

LatAm Fingers Initiative: Bringing Diversity Upfront

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Abstract

Background: LatAm FINGERS is the first Latin-American non-pharmacological trial to prevent cognitive decline. It coordinates 12 Spanish and Portuguese-speaking countries and includes a multicultural heterogenic population. We aim to describe the challenges and barriers of adapting a successful high-income-born intervention for an ethno-racially diverse population.

Method: We identified a tripartite challenge: 1) to guarantee a representative sample of a diverse population. This required the inclusion of low-educated participants from rural and metropolitan areas with different ethnic backgrounds and standards on normal cognition, sedentarism, and dietary habits, 2) to harmonize our inclusion/exclusion criteria and outcomes with the original FINGER trial and the US POINTER trial, and 3) to provide a feasible intervention program for all included countries. For this purpose, multidisciplinary workgroups of experts from all the participating countries were assembled. Each workgroup was appointed to a specific aspect of the trial (e.g., cognitive outcomes, physical activity, nutrition).

Result: The LatAm fingers trial was launched in December 2021 and is in the recruitment stage. First, cognitive status for inclusion was defined using standardized cognitive measures adjusted for age and education from each region. The second challenge was tackled by including the international tools that are also valid for the 12 countries and replacing others with Latin American analogous tests validated in low-educated populations. Finally, feasibility was accomplished by adapting the original intervention using a respectful perspective of diverse and cultural assets and exploring opportunities from local products and traditions. For example, the dietary intervention prioritized the use of autochthonous aliments but maintained the properties and composition of the original FINGER diet.

Conclusion: The LatAm Fingers trial was able to bring dementia prevention strategies created in high-income countries to low-income and low-educated populations. Our results support that intervention trials are feasible in diverse populations and in Latin America. Furthermore, including investigators from the populations to be included assures a respectful view of cultural characteristics and facilitates adaptation and feasibility.