

features of WHO's definition for DFI, that is, centering on the needs of persons living with dementia (PWD), multi-sector collaboration, and physical and social environmental changes. Over 70% participants reported their DFIs targeted PWD and included PWD as important partners. High-income countries tend to focus on enhancing professional capacity and environmental adaptation, while low-middle income countries prioritize dementia awareness campaigns. This corresponds to the reported disparities in levels of inclusion of PWD in societies, support to PWD, and service access for PWD found between low-middle income countries and high-income countries.

SESSION 2315 (POSTER)

ACUTE CARE AND HOSPITALIZATION

GERIATRIC MEASURES AS PREDICTORS OF 1-YEAR MORTALITY IN MAJOR SURGERY PATIENTS

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A growing proportion of older adults are undergoing major surgery despite the higher risk of post-operative mortality. Geriatric measures (i.e. physical, cognitive, and psychosocial function) are often not included in studies evaluating post-operative outcomes in older adults. Our goal was to determine the association of geriatric measures and 1-year mortality in older adults after major surgery. We analyzed longitudinal data from the Health and Retirement Study linked to Medicare claims (N=1364 participants), age ≥ 65 and who underwent abdominal aortic aneurysm [AAA] repair, coronary artery bypass graft [CABG], or colectomy. Our outcome was mortality within 1 year of the major operation. Predictors included the following geriatric measures: dependence in activities of daily living (ADL), dependence in independent activities of daily living (IADL), mobility ability, and dementia, and depression. We analyzed using multivariate cox proportional hazard models. Mean participant age was 76 ± 6 years, 56% were women, 11% underwent a AAA repair, 50% CABG, 40% colectomy; 18% died within 1 year of their major operation. After adjusting for age, comorbidity burden, surgical type, gender, race, wealth, income, and education, the following measures were significantly associated with 1-year mortality: depression (adjusted HR (aHR): 1.53, $p=0.03$), dementia (aHR: 1.90, $p=0.03$), >1 ADL dependence (aHR: 2.35, $p<0.01$), >1 IADL dependence (aHR: 1.95, $p<0.01$), and inability to walk several blocks (aHR: 1.69, $p<0.01$). In this cohort, 18% of participants who underwent major surgery died within 1 year and function, cognition, and psychological well-being were significantly associated with mortality. These measures should be incorporated into pre-operative assessment.

WORKING BACK TO NORMAL FUNCTION FOLLOWING HOSPITALIZATION: A GROUNDED THEORY STUDY

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Transitions older adults experience post hospital discharge have primarily focused on the process of moving care from one setting to another (e.g. hospital to home). Older adults often experience a significant transition in terms of losing functional status after a hospital stay. Little is known about how older adults regain their functional ability, the type of work they engage in to recover, and conditions that influence their ability to work after a hospital stay. The objective of this Grounded Theory study was to understand strategies older adults use post discharge as they work to regain their functional status and what conditions facilitate or limit their ability to work toward returning to normal. A qualitative study was conducted. Adults aged 65 and older discharged from a large Midwestern teaching hospital (N = 14) were interviewed using in-depth one-on-one interviews. Data were analyzed using open, axial, and selective coding. Participants described key strategies they employed to regain their normal function following hospitalization and illness: doing exercises, expanding physical space, resuming prior activities and daily cares, and tracking improvement with benchmarks. Several conditions such as, presence of informal (family, friends) and formal (healthcare providers) support, perceived threats (relocation), and having poor physical or physiologic function, acted as barriers and facilitators to participants ability to work back to normal function. This study provides empirical data on work older adults engage in to transition back to normal function during the post discharge period. It presents opportunities for better supporting their work of regaining function.

PAIN, PAIN MANAGEMENT, AND CONSEQUENCES OF PAIN AMONG HOSPITALIZED PERSONS WITH DEMENTIA

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The purpose of this study was to describe the incidence, management and impact of pain on behavior and delirium in hospitalized older adults living with dementia. This was a descriptive study using baseline data from patients in the first cohort of the Fam-FFC study which evaluates the impact of a family-engaged function-focused care intervention in hospitalized patients with dementia. The majority of the sample was female (70%) and black (80%) with a mean age of 82.5 (SD=8.9). Pain (PAINAD) was reported by 36% of the patients; 42% of those demonstrating pain were prescribed analgesics. Controlling for age, gender and baseline cognition, pain was significantly associated with behavioral and psychiatric symptoms of dementia ($t = 2.1$, $p = .034$) and delirium severity ($t = 4.9$, $p < .0001$). Results suggest the need for pain assessment and individualized treatment plans to promote comfort and decrease behavioral and delirium symptoms in hospitalized persons with dementia.