High-intensity walking exercise reduces frailty. The purpose of this study was to use a cluster randomized controlled trial to evaluate the impact of exercise intensity on frailty in older adults. We tested a high (HIW) vs. low (LIW) intensity walking intervention among n=165 pre-frail and frail residents from n=12 independent living communities. The 3x/week, 4 month supervised intervention targeted >70% heart rate reserve for HIW participants and <50% heart rate reserve for LIW participants. The primary outcome was frailty category improvement as assessed by the FRAILTY AMONG OLDER AMERICANS

JOINT TRAJECTORIES OF MULTIMORBIDITY AND FRAILTY DEVELOPS OVER TIME. THIS STUDY

 aims to investigate joint trajectories of multimorbidity and frailty among older adults. We used data from the National Health, aging, and Disability Research Center (HCPR) SHARE-FI. We measured usual and fast gait speed, 6-minute walk test, and Timed Up and Go test to assess physical frailty. The study included 1,213 participants at baseline, 1,003 at follow-up. The mean age was 79 years, 79% female, and 75% white. We conducted joint latent class growth modeling with fixed arm, baseline outcome measure score and random cluster effects. We found increased odds of improving at least one frailty domain of 1.43 (95% CI: 1.18-1.74, p = 0.0075). Results suggest that older adults should engage in more intensive/higher heart rate cardiovascular exercise to reduce frailty.

Among secondary outcomes, there was a significant difference in body mass index (mean difference = 0.91, 95% CI: 0.07, 1.75, p = 0.0357), as well as 6-minute walk test (mean difference = 160.72, 95% CI = 69.2, 252.2, Hochberg adjusted P-value = 0.0185). The effect of exercise intensity on frailty was consistent across different frailty levels. However, the association of neurodegenerative biomarkers in the plasma with physical frailty in older adults remains unelucidated, as current evidence is limited and inconsistent. We tested the association between plasma neurofilament light chain (NFL), a plasma neurodegeneration biomarker, and physical frailty in a sample of community-dwelling older adults. We used baseline demographics, frailty, and plasma NFL data collected from 97 participants in a randomized controlled trial in community-dwelling, sedentary older adults without dementia [Montreal Cognitive Assessment (MoCA)>17]. Physical frailty was assessed using a composite measure of weakness, slow walking speed, unintentional weight loss, exhaustion, and low physical activity. Participants’ frailty levels were categorized into robustness, pre-intermediate frailty, and frailty. Multiple linear regression and ordinal logistic regression models adjusting for age, sex, race, education, and comorbidities were conducted to test the associations of NFL with frailty and levels of frailty. The sample was 70.0 ± 6.0 years old, with 80% being females, 72% having intact cognition, and 28% having mild cognitive impairment (MCI). In the adjusted models, higher plasma NFL was associated with higher frailty scores (β=0.16, 95% CI [Confidence Interval] = [0.06,0.26]) and a higher likelihood of being in a higher level of frailty group (odds ratio=1.28, 95% CI =1.02, 1.61). In summary, plasma NFL was associated with greater frailty in our sample of non-demented older adults. Plasma NFL may be a sensitive and promising neurodegenerative biomarker for physical frailty in older adults without dementia.
EMPOWER CARE PARTNERS

COMMUNITY-BASED EDUCATION SERIES TO

ENGAGE PARTNERS TO UNDERSTAND DEMENTIA, DEVELOP SKILLS TO COMMUNICATE, ENGAGE AND PROVIDE SOCIALIZATION FOR THE OLDER ADULTS. BASIC HEATH, SAFETY, PERSON-CENTERED, AND CARE PREFERENCE INFORMATION WAS COLLECTED AT REGISTRATION TO ENSURE QUALITY SUPERVISION AND SUPPORT DURING THE MEMORY CAFÉ (CAFÉ). WHICH INCLUDED EVIDENCE-BASED PROGRAMMING TO ENABLE COLLABORATIVE ENGAGEMENT, AND REMAIN SUPPORTED BY THE PROGRAM.

This symposium describes the development, implementation, and impact of a comprehensive, four-part Living with Dementia (LWD) education sessions, an option made it possible for them to attend LWD.

We describe the design and implementation of the Memory Café (CAFÉ), which included evidence-based programming to enable collaborative engagement, and remain supported by the program.

Approximately 75% of persons living with dementia receive essential day-to-day direct care and support from informal, unpaid care partners who receive little education or guidance from health care professionals on how to negotiate day-to-day challenges associated with living with dementia.

In this symposium, we introduce and have care partners provide overall evaluation data from the 4-part education series. Respondents were asked about the overall impacts of the program, the skills they learned, the usefulness of the content and instructional strategies, designed by an interdisciplinary specialist, and based on the Medicare Cognitive Assessment and Planning for the Future with Dementia. Curriculum was developed to empower informal dementia-care partners to understand dementia, develop skills to communicate, engage and provide socialization for the older adults. Basic health, safety, person-centered, and care preference information was collected at registration to ensure quality supervision and support during the Memory Café (CAFÉ), which included evidence-based programming to enable collaborative engagement, and remain supported by the program.

PARTNERS’ LOVED ONES

ENGAGEMENT OPPORTUNITIES FOR LWD CARE PARTNERS.

In this symposium, we introduce and have care partners provide overall evaluation data from the 4-part education series. Respondents were asked about the overall impacts of the program, the skills they learned, the usefulness of the content and instructional strategies, designed by an interdisciplinary specialist, and based on the Medicare Cognitive Assessment and Planning for the Future with Dementia. Curriculum was developed to empower informal dementia-care partners to understand dementia, develop skills to communicate, engage and provide socialization for the older adults. Basic health, safety, person-centered, and care preference information was collected at registration to ensure quality supervision and support during the Memory Café (CAFÉ), which included evidence-based programming to enable collaborative engagement, and remain supported by the program.

Innovation in Aging, 2023, Vol. 7, No. S1

Chair: Erica Husser

Inspired by the Medicare Cognitive Assessment and Planning for the Future with Dementia, we describe an Age-Friendly 4Ms (Mood, Memory, Management, and Meaning) program development.