

Misattribution in the detection of Alzheimer's disease in persons with Down's syndrome

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A diagnosis of Alzheimer's disease (AD) is achieved when all other possible disease processes are eliminated. Multiple diseases or events may impact both the cognitive and behavioral functions of an individual with Down's syndrome (DS). Direct care staff are likely to witness the declines in cognition/functioning associated with AD, yet may have difficulty associating those symptoms to this disease. The purpose of this study was to investigate the attributions used by direct care staff members when presented with early symptoms of AD. Two factors that may influence correct symptom attribution include: Sx intensity and the type of social influence available to affirm staff attributions. A vignette depicting a person with early AD living in a group home setting was presented to 150 direct care staff from residential facilities. Participants received one of nine vignettes that varied as to the stage of the disease (3 levels of intensity) and the type of social influence (none, peer consultation, expert consultation). Each participant rated the likelihood that this process was causing the changes to the person in the vignette. ANOVA's evaluated the impact of intensity and social influence type on attributions to normal aging, DS, depression, environmental changes, medical/medication changes. Findings suggest that as symptoms progressed in intensity staff were likely to move from attributions to depression to AD. With social influence, staff were more likely to make attributions relating to a terminal process (AD, DS, normal aging). Without social influence staff were more likely to attribute symptoms to a curative processes. Social influence helps participants assign a more probable attribution to early symptoms of AD.