

to socializing rather than gambling aspects. While we must be aware of risks for problem gambling, this study also highlights the possibility of reframing a local casino as a potential asset that could contribute back to the community by providing resources for senior service providers and expanding social engagement opportunities for the older population.

#### **MEDICALLY ASSISTED TREATMENT OF OPIOID USE DISORDER AMONG ELDERLY AND NON-ELDERLY MEDICARE BENEFICIARIES**

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Although medication for addiction treatment (MAT) is known to be the most effective treatment for opioid use disorder (OUD), these medications are widely underutilized, especially among older adults and racial/ethnic minorities. Of the three main MAT modalities, Medicare covered buprenorphine and naltrexone in 2017; methadone was not covered until 2020. We examined MAT prescribing among elderly compared with non-elderly Medicare beneficiaries. Our sample was drawn from a ~40% random sample of 2017 Medicare beneficiaries with Part D coverage and was comprised of elderly beneficiaries (age 65+) with OUD (N=112,314) or who experienced opioid poisoning (N=9,657), and non-elderly Medicare beneficiaries (the Medicare disability population, age 0-64) with OUD (N=161,423) or opioid poisoning (N=13,591). MAT was underutilized in both Medicare populations, but especially in the elderly population. Of elderly beneficiaries with OUD, 5.1% and 0.8% were prescribed buprenorphine and naltrexone, respectively, compared to 15.5% and 2.3% among non-elderly. Among elderly beneficiaries with opioid poisoning, 3.1% and 0.8% were prescribed buprenorphine and naltrexone, respectively, compared to 10.1% and 3.2% in the non-elderly population. Sharp racial/ethnic disparities were identified within each age group. These findings highlight the need to expand access to MAT for Medicare beneficiaries, particularly older adults among whom underutilization is pronounced. Several recent Medicare policy changes have sought to address this issue, but continuing efforts and close monitoring are warranted in an effort to dramatically increase rates of treatment for elderly with opioid use disorder.

#### **MEDICALLY TREATED OPIOID OVERDOSES AMONG THE U.S. ELDERLY: TRENDS AND CORRELATES**

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High rates of opioid prescribing and comorbid medical conditions increase risk of overdose among older adults. As the US population ages and the rates of opioid use disorder (OUD) increase in the elderly population, there is a need to characterize trends and correlates of overdose in order to more effectively target policy and practice. Using a ~40% random sample of 2015-2017 Medicare beneficiaries ages 65 and older with Part D pharmacy coverage, this study examined medically treated opioid overdoses among US older adults. The sample included 13-14 million beneficiaries per year. The rate of medically treated opioid overdoses among elderly Medicare beneficiaries increased by 15% from 6 per

10,000 in 2015 to 6.9 per 10,000 in 2017. Those with overdose were disproportionately female (63%), non-Hispanic white (83%), with diagnoses of pain conditions (96%), with diagnoses of major depression (63%), and with high rates of conditions that decrease respiratory reserve such as chronic obstructive pulmonary disease. 13% had co-occurring diagnosed alcohol use disorder, 36% were diagnosed with opioid dependence or abuse, and 12% were diagnosed with hepatitis C. Older individuals with overdose represent a complex mix of risk factors; identifying those most at risk (as well as those who have very low risk, whose pain management may be compromised by overly-rigid interpretation of opioid use guidelines) is key in order to address multiple risks, balancing risk reduction with appropriate pain management.

#### **OLDER ADULTS AND OPIOID EDUCATION: LESSONS LEARNED FROM EXPERIENCES IN RURAL ARKANSAS**

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Nearly one-third of all Medicare participants were prescribed an opioid by their physician in 2015 (AARP, 2017) and in 2017, Arkansas had the 2nd highest opioid prescribing rate in the nation (CDC, 2019). Approaching older adults (OA) about opioids and pain management can be a sensitive topic. Educating and altering long-term treatment with opioids is especially challenging in rural areas where literacy, especially health literacy, is suboptimal. The Arkansas Geriatric Education Collaborative (AGEC) is a HRSA Geriatric Workforce Enhancement Program with an objective to improve health outcomes including an emphasis to decrease the misuse and abuse of opioids among older Arkansans. To address this crisis, the AGEC partnered with local leaders such as the AR Drug Director, academia, Department of Health and Human Services, and multiple community based organizations to create age-tailored educational programs. Unique aspects of approaching and educating rural OA about opioids and pain management will be reviewed. Outcomes will be discussed such as their lack of knowledge about: what is an opioid, why they were prescribed, and what are viable alternatives. Also discussed will be lessons learned that resulted in more effective methods of reaching and teaching rural OA. Partnering with the AR Farm Bureau helped the AGEC reach 100's of farmers in the extremely rural and mostly agricultural areas. Learning to not use the word opioid resulted in more participants and in a more positive attitude and outlook on attempts to change the culture of opioid use, misuse and abuse among older Arkansans.

#### **PRESCRIPTION PAIN RELIEVER USE AND MISUSE AMONG MARIJUANA USERS AGE 50+ YEARS**

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Marijuana use among individuals aged 50+ has steadily increased over the past decade, with 8% reporting past-year use in 2018. National epidemiologic data also showed a

36% rate of past-year prescription pain reliever (PPNR) use in the 50+ age group in 2018, a decrease from 40% in 2015, but still significantly higher than for younger age groups. Little research has, however, focused on older adults' dual recreational and/or medical marijuana and PPNR use. This study, based on the 2015-2018 National Survey of Drug Use and Health, examined rates and correlates of dual marijuana and PPNR use and misuse among those aged 50+ who reported past-year marijuana use (N=2,632). Our findings showed that 43.6% of past-year marijuana users did not use any PPNR, 47.1% used PPNR but did not misuse, and 9.4% misused PPNR in the past year, showing that one in six dual marijuana and PPNR users reported misusing PPNR. The risks of PPNR use/no misuse and PPNR misuse were higher among those who had more chronic medical conditions and major depressive episode. Additionally, the risk of PPNR use/no misuse was associated with high frequency and medical marijuana use; and the risk of PPNR misuse was associated with younger marijuana initiation age and marijuana and other illicit drug use disorders. Thus, correlates of dual marijuana and PPNR use/misuse among older adults are poor physical and mental health problems and problematic marijuana use. Older adults with marijuana and PPNR misuse need access to evidence-based treatments for pain management and substance misuse.

## SESSION 2852 (POSTER)

### ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

#### ADAPTING RESOURCES FOR ENHANCING ALZHEIMER'S CAREGIVER HEALTH FOR DEMENTIA-CAPABLE SERVICES

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The overall goal of the PRISMA Health - REACH (PH-REACH) project was to reduce caregiver burden and improve caregiving skills among caregivers of community-living Alzheimer's disease and related dementia patients and, as a result, improve care and quality of life for both the patients and their caregivers. This evidence-based, person-centered program emphasizes positive aspects of caregiving and provides tools to improve stress management, caregiver self-care, and coping skills for managing problem behaviors. PH-REACH provided in-home caregiver training, support, and service referral to 126 caregivers in the Greenville area. Trained coaches delivered the program to caregivers of persons with moderate to severe dementia in its original format but later adapted it to better fit the caregivers' needs. Analysis of pre- and post-test data showed that both the standard and adapted interventions provided benefits across multiple caregiver outcomes, including reduced caregiver burden, ability to manage disruptive behaviors of the care recipient, increased caregiver self-efficacy, reduced depression, and a slight improvement in the number of chronic health conditions. This supports and expands on previous

research that has demonstrated the ability of this program to translate across different community-based and clinical settings. The tailored version of PH-REACH succeeded in assisting these caregivers, meeting them where they were in their caregiving journey, and provided measurable benefits to both their mental and physical health. Overall, this project provided evidence of the utility of the PH-REACH intervention and laid the groundwork to extend caregiver training and support to other institutions, both inside and outside the health system.

#### ADVOCACY TRAINING AS A WAY TO INCREASE DEMENTIA LITERACY AMONG COLLEGE STUDENTS

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In 2017, WHO passed the Global Action Plan on Dementia and declared the effort to increase dementia literacy around the world. Although dementia is mostly associated with older adults, the prevalent rate of the early on-set and the need to take care of people with dementia has mostly fallen on younger family members. Therefore, the purpose of this paper is to develop an intervention aiming to increase dementia awareness among college students. Through training and action plans, 85 university students from 9 different departments formed 12 groups to develop creatively and to conduct advocacy or public education in various communities. A questionnaire of pre- and post-test was conducted after students had completed their action plans. The response rate was 86% and the results were three-folds: (1) 31% of the students had someone in the family with dementia; (2) 35% of the students indicated that they were familiar with dementia; and (3) the pre- and post-scores on dementia awareness ( $p<0.001$ ) and dementia attitudes ( $p<0.001$ ) had significant improvement. This study demonstrated that there is a need to start the effort to increase dementia literacy because one-third of college-age students might be potential caregivers for their family loved ones with dementia. Preparing the students before graduating from college is a good entry because they can become health professionals to take better care of dementia patients and their family members. In conclusion, policy and practice implications will be discussed so the communities can become more dementia friendly in the future.

#### ARE QUALITY-OF-LIFE SCORES STABLE AND SENSITIVE OVER TIME FOR NURSING HOME RESIDENTS WITH AND WITHOUT DEMENTIA?

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The proportion of older adults with Alzheimer's Disease and Related Dementias (ADRD) in nursing homes (NHs) has been increasing over time and creates a mandate to meaningfully examine their care. There is also a growing recognition that person-centered measures are important for dementia care, and consensus about the need to maximize residents' quality of life (QoL). Yet, because QoL is fundamentally subjective, and residents with ADRD experience declines in cognitive function, their ability to make complex judgments about QoL has been questioned. This presentation will longitudinally assess whether QoL scores for residents