

of persons with dementia display symptoms of distress such as agitation or anxiety, and 69% of AL communities provide medications to treat this distress. Unfortunately, the psychoactive medications that are prescribed are often ineffective, contraindicated, and may cause serious adverse events including mortality. Especially concerning is the use of antipsychotic medications, which carry a black-box warning for persons with dementia. This symposium will present data from a seven state study of 250 AL communities and the 13,600 individuals who reside there. The first speaker will discuss the prevalence of psychoactive prescribing in AL overall and by medication type, and community characteristics that relate to use (e.g., staffing, resident case-mix). The second presentation will focus on the use of pro re nata (PRN) psychotropic medications, to examine the extent to which use is situational. The third speaker will address the use of off-label antipsychotic medications, and typologies of AL communities that differentiate use. The fourth speaker will discuss the prevalence of potential antipsychotic side-effects and adverse events, and also family member knowledge of medication use. The final speaker will compare the use of antipsychotic and antianxiety prescribing in proximate AL communities and nursing homes, to examine the extent to which local prescribing patterns may influence use. All five presentations of this symposium convey important issues for practice, policy, and future research.

#### ANTIPSYCHOTIC AND PSYCHOTROPIC PRESCRIBING IN ASSISTED LIVING

Sheryl Zimmerman,<sup>1</sup> Philip Sloane,<sup>1</sup> Christopher Wretman,<sup>1</sup> Stephanie Miller,<sup>2</sup> and John Preisser,<sup>1</sup> *1. University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States, 2. Cecil G. Sheps Center for Health Services Research, Chapel Hill, North Carolina, United States*

The Center for Medicare & Medicaid Services has brought national attention to potentially inappropriate antipsychotic prescribing for residents with dementia in nursing homes, but no such attention has been paid to prescribing in assisted living (AL), despite the fact that more than 40% of AL residents have moderate/severe dementia. This study examined antipsychotic and other psychotropic prescribing in AL using a seven-state sample of 250 communities, and examined correlates of prescribing; analyses used weights based on probability proportional to bed size to derive state-level estimates. Overall, 19% of residents were taking an antipsychotic medication (27% of those with dementia); corresponding numbers for antidepressants were 46% (54%) and for anxiolytics/hypnotics were 24% (28%; both  $p < .001$ ). By way of example, communities that did not have an RN or LPN were more likely to prescribe antipsychotics (34% vs. 17%;  $p < .001$ ). The discussion will highlight next steps regarding practice, policy, and research.

#### PRO RE NATA USE OF PSYCHOTROPIC MEDICATIONS IN ASSISTED LIVING

Paula Carder,<sup>1</sup> Sheryl Zimmerman,<sup>2</sup> Christopher Wretman,<sup>2</sup> Sarah Dys,<sup>3</sup> and Philip Sloane,<sup>2</sup> *1. Portland State University, Portland, Oregon, United States, 2. University of North Carolina at Chapel Hill,*

*Chapel Hill, North Carolina, United States, 3. Institute on Aging, Portland, Oregon, United States*

This study examined the use of pro re nata (PRN, or as needed) psychotropic medications among assisted living (AL) residents. We examined prescriptions and administrations, and compared use based on dementia diagnosis. Data sources included interviews with administrators of 250 AL communities in 7 states and medication administration record review for the prior 7 days; analyses were weighted to the entire state. The percent of all residents prescribed a PRN psychotropic medication was 10.3%. However, residents with a dementia diagnosis were twice as likely to have a PRN psychotropic prescription (15.2% versus 7.2%;  $p < .001$ ). The majority of psychotropic medications prescribed and administered were for anxiolytics/hypnotics rather than antipsychotics. Additional resident-level factors significantly associated with higher PRN prescribing included psychiatric diagnosis, incontinence, hospice use, confusion/disorientation, and agitation. We summarize these and other findings in the context of state regulatory requirements for staffing, chemical restraints, and dementia care.

#### OFF-LABEL ANTIPSYCHOTIC PRESCRIBING FOR PERSONS WITH DEMENTIA IN ASSISTED LIVING

Christopher Wretman, Sheryl Zimmerman, Philip Sloane, and John Preisser, *University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States*

Off-label antipsychotic use is contra-indicated for persons with dementia due to lack of efficacy and FDA black box warnings. Yet, residents in assisted living (AL), including those with dementia, are frequently prescribed such medications. If distinct typologies of AL communities exist based on prescribing rates, it might be possible to reduce use. Toward that end, data from 247 AL communities in seven states were analyzed to discern potential unobserved latent classes that differentiate prescribing levels. Results using finite mixture modeling determined a 5-class solution best fit the data, with class-level prescribing rates ranging from 16.9% of residents with dementia to 27.4% (Mean = 18.9%). Bivariate tests found differences across classes by variables related to community structure, medication processes, and resident-case mix (e.g., frequent formal pharmacy review was more likely in communities with higher prescribing). Typologies are useful to identify differences and care and may be useful for quality improvement.

#### POTENTIAL ANTIPSYCHOTIC SIDE EFFECTS AND ADVERSE EVENTS OF ASSISTED LIVING RESIDENTS WITH DEMENTIA

Anna Beeber,<sup>1</sup> Sheryl Zimmerman,<sup>1</sup> Christopher Wretman,<sup>1</sup> Stephanie Miller,<sup>2</sup> Kush Patel,<sup>3</sup> and Philip Sloane,<sup>1</sup> *1. University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States, 2. Cecil G. Sheps Center for Health Services Research, Chapel Hill, North Carolina, United States, 3. Northeast Ohio Medical University, Rootstown, Ohio, United States*

This presentation provides the findings from a descriptive study examining the potential adverse events and side effects of antipsychotic medications prescribed to assisted living (AL) residents with dementia drawn from interviews with family

members and chart review on 238 AL residents, from 91 AL communities in seven US states. We found that 85% of family reported that medication had been administered for agitation or aggression, 93% of the sample experienced at least one potential side effect, and 19% experienced five or more. The most common potential side effects were neurologic/psychological effects (89% of residents), and somnolence during the day (81%). Six percent of the sample experienced at least one potential adverse event. This work implies a need for caution when prescribing antipsychotics to older adults with dementia in AL. Medication management efforts should extend to monitoring AL residents for potential side effects and adverse events from specific psychoactive medications.

#### LOCAL NURSING HOME PRESCRIBING PATTERNS AND PSYCHOACTIVE PRESCRIBING IN ASSISTED LIVING

Kali Thomas,<sup>1</sup> Christopher Wretman,<sup>2</sup> Philip Sloane,<sup>2</sup> Anna Beeber,<sup>2</sup> Paula Carder,<sup>3</sup> Lindsay Schwartz,<sup>4</sup> Sheryl Zimmerman,<sup>2</sup> and Johanna Silbersack,<sup>5</sup> 1. *Brown University, Providence, Rhode Island, United States*, 2. *University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States*, 3. *Portland State University, Portland, Oregon, United States*, 4. *American Health Care Association/ National Center for Assisted Living, Pittsboro, North Carolina, United States*, 5. *University of North Carolina at Chapel Hill*

Because prescribing practices in long-term care settings may reflect regional influences, we examined how potentially inappropriate antipsychotic and antianxiety medication prescribing in assisted living (AL) compared to prescribing in nursing homes (NHs) based on their proximity, using generalized linear models adjusting for facility characteristics and state fixed effects. Data were derived from a seven state sample of AL communities and data for the same seven states drawn from publicly available data reported on the Nursing Home Compare website. In adjusted analyses, AL rates of antipsychotic use were not associated with the rates in the nearest or farthest NHs. However, AL communities that were affiliated with a NH had lower rates of potentially inappropriate antipsychotic use ( $b = -0.27$  [95% CI =  $-0.50, -0.04$ ]). In a separate model, antianxiety medication prescribing rates in AL were significantly associated with neighboring NHs' rates of prescribing ( $b = 2.65$  [95% CI =  $1.00, 4.29$ ]). Findings suggest efforts to change prescribing in NHs may influence prescribing in AL.

#### SESSION 6205 (SYMPOSIUM)

##### REFRAMING AGING-IN-THE-RIGHT-PLACE FOR HOUSING INSECURE OLDER ADULTS

Chair: Sarah Canham

Co-Chair: Mineko Wada

Discussant: Stephen Golant

Amidst rising costs of housing and changing personal needs, considerations of the availability of appropriate and accessible housing are becoming increasingly salient for older adults. While it has been widely acknowledged that older adults would prefer to age-in-place, recent reframing of this trend promotes the ideal as aging-in-the-right-place. This symposium will provide an updated understanding of

how to support older adults' ability to age-in-the-right-place, regardless of income or physical, mental, or social status. Presenters include international and interdisciplinary researchers representing perspectives from gerontology, social work, community planning, and health sciences. The symposium will begin with Wada examining resilience scholarship, with a focus on older people who are experiencing homelessness, which has been largely neglected. In the next presentation, Humphries will outline distinct, senior-specific needs and shelter/housing solutions for newly and chronically homeless older adults. Following, Canham will describe promising practices of shelter/housing to support aging-in-the-right-place for older people experiencing homelessness in Montréal, Calgary, and Vancouver identified through an environmental scan. Extending these efforts to an international scale, Mahmood will outline findings from a scoping review of supportive shelter/housing options, supports, and interventions. A final presentation will report on how community development practices implemented by a not-for-profit affordable housing provider promote older tenants' food security and social support needs. Stephen Golant, a leading expert on housing, geography, and long-term needs on older adults, will discuss implications of these studies for policy and practice for supporting housing insecure older adults while advancing scholarship on aging-in-the-right-place for this marginalized population. Environmental Gerontology Interest Group Sponsored Symposium.

##### ADVANCING THE CONCEPT OF RESILIENCE FOR OLDER PEOPLE WHO ARE EXPERIENCING HOMELESSNESS

Mineko Wada,<sup>1</sup> Sarah Canham,<sup>2</sup> and Mei Lan Fang,<sup>3</sup>

1. *STAR Institute, Vancouver, British Columbia, Canada*,

2. *University of Utah, Salt Lake City, Utah, United States*,

3. *University of Dundee, Dundee, Scotland, United Kingdom*

Current conceptualizations of resilience have overlooked the lived expertise of older people experiencing homelessness (OPEH) – individuals who have much insight to offer in terms of progressing notions on how people 'stand up' to adversity and 'bounce back' to a state of physical and psychological homeostasis across the life course. Drawing from extant literature and data from a community-engaged research project, which interviewed 40 participants and examined the health supports needed for individuals experiencing homelessness upon hospital discharge, we provide a comparison of resilience among OPEH. Based on narratives of significant adversity experienced by OPEH in Vancouver, Canada, we offer a critical analysis of 'resilience in ecological context' that identifies unique characteristics of resilience at micro, meso, exo, and macro system levels. We discuss how our conceptual model of resilience pertinent to OPEH can be used to shape research, policy, and practice. Part of a symposium sponsored by the Environmental Gerontology Interest Group.

##### CONCEPTUALIZING THE SHELTER AND HOUSING NEEDS AND SOLUTIONS OF OLDER PEOPLE EXPERIENCING HOMELESSNESS

Sarah Canham,<sup>1</sup> and Joe Humphries,<sup>2</sup> 1. *University of Utah, Salt Lake City, Utah, United States*, 2. *Simon Fraser University, Vancouver, British Columbia, Canada*