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DEATH AMONG PERSONS LIVING WITH DEMENTIA (PLWD): THE ROLE OF END-OF-LIFE HOSPITALIZATIONS AND DEMOGRAPHIC FEATURES AS MECHANISTIC TARGETS FOR END-OF-LIFE DECISIONS

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African Americans (OR=1.80, p=0.003) were more likely to die in the hospital compared to Whites, PLWD who required more than 30 minutes to eat (OR=1.82, p=0.001), without problems chewing, swallowing (OR=1.54, p=0.039), and having possible dementia (OR=2.35, p<0.0001) were more likely to die in the hospital. PLWD needing >30 minutes to fall asleep (OR=2.43, p=0.002) compared to those who never went outside. Those whose health did not prevent them from enjoying life (OR=2.5, p<0.0001) were more likely to die in the hospital. PLWD with a history of non-beneficial end-of-life hospitalizations were underutilized. This univariable logistic regression of the National Health and Aging Trends Study rounds 1-9 (n=719) aimed to identify associations between non-beneficial end-of-life hospitalizations and demographic features which may serve as mechanistic targets for hospice programs supporting family caregivers in managing end-of-life care for persons living with dementia (PLWD) and preventing non-beneficial hospital deaths among PLWD. Quality-of-life and psychological social disparities were associated with higher risk of hospital death among PLWD. In line with prior literature, results underscore the role of sleep disturbances over duration in ADL decline and AD. Sleep duration did not discriminate ADL decline from partner (e.g., spouse) report. The role of sleep indexes (e.g., total sleep time, sleep latency, sleep efficiency, wakefulness after sleep onset (WASO), and standard deviations (SD) of total sleep time, sleep latency, sleep efficiency, WASO variability (SD; b = 1.66, p < 0.001) and mean WASO variability (SD; b = 1.66, p < 0.001) best discriminated > 0). Variability of sleep efficiency, WASO variability, mean WASO variability, and WASO variability were significant predictors of ADL decline from partner (e.g., spouse) report. The role of sleep indexes over duration in ADL decline provides a platform for early monitoring and disability. Improved understanding of how sleep indexes impact quality-of-life. Hospice programs supporting family caregivers in managing end-of-life care for persons living with dementia (PLWD) and preventing non-beneficial hospital death among PLWD. Quality-of-life and psychological social disparities were associated with higher risk of hospital death among PLWD. Quality-of-life and psychological social disparities were associated with higher risk of hospital death among PLWD.

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THE VIRGINIA MEMORY PROJECT: AN INNOVATIVE SERVICE AND EPIDEMIOLOGICAL BRAIN HEALTH REGISTRY

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The Virginia Memory Project (VMP) is a statewide memory loss and caregiving needs registry in Virginia, United States. The VMP was launched in June of 2022 and supports statewide surveillance efforts via expanding the BRFSS (Behavioral Risk Factor Surveillance System) memory loss and caregiving modules via a digitized, mobile-capable online survey. In addition to collecting BRFSS data, the VMP partners with regional community brain health organizations to support respondents in getting connected to brain health and caregiving services. The VMP model is innovative because it combines a service and epidemiological registry to support improved resource allocation and decision-making in Statewide dementia care planning. It also provides a pathway for caregiving and memory loss services. In the pilot period of the VMP, there were 138 respondents, with a median age of 61, mean=58, range=18-100, and most respondents identified as White 65% (n=99), with smaller proportions of Black/AA, 16.7% (n=22), and Asian 5.3% (n=7). 96.2% of respondents were non-Hispanic. Most respondents were married (n=66, 50.4%) with no children in the home.

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(77.9%), and 26.7% (n=35) provided contact information for potential brain health or caregiving services. For respondents who completed the memory loss module, 33% (n=26) reported memory loss or confusion worsening over the last year, but only 60% (n=15) had discussed symptoms with a healthcare professional. 33.3% (n=24) reported having caregiving responsibilities. The VMP increases brain health surveillance capacity in Virginia and represents an innovative pathway between a state department of health, a university data registry, and a community service provider.