modifications (OR=1.33, 95% CI=1.02, 1.74) and fewer staff person-centered utterances (OR=0.81, 95% CI=0.66, 1.00). Resident resistive behaviors were associated with more staff person-centered utterances (OR=1.65, 95% CI=1.18, 2.31). Findings provided preliminary information supporting the role of staff person-centered care on resident positive and challenging mealtime behaviors. Findings inform use of verbal and nonverbal person-centered care strategies to improve positive communication and reduce challenging behaviors during mealtime in people with dementia.

### RESULTS OF OPTIMIZE: A CLUSTER RANDOMIZED TRIAL OF PATIENT, FAMILY, AND PROVIDER EDUCATION IN PRIMARY CARE

Ariel Green,[1] Elizabeth Bayliss,[2] Susan Shetterly,[2] Melanie Drace,[2] Jonathan Norton,[3] Emily Reeve,[4] Orla Sheehan,[5] and Cynthia Boyd,[3] *1. Johns Hopkins University School of Medicine, Baltimore, Maryland, United States, 2. Kaiser Permanente Colorado, Denver, Colorado, United States, 3. Johns Hopkins University, Baltimore, Maryland, United States, 4. University of South Australia, Adelaide, South Australia, Australia, 5. Johns Hopkins University School of Medicine, Johns Hopkins University, Maryland, United States*

Individuals with cognitive impairment frequently have multiple chronic conditions (MCC), increasing their risk for polypharmacy and associated adverse outcomes. Optimizing medications through deprescribing (reducing or stopping the use of inappropriate medications or medications unlikely to be beneficial) may improve outcomes for this population. Optimize was a pragmatic, 12-month cluster-randomized trial of deprescribing in primary care within a not-for-profit integrated delivery system. Participants were age 65+ with dementia or mild cognitive impairment (MCI), 2+ chronic conditions, and 5+ chronic medications. The intervention consisted of a deprescribing educational brochure for patients/caregivers, and Tip Sheets for primary care clinicians. Outcomes were the number of chronic medications and presence of potentially inappropriate medications (PIM). In total, 1,433 patients received, and 1,579 control clinic patients would have been eligible to receive, the intervention (N=3,012). After 6 months, mean estimates of chronic medications were 6.23 in the intervention group and 6.33 in the control group adjusting for baseline counts, age, and gender (p=0.13). Excluding those without complete 90 days follow-up increased the adjusted effect size to 0.14 (p=0.08). In sub-analyses of individuals with 7+ medications at baseline (N= 1,434), the adjusted effect size was 0.19 (p=0.07) at 6 months and 0.21 (p=0.045) when excluding those without complete 90 days' follow-up. Change in proportions of PIM did not differ between intervention and control groups. An educational intervention for patients, caregivers and clinicians may prompt reductions in chronic medications. The relatively small effect size highlights the complexity of medication management for individuals with dementia or MCI and MCC.

### VOICE YOUR VALUES, TAILORED ADVANCE CARE PLANNING IN PERSONS LIVING WITH MILD DEMENTIA: A FEASIBILITY STUDY

Shirin Vellani,[1] Martine Puts,[2] Katherine McGilton,[3] and Andrea Iaboni,[4] *1. McMaster University, Toronto, Ontario, Canada, 2. University of Toronto, University of Toronto/Toronto, Ontario, Canada, 3. KITE-Toronto Rehabilitation, University Health Network, Toronto, Ontario, Canada, 4. Toronto Rehabilitation Institute, University Health Network, Toronto, Ontario, Canada*

Older adults diagnosed with mild dementia can identify their wishes, values and goals of care with a high degree of accuracy and reliability. However, there is a paucity of research to guide best practices on how to incorporate Advance Care Planning (ACP) in the care of older adults living with mild dementia. Thus, only a minority of them participate in any ACP discussions. We developed an intervention called Voice Your Values (VYV) that healthcare professionals can implement to identify and document values of older adults. This single group pretest and posttest design aimed to determine the feasibility, acceptability and preliminary efficacy of the intervention. A convenience sample of 20 dyads of older adults and their trusted individuals were recruited from 4 geriatric clinics. Tailored VYV intervention was delivered to dyads on a one-on-one basis over two sessions using videoconferencing. Feasibility was determined through recruitment and retention rates, and intervention fidelity. Acceptability was assessed using modified Treatment Evaluation Inventory. Primary outcome was the Surrogate Decision-Making Confidence Scale. Secondary outcomes included an ACP engagement survey to assess older adults' engagement in ACP; Dementia Knowledge Assessment Tool for trusted individuals; and the Kessler Psychological Distress Scale for all participants. The recruitment rate was 45%, retention rate was 100% and 92% participants rated VYV as highly acceptable. Trusted individuals showed statistically significant improvement in decision-making confidence (p=.02) and psychological distress (p=.02); but no improvement in dementia knowledge (p=.47). Older adults demonstrated statistically significant improvement in ACP engagement (p=<.01). Initial feasibility of VYV was demonstrated.

## Session 3570 (Symposium)

### LGBTQIA+ CAREGIVING AND CARE NEEDS OF PERSONS LIVING WITH ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

Chair: Jason Flatt
Co-Chair: Whitney Wharton
Discussant: Joel Anderson

Lesbian, gay, bisexual, transgender, queer, intersex, and/or asexual (LGBTQIA+) older adults are a growing population. LGBTQIA+ persons living with Alzheimer's disease and related dementias (ADRD) face unique challenges in terms of accessing care and support compared with their non-LGBTQIA+ counterparts. The care challenges faced by LGBTQIA+ people living with ADRD may be compounded by the fact they are more likely to be single, more likely to live alone, and less likely to have children. Several studies have started to explore the unique needs of LGBTQIA+ caregivers and persons living with ADRD. In this symposium, we highlight current research addressing the psychosocial and health-related needs of LGBTQIA+ caregivers and persons living with ADRD. Two presentations address psychosocial factors and health among LGBTQIA+ caregivers of persons with ADRD. Krystal Kittle will present analyses