THE ROAD TO ACCEPTANCE OF DRIVER RETIREMENT FOR PATIENTS WITH DEMENTIA: PHYSICIANS' AND PATIENTS' PERSPECTIVES

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People living with Alzheimer's disease and related dementias (ADRD) must eventually stop driving. While some will voluntarily retire, many others will continue to drive until a crisis. In Australia, like many other countries, general physicians/practitioners ("GPs") play a key role in monitoring driving safety and driver retirement with their patients with ADRD. Advising patients about driving cessation is one of the most challenging aspects of clinical dementia care, complicated by limited time in consultations, lack of patient awareness and insight, and objective screening and assessment measures. We examined how to support best practice in relation to management of driving cessation with patients with ADRD through focus groups with 29 GPs and contrasted their perspectives with those of 11 retired drivers with ADRD. Focus groups and interviews were transcribed and thematically analysed. Themes discovered highlighted the importance of providing education about the effects of dementia on safe driving and incorporating regular assessment of driving safety into the care continuum. Key strategies that GPs successfully employed included acknowledging loss and encouraging continued community engagement, providing referral pathways, and deferring to other GPs within the practice in challenging circumstances. In conclusion, there is demand for an overhaul of the current system of management and a need to establish nationally aligned, standardized and evidence-based guidelines, in particular relating to assessment of safe driving. In the meantime, we can learn from these GPs who have implemented particular strategies that mitigate some of the challenges and complex driving related issues that present in primary care.

SYSTEMATIC REVIEW AND GAP ANALYSIS ON ALZHEIMER'S DISEASE IN ASIAN AMERICANS, NATIVE HAWAIIANS, AND PACIFIC ISLANDERS

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Background: The Asian American, Native Hawaiian, and Pacific Islander (AANHPI) aging population is rapidly growing and the burden of Alzheimer's disease and its related dementias (AD/ADRD) will likely mirror this demographic growth. AANHPIs face significant barriers in obtaining timely AD/ADRD diagnosis and services; yet little is known about AD/ADRD in this population. The study objective is to conduct a systematic review on the published literature on AD/ADRD among AANHPIs to identify gaps and priorities to inform future research and action plans. Methods: The systematic review was conducted following the PRISMA Protocol for Systematic Reviews. Co-author (TR), an experienced Medical Librarian, searched PubMed, EMBASE, PsycINFO, Cochrane Central of Clinical Trials, Ageline and Web of Science for peer-reviewed articles describing AD/ADRD among AANHPIs. The search was not limited by language or publication date. Each citation was reviewed by two trained independent reviewers. Conflicts were resolved through consensus. Results: The title/abstract and full texts of 1,447 unique articles were screened for inclusion, yielding 310 articles for analysis. Major research topics included prevalence, risk factors, comorbidities, interventions and outreach, knowledge/perceptions/attitudes, caregiving, and detection tools. A limited number of studies reported on national data, on NHPI communities generally, and on efficacy of interventions targeting AANHPI communities. Conclusion: To our knowledge, this is the first systematic review on AD/ADRD among AANHPI populations. Our review provides a first step in mapping the extant literature on AD/ADRD among this underserved and under-researched population and will serve as a guide for future research, policy and intervention.

TELEPHONE-BASED COGNITIVE ASSESSMENTS IN A LARGE, MULTISITE RCT: THE COSMOS-MIND STUDY

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Identifying safe, affordable, and well-tolerated interventions that prevent or delay cognitive decline in older adults is of critical importance. There is growing evidence from basic science and small randomized trials that cocoa flavanols may provide protection against this decline. Funded by the NIA, COSMOS-Mind is an ancillary study of COSMOS and was designed to add cognitive outcomes to the parent study, a 2x2 factorial randomized controlled trial testing the effects of cocoa flavanols (600 mg/d) and a multivitamin with matching placebo on cardiovascular disease and cancer endpoints. A validated telephone-based protocol conducted at baseline and then annually for three years measures attention, memory, language, executive function, and global cognitive functioning in 2,262 women and men, ages 65 and older without insulin-dependent diabetes. Cases of mild cognitive impairment and Alzheimer's and related dementias will be centrally adjudicated. For participants who score below a pre-specified threshold on a test of global cognition, a study partner is interviewed to obtain additional information regarding cognitive and functional status. With >5,000 interviews completed, this presentation will describe the cognitive battery, operational procedures used to ensure high data fidelity, and strategies employed that have maintained retention at >90%. Our experiences in COSMOS-Mind can inform the design and implementation of other large, multisite RCTs and epidemiological studies. Telephone-based assessments of cognitive function are a cost-efficient method for assessing cognitive function.

ASSESSING APATHY IN LONG-TERM CARE RESIDENTS WITH DEMENTIA: COMPARING SELF-EVALUATION WITH PROXY RATINGS

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