

behavior. Conclusion: The combination of institutional tolerance of workplace violence, coupled with CNAs' insufficient training in de-escalating volatile interactions with cognitively-impaired residents, is creating an unfavorable, possibly dangerous, workplace environment for CNAs. Implications: As more states elevate assaults on healthcare workers to felony crimes, there is an emerging risk of criminalizing dementia-related behavior in an attempt to address workplace violence. Interventions focused on helping CNAs recognize and de-escalate care-resistant behavior are necessary for violence prevention programs in LTCFs. Limitations: CNAs may have self-censored and under-described the severity of their experiences during face-to-face interviews, even with confidentiality protocols and the practice of off-site interviews.

IDENTIFYING MEDICATION THERAPY PROBLEMS RELATED TO COGNITION AMONG OLDER ADULTS FOLLOWED BY A HOME-BASED CARE TEAM

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Complications from dementia, depression, delirium (3Ds) and polypharmacy may accelerate patient decline. Cognitive vulnerabilities may be under-recognized and medication therapy problems (MTPs) overlooked, hindering optimal care. Clinical pharmacists on a multidisciplinary home-based care team (HBCT) being tested in a clinical trial were essential in identifying MTPs related to cognition. Medicare Advantage members >65 years old, living at home in Connecticut, with ICD-10 codes related to 3Ds were eligible. APRNs conducted in-home medication reconciliation along with medical and cognitive assessments. HBCT pharmacists assessed medication lists for MTPs related to indication, effectiveness, and safety (adverse events, interactions). After review by the HBCT APRN, geriatrician, and psychiatrist, salient pharmacist recommendations were forwarded to PCPs for consideration. Using retrospective analysis, MTPs and recommendations were classified based upon the Pharmacy Quality Alliance framework. MTP analysis included 105 patients enrolled from 2017-2019. We found 166 MTPs related to cognition, with a mean (SD) of 1.58 (1.35) (range 0-6) MTPs per patient. MTPs related to indication accounted for 34% (57/166) of total MTPs, of which 79% (45/57) were underuse and 21% (12/57) overuse; effectiveness represented 13% (22/166) of MTPs; safety represented over half (52%; 87/166) of total MTPs with benzodiazepines and anticholinergics commonly implicated. Common HBCT pharmacists' recommendations included discontinuation (23%; 38/166) and dose reduction (19%; 32/166). MTPs related to cognition were found among the overwhelming majority (79%) of patients. This work is significant because it supports the value of pharmacists on multidisciplinary teams to address cognitively harmful medications, dementia treatment side effects, and untreated cognitive conditions.

INTENTION TO RECEIVE COGNITIVE SCREENING FOR ALZHEIMER'S DISEASE IN NONDEMENTED OLDER ADULTS

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The study explored factors associated with intention to receive cognitive screening for Alzheimer's disease (AD). It also examined whether self-efficacy mediates the relationship between knowledge about screening and the intention to be screened. A population-based, random-digit dialing survey was performed; 1,043 responses were collected from a sample of nondemented older adults living in urban, suburban, and rural areas. A majority were female (66.8%, n = 697) and White (82.7%, n = 863) with a mean age 62.6 years (SD = 10.2). Findings from regression analysis identified that being female ($\beta = .080$), being depressed ($\beta = .149$), and having a positive life orientation ($\beta = .120$) were significantly associated with the intention to receive cognitive screening, $p < .05$. Results indicated that older adults with a positive life orientation reported greater intention to be screened for AD, whereas depressed participants were more likely to plan to be screened for AD. Bootstrapping results identified a mediating effect of self-efficacy ($\beta = .2668$, $t = 7.3137$, $p < .0005$). Self-efficacy mediated the relationship between knowledge about screening and intention to be screened. Using self-efficacy as a mediation effect indicated that older adults with knowledge about screening understand the benefits of early screening and diagnosis and are more likely to have self-efficacy (i.e., confidence to consult with a physician), and thus are more likely to show intention to be screened. Intention to be screened for AD could increase public awareness by defining effective ways to assist older adults to seek a cognitive screen.

SESSION 2920 (PAPER)

DEMENTIA I

A PATH TO EARLY DIAGNOSIS OF MCI AND DEMENTIA: INTEGRATING MYMEMCHECK INTO THE PRIMARY CARE WORKFLOW

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Barriers to the early detection of mild cognitive impairment (MCI) and dementia can delay diagnosis and treatment. myMemCheck® was developed as a rapid free cognitive self-assessment tool that can be completed in the practice setting or at home to identify older adults that would benefit from a more comprehensive cognitive evaluation for MCI and