EXPLORATORY FACTOR ANALYSIS OF THE COMFORT ASSESSMENT IN DYING WITH DEMENTIA SCALE

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The 14-item Comfort Assessment in Dying with Dementia (CAD-EOLD) scale is a widely used instrument measuring end-of-life care for people with dementia (PWD). The instrument has been used to evaluate symptom burden among PWD in nursing homes, but the measurement properties are less studied for symptoms reported by family and staff caregivers. We conducted an exploratory factor analysis to evaluate the psychometric properties of the scale using staff and family (N=476) responses to CAD-EOLD at the baseline of an NIH-funded clinical trial. Subjects were long-stay nursing home residents with moderate-to-severe cognitive impairment in Indiana and Maryland. Staff (n=368) and family members (n=108) completed the CAD-EOLD, describing participating residents. We performed separate exploratory factor analyses on family and staff responses. Family and staff data showed similar clustering patterns. Restlessness, anxiety, fear, crying, and moaning had high factor loadings in the first cluster, interpreted as “Physical and Psychological Distress” (loading range = 0.47–0.91). Choking, gurgling, and difficulty swallowing had high loadings in the second cluster that depicted “Dying Symptoms” (loading range = 0.62–1.15). Serenity, calm, and peace had high loadings in the third factor on “Well-Being” (loading range = 0.72–0.93). Three “Physical Distress” items (i.e., discomfort, pain, and shortness of breath) cross-loaded with “Dying Symptoms.” Accordingly, “Physical and Psychological Distress,” “Dying Symptoms,” and “Well-Being” represented important but separate dimensions for measuring end-of-life experiences of
residents (53 staff-resident dyads) in 9 nursing homes were
behaviors and staff approaches with food intake. Videotaped
This study examined temporal associations of resident be
consequences. Prior work supports associative relation
ance low food intake, resulting in functional and nutritional
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dementia.
way for implementing preventative strategies to ultimately
for missing incidents were identified. Our study paves the
dementia-related missing incidents. Numerous risk factors
rangement, and medication were associated with increased
for missing incidents at least once. People living with dementia were two
22% (5,561/25,785) were involved in a critical wandering
percent (13,064/25,785) of cases had dementia and almost
average age of our sample was 75.42 (SD 14.34). Fifty-one
involved in a lost incident increased with advancing age;
incident compared to people without dementia (OR=2.56,
and a half times more likely to be involved in a missing
incident as the outcome variable (p< 0.05). The
ronymized data from 25,785 MedicAlert® subscribers. We
In this retrospective observational study, we examined an
population are underexplored, thus prompting this study.

Persons living with dementia are at increased risk of
during the burden of AD in U.S. older adults.
Although replication of our findings is needed, they suggest
involve shared etiological factors between the two diseases.
findings. A potential mechanism connecting GD and AD may
whites (HR:1.13; CI:1.04-1.20), Blacks (HR:1.33; CI:1.04-
burden imposed by this disease on an increasing number of
Disease (AD) onset is an important aspect of controlling the
cause of hyperthyroidism in the U.S., has been hypothe
The prevalence of GD has increased in the U.S. over the 1991-2017 period. Results showed that the pres
no consensus. In this study, we explore the link between GD
larger diverse samples.

In contrast to GD, AD has been the subject of a large number of studies. Our findings are consistent with previous research showing
an increased risk of AD in people with GD. The hazard ratio (HR) for GD was 2.36 (95% CI:1.21-4.62), indicating a
significantly higher risk of AD in people with GD compared to those without. This finding is consistent with previous
research showing that GD is associated with an increased risk of AD. Our study extends these findings by examining the risk of AD in people with GD over a longer follow-up period.

In conclusion, our findings demonstrate that GD is associated with an increased risk of AD, suggesting potential synergistic effects between the two diseases. Further research is needed to
elucidate the underlying mechanisms and clinical implications of these findings.