estimated using the random-effects model on Review Manager (RevMan) desktop version 5.4 of the Cochrane Library.

Result: The meta-analysis of nonpharmacological interventions obtained a total effect size of 1.0 (standardized mean difference [SMD] = 1.0, 95% confidence interval [CI]: 0.64–1.35), which was statistically significant (Z = 5.55, p < .001). The most frequent nonpharmacological interventions identified were the interventions using aroma; the effect size was 0.61 (SMD = 0.61, 95% CI: 0.14–1.08), which was statistically significant (Z = 2.55, p = .01). In subgroup analysis, group-specific interventions, interventions for >4 weeks, and untreated control studies were more effective.

Conclusion: This study confirms that nonpharmacological interventions are effective in improving sleep quality among the elderly in long-term care facilities. However, the small sample size and risk of bias in assessing the interventions of individual studies are unclear or high, thereby limiting the generalizability of the results. Further studies based on randomized control trials and the development of evidence-based interventions that consider the elderly participants’ physical activity levels, intervention methods and duration, and control group selection are needed to obtain more conclusive evidence.

END-OF-LIFE CARE FACTORS PREDICT AFFECTIVE SEQUENCES IN OLDER ADULTS’ FINAL MEMORIES OF SPOUSAL LOSS


Memories from the dying days of a deceased spouse are vividly recalled and can guide grief adjustment in older adulthood (Mroz & Bluck, 2018). End-of-life factors (e.g., place of death, palliative care perspectives, the current study employs mixed-methods to examine relations between end-of-life care factors and affective sequences in older adults’ final memories of spousal loss. Fifty-three participants (Mage = 81.59; M = 6.81 years since loss) completed a Final Memory Interview, provided place of spousal death (in hospital, outside of hospital), and completed the Good Death Inventory (GDI; Miyashita et al., 2008). GDI responses were organized into four quality of death categories. Final memories were reliably content analyzed for affective sequences (i.e., positive and negative affect themes; interrater agreements > .70): redemption (bad mitigated by good; McAdams 1999), contamination (good spoiled by bad; McAdams, 1998), positive stability, and negative stability. Loss of a spouse in hospital, compared to outside of hospital, related to narrating final memories with contamination, F = 4.05, p < .05. Quality of death predicted narration of final memories with positive affective sequences: lower reported comforting environment related to redemption (t = -3.05; p < .01) and higher reported appropriate medical care related to positive stability (t = 2.60; p < .05) in memories. As healthcare provision continues to adjust to improve end-of-life circumstances across care environments, the impact of circumstances on close others should factor into initiative development.

ENGAGING UNDERREPRESENTED OLDER ADULTS IN ADRD AND AGING RESEARCH: A SCOPING REVIEW

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The rapidly aging and diversifying U.S. population coincides with increases in prevalence of Alzheimer’s disease and related dementias (ADRD) and other aging-related disorders. Unfortunately, older adults and racial and ethnic minorities are often underrepresented in research studies. The differing barriers that underrepresented older adults face in research engagement indicate that results from studies conducted on younger and majority populations may not maintain external validity outside of those groups. Therefore, efforts to engage diverse older adults in research is imperative. The goal of this scoping review was to summarize findings of the current state of National Institute on Aging (NIA) sponsored research, identifying extant literature on engaging diverse older adult populations in aging and ADRD research. Among 566 articles screened for inclusion, 436 were included in the final analysis. Results showed that African Americans were represented in over half the studies (63.5%), but Native Hawaiian/Pacific Islander and American Indian or Alaska Native populations were not well represented. Community-and convenience-based recruitment and retention strategies that have demonstrated prior success in research engagement were widely utilized. Racial, ethnic, and income status breakdowns were not included in 30.0%, 57.1%, and 53.4% of studies respectively, making it difficult to assess the applicability of findings for particular groups. Inclusion of Alzheimer’s disease patients or those with mild cognitive impairments was also poorly defined in most studies. Findings highlight gaps in existing literature that can be used to inform future research, and recruitment and retention strategies for engaging racial and ethnic minority older adults in research.

EVALUATING THE CONVERSATION STARTER KIT IN LONG TERM CARE: A CANADIAN PERSPECTIVE

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This study evaluated an advance care planning intervention, the Conversation Starter Kit (CSK) booklet, for use in long term care (LTC) homes. This study used a quasi-experimental, one group pre/post design. Quantitative surveys were administered before and after a 3-month advance care planning intervention (CSK booklet). Data were collected at three LTC homes in southern Ontario. We collected data from 55 resident who were able to make decisions on their own paired with 11 family members of these residents. We also collected data from 24 family members of residents who were not able to make decisions on their own.