

MENTAL DISORDERS FORECAST ALZHEIMER'S DISEASE AND RELATED DEMENTIAS IN 1.7 MILLION NEW ZEALANDERS

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Neurodegenerative conditions, including Alzheimer's disease and related dementias (ADRD), have an outsized impact on disability and loss of independence in older adults. As such, there is a growing need to identify modifiable risk factors for ADRD at the population level. We conducted a nationwide administrative-register study to investigate mental disorders as a potential preventable risk factor for later-life ADRD. Data were drawn from the New Zealand Integrated Data Infrastructure, a collection of whole-of-population administrative data sources linked at the individual level by a common spine. We identified all individuals born in New Zealand between 1928-1967 and followed them for three decades (N = 1,711,386; observation period = 1988-2018; age at baseline = 21-60 years). Diagnoses of mental disorders were ascertained from public-hospital records. Diagnoses of ADRD were ascertained from public-hospital records, mortality records, and pharmaceutical records. Individuals with a mental disorder were at elevated risk for developing Alzheimer's disease and related dementias relative to those without a mental disorder. This prospective association was evident in both men and women, across age, and after accounting for pre-existing physical diseases. If associations are causal, ameliorating mental disorders could extend population healthspan and reduce the societal burden of neurodegenerative diseases.

PREVALENCE AND IMPACT OF COMORBID CANCER AND DEMENTIA ON HEALTH OUTCOMES IN OLDER ADULTS: A LONGITUDINAL STUDY

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Dementia and cancer are two common chronic conditions in older adults. However, there are few studies examining the prevalence of comorbid cancer and dementia and the longitudinal impact of these comorbid conditions on health outcomes. This study investigated the prevalence and longitudinal impact on health outcomes in older adults with comorbid cancer and dementia. This is a secondary analysis, using data from the 2010 and 2016 waves of the Health and Retirement Study (HRS). The health outcomes of the study included nursing home stay, hospital stay, home care use, activities of daily living (ADL) limitations, instrumental activities of daily living (IADL), self-rated health status, mortality, and the out-of-pocket medical expenditure in older adults with cancer and dementia. Data were analyzed using descriptive statistics, logistic regression, and linear regression analyses. The results revealed that the prevalence of comorbid cancer and dementia ranged from 2.6% to 2.8% over the 6-year period. Older adults with comorbid cancer and dementia

demonstrated higher likelihood of nursing home stay, ADL and IADL limitations, and mortality; but a decreased likelihood of homecare use and hospital stay compared to older adults with cancer only or dementia only (some outcomes were not significant for dementia only group). Findings point out the risk of increased functional decline and mortality in older adults with comorbid cancer and dementia. Future research is needed to explore the contributing factors of the risk and identify interventions to promote physical function and reduce mortality for this population.

SAFETY CONSIDERATIONS OF ADAPTIVE HORSEBACK RIDING PROGRAM FOR ADULTS WITH DEMENTIA AND THEIR FAMILIES

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Human-animal interactions, including equine-assisted services, are becoming increasingly popular to enhance the quality of life of adults with dementia and their families. However, there is a lack of knowledge on safety considerations when serving this population. The purpose of this qualitative descriptive study was to explore the safety perspectives of key stakeholders involved in an adaptive horseback riding program for adults with dementia and their families. Ten, 30-minute semi-structured interviews and two, 60-minute focus groups were conducted with horseback riding program instructors and staff, dementia specialists, and adults with dementia and their families. Thematic analysis of data were guided by the Professional Association of Therapeutic Horsemanship International's Core Safety Standards and completed using NVivo 12. Stakeholders described two central themes to consider when offering equine-assisted services at therapeutic horseback riding centers to adults with dementia and their families 1) dementia and horse training parameters, and 2) enrollment procedures. Stakeholders recommended that training should encompass "how to interact and communicate in a positive way with the adult with dementia... redirect if a behavior comes up", and horses should be specially selected to "tolerate standing in a ramp during a difficult mount". Stakeholders also shared that enrollment in the program should include learning the adult's health and prior horse experience, precautions and contraindications, horseback riding readiness, and availability of and support from family. Information gleaned from this study may help researchers, instructors, and staff develop policies that demonstrate optimal safety practices when delivering equine-assisted services to adults with dementia and their families.

VALIDITY OF THE CHINESE VERSION OF THE PERSON-ENVIRONMENT APATHY RATING (PEAR-C) FOR PERSONS WITH DEMENTIA

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