SESSION 3420 (PAPER)

ISSUES IN ACUTE CARE

ACUTE CARE UTILIZATION IN OLDER ADULTS LIVING UNDIAGNOSED OR UNAWARE OF DEMENTIA

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Most individuals with dementia are undiagnosed or they/their families are unaware of the diagnosis. Implications of dementia diagnosis and awareness are poorly understood. Our objective was to determine whether undiagnosed dementia or unawareness increases risk of hospitalization or emergency department (ED) visits, outcomes with recognized risk in diagnosed dementia. We linked National Health and Aging Trends Study (NHATS) data to fee-for-service Medicare claims for 4,311 community-living participants in the nationally representative cohort. We assessed probable versus no dementia using validated NHATS dementia criteria, undiagnosed versus diagnosed using Medicare claims, and aware versus unaware using NHATS self or proxy report of diagnosis. Cox proportional hazards models evaluated hospitalization and ED visit risk by time-varying dementia diagnosis and awareness status, adjusting for sociodemographic characteristics, functional impairment, medical comorbidities, and prior hospitalization. Compared to no dementia, persons with dementia who were unaware but diagnosed had greater risk of hospitalization (HR 1.66, 95% CI 1.26-2.19) and ED visits (HR 1.63, 95% CI 1.28-2.08). Persons unaware but diagnosed also had greater risk compared to persons aware and diagnosed (hospitalization HR 1.34, 95% CI 0.98-1.82; ED HR 1.38, 95% CI 1.05-1.83). Persons with undiagnosed dementia demonstrated hospitalization risk similar to persons with no dementia (HR 1.02, 95% CI 0.79-1.31) and similar or potentially lower than persons aware and diagnosed (HR 0.82, 95% CI 0.61-1.10); ED visit findings were similar. Results suggest that being unaware of dementia diagnosis may affect healthcare utilization. Strategies to improve communication and understanding of dementia could potentially reduce hospitalizations and ED visits.

FAMILY CAREGIVER FACTORS AND HOSPITALIZATION IN DISABLED OLDER ADULTS WITH AND WITHOUT DEMENTIA

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Older adults with disabilities commonly rely on family caregivers' help, yet effects of caregiver factors on patient outcomes are poorly understood. Within this population, dementia is common. Our objective was to evaluate the association between caregiver factors and risk of hospitalization in disabled older adults with and without dementia. We examined 2,589 community-living older adults with mobility/self-care disability and their primary family caregiver in four waves of the National Long-Term Care Survey and National Health and Aging Trends Study. We used Cox proportional hazards models to examine risk of one-year, Medicare claims-derived, all-cause hospitalization as a function of caregiver factors, adjusting for older adult characteristics (sociodemographics, comorbidities, healthcare utilization) and survey year, considering dementia a characteristic of interest. Among disabled older adults, 38% were hospitalized over one year, and 31% had probable dementia. Hospitalization rates were similar for older adults with and without dementia (39.5% and 37.3% respectively); dementia was not associated with hospitalization risk (HR 1.09, 95% CI 0.95-1.26). Older adults demonstrated greater risk of hospitalization if their caregiver was male (HR 1.31, 95% CI 1.10-1.56), new to caregiving (HR 1.61, 95% CI 1.27-2.04 for < 1 year versus ≥ 4 years), or helped with healthcare tasks (HR 1.21, 95% CI 1.04-1.41). The association between most caregiving factors and hospitalization risk did not differ by dementia status. Results suggest that strategies to reduce hospitalization in older adults with disabilities could target select caregivers using similar strategies in populations with and without dementia.

HOSPITAL CARE USE IN OLDER ADULTS: THE ROLE OF PSYCHOLOGICAL AND SOCIAL FACTORS

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Although older people's health status is the main determinant of healthcare use, there has been little research on how psychosocial factors relate to healthcare utilization. We explored the extent to which psychological and social aspects predict the use of hospital care in an older Swedish population. 2867 people ≥60 years from the Swedish National study on Aging and Care in Kungsholmen (SNAC-K) were followed from baseline (2001-2004) for four years. We created standardized indexes of psychological well-being, and social well-being. Binomial negative mixed models were used to estimate the association of psychological and social indexes with hospital care use (i.e. unplanned hospital admissions [UHA], 30-day readmissions [30DR] and length of stay [LOS]). Individuals with a psychological well-being score above the median had less UHA (IRR 0.43, 95%CI 0.20-0.93) and lower LOS (IRR 0.18, 95% 0.06-0.58), even after full adjustment. High levels of social well-being were also protective for UHA and LOS in the minimally adjusted model, but not after adjusting by life style and personally traits. Relative