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Effectiveness of a video assisted teaching program on knowledge regarding Alzheimer's disease among adults in a selected urban community, Bankura West Bengal

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Abstract

A true experimental study was conducted to evaluate the effectiveness of a video assisted teaching program on knowledge regarding Alzheimer's disease among adults in a selected community of Bankura, West Bengal. The objectives were to assess the knowledge regarding Alzheimer's disease among adults, to evaluate the effectiveness of video assisted teaching program and to find out the association of pre-test knowledge of adults with selected demographic variables. Pre-test post-test control group design with 45 adults in each of control and experimental group were selected by simple random sampling method who were fulfil the inclusion criteria. Data were collected using structured knowledge questionnaire. Video on Alzheimer's disease was developed and validated by the experts. Study findings revealed that the video assisted teaching programme was effective in increasing the knowledge as evident from the mean difference ($t=11.87$ df (44); $p=0.01$) of pre-test and post-test knowledge score. There was no significant association between pre-test knowledge score and selected demographic variables like age, marital status but there was association between the previous knowledge score and educational qualification and occupation of adults. It was recommended that further study could be undertaken using large sample in different other settings. The study has implications for mental health nursing practice, education, administration, and research.

Keywords: Video assisted teaching program, knowledge, alzheimer's disease, adults

Introduction

Though aging is a normal phenomenon, but it leads to several biological and psychological changes over time and results in progressive loss of functional capacity. So, they have to cope with many physical, and mental health problems with advancing age requiring constant care and attention^[1].

Alzheimer's disease is a neurodegenerative disease of the brain which progresses gradually^[2]. It was first described by Alois Alzheimer in 1906 when he encountered a patient with the disease in 1901.

Alzheimer's disease leads to progressive deterioration of cognitive, intellectual, physical, and psychosocial functions of brain and the condition cannot be reversed. It usually develops slowly and as more brain cells wither and die; the condition gradually gets worse³. Alzheimer's disease is fatal, and currently, there is no permanent cure, but the condition can be managed. Alzheimer's disease is the most common form of dementia, a general term used to explain various diseases that damage brain cells and memory^[4].

Alzheimer's disease is a major public health challenge in the modern era and it is the most common cause of dementia accounting for 80% of all cases of dementia^[5].

Alzheimer's disease is a brain disorder that slowly destroys memory and thinking skills and, gradually, the ability to carry out the simplest tasks. It affects all groups in the society and it is not associated with any particular social class, gender, ethnic group or any geographical location.

According to ICD 10 classification, the various type of dementia in Alzheimer's disease (AD) are dementia in AD with early onset, dementia in AD with late onset, dementia in AD mixed or atypical type, dementia in AD unspecified type^[6].

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In most people, the late-onset type symptoms first appear in their mid-60s. Early-onset Alzheimer's occurs between a person's 30s and mid-60s which is very rare. Alzheimer's disease is the most common cause of dementia among older adults [7].

To increase awareness among people and remove stigma around Alzheimer's disease, every year 21st September is observed as the 'World Alzheimer's day'. The theme of the year 2021 was – "Know Dementia, Know Alzheimer's". The aim of the theme was to focus on the importance of timely diagnosis, the 10 warning signs of dementia, and the continued requirement to abolish the stigma that surrounds Alzheimer's disease and dementia. Prevention of Alzheimer's is the attempt to avoid developing AD. Although no treatment for AD is available, there are many ways to decrease the risk of acquiring dementia in the first place, including both lifestyle changes and medication (Alzheimer's association, 2009)

According to Dementia statistics worldwide, an estimated 6.2 million Americans aged 65 and older are living with Alzheimer's disease today. In 2019, 121,499 deaths were recorded from Alzheimer's disease, making AD the 6th leading cause of death in the US and 5th leading cause of death among Americans aged 65 and older. Between 2000 and 2019 deaths from stroke, heart disease and HIV decreased, whereas reported deaths from Alzheimer's disease increased more than 145% [8].

Specific neuropathologic and biochemical changes are noted with AD that results in decreased brain size and decreased acetylcholine production. This degenerative neurological disease begins insidiously and is characterized by gradual loss of cognitive and functional abilities and disturbances in behavior and affect. Family history and the presence of Down's syndrome are two risk factors for AD. In addition, genetic studies have linked Familial Alzheimer's Disease (FAD) to chromosome 21, 14 and 1 as well as to the apolipoprotein E gene locus on chromosome 19 that is linked with either an increased risk for late-onset AD (after 65 years of age) or protection against this risk. Death occurs because of a complicating condition such as pneumonia, malnutrition or dehydration [9].

From an anatomopathological point of view, AD is characterized by 1) senile plaques, composed of a nucleus of β -amyloid protein accumulation ($A\beta_{42}$), as extra-cellular lesions and 2) neurofibrillary tangles which is composed of phosphorylated tau protein (P-tau) and are found in between neurons [10].

In India, previously, lower population with Alzheimer's disease was present that is 4% when compared to the Alzheimer's patients in the United States above the age group of 65 years. The India's geriatric population aged 60 years and above is expected to increase from 70 million in 2001 to 179 million in 2031 and further to 301 million in 2051. In India, 3.2 million people are affected by Alzheimer's disease. In Kolkata near about 46,000 patients with Alzheimer's disease. In Delhi 50,000 and Bangalore there are 30,000 elderly patients suffering from Alzheimer's disease [11].

According to WHO, Worldwide, around 50 million people have dementia and there are nearly 10 million new cases every year. Alzheimer's disease is the most common form of dementia and it contribute to 60 to 70% of cases. The total number of people with dementia is about to reach 82 million in 2030 and 152 in 2050. Most of these people with

dementia will be from low- and middle-income countries. In May 2017, the World Health assembly endorsed the global action plan on the public health response to dementia 2017 to 2025. The plan provides a comprehensive blueprint for action- for policymakers, international, regional, and national partners and WHO go as in the following areas: addressing dementia as a public health priority; increasing awareness of dementia and establishing dementia- friendly initiatives; Reducing the risk of dementia; Diagnosis treatment and care; Information systems for dementias; Support for dementia carers; And research and innovation.

In India, with increased life expectancy and aging population it is estimated that over 5.3 million people live with dementia of which Alzheimer's is the most common cause. According to the dementia in India report 2020 published by the Alzheimer's and Related Disorders Society of India (ARDSI), this figure is set to rise to 7.6 million in 2030.

In 2011 census, 8.6% population were above 60 years, which is projected to reach 19% by 2050 [9].

An adequate public knowledge of AD may help to identify the disorder early, seeking appropriate healthcare before arising of complications and decreasing its stigma related to the disease [7, 8]. Unfortunately, although information about AD has been widely disseminated through various awareness campaigns and education programs, previous studies measuring the public's knowledge about dementia and AD have revealed major gaps in knowledge in this regard [9-12]. Most people has the misconception that dementia is a normal part of aging and there is a lack of clarity about the point at which normal age-related memory loss problems become severe enough to indicate dementia [9].

The quality of care in a variety of healthcare environments including acute and community care affect the quality of life as well as the functional status of people with dementia. Adequate knowledge of dementia among healthcare staff can improve the quality of care to those patients [10].

Family members of Alzheimer's disease often experience stress. Frustration, anger, and denial are common response when people face disruptive dementia symptoms of loved ones. Understanding the disease can minimizes some reactions as the family members recognize that the symptoms are the persons behavior is due to dementia. The clinical team is responsible for educating the caregiver, are formidable task that is often short-changed in busy medical environment [11].

The investigator during his clinical posting, had interacted with community people and observed that adults have lacks in the knowledge on Alzheimer's disease. She also observed various myths and misconceptions about the disease. No such study on Alzheimer's disease also conducted in Bankura district of West Bengal.

In several studies, it is observed that there is a lack of knowledge among peoples regarding Alzheimer's disease. So, the researcher wants to investigate the knowledge level of the adults of the area under study and to give a video-assisted teaching to them with a view to enhance the knowledge of the people and increase awareness about the disease. This will help the people to identify the early signs of Alzheimer's disease among their family members and to seek medical help early for preventing the further progression of the disease. The researcher also thinks that her teaching may help to change the attitude of the family members towards the person with AD and communicates

with them empathetically and take care of the patient at home without mental agony. It will also help the community people to accept an individual who is suffering from Alzheimer’s disease as an important member of the society.

Statement of the problem

Effectiveness of a video- assisted teaching program on knowledge regarding Alzheimer's disease among adults in a selected urban community, Bankura, West Bengal.

Purpose of the study

The purpose of the study is to prepare a video-assisted teaching program on Alzheimer’s disease which will improve the knowledge of the adults to identify early signs of Alzheimer’s disease, take care of their family members with the disease, prevent further progression of the disease.

Objective of the study

1. To assess the knowledge regarding Alzheimer's disease among the adults before and after the video-assisted teaching.
2. To evaluate the effectiveness of the video assisted teaching program on knowledge regarding Alzheimer’s disease among adults by the difference between pre-test and post-test knowledge score.
3. To find out the association between the knowledge with selected demographic variables of the adults.

Materials and Method

True-experimental pre-test post-test control group design was conducted applying quantitative research approach, among 90 (45 for experimental group and 45 for control group) adults within age group 18-50 years of the urban community of Ward no.-22 (Experimental group) and Ward no.-21 (Control group), Bankura, West Bengal who meet the inclusion & exclusion criteria. Sample were selected via simple random sampling.

Variables of this study was Demographic variables including age, sex, marital status, education, occupation of adults, family history of Alzheimer’s disease, previous knowledge of Alzheimer’s disease. Independent variable was Video-assisted teaching regarding Alzheimer’s disease. Dependent variable was Knowledge regarding Alzheimer’s disease.

A self-administered questionnaire was developed consisting of 7 items to collect the personal demographic data. A structured knowledge questionnaire was prepared to assess the level of knowledge of the adults regarding Alzheimer’s disease the questionnaire comprised of 25 items. Each correct response carried 1 (one) mark and incorrect carried 0 (zero). Score acquired by the adults less than 13 (<52%) was graded as poor, score 13 to 15(52%-60%) was graded as average score, >15 to 21(>60%-84%) was graded as good and score more than 21 (>84%) was graded as excellent. The Reliability of the structured knowledge questionnaire on Alzheimer's disease was computed by Cronbach’s alpha method to establish the internal consistency of the tool which is 0.85 indicating that the tool is reliable.

Investigator had gone through in depth of research and non-research literature and also sought the opinion of the expert in the related field for the development of the video assisted teaching. Content was prepared based on concept of Alzheimer’s disease, causes, risk factors, clinical features of the disease, its prevention, management of a person suffering from Alzheimer’s disease and possible complications that may arise in such person. The content and the video on Alzheimer’s disease was validated by 9 experts.

Ethical clearance was taken from IEC, BSMC&H, Bankura, West Bengal. Administrative approval was obtained from Director of Health Services, West Bengal, CMOH, Bankura, West Bengal, Chairman of the selected wards (ward no.-15 and 22) Bankura, West Bengal.

Self-introduction was given to participants and rapport was established during home visits. Purpose and nature of the study was explained to each participant. Informed Consent was taken from subject. Confidentiality of the information was assured. Separate code number was used for each subject. Demographic data were collected by using the self-administered questionnaire followed by tool-II for pretesting the knowledge of the experimental group in the evening of the data collection day. Video assisted teaching was administered after pretesting of tool-II. Pretesting of control group were taken to assess the knowledge level regarding Alzheimer’s disease on the same day at morning session. Post test was taken after 7 days of the video assisted teaching to both groups. Interview was conducted to collect data. Information was recorded.

Result and Discussion

Findings related to assessment of the knowledge of the adults of the experimental group and the control group.

Table 1: Distribution of the adults according to their pre-test and post-test knowledge score in Experimental and Control Group. n= 90 (nE =45, nC=45)

| Knowledge Score | Range of score | Experimental Group | | | | Control Group | | | |
|-----------------|----------------|--------------------|-------|-----------|-------|---------------|-------|-----------|-------|
| | | Pre-test | | Post-test | | Pre-test | | Post-test | |
| | | (f) | (%) | (f) | (%) | (f) | (%) | (f) | (%) |
| Excellent | >20(>80%) | 0 | 0 | 12 | 26.67 | 0 | 0 | 0 | 0 |
| Good | 16-20(64-80%) | 9 | 20.00 | 25 | 55.56 | 9 | 20 | 10 | 22.22 |
| Average | 11-15(44- 60%) | 18 | 40.00 | 8 | 17.78 | 19 | 42.22 | 18 | 40.00 |
| Poor | 10-6(24-40%) | 15 | 33.33 | 0 | 0 | 12 | 26.67 | 12 | 26.67 |
| Very poor | <6(<24%) | 3 | 6.67 | 0 | 0 | 5 | 11.11 | 5 | 11.11 |

Maximum possible Score is 25
Minimum possible score is 0

Data depicted in table 1 indicated that in experimental group only (20.00%) adults scored good in pre-test and there was no excellent score whereas in post-test majority (55.56%) of

the adults scored good, 26.67% scored excellence and there was no score in the area of poor and very poor.

Data also revealed that in control group maximum (42.22%) adults scored average in pre-test and in post-test also majority (40.00%) scored average. There was no excellent score.

Hence, it was evident that excellent & good knowledge score was increased, and average and poor knowledge score was decreased after administration of the video-assisted teaching program on Alzheimer’s disease.

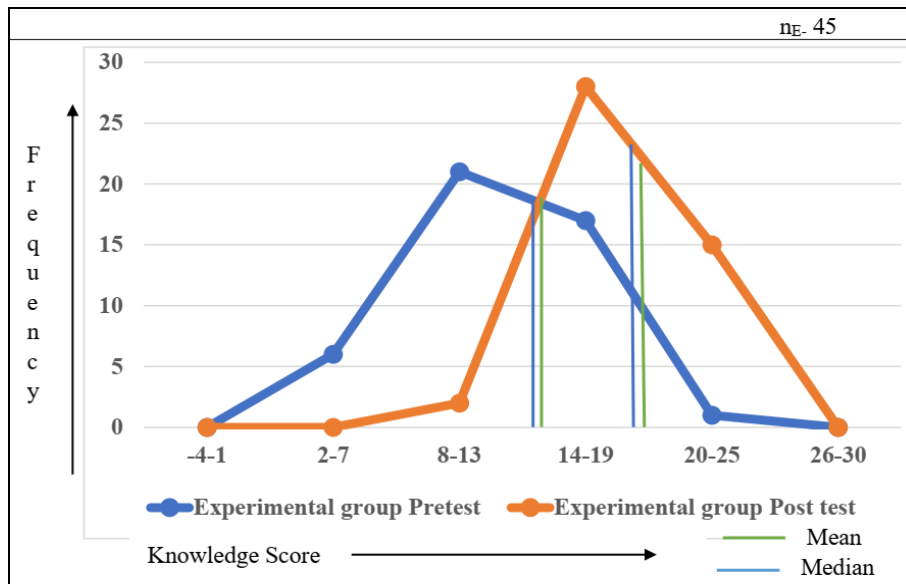


Fig 1: Comparison between pre-test and post-test knowledge scores of adults in experimental group

The frequency polygon in figure 1 showed the distribution of pre-test and post-test knowledge score of adults in experimental group with depicted mean and median. The pre-test knowledge score range was from 2 to 20 with mean 12.08 ± 4.27 and median 12. The post-test knowledge score range was from 12 to 24 with mean 18.15 ± 2.82 and median 18.

In experimental group pre-test knowledge score mean was more than median so distribution was positively skewed, and the value of skewness coefficient was +0.05, and post-

test knowledge score mean was also greater than median, so distribution was positively skewed, and the value of skewness coefficient was +0.15. The skewness value in the pretest and posttest was almost negligible indicating normal distribution of score in both pretest and posttest of the experimental group. The figure also indicated that mean post-test knowledge score was apparently higher than mean pretest knowledge score of adults in the experimental group.

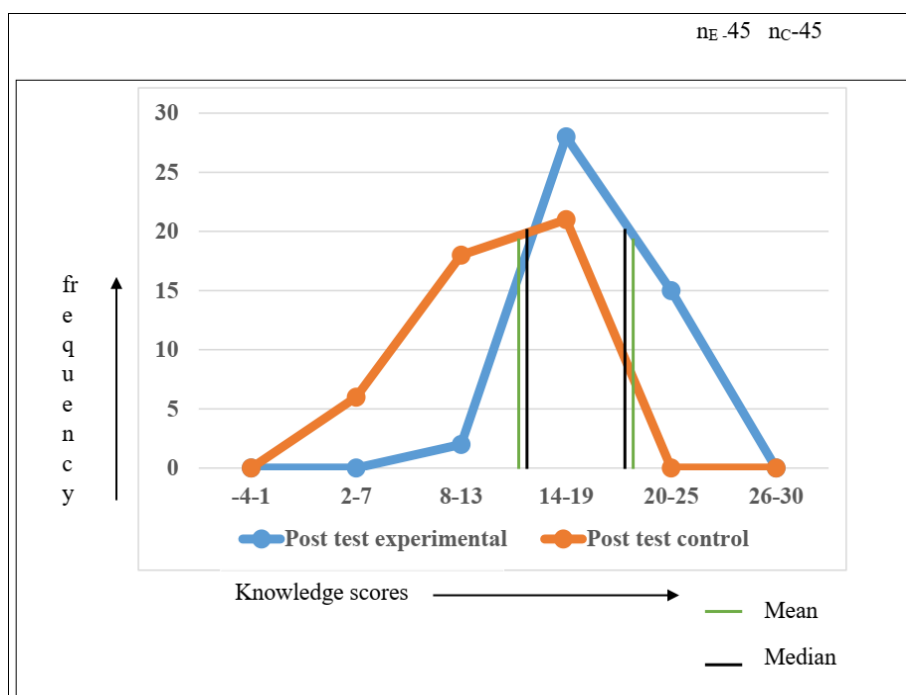


Fig 2: Comparison between post-test knowledge scores of adults of experimental group and control group

The frequency polygon in figure 2 indicated that the distribution of posttest knowledge score of adults in

experimental group and control group with depicted mean and median. The post-test knowledge score of adults in

experimental group range was from 12 to 24 with 18.15±2.82 and median 18. The posttest knowledge score of adults in control group range was from 4 to 19 with mean 12.27±4.18 and median 13.

In experimental group mean posttest knowledge score of the adults of the experimental group, mean was greater than the median, so distribution was positively skewed, and the value of skewness was +0.15, as the value was almost negligible, so the curve was almost symmetrical. In control group mean post-test knowledge score of adults was less than the median, so distribution was negatively skewed, and the value of skewness is -0.52 showing normal distribution of the curve. The figure also indicated that mean post-test knowledge score of experimental groups was higher than mean post-test knowledge score of control group.

Findings deals with the effectiveness of the video assisted teaching program by comparing the pretest and post-test knowledge score of the experimental group and the post-test knowledge score of the experimental and control group.

H01: After administration of the video-assisted teaching program, there is no significant difference between the mean pretest knowledge score and the mean post-test knowledge score of the adults in the experimental group at 0.05 level of significance.

H1: After administration of the video-assisted teaching program mean post-test knowledge score of the adults in the experimental group is significantly higher than the mean pre-test knowledge score at 0.05 level of significance.

H02: After administration of the video-assisted teaching program, there is no significant difference between the mean post-test knowledge score of the adults in the experimental group and the mean post-test knowledge score of the adults in the control group at 0.05 level of significance.

H2: After administration of the video-assisted teaching program mean post-test knowledge score of the adults in the experimental group is significantly higher than the mean post-test knowledge score of the adults in the control group at 0.05 level of significance

Table 2: Mean, Standard deviation, mean difference, and paired ‘t’ test value of pre-test and post-test knowledge score of adults within group n_E=45, n_C=45

| Knowledge Score | Mean | SD | Mean difference | Paired ‘t’ test value |
|--------------------|-------|------|-----------------|-----------------------|
| Experimental group | | | | |
| Pretest | 12.08 | 4.27 | 6.07 | 11.87* |
| Posttest | 18.15 | 2.82 | | |
| Control group | | | | |
| Pre-test | 12.00 | 4.43 | 0.27 | 1.24 |
| Post- test | 12.27 | 4.18 | | |

*t’=2.01 df (44); p=0.05, ‘t’=2.69 df (44); p=0.01 * significant

Data presented in table 2 revealed that Paired ‘t’ value was computed between pre-test and post-test knowledge score in experimental group which was found statistically significant from corresponding ‘t’ value (11.87) indicating that the mean difference was a true difference and not by chance. Hence null hypothesis H₀₁ was rejected and research hypothesis H₁ was accepted. So, it could be concluded that the video assisted teaching was effective in enhancing knowledge on Alzheimer’s disease among adults.

Data presented in table 2 also showed that paired ‘t’ value was computed between pre-test and post-test knowledge score in control group which was not found statistically significant from corresponding ‘t’ value (1.24) indicating that the mean difference was by chance and not a true difference.

So, it could be concluded that the knowledge enhanced in the experimental group was occurred due to the administration of the video- assisted teaching.

Table 3: Mean, Standard deviation, Mean difference, and Independent ‘t’ value of adults in between groups. n=90(n_E=45, n_C=45)

| Knowledge Score | Mean | SD | Mean difference | Independent ‘t’ value |
|--------------------|-------|------|-----------------|-----------------------|
| Pre-test | | | | |
| Experimental group | 12.08 | 4.27 | 0.08 | 0.09 |
| Control group | 12.00 | 4.43 | | |
| Post Test | | | | |
| Experimental group | 18.15 | 2.82 | 5.89 | 7.83* |
| Control group | 12.27 | 4.18 | | |

*t’= 2.01 df (44); p= 0.05, ‘t’=2.69 df (44); p=0.01 * significant

Data presented in table 3 depicted that Independent ‘t’ value was computed between post-test knowledge score of experimental and control group which was found to be statistically significant as evident from corresponding ‘t’ value (7.83) indicating that the mean difference (5.89) was a true difference and not by chance.

Hence null hypothesis H₀₂ was rejected and research hypothesis H₂ was accepted. So, it could be concluded that the video assisted teaching was effective in enhancing knowledge on Alzheimer’s disease among adults was true and not by chance.

Data presented in table 3 also showed that Independent ‘t’ value was computed between pre-test knowledge score of experimental and control group which was not found to be statistically significant as evident from corresponding ‘t’ value (0.09) indicating that the mean difference (5.43) was not a true difference and may be by chance.

So, it could be concluded that the knowledge enhanced in the experimental group was occurred due to the administration of the video- assisted teaching.

Findings related to pretest and posttest knowledge of the adults in experimental and control group

- In experimental group only 20.00% of adults scored good in pre-test and there was no excellent score whereas in post-test majority (55.56%) of the adults scored good, 26.67% scored excellent but there was no score in the area of poor and very poor.
- In control group, maximum (42.22%) scored average in pre-test and in post-test also majority (40.00%) scored average. There was no excellent score.
- Maximum (64.44%) mean percentage score occurred in the area of risk factors in pre-test and in post-test maximum (90.00%) mean percentage score occurred in the area of causes.
- Minimum (39, 04%) mean percentage score occurred in signs and symptoms part in pretest and 64.44% in complication part in posttest.

- Maximum (80.85%) modified gain occurred in causes but minimum (33.34%) modified gain occurred in definition and introduction part.

Findings related to the effectiveness of video assisted teaching program

- The mean post-test knowledge score (18.15) was much higher than the mean pre-test knowledge score (12.08) with a mean difference of 6.07 which was statistically significant as evident from computed 't' value (11.87) was greater than table value (2.69) at df 44 at 0.01 level of significance.
- So, the null hypothesis H01 was rejected and research hypothesis H1 was accepted. So, it could be concluded that the video-assisted teaching program was effective in increasing the knowledge level of adults regarding Alzheimer's disease.
- The mean post-test knowledge score (18.15) of experimental group was much higher than the mean post-test knowledge score (12.27) of the control group with the mean difference of 5.89 which was statistically significant as evident from computed 't' value (7.83) which was greater than the table (2.69) value at df 44 at 0.01 level of significance.

Findings related to association of pre-test knowledge scores and age, education, marital status, occupation and family history of adults

- Chi square value computed to determine the association between knowledge level with age, showed that it was not statistically significant at 0.05 level of significance.
- Only Chi square value computed to determine the association between knowledge level with education and occupation showed that it was statistically significant at 0.05 level of significance.

Discussion

Based on the finding of the present study and objective of the study, a discussion was made:

In the present study findings, the data revealed that video assisted teaching program was effective to increase the knowledge regarding Alzheimer's disease among the adults of the urban community. In present study it was found that the adults had poor knowledge in pre-test. After administering of video assisted teaching programme the knowledge score is statistically higher in post-test than pre-test. Also, it showed that there are no statistical association between knowledge and age and marital status of the adults but there is statistical association between the education and occupation of the adults with the knowledge so it can be told that knowledge was statistically increased only after video assisted teaching program was implemented.

Discussion was made in relation to major variables of the study.

Discussion related to video-assisted teaching

The present study findings revealed that in experimental group 20 %adults scored good in pre-test, 40% average and there was no excellent score. In post-test, majority (55.56%) of the adults scored good, 26.67% scored excellence, 17.78% average and there was no score in the area of poor and very poor. In the present study researcher also got statistically significant difference between mean pre-test and post- test knowledge score.

The present study is partially supported by a pre experimental study conducted by Rajesh Joshi to assess effectiveness of structured teaching program on knowledge regarding Alzheimer's disease among geriatric people on Mehsana. Study results showed that in pre-test, 18.33% out of 30 samples have good knowledge, average 18.33% and poor knowledge 66.66%. In post-test poor knowledge is 0%, average 20% and good knowledge 80%. In this study the researcher identified statistically significant difference between mean pre-test and posttest knowledge score ^[13].

The present study is supported by another study conducted by Midhula Austin, N. Balasubramanian to evaluate the Video Assisted Teaching Module (VATM) on care of dementia patients developed for B.Sc. Nursing Students in a selected college of nursing, where they found that the video-assisted teaching module was highly effective in improving the knowledge of 3rd year BSc. Students ^[14].

Discussion related to knowledge

The present study showed that in experimental group 20.00%adults scored good in pre-test, 40% average and there was no excellent score.

The present study is partially supported by a pre-experimental study conducted by Lavina Rodrigues and Thereza Mathias (2016) in Mangalore on effectiveness of planned teaching program on knowledge regarding Alzheimer's disease among the family members of elderly in a selected urban community at Mangalore. Study findings showed that majority of the family members 70% had average knowledge and 30% had good knowledge with no excellent score ^[15].

The present study is also supported by a descriptive cross-sectional study conducted by Kushalata Baral, Maginsh Dahal and Shneha Pradhan on knowledge regarding Alzheimer's Disease among College Students of Kathmandu, Nepal which concluded that the knowledge level of college students on Alzheimer's disease were below moderate ^[16].

Conclusion

On the basis of findings of present study, it can be concluded that the video assisted teaching programme on knowledge regarding Alzheimer's disease among adults was effective in increasing the knowledge of the adults. The video-assisted teaching programme can be used as an effective teaching strategy to improve the knowledge of adults regarding Alzheimer's disease.

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