THE IMPACT OF AN EDUCATION INTERVENTION: IMPROVING COMMUNICATION BETWEEN OLDER ADULTS AND HEALTH CARE PROVIDERS

Janna Heyman,[1] Linda White-Ryan,[2] and Peggy Kelly[3], *1. Fordham University, New York, United States, 2. Fordham University, New York, New York, United States, 3. Fordham University, West Harrison, New York, United States*

As people age, ensuing physical and psychological problems can increase, which makes it paramount to be comfortable discussing medical needs with health care professionals, particularly in light of the danger associated with misunderstanding medication use and combining alcohol with prescriptions and/or over the counter medications (National Institute on Aging, 2018). National studies found that about 40 percent of adults ages 65 and older drink alcohol and often do not understand the dangers of combining alcohol with medications (National Institute for Alcohol and Alcohol Abuse, 2008). An educational intervention was developed with a team of expert physicians, nurses, pharmacists and social workers who work in gerontology to focus on improving communication and addressing alcohol and medication use for older adults. A randomized controlled trial was conducted to assess whether the educational intervention improved older adults' comfort in communicating with their health care providers, as well as their knowledge of the concomitant use of alcohol and prescription and over-the-counter (OTC) medications. Results of a MANCOVA showed that those in the intervention group showed larger increases in scores on communication with their health providers and knowledge about the implications of combining alcohol with prescription drugs than those in the control group (Wilks' Lamda=.808, $F(3,76)=6.039$, $p=.001<.05$). In addition, linear regression models showed that the intervention was significantly associated with participants' knowledge of the implications of combining alcohol with prescription drugs. The coefficient across models was approximately 1.00, which represented a substantial increase given the average score of 6.5.

EFFECTIVENESS OF MULTICOMPONENT EXERCISE INTERVENTIONS IN DEMENTIA PATIENTS: A SYSTEMATIC REVIEW

Oscar Ribeiro,[1] Flavia Borges-Machado,[2] Nádia Lima,[3] Paulo Farinatti,[2] and Joana Carvalho[2], *1. University of Aveiro - Department of Education and Psychology | Center for Health Technology and Services Research (CINTESIS. UA), Aveiro, Portugal, 2. Research Centre in Physical Activity, Health and Leisure, Faculty of Sport Science, University of Porto, Porto, Portugal, 3. Laboratory of Physical Activity and Health Promotion, University of Rio de Janeiro, Rio de Janeiro, Brazil*

Multicomponent training (MT) combines aerobic, strength, postural, and balance exercises, and has been presented as a promising intervention strategy for dementia due to its potential influence in treating symptoms and/or delaying the disease progression in addition to its intrinsic health benefits. This study aims to systematize evidence on how effective MT is in what concerns physical fitness, cognition, and functionality in dementia patients. Four databases (PubMed, WoS, Scopus & SportDiscus) were systematically searched to locate potential trials through March 2019. A total of 2,312 records were identified and a final set of 17 manuscripts reviewed; of these, only 6 satisfied all inclusion/exclusion criteria: peer-reviewed studies performed with humans aged 60+ years; interventions exclusively MT conducted with clinically diagnosed dementia patients; controlled trials (randomized or not). Cochrane Collaboration's tool was used to estimate risk of bias. Samples sizes ranged from 27 to 170 participants; MT programs lasted between 4 weeks up to 12 months, took place from a daily basis to twice a week, and sessions ranged from 30 to 60min. Routine medical care was the most frequent intervention offered to control groups. In overall, studies revealed that MT benefits agility/balance, gait speed and strength. Evidence remains unclear regarding MT effectiveness on increasing cognitive function and ADL performance, although maintenance and more pronounced decline on control groups were reported. MT may be an important non-pharmacological strategy to enhance physical conditioning on dementia patients, but further evidence is needed for acknowledging its benefits in specific cognitive abilities and ADL performance.

EXECUTING AN ENVIRONMENTAL SCAN OF UNIVERSITY AGE-FRIENDLINESS: FINDINGS FROM A MIXED METHODS STUDY

Andrea G. Zakrajsek,[1] Sarah Masinda,[1] Amanda Simon,[1] and Cassandra Barragan[1], *1. Eastern Michigan University, Ypsilanti, Michigan, United States*

Internationally, universities are recognizing the importance of understanding and enhancing age as a component diversity and inclusion efforts through the Age-Friendly University (AFU) initiative. This session will describe an environmental scan of "age-friendliness" that one AFU university designed. The overall aims of the project include: (1) exploring how stakeholders understand age-friendliness, (2) identifying current efforts and opportunities that exist within the university, and (3) gathering data that describes the perception of barriers that older learners encounter at the university. This presentation will be used to discuss a mixed-methods study that included interviews and a survey of performance and importance ratings of the international AFU principles. Twenty-eight participants were purposefully recruited from divisions across a campus of a regional university to participate in in-depth interview data collection with the research team. Qualitative thematic findings that emerged through a constant comparative method of analysis of interview transcripts include: Existence of Age-Inclusivity Barriers and Opportunities for Change, Need for Intentionality in Age-Friendly Efforts, and Importance of Connections. Furthermore, AFU principle performance and importance ratings were descriptively analyzed in order to prioritize university efforts to enhance inclusion initiatives related to age.

PHYSICAL ACTIVITY ATTENUATES AGE DIFFERENCES IN CHANGE IN PERCEIVED PHYSICAL FATIGABILITY

Yujia (Susanna) Qiao,[1] Theresa Gmelin,[2] Robert M. Boudreau,[3] Stacy L. Andersen,[4] Stephanie Cosentino,[5] Kaare Christensen,[6] Mary K. Wojczynski,[7] and Nancy W. Glynn[8], *1. University of Pittsburgh, Pisstburgh, United States, 2. University*