

### THE ROAD TO ACCEPTANCE OF DRIVER RETIREMENT FOR PATIENTS WITH DEMENTIA: PHYSICIANS' AND PATIENTS' PERSPECTIVES

Theresa L. Scott,<sup>1</sup> Jacki Liddle,<sup>1</sup> Nancy A. Pachana,<sup>1</sup> Elizabeth Beattie,<sup>2</sup> and Geoffrey Mitchell<sup>1</sup>, *1. The University of Queensland, Queensland, Australia, 2. Queensland University of Technology, Queensland, Australia*

People living with Alzheimer's disease and related dementias (ADRD) must eventually stop driving. While some will voluntarily retire, many others will continue to drive until a crisis. In Australia, like many other countries, general physicians/practitioners ("GPs") play a key role in monitoring driving safety and driver retirement with their patients with ADRD. Advising patients about driving cessation is one of the most challenging aspects of clinical dementia care, complicated by limited time in consultations, lack of patient awareness and insight, and objective screening and assessment measures. We examined how to support best practice in relation to management of driving cessation with patients with ADRD through focus groups with 29 GPs and contrasted their perspectives with those of 11 retired drivers with ADRD. Focus groups and interviews were transcribed and thematically analysed. Themes discovered highlighted the importance of providing education about the effects of dementia on safe driving and incorporating regular assessment of driving safety into the care continuum. Key strategies that GPs successfully employed included acknowledging loss and encouraging continued community engagement, providing referral pathways, and deferring to other GPs within the practice in challenging circumstances. In conclusion, there is demand for an overhaul of the current system of management and a need to establish nationally aligned, standardized and evidence-based guidelines, in particular relating to assessment of safe driving. In the meantime, we can learn from these GPs who have implemented particular strategies that mitigate some of the challenges and complex driving related issues that present in primary care.

### SYSTEMATIC REVIEW AND GAP ANALYSIS ON ALZHEIMER'S DISEASE IN ASIAN AMERICANS, NATIVE HAWAIIANS, AND PACIFIC ISLANDERS

Sahnah Lim,<sup>1</sup> Timothy Roberts,<sup>1</sup> Jazmine Wong,<sup>1</sup> Sadia Mohaimin,<sup>1</sup> Young-Jin Sohn,<sup>1</sup> Ragavan Sivanesathurai,<sup>1</sup> Simona C. Kwon,<sup>1</sup> and Chau Trinh-Shevrin<sup>1</sup>, *1. NYU School of Medicine, New York, New York, United States*

Background: The Asian American, Native Hawaiian, and Pacific Islander (AANHPI) aging population is rapidly growing and the burden of Alzheimer's disease and its related dementias (AD/ADRD) will likely mirror this demographic growth. AANHPIs face significant barriers in obtaining timely AD/ADRD diagnosis and services; yet little is known about AD/ADRD in this population. The study objective is to conduct a systematic review on the published literature on AD/ADRD among AANHPIs to identify gaps and priorities to inform future research and action plans. Methods: The systematic review was conducted following the PRISMA Protocol for Systematic Reviews. Co-author (TR), an experienced Medical Librarian, searched PubMed, EMBASE, PsycINFO, Cochrane Central of Clinical Trials, Ageline and Web of Science for peer-reviewed articles describing AD/

ADRD among AANHPIs. The search was not limited by language or publication date. Each citation was reviewed by two trained independent reviewers. Conflicts were resolved through consensus. Results: The title/abstract and full texts of 1,447 unique articles were screened for inclusion, yielding 310 articles for analysis. Major research topics included prevalence, risk factors, comorbidities, interventions and outreach, knowledge/perceptions/attitudes, caregiving, and detection tools. A limited number of studies reported on national data, on NHPI communities generally, and on efficacy of interventions targeting AANHPI communities. Conclusion: To our knowledge, this is the first systematic review on AD/ADRD among AANHPI populations. Our review provides a first step in mapping the extant literature on AD/ADRD among this underserved and under-researched population and will serve as a guide for future research, policy and intervention.

### TELEPHONE-BASED COGNITIVE ASSESSMENTS IN A LARGE, MULTISITE RCT: THE COSMOS-MIND STUDY

Brad Caudle,<sup>1</sup> Mark M. Espeland,<sup>1</sup> Stephen R. Rapp,<sup>1</sup> Sally A. Shumaker,<sup>1</sup> Debbie Pleasants,<sup>1</sup> and Laura D. Baker<sup>1</sup>, *1. Wake Forest School of Medicine, Winston-Salem, North Carolina, United States*

Identifying safe, affordable, and well-tolerated interventions that prevent or delay cognitive decline in older adults is of critical importance. There is growing evidence from basic science and small randomized trials that cocoa flavanols may provide protection against this decline. Funded by the NIA, COSMOS-Mind is an ancillary study of COSMOS and was designed to add cognitive outcomes to the parent study, a 2x2 factorial randomized controlled trial testing the effects of cocoa flavanols (600 mg/d) and a multivitamin with matching placebo on cardiovascular disease and cancer endpoints. A validated telephone-based protocol conducted at baseline and then annually for three years measures attention, memory, language, executive function, and global cognitive functioning in 2,262 women and men, ages 65 and older without insulin-dependent diabetes. Cases of mild cognitive impairment and Alzheimer's and related dementias will be centrally adjudicated. For participants who score below a pre-specified threshold on a test of global cognition, a study partner is interviewed to obtain additional information regarding cognitive and functional status. With >5,000 interviews completed, this presentation will describe the cognitive battery, operational procedures used to ensure high data fidelity, and strategies employed that have maintained retention at >90%. Our experiences in COSMOS-Mind can inform the design and implementation of other large, multi-site RCTs and epidemiological studies. Telephone-based assessments of cognitive function are a cost-efficient method for assessing cognitive function.

### ASSESSING APATHY IN LONG-TERM CARE RESIDENTS WITH DEMENTIA: COMPARING SELF-EVALUATION WITH PROXY RATINGS

Ying-Ling Jao,<sup>1</sup> Kristine N. Williams,<sup>2</sup> and Diane Berish<sup>1</sup>, *1. Pennsylvania State University, University Park, Pennsylvania, United States, 2. University of Kansas Medical Center, Kansas City, Kansas, United States*

**Background:** Apathy affects most individuals with dementia in long-term care. Apathy assessment is fundamental for appropriate treatment. Apathy involves subjective feelings thus individual's self-evaluation may offer important perspectives for assessment. However, it is unclear whether self-evaluation is a valid assessment approach for this population. This study compared apathy ratings from resident self-evaluation to assessments from family, clinicians, and research staff. **Methods:** This pilot study enrolled 8 residents from two long-term care facilities in Pennsylvania. One family member, one certified nursing assistant (CNA), and one nurse or activity staff were also enrolled for each resident. Researchers interviewed each resident using the Apathy Evaluation Scale (AES) and rated their apathy levels. Family, CNAs, and nurses/activity staff independently rated the resident's apathy level using the AES. Direct observations were conducted by researchers using the Person-Environment Apathy Rating (PEAR). **Results:** Correlation analysis revealed a discrepancy across raters in assessing apathy. While self-evaluation and family ratings were moderately positively correlated ( $r=0.48$ ,  $p=.23$ ), there was a moderate correlation in the opposite direction between self-evaluation and CNA ratings ( $r=-0.64$ ,  $p=.09$ ). Resident self-evaluation did not correlate with nurses/activity staff ratings ( $r=0.01$ ,  $p=.99$ ) or researcher observations ( $r=-0.08$ ,  $p=.86$ ). **Discussion:** These findings may reflect residents' cognitive impairment and lack of insights, family and clinicians' lack of understanding of apathy, or nurses' and researchers' lack of acquaintance with the resident. It remains undetermined whether self-evaluation provides valid information for apathy assessment for this population. Additional research is necessary to identify the most valid assessment approach for long-term care residents with dementia.

#### ASKING THE PEOPLE WHO MATTER THE MOST: DESIGNING A VALUE-BASED DEMENTIA SPECIALTY CLINIC

Alyssa Aguirre,<sup>1</sup> Christopher Ulack,<sup>1</sup> Joel Suarez,<sup>2</sup> Kathleen Carberry,<sup>2</sup> Justin Rousseau,<sup>1</sup> Scott Wallace,<sup>2</sup> and Robin Hilsabeck<sup>2</sup>, 1. *University of Texas Dell Medical School, Austin, Texas, United States*, 2. *University of Texas, Austin, Texas, United States*

This presentation will highlight our research which uses a qualitative methodology to incorporate the voices and experiences of people impacted by dementia into the value-based health model. This model is characterized by a team-based approach as well as the measurement of outcomes. The aim of value-based care is to provide individuals meaningful and compassionate care that helps them achieve the health outcomes that matter most to them. Foundational to creating this person-centered model is the incorporation of the perspectives of individuals with dementia and their care partners. Experience Groups offer an opportunity for those affected by dementia to share their expertise and describe their daily challenges and successes so we are able to learn from their experiences and better understand unmet and unarticulated needs. The findings of this research—consisting of 41 patients and 11 care partners—enabled the development of outcome measurement tools implemented at the clinical level, and the design of a care delivery model that addresses unmet needs. Some of the key findings from the research that

have been implemented at the Cognitive Disorders Clinic and that will be highlighted in this poster are: 1. Care partners would like more emotional support from their medical team; 2. Individuals want more information about the trajectory of the disease and an actionable “roadmap-of-care”; 3. Care partners and those with early stage memory loss desire counseling and team-based care versus strictly physician-provided care.

#### ALZHEIMER'S DISEASE AND RELATED DEMENTIAS IN MEXICAN AMERICAN MEDICARE BENEFICIARIES

Soham Al Snih,<sup>1</sup> Lin-Na Chou,<sup>2</sup> Brian Downer,<sup>3</sup> Mukaila Raji,<sup>2</sup> Yong-fang Kuo,<sup>2</sup> Kyriakos Markides,<sup>2</sup> and Kenneth Ottenbacher<sup>2</sup>, 1. *University of Texas Medical Branch at Galveston, Galveston, Texas, United States*, 2. *The University of Texas Medical Branch, Galveston, Texas, United States*, 3. *University of Texas Medical Branch, Galveston, TX, Galveston, Texas, United States*

**Objective:** To determine the prevalence and incidence of Alzheimer's Disease and Related Dementias (ADRD), and to identify the socio-demographic and health characteristics of Mexican-American older adults with ADRD. **Methods:** Data are from wave 5 (2004/05) of the Hispanic Established Population for the Epidemiological Study of the Elderly linked with Centers for Medicare and Medicaid Services files. We studied 1166 participants of which 927 did not have an ADRD diagnosis before wave 5 interview and followed until 2016. Measures included socio-demographics, medical conditions, depression, physical function, Mini-Mental-State- Examination (MMSE), body mass index (BMI), disability, and ICD-9-CM codes for ADRD. **Results:** A total of 424 participants had an index diagnosis of ADRD during 11-years. The total prevalence rate ranged from 31.6% in 2006 to 72.8% in 2016, and the total incidence rate ranged from 9.3% in 2006 to 15.8% in 2016. The prevalence rate ranged from 30.3% to 69.7% in men and 32.5% to 74.1% in women. The incidence rate ranged from 8.5% to 12.9% in men and 9.8% to 12.9% in women. Those with ADRD were significantly more likely to be older (82.1 versus 81.6 years;  $p$ -value=0.024) and to have a lower score in the MMSE (21.1 versus 21.7;  $p$ -value=0.013) compared with whole sample ( $N=927$ ). Non-significant differences were observed by sex, education, medical conditions, BMI, depression, physical function or disability compared with whole sample. **Conclusions:** The prevalence and incidence rates of ADRD in Mexican-American Beneficiaries is high. These findings underscore the need for clinical services and caregiving resources in this population.

#### PROTECTIVE EFFECT OF LIFETIME EXPERIENCES ON FUNCTIONAL STATUS IN YOUNG-ONSET DEMENTIA

Tram N. Pham,<sup>1</sup> Lauren Massimo,<sup>1</sup> and Katheryn A. Cousins<sup>1</sup>, 1. *University of Pennsylvania, Philadelphia, Pennsylvania, United States*

Patients with Frontotemporal degeneration (FTD), a common form of young-onset dementia, experience decline in cognitive, social and daily functioning as the disease progresses. Research shows that lifestyle factors may be an important modifiable risk factor for dementia, but this has not been well studied in FTD. In this study, we test the hypothesis that lifetime experiences, including