

cognitive impairment and behavioral symptoms. Although NH nurses caring for patients who fall intervene to prevent fall recurrence, we know little about nurse's perceptions of the most effective interventions for management of falls related to behavioral symptoms. The purpose of this qualitative study is to describe and analyze nurse's perceptions of fall prevention interventions believed to be due to behavioral symptoms. This secondary analysis of existing qualitative data was conducted from a multi-site parent study in three NHs in the northeastern U.S. designed to test nurse's knowledge of falls prevention and interventions. Forty-seven registered or licensed practical nurses, English speaking who were full or part time employees were recruited to participate. Most were female (n=46; 98.7%) with a median age of 49.5 years and ten years experience. A grounded theory approach was used to explore qualitative data (Glaser & Strauss, 1967) about nurse's primary and secondary interventions. Qualitative data were collected in the form of responses to open ended questions from 47 nurses. The correctness of nurse interventions were independently evaluated, then validated among two independent experts. Cohen's κ was used to determine if there was agreement between the experts' judgement on correctness of the nurses' intervention. Results indicated a high level agreement between expert evaluations ($\kappa = .727-.760$, $p < .001$). Emergent themes in the nurse interventions included: seeking outside help, confronting behavior, completing additional assessments, and patient reassurance.

BIDIRECTIONAL RELATIONSHIP BETWEEN SUBJECTIVE AGE AND FEAR OF FALLING: FINDINGS FROM THE NHATS

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Subjective age refers to how young or old people experience themselves to be. It is associated with health status, physical function, and mental processes that influence the occurrence of fear of falling, which is a severe problem in older adults. The present study aims to contribute to existing knowledge by examining the relationships between subjective age and fear of falling. Participants were community-dwelling adults aged 65 years and older drawn from the 2011 (T1) - 2015 (T5) waves of the National Health and Aging Trends Study. Subjective age was measured by asking, "What age do you feel most of the time?" Fear of falling was measured with the question: "In the last month, did you worry about falling down?" The analyses included 1,984 participants without fear of falling at baseline, on average, 74.9±6.6 years old, female (53%), and non-Hispanic whites (76%). Eighty percent of the participants felt younger, and 4% felt older than their chronological age, but 21% of them had a fear of falling. Participants who experienced fear of falling at T5 tended to be female, non-Hispanic whites, and live alone. Generalized estimating equations revealed that an "older" subjective age independently predicted fear of falling (OR, 95% CI= 1.02, 1.01-1.02) controlling for demographics

and health conditions. Fear of falling predicted an "older" subjective age (OR, 95% CI= 3.38, 1.72-6.66) after adjustment. These findings indicated bidirectional relationships between subjective age and fear of falling. Subjective age may help identify individuals who are at risk for fear of falling in older adults.

EFFECTS OF A FALL PREVENTION PROGRAM ON FALL RISKS, FEAR OF FALLING, AND DEPRESSION IN OLDER ACTIVE ADULTS

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Falls are the leading cause of injury in older adults; one in four older adults fall each year. The Otago Exercise Program (OEP) is an evidence-based fall prevention program that has been shown to reduce fall risk factors. However, exercise dosage is not known. The purpose of this study was to investigate the effectiveness of different frequencies of an OEP-based program on fall risk factors, fear of falling, and depression in older adults. Of 62 subjects initially recruited at community centers, 28 subjects met inclusion criteria and were assigned to control (Con), once-weekly (Grp 1), or twice-weekly (Grp 2) intervention groups based on subject attendance. Intervention consisted of a 12-week OEP-based program. Pre-intervention dependent variables included: 4-Stage Balance Test, 30-Second Chair Stand, Timed Up and Go (TUG), Geriatric Depression Scale (GDS), and Modified Fall Efficacy Scale (MFES). After 12 weeks, post-intervention testing assessed changes in these variables. Preliminary analysis of data using mixed design ANOVA (p.05) indicated significant changes between and within all groups for TUG and 30-Second Chair Stand. Results also suggested all groups improved on all variables with a direct relationship to exercise frequency. Furthermore, Grp2 improved more than Grp1 and Con in the 4-Stage Balance Test. These findings suggest an OEP-based falls prevention program performed 2x/week is more beneficial in decreasing fall risks and increasing lower extremity muscle strength than 1x/week. Moreover, results imply exercise frequency may be important in improving the magnitude of select falls risks variables.

EFFECTS OF DANCE THERAPY ON BALANCE AND RISK OF FALLS IN OLDER PERSONS

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Loss of balance and risk of falls is a major problem in older persons. Literature shows increasing use of yoga practices and dance therapy across Indian oldage homes and day care centres to improve balance and reduce risk of falls in older persons. Aim of this study is to evaluate the effects of dance therapy with focus on therapeutic movements derived from Indian classical dances on balance and risk of falls in older adults of Day Care Centres in Calcutta Metropolitan Institute of Gerontology, under Ministry of Social Justice and Empowerment, Govt. of India. Total of 24 older adults