

DURATION OF REPRODUCTIVE PERIOD AND RISK OF TRANSITIONING TO MILD COGNITIVE IMPAIRMENT AND DEMENTIA

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Decreasing estrogen levels have been hypothesized to be associated with increased risk of dementia, yet the current literature reveals conflicting results. This study aimed to determine whether a longer reproductive period, as an indicator of longer exposure to endogenous estrogens, is associated with risk of transitioning to MCI and dementia. Women 65 and over (N=1507) from the Rush Memory and Aging Project met eligibility for the current analysis. The average length of reproductive period (menopause age minus menarche age) was 35 years (range=16-68 years), and 64% had natural menopause. Multistate survival modeling (MSM) was used to estimate the influence of reproductive period on risk of transitioning through cognitive states including mild cognitive impairment (MCI) and clinically diagnosed dementia, as well as death. Multinomial regression models estimated total and cognitively unimpaired life expectancies based on the transition probabilities estimated by the MSM. Results suggest that women with more reproductive years were less likely to transition from no cognitive impairment (NCI) to MCI, and were more likely to return to NCI from MCI. Analyses also suggest two additional years free of cognitive impairment for women with 45 vs 25 years of reproduction, though reproduction period did not significantly impact overall life expectancy. This study suggests that the number of years of reproductive duration is not associated with the transition to dementia, but is possibly associated with delayed cognitive decline, reduced risk of MCI, increased likelihood of returning to NCI from MCI, and increased lifespan free of cognitive impairment.

EFFECTIVENESS OF A STAFF TRAINING PROGRAM TO STIMULATE PHYSICAL ACTIVITY IN HOMECARE: A CLUSTER RCT

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Reablement encourages older adults to do things themselves rather than having things done for them. To implement reablement in practice homecare staff needs the right knowledge, attitude, skills and support. This study evaluated the effectiveness of the “Stay Active at Home” reablement training program. A 12-month cluster-RCT was conducted, involving staff (n=313) and clients (n=264) from 10 homecare teams, five of which were trained. Effects were evaluated using data from accelerometers, physical performance tests, questionnaires and electronic patient records. No beneficial effects were observed in older adults for sedentary behavior;

daily, physical, and psychological functioning; and falls. In homecare staff there were no statistically significant differences between study groups for self-efficacy and outcome expectations scores except for higher self-efficacy scores in more compliant staff (adjusted mean difference: 1.9 [95% CI 0.1, 3.7]). No differences were observed for any cost category except for domestic help costs in the intervention group (adjusted mean difference: €-173 [95% CI -299, -50]). The probability that “Stay Active at Home” is cost-effective compared to usual care at a willingness-to-pay of €20,000 was 19.7%/ daily minute of sedentary time averted, 19.2%/ percent of sedentary time averted as proportion of wake/wear time, and 5.9%/QALY gained, respectively. The reablement training program needs further development based on the lessons learned before wider implementation.

EFFECTS OF TINNITUS ON COGNITION AND DEPRESSIVE SYMPTOMS OVER TIME

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Evidence suggests links among tinnitus, depression, and cognition. We examined these associations over time. We hypothesized baseline tinnitus would predict poorer cognitive performance and more depressive symptoms an average of 11.4 years later. We examined 839 men at two timepoints (baseline age M=55.94; follow-up age M=67.56). At each time point participants responded yes/no if they had tinnitus. We created three tinnitus status groups – no tinnitus at either time, tinnitus at both, and no tinnitus at baseline but tinnitus at follow-up. At both time points we measured cognitive performance with tests of episodic memory, processing speed, executive function, and verbal fluency. Depressive symptoms were based on the Center for Epidemiological Studies Depression scale. There was no association between tinnitus and any measure of cognitive performance. Depressive symptoms declined from baseline to follow-up. In separate mixed models predicting depressive symptoms, there was a significant main effect for tinnitus status at baseline (p = .003) and follow-up (p < .001). Those with tinnitus at both times had significantly higher depressive symptoms than the “No tinnitus” group (p < .001). This association remained significant after accounting for baseline depressive symptoms (p = .011) at follow-up. Results did not support the hypothesis that tinnitus would be associated with poorer cognitive function. However, depressive symptoms declined among those with no tinnitus than the other groups. The relationship between tinnitus and depressive symptoms may have implications for future cognitive performance among older adults, given previous evidence that depressive symptoms are risk factors for cognitive decline.

ENGAGING WITH AGING: A QUALITATIVE STUDY OF AGE-RELATED CHANGES AND ADAPTATIONS

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Engaging with Aging is an emerging framework proposed by Carnevali which provides a new lens to understand an active, conscious daily living process of coping with age-related changes (ARCs) taken on by older adults. Study aims were to 1) describe the ARCs experienced by community-dwelling older adults; 2) identify the strategies and resources used by older adults to accommodate the daily living challenges caused by the associated ARCs; and 3) evaluate the framework of EWA based on findings from aims 1 and 2. We conducted semi-structured interviews with 29 participants aged 64 to 98 online due to COVID-19 restrictions. We used a virtual card sort to assist data gathering. Fifteen ARCs (e.g., changes in hearing, changes in stability, changes in sleep, etc.) were mentioned by participants and their corresponding adaptations were discussed. We found that older adults linked their adaptations to their ARCs based on their changing capacities and needs. Commonly used adaptations included conserving energy, utilizing tools or technology, and being more conscious before and while taking actions. The challenges caused by COVID-19 in implementing the adaptations were also discussed (e.g., increased difficulty in understanding others due to mask-wearing). Our study substantiates the EWA framework by showing the commonality among older adults in linking ARCs with adaptations. Implications for clinicians and researchers include using EWA to help older adults identify personalized solutions that fit their capacities. Our study is late-breaking as we recently finished data analysis and the information included was not yet available by the previous submission deadline.

EXPERIENCES OF AFRICAN AMERICAN DEMENTIA CAREGIVERS DURING THE COVID-19 PANDEMIC

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African American caregivers are often confronted with the complexities of caregiving through the lens of race and associated health disparities. The COVID-19 pandemic has both exacerbated the systemic disparities and deeply rooted inequities experienced by African Americans and laid bare their effects on the community of caregivers. The purpose of this project was to explore the experiences of African American dementia caregivers during the COVID-19 pandemic. Nineteen African American caregivers of persons living with dementia were recruited by primary investigators and community partners with purposeful sampling techniques to participate in semi-structured focus groups that were held April 2021. Four overarching themes were constructed during thematic analysis: social isolation, decreased well-being, the good and bad of telehealth, and challenges in fulfilling the caregiver role. Caregivers expressed that they became socially isolated from family and friends, which led

to them becoming depressed and mentally strained. Several caregivers felt they could not carry out their caregiver duties due to the constraints surrounding the pandemic. The varying levels of interaction with and the comfort level of physicians utilizing telehealth led to caregivers having mixed reviews on the popularized service. The results of this study will be used to culturally adapt caregiving education courses and programs promoting mastery and competency during a pandemic. In preparations for future public health crises, healthcare professionals will be able to use the results of this study to address the specific needs and improve the experiences of African American dementia caregivers.

FACTORS ASSOCIATED WITH OLDER PEOPLES' PERCEPTIONS OF DIGNITY AND WELL-BEING AT RESIDENTIAL CARE FACILITIES.

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Dignity and well-being should be promoted in care of older people living at residential care facilities (RCFs). In addition, care should be person-centred. Dignity and well-being can be interpreted as person-centred outcomes. Older people living at RCFs experience a lack of dignity and well-being. To promote this, it is important to understand the associated factors to target. The aim of this study was to examine the associations between perceived dignity and well-being and factors related to attitudes of staff, the care environment and individual issues (age, gender, self-rated health and dementia) among older people living at RCFs. A national cross-sectional study was conducted retrospectively. All older people 65 years and older (n=71,696) living at RCFs in 2018 were invited to respond to the survey. The survey included the areas: self-rated health, indoor-outdoor-mealtime environment, performance of care, treatment from staff, safety, social activities, availability of staff and care in its entirety. Age, gender and diagnosed dementia were collected from two national databases. Data was analysed using ordinal logistic regression models. The result indicated that respondents who had experienced disrespectful treatment, who did not thrive in the indoor-outdoor-mealtime environment, who rated their health as poor and respondents with dementia had higher odds of being dissatisfied with dignity and well-being. There is a need to improve the prerequisites of staff regarding respectful attitudes and to improve the care environment. The Person-centred Practice framework, targeting the prerequisites of staff and the care environment, can be used as a theoretical framework for designing future improvements.

FAKE NEWS DETECTION IN AGING DURING THE ERA OF INFODEMOC

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