ADAPTING STAKEHOLDER WALKABILITY/WHEELABILITY AUDIT TOOL IN NEIGHBORHOOD FOR SENSORY AND COGNITIVE DISABILITIES

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Neighbourhood accessibility influences health, social inclusion, and overall wellbeing of older adults. It is important to assess neighbourhood accessibility in relation to the diverse needs and challenges brought on by the intersection of aging and disability, particularly sensory and cognitive disabilities. Given the paucity of neighbourhood audit tools tailored for this population, The user-led Stakeholders’ Walkability/Wheelability Audit in Neighbourhoods (SWAN) tool was originally created for people with mobility disabilities and is now being adapted for seniors with sensory and cognitive disabilities to evaluate functionality, safety, appearance, supportive features, and social aspects in their neighbourhoods. In this paper, we present highlights and key takeaways from the process of adapting the SWAN tool for three user groups: people living with 1) Blindness or low vision, 2) Deafness and hearing loss, and 3) Dementia. Key steps in the iterative tool adaptation process include 1) identifying access needs/challenges for the three user groups based on a literature review, 2) online consultation with stakeholders with lived and/or professional experience (N = 4) to prioritize key access needs/challenges that will be captured through the SWAN tool and review draft versions of the tool, and 3) in-person pilot testing of tools with persons with lived experience (N = 2) in two urban/suburban neighbourhoods in British Columbia, Canada. Reflections of team members and input from stakeholders and pilot participants revealed issues that were addressed in tool development, namely 1) length of audit and participant fatigue, 2) legibility of tool, and 3) tailoring audit to participants’ context and needs.

SESSION 6510 (POSTER)

EPIEMIOLOGY, BIOLOGY, CHRONIC DISEASES, AND FUNCTION I

ANNUALIZED AND CUMULATIVE MEASURES OF ANTICHOLINERGIC EXPOSURE FOR RESEARCH AND CLINICAL APPLICATIONS

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Medications with anticholinergic properties are commonly used by older adults despite being associated with dementia. The anticholinergic total standardized daily dose (TSDD) is a continuous measure of exposure that has been associated with an increased risk of dementia at values >1095 over ten years in epidemiologic studies. We sought to determine a cumulative (cTSDD) and annualized (aTSDD) in a sample of community-dwelling older adults enrolled in the ongoing Reducing Risk of Dementia Through Deprescribing (R2D2) trial (NCT04270474). Participants were 65 years or older without dementia, attended at least one primary care visit within 12 months prior to enrollment, and were current users of strong anticholinergics according to the 2012 Anticholinergic Cognitive Burden Scale. Prescribed and over-the-counter medication details were collected during the baseline visit through self-report and included strength, frequency, units/dose and duration. The aTSDD was calculated for each participant assuming continuous use patterns throughout the year. The cTSDD was calculated by summing the aTSDD across the number of years since initiation. Of 66 participants, the median cTSDD was 2425 (IQR 5131), and 48 (72%) exceeded the threshold of dementia risk (>1095). Additionally, the aTSDD had a median of 730 (IQR 547), with 60 (90%) exceeding the threshold of dementia risk (109.5, one-tenth of the ten-year risk) while 11 (17%) exceeded dementia risk threshold of 1095 considering 1 year of exposure. Both measures identified the majority of anticholinergic users exceeding dementia risk thresholds despite some disagreement between the two approaches. However, both methods have potential for research and clinical applications.

DIURNAL CORTISOL SECRETION AND SELF-REPORTED AND CAREGIVER-REPORTED QUALITY OF LIFE IN PEOPLE LIVING WITH DEMENTIA

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Introduction People living with dementia (PLwD) report lower quality of life (QoL), compared to healthy older adults. The poorer QoL is not fully accounted for by the severity of dementia. Dementia is associated with prominent neuroendocrine changes, however, there is a lack of research examining whether biological factors are related to QoL in PLwD. This study examined relationships between cortisol, symptom severity, and QoL in PLwD.

Methods: A total of 143 participants aged 55-94 years (65.7% women) in the Healthy Patterns Study (NCT03682185) provided three saliva samples at wake-up (AM1), 30 minutes (AM2) after waking, and bedtime (PM) on two consecutive days. We derived cortisol awakening response (CAR), wake to bedtime cortisol slope, and diurnal mean cortisol secretion. Sociodemographic and severity of dementia were assessed by interviews and questionnaires. Self-reported and caregiver-reported QoL was measured using the Quality of Life in Alzheimer’s Disease (QoL-AD).

Results: Poorer QoL was associated with more severe dementia rating. Flattened cortisol slope was significantly correlated with overall poorer self-reported QoL (β=0.43, p=0.017), but not caregiver-reported QoL (p=0.12), after controlling for severity of dementia and demographic variables. We did not find a significant relationship between CAR and diurnal mean cortisol with QoL.

Conclusions: This study provides novel evidence linking neuroendocrine mechanisms to QoL in PLwD. The findings indicate that dysregulation of the hypothalamic-pituitary-adrenal axis is linked to poorer QoL, independently of the severity of dementia. Biopsychosocial approaches to QoL for