and can bring shame. These cultural aspects might lead to undiagnosed cases, or instances where cognitive function deteriorates more rapidly. Filial piety fosters professional negligence and in extreme cases, sets back dementia treatment [9].

Another set back to consider is that specialized dementia facilities are less common in East Asia than in Western regions, alongside limited amounts of dementia research and community outreach. Because of this, Asian countries inevitably have less educational training for caretakers in dementia centered facilities, even having staffing shortages and offering low wages [22]. It is important to keep this in mind while studying patterns of dementia in East Asia because it might provide opportunities to improve on current treatment strategies. Professionals can improve their communication with patients and patient families by being aware of possible hesitations toward treatment options, and work alongside families rather than trying to replace them.

Stigma

In the context of cultural differences, East Asia has distinguishing traits that create barriers to seeking dementia treatment, with stigma being one of the most urgent obstacles to address. Traditional thoughts around mental illness are intertwined with superstitious beliefs. Mental health has traditionally been considered supernatural possessions, and in general has been looked down upon, with discussion opening up about it only in recent years in East Asia amongst younger generations. However, such beliefs are most likely still lingering in the elderly population: those who are at the highest risk for dementia. Western communities, on the other hand, are more open and deliberate with cognitive health [23]. Advocacy and discussion surrounding the topic are more encouraged than in East Asian countries which could be explained by increased social media advocacy and transparent conversations around it, especially in American youth. The distinction makes it clear that more work is to be done in East Asia to catch up to the level of health literacy Western communities implore.

Language and dialogue play a large role in East Asia's stigma around cognitive illness. Though the origin of the word "dementia" can be traced back to the meaning of "out of one's mind," it has largely been destigmatized in Western populations and conversations around the disease are not viewed as shameful. However, languages such as Chinese, Japanese, Korean, and Taiwanese use terms with harsh connotations that, combined with current traditional views on cognitive health, contribute to a negative viewpoint of dementia. Each country's local term for dementia leads back to negative stereotypes. China's word can be boiled down to "social death," implying social expulsion and loss of community, exemplifying the importance of societal view. In Japan, the local word equates to meaning "absentminded" [10], or Korea's street name for dementia also translates as "stupid," and in Taiwanese means "slow-witted." In general, these labels only harm the perception of dementia, on top of the already shushed conversations around dementia and other mental illnesses [10]. It only reaffirms the damaging views on cognitive illnesses and is deeply rooted in cultural values.

The connotation that these words bring runs deeper than one might perceive. It reaffirms the idea that dementia is something to be ashamed of and that one might be ostracized with the

illness. More so, dementia diagnoses are approached with secrecy among Asian communities. Because it is seen as a shame, cognitive illnesses are more likely to be pushed aside rather than being pursued with professional help. Dementia becomes a dishonor and a threat to reputation. This is the result of high-pressure social views on family function, and the outcomes of negative stigma naturally have a link to the lack of seeking treatment. Again, the combination of demeaning views on dementia and emphasis on outward views to society in East Asia hinders the process of care.

Discussion

This paper summarizes recent literature underlining how social isolation and loneliness, family caregiving, and stigma among East Asian communities may lead to disproportionate rates of dementia, with the goal of advocating for personalized care methods. Overall, unique cultural attributes combined with these well known dementia risk factors may be contributing to the significantly higher dementia rates in East Asia, and targeting these risk factors may positively impact treatment options.

Looking across these studies, understanding dementia in a cultural context becomes a clear theme, highlighting the need for varied approaches to meet individuals as they are in their culture and practices. As aging populations increase, continuous study of dementia is needed to interpret it in the context of underrepresented areas.

Although this review paper tackled an important and under-studied question, there are a few limitations to note. First, given the heterogeneity of East Asian communities and the fact that this review did not explore them all, it is important to note that the summaries included may not generalize to other communities I did not discuss. For example, findings on filial piety were based on participants of Chinese, Japanese, and Korean origin, with a lack of Taiwanese representation. More so, it is important to address countries not examined in this paper and continue to expand our understanding.

Additionally, the majority of papers discussed were correlational and therefore lacked causative data. Several conclusions outlined in this paper reflect inferences rather than clinically or statistically significant associations. Overall, this paper should be considered preliminary in nature and researchers are encouraged to further explore the topics discussed to gain additional clarity.

This paper contributes to a growing body of research focused on dementia prevalence around the world. There are still gaps to be addressed and more action to be taken to understand it in its full capacity. In addition to conducting additional research for further information, there are several actions to consider as a way to enhance cross-cultural understanding of dementia treatment. For example, in East Asia it may be beneficial to have policymakers regulate work hours to uphold a healthy work-life balance and keep the mental health of employees a priority. Knowing that social isolation takes a toll on cognitive function, one can make it a goal to participate in their community through regular local events or socialize with friends and healthcare professionals should encourage this to their patients during mid-life to prevent social isolation and loneliness during older adulthood. Another initiative that may ease East Asia's traditional views on cognitive and mental health is education in schools early on. Classroom



discussion surrounding it may help normalize talking about cognitive well-being and shift its connotation from being perceived as a weakness to an aspect of general health that can naturally occur. It may also help detach mental illnesses from supernatural origins, and promote regular check-ins with health facilitators. In the long run, implementing these small practical methods may add up to see radical change in dementia patterns in East Asia.

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