

taking on the decisive role in providing care and support for the person with dementia (PwD). This study aimed to develop a typology of dyads based on typical characteristics of the PwD, the IC and their relationship and to gain a better understanding of home-based dementia care arrangements. A latent class analysis was used to detect different dyad types based on personal, social, care and disease characteristics of 551 dyads of CGs and PwD living at home. A 6-class model was identified. The classes could be differentiated based on IC-PwD key characteristics (gender, age, relationship, living situation, occupation). There are significant differences with regard to observed outcomes. The verification of different types of dyads strengthens the need to develop tailored dyad-centred interventions in dementia care

THE CHALLENGES OF RECRUITING AND RETAINING DYADS OF HOSPITALIZED PERSONS WITH DEMENTIA AND THEIR FAMILY CARERS

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Persons with dementia (PWD) have high rates of hospitalization, and along with their family caregivers (FCGs), commonly experience negative hospital experiences and outcomes. The recruitment and retention challenges encountered in an ongoing cluster randomized clinical trial in PWDs and FCGs are described. The trial tests the efficacy of a nurse-FCG partnership model that aims to improve: 1) the physical and cognitive recovery in hospitalized PWD, and 2) FCG preparedness and anxiety. Recruitment and retention challenges, identified in team meetings and extracted from team documentation, include factors in the hospital environment, the PWD, and FCGs. Strategies that address these challenges include careful pre-planning and preparation with the site, strong communication with dyads, and honoring preferences for communication. The recruitment and retention of acutely ill older adults with dementia and FCGs can pose a challenge to investigators and threaten the validity of findings. Recruitment and retention strategies that help improve validity are described

TO LIE OR NOT TO LIE: THE VIEWS OF PEOPLE WITH DEMENTIA AND THEIR CARERS

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In Ireland over 36,000 people with dementia live at home cared for by informal carers. Yet often these carers do not know how to deal with cognitive symptoms, including repeated questions wherein 'truthful' responses cause distress. Carers face a dilemma, do they avoid, distract or 'correct' the person and tell the 'truth', or lie? This paper explores the concept of lying from the perspective of the carer and person

with dementia. A descriptive qualitative methodology was used. Focus groups with a purposive sample of people with memory problems (n = 14) and carers (n = 18) were conducted. The results found that deliberate lying with the intention to deceive was deemed unacceptable by all. However, in certain circumstances telling a 'good lie' or 'white lie' was considered acceptable when the carer knew the person and the intention behind the 'lie' was to mitigate the distress of the person with dementia.

THE MEETING CENTRE SUPPORT PROGRAMME: INTERNATIONAL EVALUATION OF A DYADIC INTERVENTION IN DEMENTIA

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In Europe, 10 million people are living with dementia. Most of them reside in their own home, cared for by their loved ones. As a consequence, there is a great need to provide both, people with dementia and their carers, tailored support. The Dutch Meeting Centres Support Programme (MCSP), adaptively implemented in three European countries within the JPND-MEETINGDEM project, is an excellent example of an effective dyadic psychosocial intervention, which seems to have no cultural barriers. The mixed-methods analysis showed that participant-dyads reported great satisfaction with MCSP. People with dementia experienced improvement of their quality of life, motivation and ability to participate in everyday activities, as well as improvement in their relationship with family members. Carers felt less burdened and highly appreciated the emotional and social support they received. Repeated user evaluation shows that this dyadic support effectively helps people with dementia and their families better deal with dementia.

SESSION 7070 (SYMPOSIUM)

EFFECT OF VITAMIN D SUPPLEMENTATION ON FALLS, PHYSICAL FUNCTION, AND ACTIVITY: RESULTS FROM THE STURDY TRIAL

Chair: Jennifer Schrack

Co-Chair: Lawrence Appel

Discussant: Lewis Lipsitz

Each year, 2.8 million older adults are treated for falls, with over 800,000 hospitalized. Evidence suggests vitamin D supplementation might reduce the risk of falls, potentially through improvements in skeletal muscle function; however, results are inconsistent. In 2013 the NIA issued