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Multicomponent interventions improve physical function and frailty in older adults, but their long-term benefit remains uncertain. We report the 30-month outcomes of a 24-week multicomponent intervention versus usual care in community-dwelling older adults. This prospective non-randomized study was conducted in 383 older Koreans (mean age, 76.8 years; female 72.3%) living alone or receiving medical aid in rural communities. Of these, 187 received a 24-week multicomponent intervention that consisted of group exercise, nutritional supplements, depression management, deprescribing, and home hazard reduction. The remaining 196 individuals received usual care. After 1:1 propensity score matching, we compared the short physical performance battery (SPPB) score (0-12 points), frailty phenotype scale (0-5 points), and deficit-accumulation frailty index (0-1) at 6, 18, and 30 months. Restricted mean survival time was estimated for death and institutionalization-free survival time at 30 months. The intervention group had higher SPPB scores than the comparison group at 6 months (difference 3.2; 95% CI, 2.5-3.8), 18 months (1.2; 95% CI, 0.5-1.9), and 30 months (1.1; 95% CI, 0.5-1.8). They had lower frailty phenotype scale (-0.6; 95% CI -0.9 to -0.3) and frailty index (-0.04; -0.07 to -0.02) only at 6 months, but similar scores at 18 and 30 months. Death and institutionalization-free survival time over 30 months was 28.5 months (95% CI, 27.7-29.3) in the intervention group versus 24.2 months (95% CI, 22.3-26.1) in the comparison group (difference, 5.2 months; 95% CI, 3.0-7.3). The 24-week multicomponent intervention showed sustained improvement in physical function for 30 months, but only temporary reduction in frailty.

ELDER FAMILY FINANCIAL EXPLOITATION: EXPERIENCES WITH SOCIAL SERVICES

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Elder family financial exploitation (EFFE) has attracted the attention of scholars and professionals across disciplines. This qualitative study examines the experiences of help seeking by non-perpetrator family members with a focus on the role of social services. 15 in-depth interviews were examined in which social services were mentioned as being involved. Findings provide insight into the role and involvement of social services, whether wishes expressed by victims to participants made a difference in help-seeking, and gaps experienced. Participants described social services professionals as those who (1) received reports of exploitation; (2) provided education and served as a liaison with families; (3) conducted assessments, including cognitive assessment of elders; and (4) acted as connectors to other systems. In some cases, when elders were assertive about their wishes, they had results such as reporting exploitation or transferring power of attorney to non-perpetrator family members. In other cases, elders were prevented from taking such action because of undue influence by perpetrators, disregard of their wishes, due to being uninformed, or opposing helpful family members. Participants explained experienced gaps in two ways: by attributing responsibility to social services in terms of failure to believe victims, do meaningful cognitive assessments, and navigate family dynamics. On the other hand, participants were not able to clearly ascribe responsibility, and questioned whose fault it was, suggesting opportunities for improved systems functioning. Recommendations for improving the role of social services in addressing the help-seeking needs of concerned family members coping with EFFE follow.

DIGITAL INEQUALITY IN OLDER ADULTS' ONLINE SOCIAL ENGAGEMENT AND SOCIAL CAPITAL

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The increasing popularity of social media and other online communities offers new possibilities for older adults to stay socially connected. This study examines the relationship of older adults' online social engagement and bonding as well as bridging social capital based on a survey of over 1,000 adults aged 60 and over. Social bonding refers to support obtained from existing strong social ties while social bridging is creating connections across varied social networks. We estimated three multi-stage regression models to examine these relationships when controlling for sociodemographic factors, as well as Internet experiences and skills. We then extended the regression models with Internet skills as a moderator. Findings show that older adults who engage more often in specific online social activities (i.e., asking questions on social media, looking at photos of family members/others) enjoy greater bridging social capital (both in offline and online contexts) than those who do so less often. Furthermore, Internet skills moderate the relationship between online social engagement and social capital. Specifically, older adults with greater Internet skills benefit relatively more from engaging in specific online social activities more often with respect to online social bridging. These results imply that digital inequalities may put older adults who are less skilled in using the Internet at a disadvantage when it comes to building social capital from online social engagement. Thus, while social media has potential positive implications for well-being among older adults, the current manifestation of this does not suggest equitable distribution of those benefits across different older users.

THE EFFECTS OF SIMULATION-BASED EMPATHY ENHANCEMENT PROGRAM FOR CARER OF THE ELDERLY ON COUNSELLING

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Empathy of the caregiver can influence both the caregiver's performance and the receiver's enhanced life. The aim of this study is to examine whether Simulation-based Empathy Enhancement program for the Carer of the Elderly (SEE-C) is effective in increasing care receivers' session satisfaction and positive emotional change. We developed SEE-C by modifying the Dementia Live(TM) program and adding with a brief mindfulness. The effect on counselling was assessed using the Session Evaluation Questionnaire (SEQ), which is self-report tool asking the client about their experience with the session just ended. A total of 100 older adults living alone were interviewed by caregivers who experienced SEE-C (n=12) and by non-experienced (n=12). Participants in this study were randomly assigned to each of the two caregiver groups, and were interviewed about demographics, health and emotional status, and lifestyle using the same protocols. Analysis of covariance was conducted, controlling variables of age of subjects and caregivers' months of career, which were found to differ significantly between the two groups. Among the four subcategories of SEQ, the experimental group reported significantly higher scores than the control group in three subcategories of session-depth ($F(1, 96)=9.647$, $P=.002$), session-smoothness ($F(1, 96)=13.699$, $p<.001$), emotion-positive ($F(1, 96)=18.056$, $p<.001$), with the exception of emotion-alertness ($F(1, 96)=0.366$, $p=.546$). These results suggest that SEE-C could have a positive impact on interviewing the elderly in terms of improving the capacity of the interviewer and raising the satisfaction of the interviewee.

USE OF A HOME SYMPTOM MANAGEMENT ZONE TOOL IN GERIATRIC PATIENTS UNDERGOING CANCER TREATMENT

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Adult oncology practices are caring for a growing number of older adults with cancer. Evidence suggests that patients with cancer have higher emergency department (ED) utilization, particularly in patients 65 years of age and older and in those whose symptoms are poorly controlled. The ED is not the most appropriate nor most cost-effective option for addressing urgent care needs of patients undergoing cancer treatment. This quality improvement project is being conducted in a community medical oncology practice during usual cancer treatment education. Older adult patients starting or changing cancer treatment are presented with a zone tool (green-yellow-red) to inform decision-making at home regarding level of severity of current symptoms and recommended actions (e.g., you are stable, you need to call the office, you need to go immediately to the ED). The tool has been distributed to 28 patients with a goal of at least 30 by 9/20/19. Outcome measures include the number of ED visits in the intervention group compared to a pre-intervention sample of older adults from the same medical oncology office. Other outcome measures are acceptability of zone tool among clinical staff and patients. Preliminary data suggest suggest acceptability among staff and patients; and ease of use among clinical staff. Tracking of visits to the ED in the sample population and surveys of patients and staff are ongoing through October 2019.

DELIRIUM SEVERITY AND COGNITIVE OUTCOMES

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Delirium is heterogeneous and can vary by severity. The impact of its severity is unclear. This prospective cohort study enrolled emergency department (ED) patients who were > 65 years old and admitted to the hospital. Delirium severity was determined by the Confusion Assessment Method for the Intensive Care Unit Severity (CAM-ICU-S) Scale measured at enrollment. This scale ranges from 0 (no symptoms) to 7 (most severe). Premorbid and 6-month cognition were determined using the Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE) which ranges from 1 to 5 (severe cognitive impairment). Multiple linear regression was performed to determine if delirium severity was associated with 6-month function and cognition adjusted for pre-illness IQCODE, baseline functional status, comorbidity burden, severity of illness, and central nervous system diagnosis. Two-factor interactions were incorporated to determine if pre-illness cognition modified the relationship between delirium severity as measured by the CAM-ICU-S and 6-month cognition. A total of 228 older patients were enrolled in the ED and of these, 105 were delirious. Median (interquartile range) CAM-ICU-S scores was 2 (0, 5). In patients with intact pre-illness cognition, a point increase in the CAM-ICU-S significantly increased the 6-month IQCODE by 0.06 (95%CI: 0.01 to 0.12) points. In patients with impaired pre-illness cognition, there was no significant association between the CAM-ICU-S and 6-month IQCODE. Thus delirium severity is associated with poorer 6-month cognition, but this association is more prominent in those with intact pre-illness cognition.

USING SOMATOSENSORY GAMES TO IMPROVE HEALTH AND SOCIAL ENGAGEMENT OF TAIWANESE OLDER ADULTS IN A COMMUNITY

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Objective. Playing games has become a new way to enhance the physical activity, quality of life, social engagement of older adults. This study aims to conduct a 6-month somatosensory game program, inviting older adults to play Microsoft Xbox Kinect games and study whether games can bring benefits to them. Methods. A total of 70 community-dwelling older adults (35 as experimental group, 35 as controls) were recruited. The experiment group played somatosensory games twice per week in a local health center. These games contained three types of categories: 1) Tournament games (for upper limb and lower limb); 2) Single games (for aerobic exercise and muscle training);3) Puzzle games (for collaboration and group dynamics): Results. After 6 months, in the experiment group, the body mass index decreased from 23.45 to 23.29 ($p<0.03$). In muscular endurance category, 30 second chair rise jumped from 18 to 23.07 ($p<0.0001$). And 2 min leg lifting increased from 119.48 to 137.75 ($p<0.001$). In the flexibility category, back scratch test from right hand