

dementia. Two prospective cross-sectional studies ( $N = 59$ ;  $N = 357$ ) were conducted to examine the psychometric properties and clinical utility of myMemCheck®. myMemCheck® evidenced adequate reliability (test-retest,  $r = 0.67$ ) and strong construct validity ( $\eta^2 = 0.29$ , discriminating normal, MCI, dementia). Receiver operating characteristic analysis evidenced an optional myMemCheck® cut score for identifying older adults with MCI or dementia (sensitivity = 0.80, specificity = 0.67, positive predictive value = 0.91, negative predictive value = 0.43). myMemCheck® explained 25% of cognitive status beyond basic patient information. We provide specific suggestions for integrating myMemCheck® into practice to optimize workflow. Study results are further interpreted in the context of two national online surveys (healthcare professionals,  $N = 181$ ; consumers,  $N = 1740$ ). Healthcare professionals widely agreed on the need (94%) and importance (86%) of cognitive self-assessments. Public demand for cognitive self-assessment was confirmed by consumers who trialed myMemCheck® as part of their survey participation—86% agreed on the need for a tool like myMemCheck®. Mixed methods findings suggest that myMemCheck® could fast-track the diagnostic process, facilitate appropriate referrals for cognitive and neuropsychological evaluation, reduce assessment burden in healthcare, and prevent negative outcomes associated with undetected cognitive impairment.

#### AGREEMENT BETWEEN PROXY-RATED AND SELF-REPORTED QUALITY OF LIFE FOR PERSONS WITH DEMENTIA

Mariko Sakka, Ayumi Igarashi, Chie Fukui, Maiko Noguchi-Watanabe, Asa Inagaki, Manami Takaoka, Hiromi Kobayashi, and Noriko Yamamoto-Mitani, *The University of Tokyo, Tokyo, Japan*

While quality of life (QOL) is an important endpoint of homecare for persons with dementia (PWD), PWDs often have difficulty in articulating their QOL by themselves. Instead proxy-rating is often used. However, evidence is still scarce regarding to what extent proxy-ratings reflect actual QOL of PWDs. We examined the association between self-report QOL by PWDs and proxy-rated QOL. We conducted a questionnaire survey to PWDs who were 75 years and older, their family, and homecare nurse in charge of the PWD. Two measures were used: 1) a newly developed, 4-item self-report for QOL of PWDs, and 2) a standardized, 6-item proxy-rating dementia QOL scale. In the self-report, the PWD were asked about their daily mood or satisfaction in life in brief, easy-to-understand sentences. The self-reports and proxy-ratings were compared using intraclass correlation coefficients (ICC). Data from 382 PWDs, 248 family caregivers and 124 nurses were used. The mean age of PWD was 85.9 years and 60.5% were female. The proxy-rating by nurses were more strongly associated with self-reports, compared to the association between family proxy rating and self-reports ( $r = 0.351$ ,  $p < .001$ ;  $r = 0.236$ ,  $p < .001$ , respectively). Proxy ratings by spouses and biological children were significantly associated with self-report ( $r = 0.257$ ,  $p = .004$ ;  $r = .204$ ,  $p = .006$ , respectively), while rating by children-in-law were not ( $r = 0.217$ ,  $p = .160$ ). Proxy-ratings may not be an

appropriate substitute for self-report. Homecare nurses may evaluate the QOL of PWD better than their family caregiver.

#### CARING FOR OLDER ADULTS WITH VISION IMPAIRMENT AND DEMENTIA: DATA FROM THE NATIONAL STUDY OF CAREGIVING

Varshini Varadaraj,<sup>1</sup> Bonnielin Swenor,<sup>1</sup> Shang-En Chyng,<sup>1</sup> Orla Sheehan,<sup>2</sup> Ashley Deemer,<sup>1</sup> Joshua Ehrlich,<sup>3</sup> Jennifer Wolff,<sup>4</sup> and David Roth,<sup>1</sup> 1. *Johns Hopkins University, Baltimore, Maryland, United States*, 2. *Johns Hopkins University School of Medicine, Baltimore, Maryland, United States*, 3. *University of Michigan, Ann Arbor, Michigan, United States*, 4. *Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States*

We examined caregiving relationships for individuals with vision impairment (VI) and dementia, using 2011 National Health and Aging Trends Study (NHATS) data, a survey of Medicare beneficiaries, linked to the National Study of Caregiving, a survey of family/unpaid helpers to NHATS participants. VI was defined as self-reported blindness or difficulty recognizing someone across the street, watching television or reading newspaper print. Dementia was defined as probable dementia based on survey-report or AD8 criteria. Caregiving outcomes included: (1) hours of care provided in the last month and (2) number of valued activities affected by caregiving. Among 1,196 caregivers, 617 assisted older adults without dementia or VI (D-/VI-), 298 with dementia but without VI (D+/VI-), 143 without dementia but with VI (D-/VI+), and 138 with dementia and VI (D+/VI+). In fully-adjusted regression models, caregivers of older adults D+/VI+ spent twice as many hours (IRR=2.0; 95%CI: 1.5-2.7) providing care than caregivers of older adults D-/VI-; however, caregivers of adults D+/VI- and those providing to older adults D-/VI+ spent 1.5-times more hours (95% CI=1.2-1.7; 95% CI=1.1-2.0, respectively). Additionally, caregivers of older adults D+/VI+ reported 4 times as many valued activities were affected (95%CI=2.8-5.6) than caregivers of those D-/VI-, while caregivers of those D+/VI- reported 1.9-times (95% CI=1.3-2.8) and D-/VI+ 1.6-times (95% CI=1.1-2.3) more activities were affected. Our results suggest that caring for older adults with VI has similar demands as caring for older adults with dementia, but that these implications may be magnified when caring for older adults with both dementia and VI.

#### CONCOMITANT CHOLINESTERASE INHIBITOR AND ANTICHOLINERGIC DRUG USE AMONG OLDER ADULTS WITH DEMENTIA

Elizabeth Carter, and Erwin Tan, *AARP, Washington, District of Columbia, United States*

Anticholinergic medications (ACh) are frequently prescribed to older adults despite being associated with impaired physical functioning. Moreover, the concomitant use of ACh and cholinesterase inhibitors (ChEI) reduces the body's response to both drugs, thereby diminishing the modest effectiveness of ChEI at slowing the progression of dementia symptoms. The objective of this study was to assess the risk of concomitant ACh/ChEI use on functional outcomes, including fall, fracture, and traumatic brain injury