HOME PALLIATIVE CARE FOR ADVANCED DEMENTIA IN ISRAEL

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Dementia is a terminal illness with pain and suffering, making the palliative approach an appropriate choice for care. We examined the prevention of hospitalizations, treatment of symptoms, caregiver burden, and satisfaction with care in a pilot project providing palliative care at home for 20 advanced dementia patients. The service was provided for 6 months or until the person died by a multidisciplinary team who were available 24/7. Family members were interviewed once every three months using validated measures and charts were reviewed. After a total of 112 months of care, we found that 33 hospitalizations were prevented. Improvements were seen in symptom management (average scores 33.8 to 38.3 after 6 months) and satisfaction with care (27.5 to 35.3) and caregiver burden declined (12 to 4). We conclude that a home palliative service for 20 advanced dementia patients resulted in improved care.

SESSION 3925 (PAPER)

IMPROVING CARE IN THE COMMUNITY

ADD A LANGUAGE! ADD A PICTURE!—IMPROVING PRESCRIPTION MEDICATION LABELS FOR ELDERLY SINGAPOREANS

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In Singapore, medication labels placed by clinics on packets/bottles of dispensed prescription medications are primarily in English. This poses a challenge for elderly Singaporeans (≥65 years) as 61% of them cannot read in English. However, nearly half of them can read in ≥1 of the other three official languages (Chinese/Malay/Tamil), thus suggesting a potential strategy, i.e., adding another language, for improving prescription medication labels. Pictograms, shown to be helpful for low-literacy populations elsewhere, are another potential strategy. We assessed the utility of these strategies, i.e., bilingual labels and/or labels with pictograms, in improving the understanding of medication labels among elderly Singaporeans. Respondents were randomized to 4 different label types - (A) English-text (n=357); (B) English-text with pictograms (n=357); (C) Bilingual-text (n=353); and (D) Bilingual-text with pictograms (n=350) - for the same three medications, and questioned on their understanding of the label content. While 65% of those randomized to Type A reported difficulty reading the labels, corresponding proportions were significantly lower with the addition of pictograms and/or another language (57%, 32%, 37%, for types B, C, D, respectively). However, even among those able to read English, 12%, 14%, 10% and 9%, respectively

across each label type still reported difficulty. Use of bilingual medication labels is a promising strategy for improving prescription medication labels for elderly Singaporeans. However, careful assessment of the label design and content and of non-label-related factors that may limit the elderly's understanding is warranted. Our findings can support future empirical studies evaluating real-world prescription medication labels for elderly Singaporeans.

INAPPROPRIATE PRESCRIBING OF ANTIPSYCHOTIC MEDICATIONS IN LONG TERM-CARE RESIDENTS: THE HALT PROJECT

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Despite limited evidence for efficacy and safety concerns, antipsychotic medications are commonly prescribed to manage behavioural and psychological symptoms of dementia (BPSD). Guidelines mandating appropriate, short-term use are rarely followed in practice. The aim is to examine conditions under which antipsychotics are prescribed in long term care (LTC) residents to better understand inappropriate practices and opportunities for intervention. Data were from the HALT project, a single-arm longitudinal deprescribing study including 24 facilities across NSW, Australia, with participants aged over 60 years, on regular antipsychotic medication, without primary psychotic illness or severe BPSD. Antipsychotic use including naturalistic dosage history, setting, consent and indication was collected. Of 139 participants, 86.4% were prescribed an atypical antipsychotic, 10.1% a typical, and 3.6% both, among 2.3 concurrent psychotropic medications on average. The current course of antipsychotic was prescribed on average 2.1 years prior, and dose unchanged for 1.2 years. Aggression and agitation were the most common reasons for prescription. Most current courses (57.6%) commenced during residency at an LTC facility. Verbal consent for antipsychotics was recorded in 15.1% of participant files; written consent was located once. Recommendations by health professionals to review antipsychotics were documented in 62.6% of cases. Antipsychotics were commonly prescribed outside guidelines for older adults with dementia. The majority were initiated without informed consent and continued without change for lengthy periods, even when reduction or cessation was recommended. Indications were often unclear or for symptoms with insufficient evidence for benefit. Interventions to improve prescribing practices to meet guidelines are urgently needed.

SALIENT CUES AND WAYFINDING IN ALZHEIMER'S DISEASE WITHIN A VIRTUAL SENIOR RESIDENCE

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Wayfinding is a problem for persons with Alzheimer's disease (AD), especially in complex environments such as senior residential communities. In this study, persons with AD or Mild Cognitive Impairment (MCI) and a control group of older adults were asked to find their way in a virtual reality simulation of a senior residential community. Subjects had to find their way repeatedly over multiple trials for two consecutive days in standard (no extra cues) and salient

(colorful, memorable cues placed at key decision points) cue conditions. The results showed that there was a significant interaction among group, day, and trial ($F(8, 987) = 8.049$; $p < .0001$ indicating that the subjects in the control group found their way faster over days and trials in both cue conditions when compared to the AD/MCI group. The control group found the goal significantly more often ($M = 16.1$, $SD = 2.23$) than the AD/MCI group ($M = 6.45$, $SD = 5.43$); $t(68) = 25.806$, $p < .001$. There was an interaction among cue condition, day, and trial; $F(4, 986) = 2.534$, $p = .039$, with subjects finding the goal location the fastest in the salient cue condition. Both groups had more goal acquisitions and a faster time to acquire the goal in the salient cue condition when compared to the standard cue condition. The study results indicate that individuals with and without AD/MCI can find their way more often when virtual environments are enhanced with salient environmental cues. Funded by the NIH: 1R15AG37946-1A1

USE OF TELEHEALTH DURING PHYSICAL REHABILITATION FOR PATIENTS WITH CHF: A SYSTEMATIC REVIEW

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The purpose of this systematic review was to discuss telehealth as a viable adjunct for improving physical outcomes in patients with congestive heart failure (CHF) as compared to patients receiving cardiac rehabilitation in traditional hospital settings. A comprehensive literature search was completed using PubMed, CINAHL, PEDro, Cochrane Central Register of Control Trials, and Google Scholar. Articles were assessed by three reviewers for quality using the PEDro scale. Five randomized controlled trials were selected and analyzed. The results focused on the affect telemonitored home programs (THP) had on select physical outcome measures (i.e. VO_2 peak, Six Minute Walk Test, and ECG monitoring). The articles reviewed all characterize THP as a safe alternative to hospital-based cardiac rehabilitation in patients with CHF. Four of the studies revealed significantly greater improvements in VO_2 peak for THP when compared to hospital-based groups. All studies characterize THP to be as safe as, and sometimes superior to, hospital-based cardiac rehabilitation programs. Improvements in physical outcome measures for aerobic power and functional mobility were consistent throughout. The opportunity for telemonitored patients to receive direct feedback from healthcare professionals regarding physical responses to exercise clearly added to patient confidence. There were no untoward ECG-related events reported in patients participating in cardiac rehabilitation either at home or at a hospital. We conclude THP is an efficacious rehabilitation adjunct for patients with CHF when compared to cardiac rehabilitation received in traditional hospital settings.

THE CRITICAL ROLE OF THE HEALTHCARE SYSTEM ON LONG-TERM CARE ADMISSIONS OF PEOPLE WITH DEMENTIA

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Background: There are few studies concentrating on the influence of health system factors on long-term care admissions of people with dementia. We address this absence by examining how inadequacies in the healthcare system impact on long-term care admissions of people with dementia. This is in the context of the Irish healthcare system which has been greatly impacted by the economic crisis and austerity.

Methods: Thirty-eight qualitative in-depth interviews with healthcare professionals and family carers were conducted. Interviews focused on participants' perceptions of the main factors which influence admission to long-term care. Interviews were analysed thematically.

Results: Long-term care admissions of people with dementia are affected by inadequacies in the healthcare system in three ways. Firstly, the economic crisis in Ireland appears to have exacerbated the under-resourcing of community care services. These services are also inequitable. Consequently, the effectiveness of community care is limited. Secondly, such limits in community care increase acute care admissions. Finally, admission of people with dementia to acute care can accelerate the journey towards long-term care.

Conclusions: Inadequacies in the healthcare system have a substantial impact on the threshold for long-term care admissions. This suggests that we cannot fully understand the factors that predict long-term care admission of people with dementia without accounting for healthcare system factors on the continuation of homecare.

SESSION 3930 (PAPER)

CHRONIC CONDITIONS IN OLDER ADULTS 2

PREVENTING RECURRENCE OF VENOUS LEG ULCERS IN OLDER ADULTS: A LONGITUDINAL, RANDOMISED TRIAL

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Leg ulcers are a significant cause of chronic ill-health for older adults, and after healing, up to 70% recur. This study aimed to determine the effectiveness of leg elevation and/or calf muscle exercise interventions on preventing venous leg ulcer recurrence. Patients were recruited within 4 weeks of healing and randomised to either 1) usual care (i.e. evidence-based compression therapy and recommendations); 2) usual care plus 60 minutes/day of leg elevation; or 3) usual care plus leg elevation and a calf muscle exercise program. Data were collected 3 monthly for 12 months after healing.

A third (35%) of a sample of 45 participants recurred within 12 months. The mean age was 68 years ($SD 14.4$) and 62% were male. Using Kaplan-Meier analysis, the mean time to ulcer recurrence for the usual care group was 32.6 weeks (95%CI 19.4–45.9), for the leg elevation group 38.2 weeks (95%CI 27.9–49.4), and for the combined elevation and exercise group 43.8 weeks (95%CI 36.8–50.9), ns. Controlling for age and comorbidities, Cox proportional hazards regression found participants in the combined leg elevation and exercise group were significantly less likely to