selected based on cancer diagnosis at any stage with at least 36 months of data prior to diagnosis to identify ADRD. We analyzed breast, lung, prostate, cervix, head & neck(HNC), and colorectal(CRC) cancers(CA). We found a prevalence of 2.8% (9549 cases of ADRD+CA) using the NCI-index compared with a prevalence of 5.6% (18989 cases) with the CCW-index. ADRD+CA numbers differed significantly in all cancers for all races, however, we observed the greatest magnitude of difference among Latino/a and African-American patients. The NCI index significantly underestimated prevalence compared with the CCW: 1.21% vs 3.28% Breast; 2.29% vs 4.60% CRC; 2.88% vs 6.44% Lung; 1.36% vs 8.62% Prostate, and 4.21% vs 11.61% HNC. Our findings suggest a need to develop validated algorithms for classification, using an evidence-base generated by incorporating information and decision-making theories from the expertise of clinicians currently diagnosing ADRD using clinical assessments in diverse populations.

EATING DIFFICULTIES AMONG OLDER ADULTS WITH DEMENTIA IN SOUTH KOREAN LONG-TERM CARE FACILITIES: A SCOPING REVIEW

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This study aims to synthesize existing literature concerning eating difficulties among older adults with dementia in long-term care facilities. A scoping review, using the framework proposed by Arksey & O'Malley (2005) and improved and supplemented by Levac et al. (2010), was conducted. Literature was searched from five bibliographical databases—Research Information Sharing Service (RISS), Korean studies Information Service System (KISS), National Digital Science Library (NDSJ), Korean Medical Database (KMBASE), DataBase Periodical Information Academic(DBPia), Google Scholar, and gray literature. Literature selection and characteristics were approved by two independent reviewers, using pre-tested forms to determine final inclusion. Eventually, 111 articles from 2012–2020 were identified, and the 11 articles were used for the final analysis. We found that primarily utilized Eating behavior scale (EBS) and Edinburgh feeding evaluation in dementia scale (EdFED) had utilized as measurement tools for evaluating eating behavior. The most common factors related to eating behavior of older adults with dementia included cognitive and physical functions in the individual domain, the caregiver's attitude toward eating in the inter-individual domain, and types of meal in the environmental domain. Therefore, it is essential to develop measurement tools that reflect the eating behavior of older adults with dementia, a comprehensive understanding of the eating behavior of old adults with dementia, and create effective interventions that can be implemented in the specificity of long-term care facilities in Korea. The results of this analysis are intended to be used as basis to develop a meal support programs for older adults with dementia.

FACTORS DRIVING THE TRANSITION OF ALZHEIMER'S DISEASE PATIENTS TO INSTITUTIONAL LONG-TERM CARE

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Progression of Alzheimer's disease (AD) may ultimately lead to costly institutional long term care (ILTC) so its avoidance is often a goal of care management. We studied predictors of AD patients transitioning to ILTC in the Veterans Affairs healthcare system (VA). We identified 30,017 Veterans at least 50 years old, with ≥2 ICD-9/10-CM diagnosis codes for AD on separate days, with first AD code in 2013-2018, at least 2 years of prior continuous VA service use, and no prior ILTC. Patients who subsequently transitioned to ILTC (cases) were matched to other AD patients with the same time since first AD code but no ILTC (controls) (median of 13 months; mean age of 80.2 years). The 8,261 matched sets were split randomly to a training sample, where logistic and random forest regressions were used to develop models, and a validation sample, where final models were evaluated. Predictors of ILTC initiation included measures of (1) poor health, such as high morbidity counts (Elixhauser score of 15+, odds ratio=1.31) and weight loss (1.29), (2) heavy service use, such as hospitalization (2.25) and home health care (1.54), and (3) dementia symptoms, such as a diagnosis code for dementia not-otherwise-specified recorded well before the AD code (1.93), functional/mobility difficulties (1.35), and lifestyle or psychosocial problems (1.53). The full model C statistic was 0.78. Transition to ILTC in AD patients is driven by many factors, including comorbidities, need for acute care, nonspecific symptoms of dementias, and functional challenges. Targeted interventions may delay transitions to ILTC.

GAIT SPEED AND GRIP STRENGTH ARE PREDICTORS OF COGNITIVE DECLINE AND DEMENTIA IN OLDER INDIVIDUALS.

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Lower gait speed and grip strength are common in older adults. However, the results of lower motor function on cognitive outcomes have been mixed. We examined the longitudinal association between baseline slow gait speed and weak grip strength, alone and in combination, with risk of incident dementia or cognitive decline in a cohort of older adults. Participants (n=19,114) aged 70 and over (65 if U.S. minority) without documented evidence of dementia, significant cognitive impairment, physical disability or previous cardiovascular disease at baseline, were recruited from community settings. Incident dementia was adjudicated by an expert panel using DSM-IV criteria. Incident cognitive decline was defined as a persistent intra-individual decline in score