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Brief Report

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Speech and language pathologists' perspectives on Dementia care: A survey study

Abstract

Dementia is a progressive neurodegenerative condition affecting millions globally, with speech and language pathologists (SLPs) playing crucial roles in assessment, intervention, and management. Despite their significance, practicing SLPs frequently report inadequate knowledge and awareness regarding dementia care. This study aimed to investigate the beliefs, knowledge, and contemporary practices of SLPs in dementia management. A web-based survey was administered to 55 speech and language pathologists across India, assessing their demographic characteristics, awareness of diagnostic and screening tools, therapeutic approaches, use of technology, and perceived challenges in practice. Results indicated that 76.4% of respondents were working professionals, with 78.2% holding postgraduate qualifications. Screening tools such as MMSE and MoCA were utilized by over 80% of participants, while the recently developed ICMR Neurocognitive Toolbox remained unknown to 80% of respondents. Majority of participants (60%) employed blended therapeutic approaches combining techniques from different theoretical frameworks. Regarding alternative medicine, 43.6% believed that combined allopathy with speech-language therapy was beneficial for dementia management. Key challenges identified included poor patient motivation, insufficient clinical exposure, and memory-related difficulties in patients. The findings underscore the necessity for enhanced awareness and training programs regarding evidence-based diagnostic tools, contemporary therapeutic approaches, and the emerging role of assistive technologies in dementia care. This research has significant implications for professional development, curriculum planning, and future strategic initiatives in supporting individuals with dementia across diverse healthcare settings.

Keywords: dementia, speech-language pathology, survey study, clinical practices, therapeutic approaches

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Introduction

Dementia is a neurodegenerative condition characterized by progressive cognitive decline, with memory loss being a common trait across various subtypes. The patterns of impairment differ significantly among different types of dementia, with behavioral manifestations varying considerably. These diverse clinical presentations have made it challenging for clinicians to provide effective, tailored treatment interventions. Among the various healthcare professionals providing supportive care to individuals with dementia, speech and language pathologists are increasingly recognized as crucial team members.[1]

Current evidence suggests that the prevalence of undiagnosed dementia remains substantial worldwide, with the number of elderly individuals with dementia rising significantly in low- and middle-income countries like India. Despite advances in diagnostic and therapeutic tools, several barriers continue to impede effective dementia management. A recent study identified challenges including poor knowledge and awareness among professionals, inadequate healthcare resources, and shortage of indigenous diagnostic tools.[2] Efforts to address these barriers have included development and validation of culturally appropriate diagnostic instruments, such as the ICMR Neurocognitive Toolbox tailored to diverse sociocultural settings of India, and adaptation of evidence-based interventions like cognitive stimulation therapy for South Indian contexts.[3,4]

Research has demonstrated that speech and language pathologists play essential roles in dementia care through identification, assessment, intervention, counseling, discharge planning, and research activities.[4] However, studies have consistently shown that practicing SLPs report inadequate understanding and awareness of dementia despite their critical role in supporting patients with communication and cognitive-linguistic deficits. Understanding the current practices, beliefs, and perceived challenges among SLPs is essential for guiding future research directions and strategic planning in dementia care services.[5] Therefore, this study was designed to investigate the perspectives, contemporary practices, and challenges experienced by speech and language pathologists in managing individuals with dementia.

Methods

A descriptive cross-sectional survey design was adopted to investigate the knowledge, beliefs, and contemporary clinical practices of speech and language pathologists (SLPs) in India concerning the assessment and management of individuals with dementia. This design was considered appropriate given its ability to capture existing patterns and perceptions across a wide professional population at a single point in time. A structured, self-administered questionnaire was developed based on relevant literature, clinical practice guidelines, and expert input from practicing SLPs with more than 10 years of experience in neurogenic communication disorders. The initial questionnaire draft was reviewed by three senior faculty members for content validity and relevance, followed by pilot testing with five clinicians to refine the clarity, content flow, and response options. Minor linguistic and formatting modifications were made based on feedback before finalizing the tool.

The final questionnaire comprised three major sections. The first section focused on demographics and professional background, capturing variables such as age, gender, years of clinical experience,

highest educational qualification, primary work setting (hospital, institution, or private practice), and number of dementia cases encountered in clinical practice. The second section focused on clinical practice patterns and consisted of multiple-choice and Likert-type items that explored currently used screening and diagnostic assessments, preferred therapeutic frameworks, beliefs about treatment efficacy, awareness of national tools, and perspectives on caregiver roles. The third section included open-ended questions to elicit participants' insights regarding the use of technology and assistive devices, awareness and opinions on alternative medicine practices, and challenges encountered in dementia management.

The questionnaire was digitized using Google Forms and disseminated electronically via professional networks, academic mailing lists, and social media platforms of national associations relevant to speech-language pathology. Participation was voluntary and anonymous, with informed consent included at the beginning of the online form. Inclusion criteria specified that participants should be qualified SLPs with at least a bachelor's degree in speech-language pathology; incomplete responses or those from non-SLP professionals were excluded. A total of 55 valid responses were collected over a four-week period. Quantitative data were exported to Microsoft Excel for analysis using descriptive statistical methods, including frequency counts and percentages to summarize responses. Qualitative data from open-ended questions were coded manually and analyzed using thematic content analysis to identify recurrent ideas, common perceptions, and emergent themes.

Results

Analysis of the responses revealed that 76.4% of participants were currently practicing professionals, while the remainder were either pursuing higher studies or engaged in academic roles. Of the working professionals, 32.7% reported employment in hospital-based settings, 32.4% were associated with institutional establishments such as rehabilitation centers or universities, and the rest were in private practice. The majority of respondents (78.2%) held postgraduate qualifications (MSc or MASLP), whereas 22.8% held undergraduate degrees. Participants' professional experience varied widely, with 47.2% having between one and five years of experience, 27.3% reporting between six and ten years, and the remainder exceeding ten years of practice. Notably, 75% of clinicians had managed fewer than five dementia cases during their career, indicating low clinical exposure to this population across professional settings.

Regarding clinical assessment practices, 81.8% of respondents reported using the Mini-Mental State Examination (MMSE) and 80% used the Montreal Cognitive Assessment (MoCA) as primary screening tools. A small subset (12.7%) employed the Cognitive Linguistic Quick Test (CLQT), while only 9% used language-focused screening protocols developed locally. For detailed diagnostic evaluation, 52.8% of respondents reported using either the Bedside Cognitive Competency Kit (BCCK) or comprehensive Dementia Assessment Battery, especially among clinicians affiliated with institutional clinics. The Addenbrooke's Cognitive Examination-3 (ACE-3) was used only by 1.8% of participants, suggesting limited reach of advanced neurocognitive tools in Indian clinical settings. Importantly, 80% of SLPs were unaware of the Indian Council of Medical Research (ICMR) Neurocognitive Toolbox, highlighting a significant gap in dissemination of recently developed national resources.

Therapeutic service patterns indicated that 60% of clinicians adopted blended or eclectic methods that combined principles from cognitive-linguistic, functional, and compensatory approaches rather than adhering to a single theoretical framework. Around 43.6% of respondents favored integrating medical management with speech-language therapy, while 30.9% perceived that complementary medicine offered minimal adjunctive value. A small proportion (9.1%) reported exploring yoga-based cognitive stimulation or mindfulness activities as supplementary interventions. Approximately 70% of participants emphasized the indispensable role of caregivers in sustaining treatment outcomes and promoting generalization of gains at home. A minority (14.5%) reported using computer-based cognitive training or artificial intelligence-assisted therapeutic applications, reflecting emerging interest in technology-driven models of care.

The results present descriptive findings from a cross-sectional survey of 55 SLPs in India, highlighting patterns in demographics, assessment practices, therapeutic approaches, and challenges without implying causal relationships or generalizability beyond the sample. Notably, 76.4% were practicing professionals, 78.2% held postgraduate qualifications, and 75% had managed fewer than five dementia cases, underscoring limited clinical exposure. Screening relied heavily on MMSE (81.8%) and MoCA (80%), with 80% unaware of the ICMR Neurocognitive Toolbox; 60% used blended therapies, and key challenges included patient motivation deficits and inadequate training.

The qualitative analysis of open-ended responses revealed several recurrent themes related to professional challenges. Clinicians frequently cited lack of patient motivation, poor follow-up compliance, inadequate clinical exposure during training, shortage of standardized Indian assessment tools, and limited institutional support as key barriers. Emotional distress among caregivers and difficulty in maintaining consistent therapy attendance were also commonly mentioned. Thematic clustering further suggested that SLPs perceived a need for interdisciplinary teamwork with neurologists, psychologists, and occupational therapists to optimize dementia care.

Discussion

These exploratory findings reveal practice patterns among Indian SLPs, such as predominant use of Western screening tools and eclectic therapies, but emphasize the need for caution in interpretation due to the study's descriptive nature. The 80% unawareness of culturally adapted tools like the ICMR Neurocognitive Toolbox points to dissemination gaps, while low case exposure (75% <5 cases) suggests curricular shortcomings, though broader inferences require larger-scale validation.

The present study highlights critical trends and emerging challenges in dementia management among speech and language pathologists in India. The predominance of MMSE and MoCA use as screening tools mirrors global practice patterns; however, the reliance on these broad instruments, often developed in Western contexts, raises concerns about their cultural fairness and linguistic validity. The limited adoption of the ICMR Neurocognitive Toolbox, despite its contextual relevance, points to dissemination and training gaps within clinical education and continuing professional development frameworks. This underlines the need for focused workshops and hands-on training to familiarize practitioners with culturally sensitive neurocognitive instruments.

The strong preference for blended therapeutic approaches reflects a positive, adaptive trend among practicing clinicians who seek to integrate principles from multiple evidence-based frameworks. Such an approach resonates with contemporary rehabilitation models emphasizing person-centered care, functional communication,

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and environmental support. The finding that some clinicians have begun incorporating AI-based assessment or therapy tools marks an encouraging move toward technological innovation in dementia care, though its practical impact requires further empirical validation.

The majority belief that reversibility of dementia depends on etiology indicates commendable clinical awareness among participants, reflecting realistic understanding of the differential prognosis between degenerative and potentially reversible causes. Similarly, the emphasis on caregiver education and participation underscores recognition of dementia as a socially embedded condition requiring systemic support beyond individual therapy sessions. Nonetheless, the challenges identified—particularly limited patient exposure, inadequate training in specialized cognitive-linguistic assessments, and motivational difficulties—indicate that institutional and curricular structures may not yet be adequately aligned with the growing prevalence of dementia in India's aging population.

These findings carry several key implications. Professional education programs in speech-language pathology should explicitly incorporate dementia-focused learning objectives, including exposure to standardized diagnostic tools, interdisciplinary rehabilitation planning, and caregiver counseling techniques. Continuing education initiatives and professional association-led seminars could also prioritize emerging technologies and culturally contextual evidence to bridge current skill gaps. On a policy level, the data suggest that dementia care pathways in India remain underdeveloped from a rehabilitation standpoint, necessitating coordinated advocacy for better inclusion of SLPs in comprehensive dementia teams. Future studies should aim to explore longitudinal changes in SLP competence following targeted training interventions, as well as patient and caregiver outcomes following integrated therapy frameworks adapted to Indian cultural settings.

Conclusion

This survey revealed important perspectives on dementia care among speech and language pathologists in India. While participants demonstrated utilization of standard screening tools, diagnostic assessment practices varied considerably, with institutional settings showing greater adoption of comprehensive assessment batteries. The predominant lack of awareness regarding the ICMR Neurocognitive Toolbox despite its development for cultural appropriateness indicates a gap between tool development and clinical dissemination. Participants endorsed blended therapeutic approaches and recognized the importance of caregiver involvement in dementia management. The major challenges identified—including poor patient motivation, clinical exposure limitations, and cognitive-linguistic difficulties—require targeted interventions through enhanced professional development, improved training opportunities, and strategic resource allocation. This study is exploratory and descriptive, relying on self-reported data from a small convenience sample (n=55) recruited via online networks, limiting representativeness and generalizability to all Indian SLPs. Methodological constraints include the cross-sectional design precluding causal insights, potential self-report biases (e.g., social desirability in practice descriptions), lack of validated questionnaire psychometrics beyond pilot testing, and underrepresentation of rural practitioners or those with extensive dementia experience. Thematic analysis of open-ended responses was manual and not inter-rater verified, while exclusive use of descriptive statistics omits inferential testing due to sample constraints These limitations can be addressed in future studies.

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None.

Conflicts of interest

The authors declare that there are no conflicts of interest.

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