(N=18) from hospice and palliative care and nursing homes in Germany. Interviews were audio taped and transcribed verbatim. The experiences of these experts, being conversational partner in end-of-life discussions, were analysed by a content analytic approach. Having end-of-life discussions primarily depended on a pleasant atmosphere, trusting bonds between conversational partners and a professional attitude of staff members. Conversations should be implemented into existing care structures, start “early”, include relatives and use low-threshold impulses to start conversations. Each staff member could be conversational partner about attitudes towards the end of life, but some reported insecurities doing so. Further skill training concerning end-of-life discussions is needed, especially in nursing homes where staff has different levels of experience and skills. Care structures need to be adapted to facilitate communication about the end of life in daily care. Furthermore, tools using low-threshold impulses can facilitate communication when conditions of the care setting are considered.

TASK SPECIFICITY IMPACTS DUAL TASK INTERFERENCE IN OLDER ADULTS

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Task prioritization is an important factor affecting attention allocation during dual-tasks (e.g. walking while completing a cognitive task) and determines the magnitude and direction of dual-task interference in older adults. Greater dual-task cost during walking may lead to falling, sometimes causing lasting effects to mobility. We investigated dual-task interference for walking and cognitive performance. Twenty-two healthy, older adults (71 ± 5 years) completed three cognitive tasks: letter fluency, category fluency, and serial subtraction during seated and walking conditions on a self-paced treadmill for three minutes each, in addition to a walking only trial. Walking speed, step width and length, were measured during walking and each dual-task condition. Percentage of correct answers was greater for letter fluency than the other two cognitive tasks ($p=0.021$) across single- and dual-tasks. Step width was significantly wider during dual-task letter fluency compared to walking alone ($p=0.001$), category fluency ($p=0.001$), and serial subtraction ($p=0.007$). During both fluency tasks, there was a cost for gait and cognition, with category showing a slightly higher cognitive cost compared to letter fluency. During letter fluency, to maintain cognitive performance, gait was sacrificed by increasing step width, which showed more sensitivity to dual task related changes than two other gait measures. Conversely, during serial subtraction, there was a cost for gait, yet a benefit for cognitive performance. As demonstrated in this study, all three cognitive tasks lead to different dual-task interference. It is critical to understand that the type of cognitive task may have a differential effect on both cognitive and motor dual-task costs.

TEMPORAL ORDER BETWEEN DEPRESSIVE SYMPTOMS AND SUBJECTIVE MEMORY COMPLAINTS USING CROSS LAGGED-PANEL MODEL

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Objective: Previous studies showed that depressive symptoms were associated with subjective memory complaints (SMCs). However, the aim of the present study was to reveal temporal order between depressive symptoms and SMCs, as few studies have approached this subject.

Methods: We conducted a longitudinal study based on the elderly using long-term care in Japan between 2015 and 2017. Depressive symptoms were assessed by Geriatric Depression Scale (GDS), and SMCs were assessed by simple yes-no questions evaluating subjective awareness of memory. These assessments were conducted every three months. To reveal temporal order between depressive symptoms and SMCs, we used an autoregressive cross-lagged panel model by structural equation modeling (SEM) which included cross-lagged paths between two variables on longitudinal data. Concretely, the model examined the effect from depressive symptoms at Wave 1 to SMCs at Wave 2, and from SMCs at Wave 1 to depressive symptoms at Wave 2.

Results: We analyzed 113 participants of which 49 were male (43.4%). The mean age was 78.76 years (standard deviation: 7.75). The autoregressive cross-lagged panel model showed that SMCs were significantly associated with depressive symptoms over three-month intervals (standardized coefficients: 0.16 [95%CI: 0.05 to 0.26]). However, depressive symptoms were not significantly associated with SMCs over three-month intervals (standardized coefficients: -0.08 [95%CI: -0.33 to 0.16]).

Conclusion: In conclusion, the present study revealed significant association of SMCs with depressive symptoms over three-month intervals. The results suggest that health professionals can better interact with patients by being aware of this association.

MULTILEVEL VIEW OF FACILITY CHARACTERISTICS AND CARE NEED LEVEL DETERIORATION IN PRIVATE RESIDENTIAL HOMES IN JAPAN

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In this study we examined the relationship of facility characteristics and care need level deterioration of users in Japanese private residential homes, stratifying by manpower levels. Care need levels are the official measurement for long-term care certification in Japan. We used a longitudinal, multilevel logistic regression design. Data was shared by a private residential home provider. Two points of administrative data for November 2015 and November 2016 were used, with a total of 4,734 users from 112 facilities in both sets. Facilities were divided into those with (i) higher manpower, and those with (ii) lower manpower, as preliminary analyses showed the relevance of staffing levels. Higher and lower manpower levels were determined by using the median of cumulative total staff working hours per 100 users per facility at each observation point. We controlled for gender, baseline age, care-level, prefecture, grip strength, mental and physical independence and institutionalization time. Results showed