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Person-centered care is the standard of practice in communal living sites, yet many facilities struggle to make this a reality. Both direct care staff and administrators find residents' behavioral and psychological symptoms of dementia (BPSD) particularly challenging. Our research team is conducting a pragmatic trial, the goal of which is to help staff use person-centered, non-pharmacological approaches for these symptoms. During the past three years we have gained insights into what may affect the ability of staff to deliver high quality person-centered care. We share these insights in this symposium. In the first paper, the investigators present data indicating that a high rate of psychotropic drug use among residents with dementia persists despite little association to BPSD, and bring into question the need for education around de-prescribing practices. In the second paper, the investigators discuss the conceptual basis and empirical evidence for using affect balance, in addition to symptom reduction, as an important and meaningful outcome for residents. The third paper examines gender differences in the expression of BPSD and how these differences may work to limit staff ability to identify treatment approaches for women who, nonetheless, have significant symptoms. In the final paper the psychometric properties and results of a new Knowledge of Person-centered Approaches for BPSD Test, that was developed by the team and given to staff, are examined and the implications of the findings for the delivery of person-centered care are considered. The discussant will reflect on these findings and provide direction for future research and practice.

RESIDENT, STAFF, AND FACILITY FACTORS ASSOCIATED WITH AFFECT BALANCE

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Affect balance is a concept that is measured by comparing the relative frequency of experiencing positive affect versus negative affect. A higher ratio of positive to negative affect has been associated with greater well-being, improved function and resilience. Baseline data from an ongoing pragmatic trial were used to determine the resident, staff and facility factors associated with affect balance in 325 nursing home residents with moderate to severe cognitive impairments. Measures of resident demographics, cognitive status (BIMS), function (Barthel Index), staff hours, staff knowledge of person-centered care approaches, facility policies and the facility environment were taken. Affect balance was measured using items from the Quality of Life in AD scale. Initial correlational analyses indicate that affect balance is associated with being male ($p=0.03$), having better function ($P=0.04$) and receiving a greater number of RN and CNA hours of care ($p=0.003$ and $P=0.02$ respectively).

FACTORS THAT INFLUENCE PSYCHOTROPIC MEDICATION USE

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Understanding the factors that influence psychotropic can guide reduction in use of these medications. This study described predictors of psychotropics use among residents with moderate to severe cognitive impairment. This was a secondary data analysis using baseline data from the first 341 residents in the EIT-4-BPSD trial. Predictive measures included demographics, agitation, resistiveness to care, depression, cognition, pain, facility factors and state. Overall 63% ($n=211$) received at least one psychotropic medication, 16% ($n=52$) an anti-seizure medication, 23% ($n=77$) an anxiolytic, 30% ($n=99$) an antidepressant, 2% ($n=8$) a sedative hypnotic, 28% ($n=93$) an antipsychotic medication, and 9% ($n=29$) an opioid. Model testing explained 9 to 15% of psychotropic medication use. There were high rates of psychotropic medication use and a limited association between demographic factors, behavioral symptoms, and psychotropic medication use. Continued research is needed to explore additional factors associated with psychotropic medication use such as beliefs of providers.

BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA: DOES GENDER MATTER?

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Regardless of presenting symptoms, there are concerns that BPSD is more often identified in males versus females and males are more likely to be treated with pharmacologic and non-pharmacologic interventions than females. In part this is due to the behaviors in men, specifically aggression, being more distressing for staff and more difficult to manage. The purpose of this study was to test for gender differences in identification and management of BPSD. This was a secondary data analysis using data from the EIT-4-BPSD study including 357 residents, 114 males and 243 females. Men had more aggressive behavior ($p=.03$) and women more refusal of care ($p=.05$) and repetitive verbal behavior ($p=.03$). Men received more mood stabilizers ($p=.02$) than women. Ongoing research is needed to evaluate if aggression in females may not be recognized or treated as aggressive women are less distressing for staff than these same behaviors in males.

RELIABILITY AND VALIDITY OF THE KNOWLEDGE OF PERSON-CENTERED BEHAVIORAL APPROACHES FOR BPSD

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How behavioral and psychological symptoms of dementia (BPSD) are understood and managed is important to person-centered care. No knowledge tests associated with dementia specifically address staff knowledge of person-centered behavioral approaches to BPSD. The Knowledge