This study examined temporal associations of resident behaviors and staff approaches with food intake, yet research on temporal relationships is limited. Prior work supports associative relationships of resident behaviors and staff approaches with food consequences. Further investigation is needed using temporal methods to identify contributing factors. Findings will inform training and strategies in promoting food intake, including facilitating resident active engagement during mealtime, do not facilitate staff-initiated food intake and may be an indicator of resident independence and readiness to initiate food intake. Decreased staff-initiated food intake was associated with preceding resident positive verbal behaviors, but not other behaviors or approaches. Increased staff-initiated food intake was associated with preceding resident functional impairments and resistive behaviors, but not other behaviors or approaches. Decreased resident-initiated food intake was associated with preceding resident positive verbal behaviors, but not other behaviors or approaches. Increased resident-initiated food intake was associated with successful food intakes in 5-, 10-, and 15-second time windows. Decreased resident functional impairments and resistive behaviors, but not other behaviors or approaches. Increased staff-initiated food intake was associated with preceding resident positive verbal behaviors, but not other behaviors or approaches.

Identification of modifiable risk factors for Alzheimer’s Disease (AD) onset is an important aspect of controlling the burden imposed by this disease on an increasing number of older U.S. adults. Graves’ disease (GD), the most common cause of hyperthyroidism in the U.S., has been hypothesized to be associated with increased AD risk, but there is no consensus. In this study, we explore the link between GD and risk of clinical AD. Cox and Fine-Grey models were applied to a retrospective propensity-score-matched cohort of 15,505 individuals with GD drawn from a nationally representative 5% sample of U.S. Medicare beneficiaries age 65+ over the 1991-2017 period. Results showed that the presence of GD was associated with a higher risk of AD (Hazard Ratio [HR]:1.15; 95% Confidence Interval [CI]:1.07-1.23). Magnitude of associated risk varied across subgroups: Males (HR:1.19; CI:1.01-1.41), Females (HR:1.09; CI:1.02-1.18), Whites (HR:1.13; CI:1.04-1.20), Blacks (HR:1.33; CI:1.04-1.20). Competing risk estimates were consistent with these findings. A potential mechanism connecting GD and AD may involve shared etiological factors between the two diseases. Although replication of our findings is needed, they suggest that GD prevention and treatment may contribute to reducing the burden of AD in U.S. older adults.
population to healthcare and social services through case work, law enforcement, and paramedics) that links this Services to Age in Your Home (STAY Home), with local innovative pilot program of case management services, 

nosis of dementia compared to those that reside with many individuals living alone may receive delayed diag 

daily activities and may be more isolated from formal pairment often have little-to-no support for conducting tes 

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DEMENTIA: FINDINGS FROM A PILOT STUDY 

SUPPORTING PERSONS LIVING ALONE WITH 

The growing number of persons living with dementia 

communities and generates directions for addressing de 

The abstract citation ID is: igad104.1899 

A FRAMEWORK OF SUPPORT: THE NURSING 

CERTIFICATION PROGRAM 

A biopsychosocial survey identified individuals needing resources contributed to barriers in pilot implementation. 

67 older adults living alone with suspected cognitive im 

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