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Multiple perspectives on what (if any) is an optimal time for people with dementia to move to a care home

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education, occupation, and leisure activities, are associated with better functional status in individuals with FTD. We also evaluated the relationship between timing of experiences (early, mid-life, and late-life) and functional status. Thirty-five patients (mean age 61.6 ± 8.7; 74% male; mean disease duration 3.4 ± 2.6; mean MMSE 24.0 ± 5.5) completed the Lifetime of Experiences Questionnaire (LEQ), a comprehensive assessment of lifelong cognitive lifestyle, and the Clinical Dementia Rating Scale (CDR), which was used to assess functional status. Linear regression tested the relationship between cognitive lifestyle and functional status, with age and disease duration included as covariates. Higher total LEQ score was associated with better functional status (lower score on CDR) (β = -0.047, p = 0.009). While Young Adulthood LEQ score was not significantly associated with total CDR (β = -0.047, p = 0.176), both Mid-life (β = -0.117, p = 0.011) and Late-life (β = -0.133, p = 0.013) LEQ score significantly contributed to functional status. Our results indicate that functional status is mediated in part by cognitive lifestyle and that experiences accumulated in mid-life and late-life have a greater effect on functional status at time of diagnosis.

LONG-TERM EXPOSURE TO AIR POLLUTION AND THE RISK OF DEMENTIA: THE ROLE OF CARDIOVASCULAR DISEASES

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Aim: We aimed to investigate the association between long-term air pollution and cognitive decline and dementia, and to clarify the role of CVD on the studied association. Methods: We examined 3150 dementia-free 60+ year-olds in the Swedish National study on Aging and Care in Kungsholmen, Stockholm for up to 13 years, during which 363 persons developed dementia. Outdoor air pollution levels at the home address were assessed yearly for all participants, using a dispersion model for nitrogen oxides (NOX), mainly emitted from road traffic. Mixed-effect linear regression models were used to quantify the association between air pollution and cognitive decline (with the Mini Mental State Examination). The risk of dementia, in keeping with the Diagnostic and Statistical Manual of Mental Disorders IV edition, was estimated using competing-risks models, considering death as competing event, and considering an exposure window 0-5 years before a year at risk. Stratified analyses by CVD were also performed. Results: Higher levels of traffic-related residential air pollution were associated with steeper cognitive decline over the follow-up period. After controlling for potential confounders, higher levels of air pollution were associated with increased risk of dementia (HR: 1.13, 95%CI: 1.05-1.22, for an µg/m3 unit increase NOX). The stratified analyses showed that the presence of CVD enhanced the effect of air pollution on dementia risk. Conclusion: Long-term exposure to traffic-related air pollution was associated with a higher risk of dementia. Cardiovascular disease might have played a role in this association.

MULTIPLE PERSPECTIVES ON WHAT (IF ANY) IS AN OPTIMAL TIME FOR PEOPLE WITH DEMENTIA TO MOVE TO A CARE HOME

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Deciding an 'optimal' time for a person with dementia to move to a care home may be difficult for people with dementia, family carers, and professionals who support them; but there is currently limited evidence to help make this decision. Using phenomenology, we carried out qualitative interviews with 20 family carers, 5 people with dementia, 20 care home managers and 20 social workers, about their experiences, views and attitudes regarding timing of a move to a care home. Social workers indicated that managing risks and safety of person with dementia living in their own home were paramount when considering where person with dementia should live. These concerns included mishandling gas and electrical equipment at home, wandering and getting lost outside, and breakdown of family care. They and care home managers valued wishes of the person with dementia, and minimising any emotional distress to them when a move did come about. Family carers reported feeling stressed, and guilty around decision-making and ultimate move of their relative to a care home. Many described weighing up various risks when reaching 'tipping point' and making trade-offs between available options or uncertain future choices. Participants with dementia recognised they had struggled to cope at home and needed more support; however, many found the move difficult as they relocated nearer to family, away from their home and friends, and resigned themselves to less independence. Most people with dementia reported that their carers initiated discussions about timing of move, and that family discussions about this were common.

GREATER DEMENTIA SEVERITY IS ASSOCIATED WITH INCREASED RISK OF POTENTIALLY PREVENTABLE READMISSIONS DURING HOME HEALTH CARE

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Approximately 14.0% of Medicare beneficiaries are re-admitted to a hospital within 30-days of home health admission. Individuals with dementia account for 30% of all home health care admissions and are at high-risk for rehospitalizations. Our primary objective was to determine the association between dementia severity at admission to home health and 30-day potentially preventable readmissions (PPR) during home health care. A secondary objective was to develop a dementia severity category from OASIS items based on the Functional Assessment Staging Tool (FAST). Retrospective cohort study of 124,119 Medicare beneficiaries receiving home health (7/2013 – 6/2015) and diagnosed with dementia (ICD-9 codes). The primary outcome was 30-day PPR during home health. The predictor variable of dementia severity was categorized into six levels (non-affected to severe). The overall

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