

Difficulties and Detections of Passenger Dementia by the Judge

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Abstract

Original Research Article

The study aims to examine the legal provisions and definitions of transient dementia in the legal systems of the DR Congo and Cameroon, to identify and analyze the medical and psychological criteria generally used to diagnose transient dementia in these countries to analyze the role of medical experts in legal proceedings related to transient dementia and assess the impact of their testimonies on judicial decisions, to explore the cultural and social factors that influence the way transient dementia is perceived and addressed by judges, to assess how judges balance the protection of individual rights with mental health imperatives when making decisions about transient dementia, to compare legal and judicial approaches to transient dementia in the DR Congo and the Cameroon with those of other similar jurisdictions, highlighting the differences and similarities and formulating practical recommendations to improve the way in which judges approach cases of transient dementia in the Congolese and Cameroonian judicial system, taking into account the legal and medical aspects.

Keywords: Difficulty, Detection, Dementia, Passenger and judge.

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INTRODUCTION

The issue concerns the challenges faced by judges when they are required to assess and detect transient dementia within the context of Congolese and Cameroonian law. Transient dementia is a complex condition that can pose particular challenges in the legal field (Jaudon, 2020). It is difficult to diagnose due to its temporary and fluctuating nature. From this perspective, this study analyzes how judges rely on medical assessments to determine whether a person suffers from transient dementia, as well as the criteria and medical evidence taken into account (Kampan, 2014).

Judges are not healthcare professionals and therefore must often rely on medical experts to evaluate an individual's mental state. For this reason, this study examines the implications of this dependence on medical expertise. How do judges assess the credibility of experts and the validity of their evaluations? Cultural and social contexts may influence how transient dementia is perceived and addressed. How can these factors affect judges in their assessment of the condition? How do judges approach cultural differences in the handling of such cases? (Ankri, 2017). It is important to ensure that the rights of individuals suffering from transient dementia are protected, even when they are in legally

challenging situations. How do judges balance the need to protect an individual's rights while taking their mental state into account? Are judges adequately trained to understand the medical and psychological aspects of transient dementia? How can judicial education influence their ability to make informed decisions in such cases? From this perspective, the study of this issue helps ensure that the fundamental rights of individuals affected by transient dementia are respected and protected, even in complex legal situations. Ensuring a fair and balanced approach is crucial to preventing any violation of human rights. Understanding the challenges judges face when assessing transient dementia contributes to ensuring that judicial decisions are fair and based on solid evidence. This helps prevent miscarriages of justice and hasty conclusions (Duga, 2019). An in-depth study of this issue provides valuable insights for judges, lawyers, and mental health professionals, thereby enhancing their understanding of the complexities associated with transient dementia. This leads to more informed and fair judicial procedures. The study also helps raise awareness within society as a whole about the challenges faced by individuals with transient dementia. This reduces stigma and prejudice associated with the condition while promoting better understanding (Delzant, 2020). The results of the study will serve as a basis for the training

of judges, lawyers, healthcare professionals, and other stakeholders involved in the judicial process. This could enhance the competence and expertise of these professionals in cases involving transient dementia. In sum, the study of this issue contributes not only to improving the functioning of the judicial system but also to ensuring respect for the rights and dignity of individuals affected by transient dementia. This has positive implications at both the individual and social levels.

METHODS

The geographical scope of our investigation was limited to 44 respondents from the Democratic Republic of Congo and 44 respondents from Cameroon, including judges, lawyers, medical experts, families and caregivers, individuals affected by transient dementia, mental health organizations and associations, judicial trainers and educators, government representatives and legislators, representatives of human rights organizations, and individuals with expertise in anthropology or social sciences. The respondents in our study include various categories of individuals involved in the judicial and medical processes, as well as in the care of people affected by transient dementia. Below are some of the groups considered in our study on the difficulties and detection of transient dementia by judges under Congolese (DRC) and Cameroonian law: This technique made it possible to consult previous studies that conducted in-depth analyses of the challenges and methods of detecting transient dementia by judges under Congolese and Cameroonian law, highlighting legal, medical, and social issues. Given the empirical nature of this study, the interview technique was adopted to collect qualitative data. Thus, this study follows in the tradition of empirical research focused on the in-depth analysis of the challenges and methods of detecting transient dementia by judges within the Congolese and Cameroonian legal systems, with particular emphasis on legal, medical, and social implications. The target population consisted of 164 respondents, including 82 participants from the Democratic Republic of Congo and 82 participants from Cameroon. These respondents included judges, lawyers, medical experts, families and caregivers, individuals affected by transient dementia, mental health organizations and associations, judicial trainers and educators, government representatives and legislators, representatives of human rights organizations, and individuals with expertise in anthropology or social sciences.

RESULTS

This section of the article presents the data collected for this study. It also focuses on data analysis, as well as the interpretation and discussion of the findings obtained. The data were collected using a questionnaire administered to the participants. In addition, a mixed methodological approach, combining both quantitative and qualitative methods, was adopted

to interpret the results observed in the field. Regarding the question of the specific legal provisions concerning temporary insanity in the Congolese and Cameroonian legal systems, our research revealed that 90% of respondents stated that the definition of legal capacity is one of the specific legal provisions relating to temporary insanity in these systems, since laws may define what legal capacity is and how it is assessed. In the context of temporary insanity, the law may stipulate how judges should evaluate an individual's capacity to make legal decisions during a period of temporary mental disorder.

Based on the data collected in the field, 70% of respondents indicated that assessment procedures constitute one of the specific legal provisions concerning temporary insanity in the Congolese and Cameroonian legal systems, as laws may establish procedures for evaluating the legal capacity of a person suffering from temporary insanity. This may involve medical examinations, psychological assessments, and expert testimony. Furthermore, 80% of respondents affirmed that the protection of rights is one of the specific legal provisions concerning temporary insanity in these legal systems, since laws may include measures aimed at protecting the rights and interests of individuals experiencing temporary insanity. This may involve safeguards to prevent their exploitation or manipulation. According to the field data, 65% of respondents stated that judicial procedures are among the specific legal provisions concerning temporary insanity in the Congolese and Cameroonian legal systems, as laws may specify how courts should handle cases involving individuals affected by temporary insanity. This may include provisions for appointing legal guardians or temporary curators. Additionally, 93% of respondents affirmed that medical treatment constitutes one of the specific legal provisions, since laws may address medical and psychological treatment for individuals experiencing temporary insanity, including mechanisms for authorizing or refusing certain treatments. In many legal systems, including those of the Democratic Republic of the Congo and Cameroon, mental health issues are generally addressed within the framework of mental health law, criminal law, and civil law. However, specific provisions concerning temporary insanity may vary. Regarding the question of the medical and psychological criteria used to diagnose temporary insanity, we observed that 87% of respondents stated that temporary cognitive changes are among the medical and psychological criteria used for diagnosis. This is because temporary insanity is characterized by cognitive disturbances such as confusion, temporal disorientation, memory problems, and impaired logical thinking. These symptoms are temporary and reversible. From the analysis of the field data, 77% of respondents indicated that clinical assessment is one of the medical and psychological criteria used to diagnose temporary insanity, since physicians may conduct a thorough clinical evaluation to rule out other medical or

psychological conditions that could mimic the symptoms of temporary insanity.

According to the data collected in the field, 70% of respondents affirmed that full recovery is one of the medical and psychological criteria used to diagnose temporary insanity, as an essential criterion is that the individual's symptoms must completely disappear after a certain period, without leaving any permanent cognitive deficits. Regarding the question of how judges apply medical and psychological criteria to diagnose temporary insanity, we found that 98% of respondents stated that expert medical testimony is one of the ways judges apply these criteria. This is because medical experts can provide assessments based on cognitive tests, clinical interviews, and medical histories to determine whether an individual's symptoms are consistent with temporary insanity. In addition, 64% of respondents indicated that witness testimony is another way judges apply these criteria, as statements from relatives, caregivers, or treating physicians may be considered to confirm the temporary nature of the symptoms and the individual's full recovery. From the analysis of the field data, 93% of respondents affirmed that medical records are among the ways judges apply medical and psychological criteria to diagnose temporary insanity, since medical files including specialist reports, examination results, and the individual's medical history may be used as evidence to support the diagnosis. Furthermore, 40% of respondents stated that cultural and social considerations also influence how judges apply these criteria, as judges may take into account cultural and social factors that could contribute to the temporary onset of symptoms, such as stress, trauma, or underlying medical conditions. In summary, judges generally rely on medical expertise, witness testimony, and medical documentation to assess temporary insanity in judicial proceedings. Accurate medical diagnosis and strong supporting evidence play a crucial role in determining temporary insanity.

Regarding the question of the main difficulties judges face when assessing temporary insanity, we found that 99% of respondents stated that diagnostic complexity is one of the principal challenges. Temporary insanity can be difficult to diagnose due to its fluctuating and temporary symptoms. Judges must understand the differences between temporary insanity and other medical or psychological disorders in order to make informed decisions. In addition, 71% of respondents indicated that medical evaluation is one of the main difficulties, as judges are not medical experts, which can make it difficult for them to assess temporary insanity accurately. They often rely on expert medical testimony to understand the condition and its impact. From the analysis of the field data, we observed that 67% of respondents stated that medical evidence is one of the main challenges, since such evidence must be strong and well documented to establish a diagnosis of temporary insanity. However, judges may face conflicting opinions

among medical experts and uncertainties regarding the available evidence. Furthermore, 54% of respondents indicated that contradictory testimonies constitute another major difficulty, as statements from relatives, caregivers, and medical experts may sometimes conflict, making it difficult for judges to determine the truth of the situation.

According to the field results, 60% of respondents affirmed that the protection of rights is one of the main challenges judges face when evaluating temporary insanity, as they must balance the protection of the individual's rights with mental health concerns and public safety requirements. This can create complex decision-making dilemmas. In addition, 40% of respondents stated that cultural differences represent a significant difficulty, as cultural attitudes toward mental health and insanity may vary and influence how temporary insanity is perceived and addressed. Judges must be aware of these cultural differences during their assessment. Based on the field data, 30% of respondents indicated that the impact on responsibility is one of the main challenges, since in criminal cases temporary insanity may raise questions about criminal responsibility. Judges must determine the extent to which the individual's mental state affects their capacity to be held accountable for their actions. Moreover, 72% of respondents reported that doubts and uncertainties constitute a major difficulty, as the complexity of temporary insanity may lead judges to experience uncertainty in decision-making, making their task even more delicate. Finally, 80% of respondents stated that lack of training is one of the principal challenges, as judges may lack specialized training in mental health, which can make it more difficult to understand issues related to temporary insanity and decision-making. In summary, the difficulties faced by judges when evaluating temporary insanity are multifaceted, involving challenges related to medical diagnosis, evaluation of evidence, protection of rights, and ethical decision-making. These challenges highlight the importance of a holistic and multidisciplinary approach in handling such complex cases. Regarding the question of how medical evidence and witness testimony are balanced in the evaluation of temporary insanity, we found that 98% of respondents stated that medical evidence is one of the key elements in this balancing process. Judges often attach significant importance to medical evidence, particularly evaluations by healthcare professionals such as neurologists, psychiatrists, or psychologists. Medical evidence may include cognitive assessments, medical reports, medical histories, and diagnoses of temporary insanity. Judges assess the credibility and competence of medical experts while considering the strength of the evidence presented.

This study shows that 83% of respondents indicated that witness testimony is also an important element in balancing medical evidence and witness accounts when evaluating temporary insanity.

Testimonies from relatives, caregivers, and others involved in the daily life of the person concerned may provide valuable information about observed symptoms, behavioral changes, and events leading to the evaluation. Judges assess the credibility of witnesses, the consistency of their statements, and the relevance of the information provided. Furthermore, 90% of respondents affirmed that care reports and medical records are part of this balancing process, as medical reports, care records, and notes from physicians and caregivers may serve as evidence. These documents help reconstruct the individual's medical history and demonstrate the progression of symptoms.

In addition, 50% of respondents stated that corroboration and consistency are key elements in balancing medical evidence and witness testimony, as judges look for correlations between medical findings and witness accounts. Testimonies that align with symptoms described in medical evidence can strengthen the credibility of statements. Meanwhile, 40% of respondents indicated that credibility assessment is an important factor, as judges evaluate the reliability and consistency of statements from both witnesses and medical experts. The background and qualifications of witnesses and experts are considered in determining the reliability of their testimony.

Moreover, 30% of respondents noted that context and circumstantial evidence form part of this balancing process, as judges consider the overall context of the case, including the circumstances surrounding the episode of temporary insanity. Circumstantial evidence, such as prior events and testimonies from individuals present at the time symptoms occurred, may influence the decision. Finally, 10% of respondents stated that balancing interests is also an element, as judges must weigh the protection of the rights of individuals with temporary insanity against the need to make informed decisions based on the available evidence. It is important to note that the balance between medical evidence and witness testimony varies depending on the circumstances of each case and the specific legal framework. Judges must operate within existing laws and procedures to reach fair and informed decisions.

Regarding the question of the roles played by medical experts in the judicial process when assessing temporary insanity, we found that 95% of respondents stated that clarifying medical concepts is one of the key roles of medical experts. Medical experts can explain in detail the complex medical concepts related to temporary insanity, including symptoms, possible causes, diagnostic criteria, and the distinction between temporary insanity and other similar conditions. In addition, 90% of respondents indicated that professional diagnosis is one of their main roles, since judges are not medical experts; therefore, expert testimony is essential in establishing a diagnosis of temporary insanity. Experts can explain how the diagnosis is made, the diagnostic

criteria used, and the methods of clinical evaluation. From the analysis of the field data, 92% of respondents affirmed that interpreting medical evidence is one of the roles played by medical experts, as they can examine medical evidence such as cognitive assessment reports, laboratory results, and medical records to explain what they indicate regarding temporary insanity. Furthermore, 70% of respondents stated that providing testimony on the progression of the condition is another important role, as medical experts can offer information about the temporary and reversible nature of temporary insanity, as well as its expected course. According to the field data, 63% of respondents indicated that refuting counterarguments is also one of the roles played by medical experts. When other parties present evidence or testimony challenging the presence of temporary insanity, medical experts can refute these arguments based on their professional expertise and experience. In addition, 50% of respondents stated that responding to questions from the parties is one of the roles of medical experts, since lawyers and judges may ask specific questions to clarify complex issues, obtain further explanation of medical aspects, and ensure proper understanding of the medical elements of the case. Medical experts can also provide information on how temporary insanity may affect an individual's capacity to make informed legal decisions. They may assist judges in balancing the interests of individuals experiencing temporary insanity with other legal and ethical considerations.

Expert medical testimony is used to provide objective and scientific expertise on the medical aspects of temporary insanity. It helps judges better understand the condition, evaluate medical evidence, and make informed decisions that respect the rights of the individual while complying with legal requirements. Regarding the question of the implications of judicial decisions concerning temporary insanity on the rights and protection of individuals, we found that 85% of respondents stated that the protection of rights is one of the key implications. Judicial decisions must ensure that fundamental rights such as the right to dignity, privacy, non-discrimination, and personal liberty are protected even in cases of temporary insanity. Judges strive to respect individual rights while taking the person's condition into account.

Furthermore, 86% of respondents indicated that legal capacity is one of the implications of judicial decisions concerning temporary insanity, as judges must assess whether the person has the legal capacity required to make decisions regarding legal and medical matters. If the individual is capable, their preferences and choices must be respected. In addition, 77% of respondents stated that legal representation is an important implication, since if the person experiencing temporary insanity is unable to make informed decisions, judges may appoint a guardian or legal representative to protect their interests and ensure that their rights are upheld. Moreover, 68%

of respondents affirmed that the examination of evidence is one of the implications of judicial decisions, as judges carefully review medical evidence and witness testimony to determine whether temporary insanity is properly established. This helps prevent errors in assessment and supports informed decision-making. Meanwhile, 20% of respondents indicated that consideration of best interests is also an implication, as judges take into account both the best interests of the individual experiencing temporary insanity and those of society, seeking to balance the protection of individual rights with public safety. Additionally, 63% of respondents stated that consultation with experts is one of the implications of judicial decisions, as judges may consult medical experts, social workers, and other professionals to assess how temporary insanity affects the individual's decision-making capacity. Similarly, 55% of respondents indicated that adapted hearings are an important implication, since judges may adjust judicial procedures to accommodate the person's condition for example, by providing support or modifying procedural timelines. Furthermore, 72% of respondents stated that regular review is another implication, as judges may order periodic reassessment of the individual's situation to determine whether temporary insanity persists and whether the decisions made remain appropriate. Ultimately, judges strive to balance individual rights with broader societal interests when making decisions concerning temporary insanity. They must remain sensitive to the specific circumstances of each case and to the implications for both the individual concerned and society as a whole.

Regarding the question of training measures for judges to understand the medical and psychological aspects of temporary insanity, we found that 96% of respondents stated that continuing education is one of the key training measures. Judicial systems may organize continuing training programs on mental health issues, including temporary insanity. These programs may be delivered by medical experts, psychiatrists, or psychologists to help judges better understand the medical and psychological aspects of such conditions. From the analysis of the field data, 84% of respondents indicated that guides and resources are among the training measures for judges, as specific manuals and reference materials may be developed to help them understand the challenges and issues related to temporary insanity. These documents may explain diagnostic criteria, ethical and legal considerations, and best practices for evaluating the condition. In addition, 63% of respondents stated that interdisciplinary collaboration is an important training measure, as judges may work with mental health professionals and medical experts in cases involving individuals with temporary insanity. Such collaboration can help ensure a more comprehensive and balanced assessment.

According to the field data, 75% of respondents affirmed that the exchange of experiences is another

training measure, as judges may have opportunities to share experiences and discuss challenges encountered when evaluating temporary insanity, thereby promoting mutual learning and the development of effective approaches. Furthermore, 88% of respondents stated that the integration of medical expertise is an important measure, as courts may allow the presentation of medical expert opinions during judicial proceedings involving temporary insanity. This enables judges to access professional medical evaluations. Training for Congolese and Cameroonian judges regarding the medical and psychological aspects of temporary insanity may vary depending on available resources, priorities, and training initiatives in each country. Legal systems in different countries may adopt different approaches to continuing judicial education on mental health-related issues. It is important to note that understanding the medical and psychological aspects of temporary insanity requires specialized expertise, and judges are not necessarily medical professionals. However, training initiatives may exist to enhance their understanding of these issues and improve their ability to assess cases involving individuals with temporary insanity. Regarding the question of laws and practices concerning temporary insanity in the Democratic Republic of the Congo and Cameroon, we found that 99% of respondents stated that the protection of rights is one of the applicable laws and practices. It is important to draw inspiration from countries that have developed specific laws and mechanisms to safeguard the rights of individuals experiencing temporary insanity. These laws can ensure a balanced assessment of legal capacity while protecting individual rights. Furthermore, 86% of respondents indicated that judicial training is an applicable law and practice, as countries that have implemented continuing education programs for judges on mental health and temporary insanity can serve as examples. Such training can enhance judges' understanding of the complex medical and legal aspects of the condition. According to the field data, 75% of respondents stated that interdisciplinary collaboration is an applicable practice, as approaches that encourage cooperation between the judicial system, mental health professionals, and other experts can be beneficial. This collaboration can help provide more accurate medical assessments and balance the interests of all parties involved. In addition, 80% of respondents affirmed that regular review is an applicable law and practice, as countries that establish mechanisms for periodic reassessment of individuals with temporary insanity can ensure that judicial decisions remain appropriate and adapted to the evolution of the condition. In light of the field data, 92% of respondents indicated that human rights and ethical considerations are an important component of laws and practices concerning temporary insanity, as approaches grounded in human rights and ethics help ensure that individuals with temporary insanity are treated with dignity and respect while taking their specific needs into account. Moreover, 98% of respondents stated that adherence to international standards is an applicable practice, as countries may refer

to international mental health and human rights standards to guide their laws and practices regarding temporary insanity. Finally, 34% of respondents noted that alternative approaches are also applicable, as countries adopting alternatives to traditional imprisonment for individuals with temporary insanity can provide insights on balancing criminal responsibility with mental health needs.

DISCUSSION

The results revealed that one of the major challenges lies in the fact that diagnosing temporary insanity can be complex and requires specific medical expertise. Judges may struggle to accurately determine whether an individual is genuinely experiencing temporary insanity or another medical condition. During our study, we observed that judges are not medical experts and may find it difficult to understand complex medical concepts related to temporary insanity. Obtaining solid and conclusive medical evidence to establish temporary insanity can also be challenging. Judges may face difficulties in acquiring comprehensive and reliable medical reports to support their decisions. According to the field data, cultural and social differences can influence how judges perceive temporary insanity. Stigma associated with mental health and cultural beliefs may complicate the evaluation of the condition. Judges may not have received adequate training on mental health issues, including temporary insanity, and a lack of specific knowledge can hinder their ability to make informed decisions. We observed that medical experts play a crucial role by providing specialized medical evaluations, expert testimony, and recommendations to help judges understand temporary insanity and make informed and fair decisions within the judicial systems of the Democratic Republic of the Congo and Cameroon. The impact on the individual rights of persons with temporary insanity is a critical element to consider when judges evaluate this condition under Congolese and Cameroonian law.

CONCLUSION

The findings of this study have profound implications across legal, medical, social, and cultural domains. It is clear that temporary insanity presents unique challenges due to its temporary and reversible nature. Judges face the complex task of determining whether a mental state alteration is genuinely present and, if so, to what extent it affects the legal capacity of the individual. This evaluation requires a deep understanding of the medical and psychological aspects of the condition. The findings also emphasize the importance of collaboration between the legal and medical fields. Medical experts play a crucial role by providing medical evaluations and expert testimony, thereby assisting judges in making informed and balanced decisions. However, these results also highlight the need to train judges in understanding the medical and psychological aspects of temporary insanity to better

assess the legal capacity of individuals. Moreover, the influence of cultural and social factors on the perception and handling of temporary insanity is an important consideration. Beliefs, norms, and cultural values can significantly affect how judges evaluate the condition and make decisions. A culturally sensitive approach is essential to ensure fair and respectful judicial decisions. Ultimately, this study underscores the importance of viewing temporary insanity as a complex issue that requires a balanced, multidimensional approach.

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BIBLIOGRAPHY

1. Hippocra, T. (2018). *Considération la démence passagère*. Paris : Éditions du Seuil.
2. Kampan, O., & Lehtinen, K. (2014). *Les pratiques judiciaires et à garantir que les droits et la dignité des personnes atteintes de démence passagère*. Acta Psychiatrica Scandinavica.
3. Dahan, R., Dahan, A., Cadranel, J., & Caulin, C. (2021). *Pourquoi la démence*. Paris : Mosby.
4. Ankri, J., Le Disert, D., & Henrard, J.C. (2017). *La démence comme une maladie mentale*. New York : Johns Hopkins University Press.
5. Duga, Y., Villard, H.P., & Coupal, P. (2019). *Évolution de la démence*. Paris : Dunod.
6. Reach, G. (2000). *Application de la justice pour examiner la démence passagère*. New York : J. Ment Health, in press.
7. Bauer, C., & Tessier, S. (2001). *Le rôle des juristes en cas de démence passagère*. London : Williams and Wilkins.
8. Alvin, P. (2000). *Comment les juges travaillent avec les experts médicaux*. London : Langmans, Green and Company.
9. Bayle, F.J., & Misdrahi, D. (2020). *Amélioration des pratiques efficaces pour diagnostiquer la démence ?* Paris : Éditions d'Organisation.
10. Simeone, I. (2021). *La démence est-elle une maladie ?* Bruxelles : De Boeck Université.

11. Dahan, R., & Dahan, A. (2020). *La démence est détectée par n'importe qui ?* London : Langmans, Green and Company.
12. Delzant, G. (2020). *L'observance : comment l'améliorer chez les personnes atteintes de démence ?* London : Williams and Wilkins.
13. Konin, C., Adoh, M., *et al.*, (2006). *La démence est-elle une maladie curable ?* Philadelphia : Williams and Wilkins.
14. Gasquet, I., Bloch, J., Cazeneuve, B., *et al.*, (2001). *Déterminants de l'observance thérapeutique.* London : Williams and Wilkins.
15. Hery, C., Laforest, L., Pacheco, Y., *et al.*, (2003). *Comment améliorer l'observance thérapeutique ?* London : Harper Collins Publishers.
16. Chambonet, J.Y., & Brouard, F. (2001). *Oubliez-vous vos médicaments ?* London : Harper Collins Publishers.