

VALIDATION OF THE INTEGRATED CARE FOR OLDER PEOPLE SCREENING TOOL: FOCUS ON THE CHAIR RISE TEST TO ASSESS LOCOMOTION

Emmanuel Gonzalez-Bautista,¹ Philippe de Souto Barreto,² Aaron Salinas-Rodriguez,³ Sandrine Sourdet,¹ Yves Rolland,¹ Leocadio Rodriguez-Mañas,⁴ Sandrine Andrieu,⁵ and Bruno Vellas,² 1. *Toulouse University Hospital (CHU Toulouse), Toulouse, Midi-Pyrenees, France*, 2. *CHU Toulouse: Centre Hospitalier Universitaire de Toulouse, Gérontopôle de Toulouse, Institut du Vieillissement, Midi-Pyrenees, France*, 3. *National Institute of Public Health of Mexico, Cuernavaca, Morelos, Mexico*, 4. *Getafe University Hospital, Getafe, Madrid, Spain*, 5. *University of Toulouse III, INSERM, UPS, Toulouse, Midi-Pyrenees, France*

The Integrated Care for Older People (ICOPE) is a function- and person-centered healthcare pathway developed by the World Health Organization (WHO). ICOPE's first step (Step 1) consists of screening for impairments in the intrinsic capacity (IC) domains (namely sensorial, cognition, nutrition, psychological, and locomotion). For instance, the ICOPE Step1 tool suggests a cut-point of 14 seconds for five-repetition chair rise time as a marker of impaired locomotion. Given the lack of validation of this tool in the literature, we aimed to validate the ICOPE screening tool concerning incident health outcomes, focusing on the locomotion assessment. First, we analyzed the five-domain screening tool's ability to identify older adults (OA) at higher risk of incident outcomes (frailty, disability, dementia) using longitudinal data from the Multidomain Alzheimer Preventive Trial (MAPT). For the locomotion assessment (chair rise test), we derived and cross-validated age-specific cut points from two population-based cohorts using ROC (receiver operating characteristic) analysis. We further verified those cut points among OA real-life users of the health system and clinical trial participants. In conclusion, the ICOPE Step 1 screening tool was able to identify OA at higher risk of incident frailty, disability, and dementia. New chair-rise-time cut points for age groups 70-79 years old and 80 years and older were valid in populations from different settings. The ICOPE Step 1 tool provides a practical and integrative way of screening older adults for impairments in IC and detecting those at higher risk of functional decline.

Session 1285 (Symposium)

RECOGNIZING AND INTERVENING ON ELDER ABUSE, NEGLECT, AND EXPLOITATION IN THE AGE OF COVID-19

Chair: Pi-Ju Liu Discussant: Pamela Teaster

The rapid outbreak of coronavirus disease 2019 (COVID-19) caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has led to a global pandemic. Public health measures to prevent the spread of COVID-19, such as social distancing and self-quarantine, have drastically altered people's lives and led to social isolation, financial instability, and disrupted access to healthcare and social services. Older adults have not only borne the brunt of the highest COVID-19 mortality rates, but recent

studies also describe growing reports of elder mistreatment. It is necessary to attend to these age-related disparities during the remainder of the COVID-19 pandemic and future health crises. This symposium includes four presentations on researchers' findings in elder mistreatment during the COVID-19 pandemic. Dr. E-Shien Chang will compare prevalence of elder mistreatment before and since the pandemic, and highlight associated risk and protective factors during the pandemic. Dr. Lena Makaroun will examine changes in elder mistreatment risk factors among caregivers during the pandemic. Dr. Pamela Teaster will present Adult Protective Services' (APS) policy and practice changes in response to the pandemic to demonstrate the pandemic's impact on service providers. Lastly, Dr. Pi-Ju (Marian) Liu will appraise elder mistreatment victims' awareness of COVID-19 and their unmet needs during the pandemic. Following the four presentations, Dr. Pamela Teaster will moderate a discussion on how elder mistreatment is a growing concern, especially during the pandemic, and what service providers are doing to protect older adults.

ELDER ABUSE DURING THE COVID-19 PANDEMIC: PREVALENCE, RISK, AND PROTECTIVE FACTORS

E-Shien Chang,¹ and Becca Levy,² 1. *Weill Cornell Medicine, New York City, New York, United States*, 2. *Yale University, Woodbridge, Connecticut, United States*

It has been assumed that the pandemic has brought with it a surge in elder abuse due to heightened health and interpersonal stressors. However, empirical evidence is lacking. This study aimed to estimate the prevalence of, and risk and resilience factors of elder abuse during the pandemic. In a web-based survey of a socio-demographically diverse sample of 897 older persons, one in five older persons ($n = 191$; 21%) reported elder abuse, an increase of 84% from prevalence estimates before the pandemic. In the multivariate logistic regression models, sense of community was a persistent protective factor for elder abuse (OR= 0.89, 95% CI 0.85–0.93). At the relational level, physical distancing was associated with reduced risk of elder abuse (OR= 0.94, 95% CI 0.90–0.98). At the individual level, financial strain was associated with increased risk of abuse (OR= 1.08, 95% CI: 1.02–1.14). Implications for prevention strategies will be discussed.

CHANGES IN ELDER MISTREATMENT RISK FACTORS REPORTED BY CAREGIVERS OF OLDER ADULTS DURING THE COVID-19 PANDEMIC

Lena Makaroun,¹ Scott Beach,² Tony Rosen,³ and Ann-Marie Rosland,¹ 1. *University of Pittsburgh, Pittsburgh, Pennsylvania, United States*, 2. *University of Pittsburgh, University of Pittsburgh, Pennsylvania, United States*, 3. *Weill Cornell Medical College / NewYork-Presbyterian Hospital, PELHAM, New York, United States*

This study aimed to assess how the COVID-19 pandemic has impacted caregiver (CG)-related risk factors for elder mistreatment (EM) in a community sample of CGs. A non-probability sample of 433 CGs caring for care recipients (CRs) age ≥ 60 years completed a survey on COVID-19 impacts in April-May 2020. Compared to before COVID-19, over 40% of caregivers reported doing worse financially,