TRACING THE EXPRESSION OF RESIDENT QUALITY OF LIFE POLICIES IN CANADIAN LONG-TERM CARE SETTINGS

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Policies favouring safety, security, and order are expressed in preference to those oriented towards person-centred resident quality of life in Canadian long-term care settings. Factors impacting the expression of these latent (under-utilised) rules were uncovered through an analysis of long-term care related policies in four provinces. 84 policies relating to resident quality of life in long-term care were analysed in three sequences, incorporating jurisdictions, policy types, and quality of life domains, over time. The analysis revealed three policy levers: situations—providing explicit and implicit examples of resident oriented quality of life policy suppression in each jurisdiction; structures—identifying which types of policy and quality of life expressions are more vulnerable to dominance by others; and trajectories—confirming the cultural shift towards more person-centredness in Canadian long-term care related policies over time. Although these policies exist, their potentiality remains dormant in the dominant policy discourse, thereby signaling a positive post-pandemic possibility.

DOES LONG-TERM CARE POLICY ENABLE OR LIMIT VOLUNTEERS’ ROLES IN ENHANCING RESIDENT QUALITY OF LIFE?

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This paper examines how volunteer roles are represented in Canadian long term care (LTC) policy in four Canadian jurisdictions, attending to how these regulated roles might impact resident quality of life. Overall, we found that policies define volunteer roles narrowly, which may limit residents’ quality of life. This happens through (1) omitting volunteers from most regulatory policy, (2) likening volunteers to supplementary staff rather than caregivers with unique roles, and (3) over-emphasizing residents’ safety, security and order. We offer insights into promising provincial policy directions for LTC volunteers, yet we caution against further regulating volunteers. Instead, we argue, addressing the cultural, social and structural changes required for volunteers to enhance LTC residents’ quality of life effectively.

Session 3430 (Symposium)

MAINTAINING ENERGY: A POTENTIAL TRANSFORMATIVE POWER TO ADAPT TO THE CHALLENGES OF OLDER AGE?

Chair: Rebecca Ehrenkranz

Reduced energy is a hallmark feature of aging. Maintaining higher energy late in life may be a key adaptive strategy to the challenges that accompany older age and ultimately promote resilience. Perceived lack of energy is often construed as synonymous with fatigue, and energy and fatigue are frequently considered opposite aspects of the same phenomenon. However, evidence suggests that energy and fatigue have distinct underlying neurobiology. Further exploration of the energy/fatigue dichotomy is needed in community-dwelling...
older adults free of neuropathologies and clinically overt conditions. This symposium will first present clinical and epidemiologic justifications for operationalizing energy as a separate construct from fatigue and then will provide evidence on the underlying neurobiological correlates. Taken together, our results suggest perceived energy: a) overlaps with but is distinct from lower fatigability (Katz); b) may signal resilience against age-related declining mood and gait speed despite self-reported tiredness (Ehrenkranz); c) appear negatively influenced by Alzheimer’s neuropathology (Dougherty); and d) may reflect a distinct spatial distribution of brain functional connectivity (Hengenius). Thus, this symposium will explore energy as a mechanism related to yet distinct from fatigue and its implications for both healthy aging and neuropathological processes.

ENERGY AND FATIGUE PREDICT GAIT SPEED AND MOOD DECLINE: RESULTS FROM THE HEALTH, AGING AND BODY COMPOSITION STUDY
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Older adults may report high energy alongside tiredness or vice versa; little is known about whether discordant self-reported energy (SEL) and tiredness predict trajectories of mood, cognition, or gait speed. SEL (0-10 scale dichotomized at median) and tiredness (present/absent) were obtained in 2,613 older adults (aged 74.6±2.87 years) and used to create four groups (energized/not-tired, low energy/tired, energized/tired, low energy/not tired). Center for Epidemiologic Studies Depression Scale (CES-D) and gait speed were measured over 10 years; mixed effect models compared trajectories in these domains across each group with low energy/tired group as referent. Each group was significantly associated with CES-D and gait. Adjusting for demographics, the high SEL/not tired group showed the least decline in mood (β = -0.17, p<0.01); the high SEL/tired group showed the least decline in rapid gait (β = 0.008, p = 0.02). High SEL may indicate resilience for mood and gait speed decline.

ENERGY AND EXHAUSTION MAY EXPLAIN DIFFERENT SUBDOMAINS OF PERCEIVED FATIGABILITY
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Fatigability is a more sensitive measure of one’s perception of fatigue. To identify an appropriate fatigue question when a fatigability measure is unavailable, we examined associations between widely used global fatigue questions and perceived physical and mental fatigability. Participants (N=896, age=74.7±6.6, 58.1% women) from two aging research registries completed the valid Pittsburgh Fatigability Scale (PFS, 0-50) and five global fatigue questions: energy level (0-10), running out of energy (0-5), feeling energetic (0-6), feeling tired (0-6), and feeling exhausted (0-6) over past four weeks. All fatigue measures were correlated (p<0.0001) with physical (|r| range=0.48-0.57) and mental fatigability (|r| range=0.31-0.39). “Energy level” and “feeling exhausted” had strongest associations with physical and mental fatigability, respectively, in age, sex, BMI-adjusted regression models (p’s<0.001), suggesting older adults can distinguish between physical and mental domains. Future work will explore how these constructs are distinct but related, and confirm the optimal proxy for the two fatigability subdomains.

ASSOCIATION OF WALKING ENERGETICS WITH AMYLOID STATUS: FINDINGS FROM THE BALTIMORE LONGITUDINAL STUDY OF AGING
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Higher energetic costs for mobility are associated with slow and declining gait speed. Slow gait is linked to cognitive decline and Alzheimer’s disease (AD), but the physiological underpinnings are not well-understood. We investigated the cross-sectional association between the energetic cost of walking and amyloid status (+/-) in 174 cognitively unimpaired men and women (52%) aged 78.5±8.6 years. The energetic cost of walking was assessed as the average oxygen consumption (VO2) during 2.5 minutes of customary-paced overground walking. Amyloid status was determined from 11C-Pittsburgh compound B (PiB) positron emission tomography (PET) imaging. Average energetic cost of walking was .169±.0379 ml/kg/m and 30% of the sample was PiB+. In logistic regression adjusted for demographics, APOE-e4, body composition and comorbidities, each 0.01ml/kg/m higher energy cost was associated with 12% increased odds of being PiB+ (OR=1.12; 95% CI:1.01-1.24). Inefficient walking may be a clinically meaningful physiological indicator of emerging AD-related pathology.

CORTICO-STRIATAL FUNCTIONAL CONNECTIVITY REFLECTS CHANGES IN SUBJECTIVE ENERGY AND TIREDNESS
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Subjective feelings of energy and tiredness may reflect different neural processes. Functional connectivity (FC) was measured in 272 HealthABC participants via resting state functional MRI in striatal-associative, striatal-limbic and striatal-sensorimotor networks. Subjective energy level (scored 1-10) and tiredness (tired/not-tired) during the prior month were collected via self-report from year 2 to year 10 (mean energy follow-up=8 years, tiredness follow-up=7 years). Participants who never reported being