

The Relationship of Dementia-Related Knowledge Level with Motivation to Change Lifestyle: an Evaluation for Adults

Demansla İlgili Bilgi Düzeyinin Davranış Değiştirme Motivasyonu ile İlişkisi: Yetişkinler Açısından Bir Değerlendirme

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ABSTRACT

Aim: This study was conducted to determine the relationship between the level of knowledge about dementia and motivation to change lifestyle to reduce the risk of dementia in adults.

Materials and Methods: The descriptive and cross-sectional study was conducted between January and August 2024 in cities within Türkiye. The sample group consisted of 750 adults. Data were collected using the introductory information form, dementia knowledge scale, and motivation to change lifestyle for dementia risk reduction.

Results: The mean total score of the Dementia Knowledge Scale was 29.69 ± 4.50 , and the mean total score of the motivation to change lifestyle for dementia risk reduction was 31.86 ± 5.71 . A moderate, positive, and significant relationship was determined between the dementia knowledge scale and the motivation to change lifestyle for dementia risk reduction. In the study, it was determined that age, gender, education level, income status, received dementia training, history of dementia in family members, and caregiving status of individuals with dementia were important variables affecting their motivation to change lifestyle to reduce the risk of dementia.

Conclusion: According to the study, the dementia knowledge level of adult individuals was high, and their motivation to change their lifestyles to reduce the risk of dementia was moderate. As the participants' level of knowledge about dementia increases, their motivation to change their lifestyle to reduce the risk of dementia also increases. In this regard, it is recommended to conduct multidisciplinary studies under the leadership of nurses to encourage adults to adopt protective behavioral changes for the prevention of dementia.

Keywords: Dementia, Knowledge, Motivation, Nursing, Risk Reduction Behaviour

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ÖZ

Amaç: Araştırma yetişkinlerde demansla ilgili bilgi düzeyinin, demans riskini azaltmak için davranış değiştirme motivasyonu ile ilişkisini belirlemek amacıyla yapılmıştır.

Gereç ve Yöntemler: Tanımlayıcı ve kesitsel türdeki çalışma Türkiye sınırları içerisindeki illerde Ocak-Ağustos 2024 tarihleri arasında yürütülmüştür. Çalışmada örneklem grubunu 750 yetişkin oluşturmuştur. Araştırmanın verileri tanıtıcı bilgi formu, demans bilgi değerlendirme ölçeği ve demans riskini azaltmak için davranış değiştirme motivasyonu ölçeği ile toplanmıştır.

Bulgular: Katılımcıların demans bilgi değerlendirme ölçeği toplam puan ortalaması 29.69 ± 4.50 , demans riskini azaltmak için davranış değiştirme motivasyonu ölçeği toplam puan ortalaması 31.86 ± 5.71 'dir. Demans bilgi değerlendirme ölçeği ile demans riskini azaltmak için davranış değiştirme motivasyonu ölçeği arasında orta düzeyde, pozitif ve anlamlı bir ilişki belirlenmiştir. Araştırmada yetişkin bireylerin yaş, cinsiyet, eğitim düzeyi, gelir durumu, demans eğitimi alma durumu, aile bireylerinde demans öyküsü ve demanslı bireye bakım verme durumlarının demans riskini azaltmak için davranış değiştirme motivasyonlarını etkileyen önemli değişkenler olduğu saptanmıştır.

Sonuç: Araştırmaya göre yetişkin bireylerin demans bilgi düzeyleri yüksek, demans riskini azaltmak için davranış değiştirme motivasyonları ise orta düzeydedir. Katılımcıların demansla ilgili bilgi düzeyi arttıkça, demans riskini azaltmak için davranış değiştirme motivasyonları da artmaktadır. Bu doğrultuda, demansın önlenmesi için hemşirelerin liderliğinde yetişkinleri koruyucu davranış değişikliklerine teşvik eden multidisipliner çalışmaların yürütülmesi önerilmektedir.

Anahtar Kelimeler: Bilgi, Demans, Hemşirelik, Motivasyon, Risk Azaltma Davranışı

INTRODUCTION

Dementia is a global health problem that profoundly affects individuals in society and has significant consequences (1). As of 2021, it is estimated that there are more than 55 million individuals with dementia worldwide, and this number is expected to increase to 78 million in 2030 and 139 million in 2050. It is also reported that one person is diagnosed with dementia every three seconds (2). This rapid increase clearly shows that dementia profoundly affects not only individuals but also caregivers, families, and society, and the need for effective interventions and robust support systems to cope with this condition (3). Dementia, one of the most common causes of disability and dependency in older adults, has severe psychological, social, and economic consequences (4). Knowledge about dementia is strategically essential for protecting and improving public health, particularly by shedding light on the interventions needed for dementia prevention and early detection. This knowledge covers risk factors, preventive measures, and available support services and plays a fundamental role in the fight against

dementia. Awareness of dementia is critical for creating a supportive environment for individuals and disseminating early diagnosis and interventions (5). Early diagnosis enables timely interventions for individuals with dementia and their caregivers, improves quality of life, and slows the progression of the disease (6). In addition, knowledge about dementia contributes to a more aware and supportive society by reducing stigmatization and misconceptions (7).

Furthermore, increasing the level of knowledge about dementia is an essential step in encouraging individuals to adopt healthy lifestyles that can reduce the risk of dementia. Dementia is not only a health problem but also a significant public health issue that needs to be tackled with a lack of knowledge and awareness. Knowledge about dementia and related risk factors is critical in reducing modifiable risk factors by increasing motivation for lifestyle change in individuals (8,9). Healthy lifestyles such as physical activity, a balanced diet, and social participation are among the effective methods of reducing the risk of dementia (10). Motivation to implement behavioral changes to reduce risk factors is an essential determinant factor in preventing

dementia. Studies show that knowledge about dementia and risk factors supports this motivation and encourages individuals to adopt healthier lifestyles (8,11,12). Dementia is a significant public health problem affecting millions of individuals worldwide. The United Nations' declaration of 2021-2030 as the "decade of healthy ageing" aims to raise awareness and develop preventive approaches to health problems associated with old age. In this context, nurses, who are in close contact with the society, have significant responsibilities in determining the level of knowledge about dementia, which is one of the most critical problems of old age, and behaviors to prevent dementia in adults, the "elderly of the future". Studies conducted under the leadership of nurses are highly important in revealing the awareness of adult individuals regarding dementia risk factors, taking preventive measures, and promoting active aging. Therefore, this study aimed to determine the relationship between the level of knowledge about dementia and motivation to change lifestyle to reduce the risk of dementia in adults living in Türkiye. In line with this purpose, the following questions were sought to be answered in the study:

- What is the level of dementia knowledge of the participants?
- What motivates the participants to change their lifestyles to reduce dementia risk?
- Do the participants' descriptive characteristics affect their motivation to change lifestyle for dementia risk reduction?
- Does the participants' level of knowledge about dementia affect their motivation to change lifestyle for dementia risk reduction?

MATERIALS AND METHODS

Study Type

The study is descriptive and cross-sectional.

Place and Time of Study

The study was conducted between January and August 2024 in provinces within the borders of Türkiye.

Population and Sample

The study population consisted of individuals residing in Türkiye, and the sample consisted of 750 volunteer individuals who met the inclusion criteria between January and August 2024. G*Power 3.1 program was used to determine the sample size of the study. The correlation coefficient for dementia knowledge level, one of the main variables of the study, was taken as $r=0.15$ (13). Based on this value, the sample size was calculated as 652 with a 95% confidence interval, a 5% margin of error, an effect size of 0.15, and a 95% population representativeness power. Taking the determined correlation coefficient into account, an additional 15% (98 participants) was included as a sample, resulting in a final study sample of 750 participants. Thus, the study was conducted with a large sample size.

Inclusion Criteria

The study included individuals residing in Türkiye over 18 years old, literate, had internet access, could understand and answer the questions asked, and were willing to participate in the research.

Data Collection Tools

In the study, the introductory information form, including questions about the socio-demographic characteristics of the individuals, dementia knowledge scale, and motivation to change lifestyle for dementia risk reduction were used.

Introductory Information Form: The Introductory Information Form, prepared by the researchers with the support of the literature (14-20), is a 12-question form that includes questions related to age, gender, marital status, educational status, place of residence, family type, income status, receipt of dementia education, history of dementia in family members, caregiving status for a person with dementia, history of chronic disease and type of chronic disease.

Dementia Knowledge Scale: The scale developed to determine the level of knowledge about dementia consists of 17 items and is unidimensional. Turkish validity and reliability study was conducted by Akyol et al. The scoring

of the scale is based on the scores indicated opposite each item, ranging from 0 to 2. Scores obtained from the scale items are summed to get the total score. The lowest score is 0, and the highest score is 34. A higher score indicates that the participants have more knowledge about dementia. The scale has no cut-off point. The Cronbach's Alpha coefficient of the scale is 0.84 (21). In this study, the Cronbach's Alpha value of the scale was 0.83.

Motivation to Change Lifestyle for Dementia Risk Reduction: A 10-item scale reflecting individuals' motivation to change their lifestyles to reduce the risk of dementia, with responses ranging from 1: Strongly disagree to 5: Strongly agree to 5: Strongly disagree. The Turkish validity and reliability study of the scale was conducted by Akyol et al. There are no reverse items in the scale. Higher scores on the scale indicate higher motivation to change lifestyle and health behaviors to reduce the risk of dementia. The Cronbach's alpha coefficient of the scale is 0.79 (22). In this study, the Cronbach's alpha value of the

motivation to change lifestyle for dementia risk reduction was 0.71.

Data Collection

The data were prepared electronically through Google Forms. The snowball sampling method was used to collect the data by asking each participant to deliver the questionnaire to their acquaintances who volunteered to participate in the study. Data were collected voluntarily via e-mail and social media platforms such as WhatsApp, Facebook, and Instagram. Since the survey was conducted over the Internet, it was ensured that every question was answered to avoid any non-response errors. As a result of the examination, no missing or inconsistent data was found. The questionnaire took approximately 10 minutes to answer, and a return option was included on each screen. After the participants had completed the questionnaire, they were directed to the "submit" button, and the participants who had submitted their answers were included in the study sample.

Table I. Statistical methods used in data analysis

Assessed features	Statistical methods-tests
Determining sample size	Power analysis G-power test
Determining data distribution suitability	Skewness coefficient Kurtosis coefficient
Analyzing and explaining variable relationships	Pearson correlation analysis Hierarchical multiple regression analysis
Determining total scale scores of individuals	Mean and standard deviation values
Comparing descriptive characteristics with scale scores	Independent samples t-test One-factor analysis of variance (ANOVA)
Determination of differences (post-hoc test)	Least significant difference (LSD) test
Determining scale internal consistency	Cronbach's alpha reliability Coefficient

Data Analysis

The research data were analyzed using SPSS 22.0 and G-power 3.1 statistical package programs. The tests used to evaluate the data are given in Table I.

Ethical Considerations

Before starting the research, Ethics Committee approval

dated 20.06.2023 and numbered 2023-581 was obtained from a state university's social and human sciences research ethics committee. Permissions were received via e-mail for the scales to be used in the research. Informed consent was obtained from the participants in line with the principles of respect for autonomy, voluntariness,

and protection of confidentiality. After the participants were informed about the study, those who approved the informed consent form completed the questionnaire and sent it online. The principles of the Declaration of Helsinki were followed at all stages of the study.

Limitations of the Study

The limitations of this study are that the data obtained from the research cannot be generalized to individuals who are not at a level to fill in Google Form, who do not have an internet connection, and computer or tablet/phone suitable for filling in the questionnaire, who do not have e-mail and social media account(s) such as Whatsapp, Facebook, Instagram, and the universe is limited to the researchers' access area in social media.

RESULTS

Descriptive Characteristics

It was determined that 62.3% of the participants were female, 60.1% were single, 50% had undergraduate/graduate degrees, the mean age was 33.42 ± 13.22 , 60.3% lived in the city, 78.5% had a nuclear family, and 60.3% had an income equal to their expenses. In addition, it was determined that 78.9% did not receive any training on dementia, 17.2% had a family history of dementia, 14.5% provided care to individuals with dementia, 11.5% had chronic diseases, and 5.9% of them had hypertension (Table II).

Relationship Between Variables

The mean total score of the dementia knowledge scale is 29.69 ± 4.50 . The mean total score of the motivation to change lifestyle for dementia risk reduction was 31.86 ± 5.71 . The relationship between the variables is given in Table III. There was a moderate, positive, and significant ($r=0.584$, $p<0.001$) relationship between the dementia knowledge scale and the motivation to change lifestyle for dementia risk reduction, and a low, positive, and significant ($r=0.084$, $p=0.021$) relationship between the dementia knowledge scale and age (Table III).

Table II. Distribution of participants' demographic characteristics (n=750)

Characteristics		
Age (min-max: 18-77 years)	Mean	SD
	33.42	13.22
	n	%
Gender		
Female	467	62.3
Male	283	37.7
Marital status		
Single	451	60.1
Married	299	39.9
Education level		
Primary	171	22.8
High school	204	27.2
Undergraduate/graduate	375	50.0
Place of residence		
City	452	60.3
Town	225	30.0
Village	73	9.7
Family type		
Nuclear	589	78.5
Extended	161	21.5
Income level		
Income is less than expenses	133	17.7
Income equals expenses	452	60.3
Income exceeds expenses	165	22.0
Received dementia training		
Yes	158	21.1
No	592	78.9
Family history of dementia		
Yes	129	17.2
No	621	82.8
Caring for a dementia patient		
Yes	109	14.5
No	641	85.5
Chronic disease history		
Yes	86	11.5
No	664	88.5
Types of chronic diseases*		
Hypertension	44	5.9
Diabetes	40	5.3
Asthma	25	3.3

*Participants marked more than one option.

Table III. Means, standard deviations, Cronbach alpha, and correlations of variables

Variables	Mean	SD	α	1	2	3
Age	33.42	13.22	-	-		
Dementia knowledge scale	29.69	4.50	0.83	0.084*	-	
Motivation to change lifestyle for dementia risk reduction	31.86	5.71	0.71	0.042	0.584**	-

* $p < 0.05$, ** $p < 0.001$; SD: Standard deviation, α : Cronbach alpha

Hierarchical Linear Regression Models

In the study, a hierarchical linear regression analysis was conducted to determine the effect of participants' descriptive characteristics and level of knowledge about dementia on the level of motivation to change lifestyle to reduce the risk of dementia. Before the regression analysis, the relationships between descriptive characteristics and motivation to change lifestyle for dementia risk reduction were examined. The variables with significant relationships were included in the regression model. These variables were gender, education level, income level, received dementia training, history of dementia in family members, and caregiver status of the person with dementia. Descriptive characteristics were included in the model in two sections demographic and dementia-related characteristics. Within the scope of the analysis, categorical variables were transformed into dummy variables, and the reference groups are presented in Table IV. Three models were established within the scope of regression analysis.

In the first step, Model-1 was established to determine the relationship between demographic characteristics and motivation to change lifestyle for dementia risk reduction. In Model-1, it was determined that demographic characteristics significantly explained 1.5% of the variance in motivation to change lifestyle ($F=3.784$; $p=0.010$; $R^2=0.015$). The model determined a positive and statistically significant relationship between gender ($\beta=1.020$; $p=0.019$) and income status ($\beta=1.316$; $p=0.010$) variables and motivation to change lifestyle for dementia risk reduction. Accordingly, it was determined that the motivation to change lifestyles for dementia risk reduction was higher in women and individuals whose incomes were higher than their expenses (Table IV).

Then, Model 2 was established by adding the characteristics related to dementia. In Model 2, it was found that the traits related to dementia significantly explained 3.2% of the variance in motivation to change lifestyle for dementia risk reduction with an increase of 1.7% ($F=4.092$; $p<0.001$, R^2 change=0.017; $R^2=0.032$). In Model 2, a positive and statistically significant relationship was determined between the variable of dementia history in family members ($\beta=1.633$; $p=0.009$) and motivation to change lifestyle. Accordingly, it was determined that individuals with a family history of dementia had a higher motivation to change their lifestyle for dementia risk reduction (Table IV).

In the last step, Model 3 was established by adding the level of knowledge about dementia. In Model-3, it was found that the level of knowledge about dementia significantly explained 36.2% of the variance in motivation to change lifestyle for dementia risk reduction with an increase of 33% ($F=60.205$; $p<0.001$, R^2 change=0.330; $R^2=0.362$). In Model 3, a positive and statistically significant relationship was determined between the level of knowledge about dementia ($\beta=0.733$; $p<0.001$) and motivation to change lifestyle. Accordingly, as the level of knowledge about dementia increased, the motivation to change lifestyle for dementia risk reduction also increased (Table IV).

DISCUSSION

The mean total score of the dementia knowledge scale in the study was 29.69 ± 4.50 , indicating that the participants had a high level of knowledge about dementia. In contrast, Aslan et al. (23) found that nursing students had low

Table IV. Hierarchical linear regression models for motivation to change lifestyle to reduce dementia risk

Dependent variable	Regression models	Independent variables	β	95% CI	t	p	VIF	DW	
Motivation to change lifestyle for dementia risk reduction	Model 1	Gender ^(Female)	1.020	0.171/1.868	2.360	0.019	1.020	0.193	
		Education level ^(Undergraduate/graduate)	0.175	-0.643/0.992	0.419	0.675	1.008		
		Income level ^(Income exceeds expenses)	1.316	0.321/2.311	2.596	0.010	1.024		
	Model 2	Gender ^(Female)	0.841	-0.019/1.702	1.920	0.084	1.063		
		Education level ^(Undergraduate/graduate)	0.119	-0.718/0.957	0.279	0.007	1.071		
		Income level (Income exceeds expenses)	1.206	0.215/2.197	2.390	0.023	1.029		
		Received dementia training	0.636	-0.476/1.748	1.122	0.277	1.257		
		Family history of dementia ^(Yes)	1.633	0.378/2.888	2.555	0.009	1.370		
		Caring for a dementia patient ^(Yes)	0.246	-1.194/1.685	0.335	0.788	1.573		
	Model 3	Gender ^(Female)	0.748	0.049/1.447	2.101	0.053	1.063		
		Education level ^(Undergraduate/graduate)	0.894	-0.388/0.973	0.843	0.021	1.072		
		Income level (Income exceeds expenses)	0.292	0.088/1.699	2.179	0.033	1.031		
		Received dementia training	0.535	-0.369/1.438	1.162	0.208	1.257		
		Family history of dementia ^(Yes)	0.757	-0.266/1.780	1.453	0.143	1.380		
		Caring for a dementia patient ^(Yes)	0.776	-0.394/1.947	1.302	0.204	1.577		
		Dementia knowledge scale ^(Yes)	0.733	0.660/0.807	19.602	0.000	1.010		
	Model values	Model 1: F= 3.784; R2= 0.015; p= 0.010							
		Model 2: F= 4.092; R2 Değişim= 0.017; R2= 0.032; p= 0.000							
		Model 3: F= 60.205; R2 Değişim= 0.330; R2= 0.362; p= 0.000							

knowledge levels about dementia. Similarly, Akyol et al. (24) reported that adults in the general population did not well understand dementia. Li's (14) study also revealed low knowledge levels about dementia among participants. One possible reason for the differences observed in the literature is that this study's participants included individuals with a family history of dementia or those who cared for individuals with dementia, which may have increased their level of knowledge. Indeed, Aldharman et al. (25) reported that such circumstances enhance dementia knowledge levels. Additionally, this study might have captured a more informed subpopulation regarding dementia. Despite the general lack of sufficient dementia knowledge in society, these findings could suggest a growing dementia awareness. To address these differences,

it is essential to promote targeted public health campaigns and educational programs to increase dementia awareness and encourage preventive behaviors.

The mean total score of the motivation to change lifestyle for dementia risk reduction Scale among the participating adults was 31.86 ± 5.71 , indicating a moderate motivation level for dementia risk reduction. Similarly, other studies have found that individuals generally have moderate motivation to change behaviors to reduce dementia risk (8,12,26). Motivation for behavior change is increasingly recognized as critical in reducing dementia risk. Research demonstrates that regular exercise, healthy eating, avoiding smoking, and maintaining social interactions effectively reduce dementia risk.

Research demonstrates that regular exercise, healthy eating, avoiding smoking, and maintaining social interactions effectively reduce dementia risk. However, sustaining these behavior changes requires strong motivation (9,10). Raising awareness about the effects of dementia and the benefits of a healthy lifestyle in its prevention plays a critical role in enhancing motivation for behavior change. Furthermore, support groups that allow individuals to share experiences and provide mutual support can strengthen commitment to behavior change. Education, social support, and accessible interventions can support individuals in adopting dementia risk-reducing behaviors, helping maintain cognitive health and overall well-being.

The study found a low, positive, and significant relationship between dementia knowledge levels and age among participants, indicating that dementia knowledge increases with age. Similarly, Öz et al. (27) found that participants aged 18-32 had lower levels of dementia knowledge compared to older age groups (33-59, 60+). The findings of Spittel et al. (28) also support the increase in dementia knowledge with age. While the relationship between age and dementia knowledge is low, studies indicate that older individuals tend to have higher levels of dementia knowledge (29,30). This can be explained by the increased risk of dementia with age, creating a need for greater awareness and knowledge acquisition about the condition.

Therefore, age can be considered an essential factor contributing to dementia awareness in society and fostering a culture of healthy aging.

According to the study, there is a significant and positive relationship between participants' gender and their motivation to change lifestyle for dementia risk reduction. Women were found to have higher motivation to change behaviors to reduce dementia risk compared to men. Similarly, Bruinsma (31) noted that women are more willing to adopt lifestyle changes to reduce dementia risk. Sindi et al. (32) also reported that women generally respond with higher motivation to lifestyle interventions to reduce dementia risk. Additionally, Geraets et al. (33), in their study on gender and socioeconomic differences, emphasized that women tend to have higher motivation

to adopt healthier lifestyles. This may be associated with women's primary caregiving roles within families and their heightened awareness of health-related issues. Women's greater motivation to reduce dementia risk may also be influenced by their primary responsibilities for family health, regular engagement in health check-ups, broader social networks, and caregiving roles.

The study also found a significant and positive relationship between participants' income levels and their motivation to change their lifestyle for dementia risk reduction. Participants with incomes exceeding their expenses exhibited higher motivation to change behaviors than other groups. This finding is supported by literature. Samuel et al. (34) indicated that low income and economic hardship reduce the likelihood of engaging in dementia risk-reduction behaviors. This is attributed to individuals with better financial status having more significant resources and reduced economic stress, which motivates them to adopt preventive health behaviors. Similarly, Beydoun et al. (35) highlighted that higher-income individuals are more likely to engage in health-promoting activities due to more accessible access to resources and information. Choi and Seo (26) also reported that individuals with better socioeconomic status have higher general health motivation and are more inclined to engage in dementia-preventive behaviors. High-income individuals are thought to demonstrate greater motivation to prevent dementia due to better access to resources, reduced economic stress, and increased health literacy.

There is a significant and positive relationship between having a family history of dementia and participants' motivation to change lifestyle for dementia risk reduction. Individuals with a family history of dementia were found to have higher motivation to change their behaviors. Literature supports this finding. Akyol et al. (9) noted that awareness of family history increases individuals' motivation to adopt healthier lifestyles. Similarly, Li et al. (6) emphasized that having a family member with dementia significantly influences attitudes toward risk-reduction and health-promoting behaviors. Rosenberg et al. (36) linked a family history of dementia with perceived personal

health threats, which increase motivation for preventive behaviors. Şener (37) stated that individuals with a family history of dementia are more likely to change their health beliefs and behaviors in response to perceived risks. These findings suggest that family history raises awareness and is a strong source of motivation for behavior change. This underscores the importance of family history in influencing health-related motivation and behavior change.

The study found a moderate, positive, and significant relationship between participants' dementia knowledge levels and their motivation to change their lifestyle for dementia risk reduction. It was determined that dementia knowledge levels explained 36.2% of the variance in behavior change motivation. This finding indicates that as individuals' knowledge about dementia increases, their motivation to change behaviors to reduce dementia risk also rises. Similarly, Farrow et al. (11) highlighted the importance of education in enhancing motivation for dementia risk-reduction behavior change, demonstrating that individuals participating in educational programs are more motivated to adopt healthier behaviors. Oliveira et al. (8) found that individuals with higher dementia knowledge are more motivated to engage in activities such as increasing physical activity. Likewise, Rostamzadeh et al. (38) stated that dementia knowledge is a factor that enhances motivation and facilitates behavior change. Kim et al. (39) revealed that individuals with higher dementia knowledge levels are more likely to express motivation for behavior change. These studies underscore the significance of the relationship between knowledge and motivation. The increase in motivation for dementia risk-reduction behaviors with higher knowledge levels is related to heightened risk perception, stronger health beliefs, and an enhanced sense of control. Greater knowledge levels enhance individuals' awareness of dementia, enabling them to perceive the benefits of preventive behaviors better and adopt them. Moreover, dementia knowledge is thought to reduce the stigma and fear associated with the disease, thereby supporting the development of positive health attitudes.

CONCLUSION

According to the study, adults have high levels of knowledge about dementia, while their motivation to change lifestyle for dementia risk reduction is at a moderate level. The study identified a moderate, positive, and significant relationship between participants' dementia knowledge levels and their motivation to change their lifestyle for dementia risk reduction. Additionally, as adults' knowledge about dementia increases, their motivation to change their lifestyle for dementia risk reduction also improves. Dementia is one of the major challenges of old age. Nurses play a crucial role in addressing this significant issue as health service providers closest to individuals and their families.

Based on the study results, it is recommended that nurses conduct educational and awareness programs to enhance adults' knowledge about dementia and motivate them to adopt behaviors that reduce dementia risk. Although adults' knowledge about dementia was found to be good, their motivation for behavior change remains below the desired level. Therefore, conducting multidisciplinary initiatives that emphasize the importance of behavior change in preventing dementia and specifically encourage adults to adopt preventive behaviors is very important.

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Conflict of Interest

The authors declare no conflict of interest.

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Ethical Approval

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of a state university, dated 20.06.2023 and numbered 2023-581.

Author Contributions

Idea: MKY, Design: MKY, GA, Surveillance: MKY, GA, Materials: GA, Data collection and/or Processing: MKY, GA, Analysis and/or Interpretation: MKY, GA, Literature review: MKY, Article Writing: MKY, GA, Critical Review: MKY, GA

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