SESSION 1695 (SYMPOSIUM)

TARGETING MOBILITY FROM SCREENING TO TREATMENT IN LARGE HEALTHCARE SYSTEMS: A VA GRECC SPONSORED SYMPOSIUM

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Mobility problems are a signal condition identifying older adults at risk for adverse health outcomes such as disability, falls, hospitalization and death. Mobility skills are also strongly linked to the manifestation of cognitive impairment and frailty. The estimated added costs associated with mobility problems is expected to surpass $40 billion in the US by the year 2040. Therefore, screening and monitoring of mobility skills has been advocated as a means for large healthcare systems focused on enhancing care quality and reducing costs to identify older adults in need of preventative care. Also, clinical programs targeting mobility skills has been prioritized as means of preventing these adverse health outcomes. The VA healthcare systems is the largest accountable care organization in the US. This symposium will highlight work conducted within both the VHA and other large healthcare systems targeting mobility. Presentation one will highlight using mobility assessment to identify those with a heightened fall risk among patients with cognitive impairment receiving care in an ambulatory neurology clinic. Presentation two will summarize the use of combined mobility and cognitive screening among primary care patients and the ability of this information to predict adverse outcomes. Presentation three will highlight the use of gait speed assessment to identify cardiology patients manifesting frailty. Presentation four will describe the use of actigraphy for monitoring mobility behaviors among different populations of community dwelling older adults. Presentation five will summarize the results of implementing Gerofit, a clinical program targeting mobility, within VA centers across the US.

CLINICAL IMPLEMENTATION OF A GAIT EVALUATION FOR TARGETED MOBILITY THERAPY IN MCI AND AD

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Little is known about why patients with cognitive impairment have 5 times the odds of experiencing a fall than their cognitively intact peers. Although the causes of falls are multi-factorial, alterations in key temporal and spatial gait characteristics are consistent predictors of future falls and disability in other “at-risk” populations. With the use of a gait mat our outpatient cognitive neurology clinic has implemented a protocol to treat gait as a “vital sign” and collected gait data on a large cohort of mild cognitive impairment (MCI; n=424) and Alzheimer’s disease (AD; n=401) patients. Preliminary data demonstrates a clear distinction between the gait profile of fallers and non-fallers in both the MCI and AD cohorts. We suggest these data will lead to targets for future interventional trials aimed to lessen fall risk and improve the overall physical functioning of MCI and AD.

PREDICTING SUBSEQUENT DISABILITY AMONG VULNERABLE PRIMARY CARE PATIENTS USING MOBILITY AND COGNITIVE SCREENING

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We aimed to examine the risk for disability as per Late Life Function and Disability Instrument (LLFDI) scores over 2 years among older adults based on mobility limitation and cognitive impairment status at baseline. Participants were classified according to gait speed (SLOW, if less than 0.8 m/s) and Mild Cognitive Impairment (MCI, based on neurocognitive test scores) into MCI-SLOW-, MCI-SLOW+, MCI-SLOW-, MCI+SLOW+ categories. Risk estimates were derived from generalized linear mixed models adjusting for socio-demographics, BMI, pain, physical activity, depression, and multimorbidity. MCISLOW profiles were differentially associated with lower limb function and participation in life roles over 2 years of follow up. When compared to MCI-SLOW-, MCI+SLOW+ patients (6.54 lower basic function and 9.79 lower advanced function) and MCI-SLOW+ (4.16, 8.65 lower) had significantly greater decline; MCI+SLOW- participants were not significantly different. However, MCI+ participants shows significant worsening of frequency of participation compared to MCI- participants irrespective of gait speed. Combined screening of mobility and cognition may provide a better assessment of disability risk and thereby better informing a plan for preventative rehabilitative care.

PREVALENCE OF PHYSICAL AND COGNITIVE FRAILTY IN VA BOSTON CARDIOLOGY CLINICS

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UPGRADING CREDENTIALS AND SKILLS TO ENSURE EMPLOYABILITY TODAY AND TOMORROW

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Maintaining current skills, especially technology skills, is important for workers of all ages. By 2020, an estimated 65% of jobs will require postsecondary education and training, a substantial increase from 28% in 1973. Nonetheless, 2017 data from the Current Population Survey indicate that only 46% of the 25 – 64 age group in the U.S. had an associate’s degree or higher and the rate for ages 50 – 64 is even lower at 43%. PIAC data suggest that low-income and unemployed older adults in the U.S. are less likely to participate in training than in other developed countries, especially those in the 45 – 54 age group. In addition, older age groups are less likely to use the computer for complex tasks and to have the computer skills required for their job compared to their younger counterparts. This presentation will discuss the role community colleges play in providing older adults with educational opportunities.