

A proposal for an appropriate nomenclature to late-onset cognitive impairment for Hong Kong in the 21st century: dementia (痴呆症) revisited

Population ageing has led to an increase in the prevalence of dementia in Hong Kong. While the degenerative process for dementia spans over years, in a proportion of subjects the cognitive impairment is associated with neuropsychiatric symptoms. Stigmatisation to dementia as a result of the neuropsychiatric symptoms is a significant barrier to seeking early help. Stigma is broadly defined as an attribute that is deeply discrediting and leads to the person having diminished accessibility to participate in social relationships.¹ Stigma related to mental disorders is common, and is associated with labelling, stereotyping, and discrimination.^{2,3}

Dementia is officially translated as 痴呆症 in mainland China and Hong Kong.⁴ Descriptions of related syndromes could be found in ancient Chinese medical texts. The earlier descriptions probably came from 黄帝内经灵枢·天年篇:「八十歲,肺氣衰,魄離,故言善誤。」(476BC-221BC).⁵ In the Tang dynasty, 千金翼方(682CE) by 孫思邈 offered an observation as:「人五十以上陽氣始衰……心力漸退,忘失前後,興居怠惰。」⁶ From the descriptions of these ancient texts, the term 痴呆症 referred to a disease in late life with mental confusion, emotional disturbances, and a diversity of symptoms. It is incorporated as official translation of dementia in the Chinese Classification of Mental Disorders–Revised edition.⁴

In the western literature, the term dementia is an ancient term used by Lucretius in 50 B.C.E., where it meant “being out of one’s mind”.⁷ It referred to states of cognitive and behavioural deterioration leading to psychosocial incompetence. By the 18th century, clinical concepts were added to the understanding, such that dementia was associated with intellectual deficits arising from any medical cause.⁸ The first case of Alzheimer’s disease (AD) reported in 1906 at Tübingen in Germany detailed the clinical history of a woman with progressive intellectual deficits and neuropsychiatric symptoms. The observations of senile plaques and neurofibrillary tangles at postmortem histological examinations were considered hallmarks of the pathology causing such presentations. Since then, AD was considered the prototype of dementia in the 20th century, when cognitive paradigm predominates.⁹ In the Diagnostic and Statistical Manual of Mental Disorder (DSM)–fourth edition, dementia is classified under the category of ‘Delirium, Dementia and Amnestic and other Cognitive Disorders’, highlighting the attention

of cognitive syndromes as central to the diagnosis of related conditions.¹⁰

A brief revisit of the historical development in the typology for dementia and 痴呆症 showed a high degree of convergence in both eastern and western cultures. From an epistemological dimension, the adoption of 痴呆症 reflects a technical translation of a synonymous term used in the western medical literature.

As observed by a study of characteristics of patients seeking dementia care in Hong Kong, over two thirds of sufferers have advanced disease by the time they present to memory clinics.¹¹ With the anticipated dementia epidemic, it is important to advocate timely assessment and intervention at an early stage. A recent study on the effects of information exposure on stigma associated with dementia suggested that the stigma may be reduced by improved education on this condition.¹²

In the World Alzheimer Report 2011,¹³ one of the key findings was “Early therapeutic interventions can be effective in improving cognitive function, treating depression, improving caregiver mood, and delaying institutionalisation.” In 2010, a group of medical and health professionals from 10 voluntary non-profit-making organisations (“the Group”; Box 1) involved dementia patients caring in Hong Kong discussed the recommendations of a new Chinese nomenclature late-onset cognitive impairment (currently known as dementia in English and 痴呆症 in Chinese). The requirements for medical terminology and public expectations were carefully considered. The panel came up with a consensus that 「認知障礙症」 to be recommended as the new Chinese term adopted to describe the syndrome of cognitive deterioration associated with loss of functional independence.

Another important consideration of this proposed term was the synchronisation with the upcoming fifth edition of DSM (DSM-V) by the American Psychiatric Association in May 2013.¹⁴ If “dementia” is named as “major cognitive disorder” in DSM-V in 2013, the name 「認知障礙症」 will fit the translation of “major cognitive disorder” and at the same time avoid potential confusion.

In Chinese, the word “major” is commonly translated as 「嚴重」 which literally carries the meaning of severe. On the other hand, the word “mild” is commonly translated as 「輕微」. As a

BOX 1. Ten non-profit-making, medical, and health professional organisations that suggested using 「認知障礙症」 as the Chinese name for dementia

The Chinese Dementia Research Association	耆齡智研學會
The Hong Kong Geriatrics Society	香港老人科醫學會
Hong Kong Psychogeriatric Association	香港老年精神科學會
The Hong Kong Society of Psychiatrists	香港執業精神科醫生協會
Hong Kong Association of Gerontology	香港老年學會
The Mental Health Association of Hong Kong	香港心理衛生會
Hong Kong Alzheimer's Disease Association	香港老年痴呆症協會
The Hong Kong Stroke Society	香港中風學會
The Hong Kong Neurological Society	香港腦科學會
The Hong Kong Brain Foundation	香港腦科基金會

BOX 2. The Colleges of the Hong Kong Academy of Medicine that endorsed the use of 「認知障礙症」 as the Chinese name for dementia

Hong Kong Academy of Medicine	
The Hong Kong College of Community Medicine	
The Hong Kong College of Family Physicians	
The Hong Kong College of Physicians	
The Hong Kong College of Psychiatrists	
The College of Surgeons of Hong Kong	

result, a mild degree of dementia under DSM-V as “mild major cognitive disorder” will be translated in Chinese as 「輕微嚴重痴呆症」 which means “mild degree of severe cognitive disorders” and will be very confusing. This same problem of putting “severe” and “mild” will arise if another Chinese name is used for 「痴呆症」.

The Group suggested putting the meaning of “major” under the “repetition of words”, or more correctly the “repetition of meaning”. In Chinese, the name 「認知障礙症」 has a repetition of meaning. Firstly, 「認知障礙」 itself is a syndrome and does not require to put the word “syndrome” (in Chinese 「症」) after the word 「認知障礙」. However in Chinese, when we emphasise a meaning, we often use repetition of a phrase to represent importance. Here repeating the word “syndrome” after a “syndrome” serves the purpose of showing its importance, and at the same time avoiding potential confusion. For the mild degree of “major cognitive disorder”, it will be translated as 輕微 「認知障礙症」 whereas a severe degree will be translated as 嚴重 「認知障礙症」.

The name 「認知障礙症」 which hides the word avoid “severe” 「嚴重」 but still keeps its meaning under a “repetition of meaning” is therefore both

forward looking and contains the wisdom of the Chinese words.

The proposed nomenclature has been endorsed by some Colleges of the Hong Kong Academy of Medicine (Box 2). 「腦退化症」 has been suggested as the local term for dementia so as to eliminate stigmatisation and promulgate early treatment. The Group supports the purpose. However, 「腦」 implies brain or central nervous system and 「退化症」 denotes “degenerative disease”. Patients may have neurodegeneration without dementia, eg multiple-system atrophy, while dementia patients may lack neurodegeneration, eg stroke or post-traumatic. 「腦退化症」 means “degenerative disease of brain” which cannot be used interchangeably with dementia. Contrariwise, the scientifically more correct term 「認知障礙症」 is also less likely to provoke doubts about the usefulness and the desirability of early diagnosis. With this background, there is greater chance of gaining acceptance on 「認知障礙症」 in Mainland China and Taiwan, as well as in other Chinese usage areas, especially after 2013 when the DSM-V will name dementia as major cognitive disorder.¹⁵

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