

Background: Apathy affects most individuals with dementia in long-term care. Apathy assessment is fundamental for appropriate treatment. Apathy involves subjective feelings thus individual's self-evaluation may offer important perspectives for assessment. However, it is unclear whether self-evaluation is a valid assessment approach for this population. This study compared apathy ratings from resident self-evaluation to assessments from family, clinicians, and research staff. **Methods:** This pilot study enrolled 8 residents from two long-term care facilities in Pennsylvania. One family member, one certified nursing assistant (CNA), and one nurse or activity staff were also enrolled for each resident. Researchers interviewed each resident using the Apathy Evaluation Scale (AES) and rated their apathy levels. Family, CNAs, and nurses/activity staff independently rated the resident's apathy level using the AES. Direct observations were conducted by researchers using the Person-Environment Apathy Rating (PEAR). **Results:** Correlation analysis revealed a discrepancy across raters in assessing apathy. While self-evaluation and family ratings were moderately positively correlated ($r=0.48$, $p=.23$), there was a moderate correlation in the opposite direction between self-evaluation and CNA ratings ($r=-0.64$, $p=.09$). Resident self-evaluation did not correlate with nurses/activity staff ratings ($r=0.01$, $p=.99$) or researcher observations ($r=-0.08$, $p=.86$). **Discussion:** These findings may reflect residents' cognitive impairment and lack of insights, family and clinicians' lack of understanding of apathy, or nurses' and researchers' lack of acquaintance with the resident. It remains undetermined whether self-evaluation provides valid information for apathy assessment for this population. Additional research is necessary to identify the most valid assessment approach for long-term care residents with dementia.

ASKING THE PEOPLE WHO MATTER THE MOST: DESIGNING A VALUE-BASED DEMENTIA SPECIALTY CLINIC

Alyssa Aguirre,¹ Christopher Ulack,¹ Joel Suarez,² Kathleen Carberry,² Justin Rousseau,¹ Scott Wallace,² and Robin Hilsabeck,² 1. *University of Texas Dell Medical School, Austin, Texas, United States*, 2. *University of Texas, Austin, Texas, United States*

This presentation will highlight our research which uses a qualitative methodology to incorporate the voices and experiences of people impacted by dementia into the value-based health model. This model is characterized by a team-based approach as well as the measurement of outcomes. The aim of value-based care is to provide individuals meaningful and compassionate care that helps them achieve the health outcomes that matter most to them. Foundational to creating this person-centered model is the incorporation of the perspectives of individuals with dementia and their care partners. Experience Groups offer an opportunity for those affected by dementia to share their expertise and describe their daily challenges and successes so we are able to learn from their experiences and better understand unmet and unarticulated needs. The findings of this research—consisting of 41 patients and 11 care partners—enabled the development of outcome measurement tools implemented at the clinical level, and the design of a care delivery model that addresses unmet needs. Some of the key findings from the research that

have been implemented at the Cognitive Disorders Clinic and that will be highlighted in this poster are: 1. Care partners would like more emotional support from their medical team; 2. Individuals want more information about the trajectory of the disease and an actionable “roadmap-of-care”; 3. Care partners and those with early stage memory loss desire counseling and team-based care versus strictly physician-provided care.

ALZHEIMER'S DISEASE AND RELATED DEMENTIAS IN MEXICAN AMERICAN MEDICARE BENEFICIARIES

Soham Al Snih,¹ Lin-Na Chou,² Brian Downer,³ Mukaila Raji,² Yong-fang Kuo,² Kyriakos Markides,² and Kenneth Ottenbacher², 1. *University of Texas Medical Branch at Galveston, Galveston, Texas, United States*, 2. *The University of Texas Medical Branch, Galveston, Texas, United States*, 3. *University of Texas Medical Branch, Galveston, TX, Galveston, Texas, United States*

Objective: To determine the prevalence and incidence of Alzheimer's Disease and Related Dementias (ADRD), and to identify the socio-demographic and health characteristics of Mexican-American older adults with ADRD. **Methods:** Data are from wave 5 (2004/05) of the Hispanic Established Population for the Epidemiological Study of the Elderly linked with Centers for Medicare and Medicaid Services files. We studied 1166 participants of which 927 did not have an ADRD diagnosis before wave 5 interview and followed until 2016. Measures included socio-demographics, medical conditions, depression, physical function, Mini-Mental-State- Examination (MMSE), body mass index (BMI), disability, and ICD-9-CM codes for ADRD. **Results:** A total of 424 participants had an index diagnosis of ADRD during 11-years. The total prevalence rate ranged from 31.6% in 2006 to 72.8% in 2016, and the total incidence rate ranged from 9.3% in 2006 to 15.8% in 2016. The prevalence rate ranged from 30.3% to 69.7% in men and 32.5% to 74.1% in women. The incidence rate ranged from 8.5% to 12.9% in men and 9.8% to 12.9% in women. Those with ADRD were significantly more likely to be older (82.1 versus 81.6 years; $p\text{-value}=0.024$) and to have a lower score in the MMSE (21.1 versus 21.7; $p\text{-value}=0.013$) compared with whole sample ($N=927$). Non-significant differences were observed by sex, education, medical conditions, BMI, depression, physical function or disability compared with whole sample. **Conclusions:** The prevalence and incidence rates of ADRD in Mexican-American Beneficiaries is high. These findings underscore the need for clinical services and caregiving resources in this population.

PROTECTIVE EFFECT OF LIFETIME EXPERIENCES ON FUNCTIONAL STATUS IN YOUNG-ONSET DEMENTIA

Tram N. Pham,¹ Lauren Massimo,¹ and Katheryn A. Cousins¹, 1. *University of Pennsylvania, Philadelphia, Pennsylvania, United States*

Patients with Frontotemporal degeneration (FTD), a common form of young-onset dementia, experience decline in cognitive, social and daily functioning as the disease progresses. Research shows that lifestyle factors may be an important modifiable risk factor for dementia, but this has not been well studied in FTD. In this study, we test the hypothesis that lifetime experiences, including

education, occupation, and leisure activities, are associated with better functional status in individuals with FTD. We also evaluated the relationship between timing of experiences (early, mid-life, and late-life) and functional status. Thirty-five patients (mean age 61.6 ± 8.7 ; 74% male; mean disease duration 3.4 ± 2.6 ; mean MMSE 24.0 ± 5.5) completed the Lifetime of Experiences Questionnaire (LEQ), a comprehensive assessment of lifelong cognitive lifestyle, and the Clinical Dementia Rating Scale (CDR), which was used to assess functional status. Linear regression tested the relationship between cognitive lifestyle and functional status, with age and disease duration included as covariates. Higher total LEQ score was associated with better functional status (lower score on CDR) ($\beta = -0.047$, $p = 0.009$). While Young Adulthood LEQ score was not significantly associated with total CDR ($\beta = -0.047$, $p = 0.176$), both Mid-life ($\beta = -0.117$, $p = 0.011$) and Late-life ($\beta = -0.133$, $p = 0.013$) LEQ score significantly contributed to functional status. Our results indicate that functional status is mediated in part by cognitive lifestyle and that experiences accumulated in mid-life and late-life have a greater effect on functional status at time of diagnosis.

LONG-TERM EXPOSURE TO AIR POLLUTION AND THE RISK OF DEMENTIA: THE ROLE OF CARDIOVASCULAR DISEASES

Debora Rizzuto,¹ Giulia Grande,¹ Petter Ljungman,² and Tom Bellander², *1. Aging Research Center, Department of Neurobiology, Care Sciences and Society, Karolinska Institutet and Stockholm University, Stockholm, Sweden, 2. Institute of Environmental Medicine (IMM), Karolinska Institutet, Sweden, Sweden*

Aim: We aimed to investigate the association between long-term air pollution and cognitive decline and dementia, and to clarify the role of CVD on the studied association. **Methods:** We examined 3150 dementia-free 60+ year-olds in the Swedish National study on Aging and Care in Kungsholmen, Stockholm for up to 13 years, during which 363 persons developed dementia. Outdoor air pollution levels at the home address were assessed yearly for all participants, using a dispersion model for nitrogen oxides (NOX), mainly emitted from road traffic. Mixed-effect linear regression models were used to quantify the association between air pollution and cognitive decline (with the Mini Mental State Examination). The risk of dementia, in keeping with the Diagnostic and Statistical Manual of Mental Disorders IV edition, was estimated using competing-risks models, considering death as competing event, and considering an exposure window 0-5 years before a year at risk. Stratified analyses by CVD were also performed. **Results:** Higher levels of traffic-related residential air pollution were associated with steeper cognitive decline over the follow-up period. After controlling for potential confounders, higher levels of air pollution were associated with increased risk of dementia (HR: 1.13, 95% CI: 1.05-1.22, for an $\mu\text{g}/\text{m}^3$ unit increase NOX). The stratified analyses showed that the presence of CVD enhanced the effect of air pollution on dementia risk. **Conclusion:** Long-term exposure to traffic-related air pollution was associated with a higher risk of dementia. Cardiovascular disease might have played a role in this association.

MULTIPLE PERSPECTIVES ON WHAT (IF ANY) IS AN OPTIMAL TIME FOR PEOPLE WITH DEMENTIA TO MOVE TO A CARE HOME

Kritika Samsi,¹ Laura Cole,¹ and Jill Manthorpe¹, *1. King's College London, London, United Kingdom*

Deciding an 'optimal' time for a person with dementia to move to a care home may be difficult for people with dementia, family carers, and professionals who support them; but there is currently limited evidence to help make this decision. Using phenomenology, we carried out qualitative interviews with 20 family carers, 5 people with dementia, 20 care home managers and 20 social workers, about their experiences, views and attitudes regarding timing of a move to a care home. Social workers indicated that managing risks and safety of person with dementia living in their own home were paramount when considering where person with dementia should live. These concerns included mishandling gas and electrical equipment at home, wandering and getting lost outside, and breakdown of family care. They and care home managers valued wishes of the person with dementia, and minimising any emotional distress to them when a move did come about. Family carers reported feeling stressed, and guilty around decision-making and ultimate move of their relative to a care home. Many described weighing up various risks when reaching 'tipping point' and making trade-offs between available options or uncertain future choices. Participants with dementia recognised they had struggled to cope at home and needed more support; however, many found the move difficult as they relocated nearer to family, away from their home and friends, and resigned themselves to less independence. Most people with dementia reported that their carers initiated discussions about timing of move, and that family discussions about this were common.

GREATER DEMENTIA SEVERITY IS ASSOCIATED WITH INCREASED RISK OF POTENTIALLY PREVENTABLE READMISSIONS DURING HOME HEALTH CARE

Sara Knox,¹ Brian Downer,² Allen Haas,³ Addie Middleton,⁴ and Kenneth Ottenbacher³, *1. MGH Institute of Health Professions, Boston, Massachusetts, United States, 2. University of Texas Medical Branch, Galveston, TX, Galveston, Texas, United States, 3. University of Texas Medical Branch, Galveston, Texas, United States, 4. Medical College of South Carolina, Charleston, South Carolina, United States*

Approximately 14.0% of Medicare beneficiaries are re-admitted to a hospital within 30-days of home health admission. Individuals with dementia account for 30% of all home health care admissions and are at high-risk for rehospitalizations. Our primary objective was to determine the association between dementia severity at admission to home health and 30-day potentially preventable readmissions (PPR) during home health care. A secondary objective was to develop a dementia severity category from OASIS items based on the Functional Assessment Staging Tool (FAST). Retrospective cohort study of 124,119 Medicare beneficiaries receiving home health (7/2013 – 6/2015) and diagnosed with dementia (ICD-9 codes). The primary outcome was 30-day PPR during home health. The predictor variable of dementia severity was categorized into six levels (non-affected to severe). The overall