MOBILITY DOES NOT PREDICT DECLINES IN COGNITIVE FUNCTION IN COMMUNITY-DWELLING OLDER ADULTS

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Slow gait speed has been associated with longitudinal decline in cognitive function, however few studies have examined the longitudinal relationship between Timed Up-and-Go (TUG) and cognitive function. In this analysis, we examine if slow TUG and gait speed at baseline are associated with poorer cognitive function at four years follow-up. This analysis is based on data from Waves 1 and 3 of The Irish Longitudinal Study on Ageing (TILDA). Participants completed a home-based interview and a health centre- or home-based health assessment at both waves. Community-dwelling adults aged ≥65 years (mean age 71.4 years; range 65–93 years), with a Mini Mental State Examination (MMSE) score ≥18 and no history of memory impairment, dementia, Alzheimer's disease or Parkinson's disease were included (n=2,250). TUG and usual gait speed were measured at baseline while choice reaction time and Colour Trails Test was assessed at baseline and follow-up. Individual mixed effects Poisson regression models were used to determine longitudinal associations between TUG/gait speed and each cognitive test, adjusting for socio-demographics, physical and mental health. There was very little evidence of an association between mobility measures and cognitive function based on the size and pattern of associations across this range of cognitive measures. TUG and UGS are not sensitive predictors of cognitive decline in this high functioning, community-dwelling sample suggesting that more challenging mobility tasks and longer follow-up is required.

SESSION 3415 (PAPER)

THE ROLE OF CAREGIVERS IN IMPROVING OUTCOMES

CAREGIVERS INCLUDED IN DISCHARGE PLANNING REDUCES HOSPITAL READMISSIONS: A META-ANALYSIS

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Proposed Medicare regulations require hospitals to engage caregivers in the discharge planning processes. The purpose of this meta-analysis was to examine the influence of integrating caregivers into discharge planning process on hospital readmission rates among older adults. We searched MEDLINE, EMBASE and the Cochrane Library databases for all English language articles published between 1990 and April 2016. We included randomized trials that examined discharge-planning interventions from hospitals to the community for older adults. All included interventions began prior to patient discharge, addressed at least one discharge planning element with a caregiver, and evaluated efficacy of discharge plan elements on hospital readmissions. We incorporated two levels of screening by three primary reviewers on 10,715 references. Study quality was assessed with the Cochrane risk of bias tool. We used a random-effects meta-analysis of pooled data to assess effect of the discharge planning interventions on hospital readmission rates. Fifteen studies met the inclusion criteria. Eleven studies provided sufficient detail to calculate readmission rates for treatment and control. Discharge planning with caregiver inclusion was associated with a 25 percent reduction in readmissions at 90 days (Relative Risk [RR], .75 [95% CI, .62-.91]) and a 24 percent reduction in readmissions at 180 days (Relative Risk [RR], .76 [95% CI, .64-.90]) compared to controls. The inclusion of caregivers into the discharge planning process reduces the risk of hospital readmission rates for older, hospitalized adults. These findings suggest that policies that incentivize and require inclusion of caregivers may benefit the patients and payers.

PERCEPTION IS IMPORTANT: THE MODERATING ROLE OF RESOURCE ADEQUACY ON FAMILY CAREGIVER OUTCOMES

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Caring for a loved one is a universal and common occurrence, with 70–80% of community care for older adults being provided by family caregivers. Previous research has established caregiving can have negative effects on the caregivers' mental and physical health. Culminating in perceived burden, these negative outcomes have been associated with premature institutionalization and unmet needs for the older adults receiving the care. What is less well known, however, is how resources, both utilization and perception of adequacy, in the caregiving role may improve family caregiver outcomes. Using the Conservation of Resources Model, this study examined if resource utilization and perception of adequacy moderate the relationship between caregiving demands and the outcomes of caregiver satisfaction and strain. Secondary analysis of the Informal Caregiver Survey, (n = 1,907) which examines family caregivers of older adults residing in the community, was conducted using hierarchical multivariate regression with moderation. No significant relationships were found for caregiver satisfaction. Resource utilization revealed a positive relationship with caregiver strain (β = .221, t=10.594, p<.001). Resource adequacy revealed a negative relationship with caregiver strain (β = -.076, t= -3.803, p<.001) and moderated the relationship between caregiving demands and strain (β = -.040, t= -2.007, p <.05). Findings from this study contribute to the importance of providing targeted resources and support to family caregivers, which may be especially salient for those whose needs are unmet in the caregiving role. Policies and practices need to promote improving caregiver outcomes so they may remain and thrive in their critical role.