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The SmartPrompt phone-based reminder application was designed according to neuropsychological theory and pilot testing to facilitate everyday functioning. A laboratory-based pilot of ten participants with MCI and mild dementia showed significantly greater task completion with significantly fewer checking behaviors when using the SmartPrompt versus a control condition. Younger individuals and those who engaged in more checking behaviors completed more tasks in the control condition, but these relations were not significant when using the SmartPrompt. After 15 minutes of training, caregivers achieved near perfect scores on a SmartPrompt configuration quiz. Participant and caregiver usability ratings were strong, even though participants reported relatively low computer proficiency and neutral/unfavorable attitudes towards technology. Piloting informed modifications of the SmartPrompt to enhance personalization (e.g., customized alarms/rewards) and improved human-computer-interaction for in-home testing. Preliminary in-home test data on individually-owned smartphones and conclusions regarding barriers and facilitators to the effectiveness of the modified SmartPrompt will be discussed.

ACTIVIDAILY: TURNING APATHY INTO ACTION IN NEURODEGENERATIVE DISEASE

Lauren Massimo, Sean Lydon, Alexander Miller, Katya Rascovsky, and Dawn Mechanic-Hamilton, *University of Pennsylvania, Philadelphia, Pennsylvania, United States*

Impairment of goal-directed behavior (GDB), often labeled apathy, is a common behavioral symptom in dementia. ActiviDaily is a novel mobile app that engages both patients and caregivers to increase GDB to improve everyday function. ActiviDaily targets key components of GDB (motivation, planning and initiation) and individualizes patient goals. Pilot testing in twelve patient/caregiver dyads occurred over 4 weeks of app use. Measures of behavior, everyday functioning, and psychological distress were assessed in a pre-post design. Goal Attainment Scaling (GAS) was used to establish individualized goals and measure progress on a standard scale. GAS showed that 79% of participants' goals were met at or above expectations. Caregiver depression and stress were significantly reduced. There was also a reduction in ratings of patient apathy. ActiviDaily is an innovative intervention that individualizes treatment of apathy and has the potential to increase independence in day-to-day life and decrease caregiver burden.

CAN WE END THE AGE-OLD PROBLEM OF PRESSURE INJURIES?

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A pressure injury/ulcer (PrI) is a localized area of injured skin and tissue usually over a bony prominence and one of the highest priority problems identified in U.S. health care's federal quality initiatives; approximately 26.8 billion is spent for treatment each year. The problem is accentuated

for nursing home residents who are often immobile/bed-ridden. Currently, resident repositioning/movement by nursing staff every 2-hours is the cornerstone of prevention care. Successful interventions must be nurse-led and designed to facilitate the prevention care of nursing staff on the front lines. My research focuses on integrating movement into everyday care for institutionalized older adults and is advancing the science of PrI prevention through testing of cueing interventions for nursing staff to improve the care delivery. My goals for innovating preventive care include enhancing our understanding of nursing subcultures' influence on care outcomes and leveraging emerging technology to enhance the care team's collaborative efforts.

NAVIGATING THE TREACHEROUS WATERS OF GERIATRIC COMPLEXITY AND HETEROGENEITY WITH THE HELP OF TEAM SCIENCE

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Multifactorial complexity and heterogeneity challenge the care of older adults and research into the pathophysiology of common geriatric syndromes. Multicomponent interventions matching intervention components with individual risk factors are grounded in precision medicine by ensuring that interventions may be offered to those who will more likely benefit, sparing expense and side effects for those who will not. Nonetheless, the development of mechanism-guided interventions has been hampered by failure to identify single mechanisms for effective targeting within this multifactorial complexity, a problem worsened by historical barriers between research disciplines and silos. Geroscience-guided interventions target biological hallmarks of aging representing mechanisms that geriatric syndromes share with aging. We will present examples of multidisciplinary bench-to-bedside translational science seeking to transform the care of common geriatric conditions as diverse as frailty, voiding disorders and immunization against influenza and pneumococcal infections via geroscience-guided therapies applied with a greater emphasis on heterogeneity of aging and targeting.

DEPRESCRIBING IN OLDER ADULTS: IS EVIDENCE FOR CONTINUED MEDICATION USE GENERALIZABLE BEYOND AGE 75?

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Older adults over the age of 75 are severely underrepresented in many of the clinical trials used to justify the continued use of medications for chronic disease prevention in advanced age. The gaps in evidence in this population have fueled an interest in research to better understand the potential benefits and harms associated with the continued use of medications with uncertain benefit in advanced age. Deprescribing, the intentional reduction or discontinuation of medications, has recently gained traction as an important component of the prescribing process, but raises questions about the safety of stopping medications. This presentation will provide an overview of the evolution of deprescribing research and how this has shaped my