

### TRAJECTORIES OF FUNCTIONAL IMPAIRMENT AND DEPRESSIVE SYMPTOMS IN RELATION TO SUBSEQUENT DEMENTIA RISK

D. Cadar<sup>1</sup>, H. Davies<sup>2</sup>, D. Llewellyn<sup>3</sup>, G. Batty<sup>4</sup>, A. Steptoe<sup>5</sup>,  
1. UCL, 2. School of Health Sciences, Guildford, UK,  
3. Mental Health Research Group, University of Exeter Medical School, University of Exeter, UK, 4. Department of Epidemiology and Public Health, University College London, UK, 5. University College London

The relationship between trajectories of functional impairments or depressive symptoms and future dementia is poorly understood. We employed Growth Mixture Modelling with a categorical distal outcome to identify independent group-based trajectories of activities of daily living (ADL); instrumental activities of daily living (IADL) or depressive symptoms over an 8-year period, in association with subsequent dementia up to four years later, using data from the English Longitudinal Study of Ageing. Participants (65+ years) with increasing IADL impairments or depressive symptoms (Class III), were more likely to be classified with subsequent dementia (Odds Ratios (OR); 95% confidence interval: 14.59; 8.21–20.97 and OR=3.94, 2.38–5.30) compared with those who maintained low levels of impairments or depressive symptoms (Class I). A higher risk was also observed for those who started with and maintained raised levels of functional impairment, or depressive symptoms (Class II). Increasing trajectories of functional impairments or depressive symptoms were associated with a higher subsequent risk of dementia, indicating a preclinical manifestation. Our results highlight the importance of monitoring both types of physical limitations (ADL and IADL) as well as emotional states and increase the awareness of the importance of upwards trajectories of functional impairments and depressive symptoms as possible markers for dementia onset.

### SESSION 2250 (POSTER)

#### ECONOMIC WELL-BEING, RETIREMENT, DECISION MAKING, AND TECHNOLOGY

##### CLINICAL UTILITY OF THE LICHTENBERG FINANCIAL DECISION MAKING RATING SCALE

E. Gross<sup>1</sup>, A. Rahman-Filipiak<sup>2</sup>, L. Ficker<sup>3</sup>, P. Lichtenberg<sup>4</sup>,  
1. Wayne State University, 2. VA Ann Arbor Healthcare System, 3. Institute of Gerontology, 4. Professor of Psychology, Wayne State University

The Lichtenberg Financial Decision Making Rating Scale (LFDRS) is an empirically validated measure useful for identifying impaired financial capacity and financial exploitation risk. Participants (n = 200, mean age = 71.5) completed the LFDRS. Clinicians rated financial decisional ability (FDA) for a personal decision and recorded suspected financial exploitation (SFE). Group differences were examined based on demographics and scores. ROC analyses were conducted to establish the clinical utility of LFDRS scales in identifying impaired FDA and SFE. Participants with impaired FDA were significantly older, less educated, and had higher risk scores. Participants with SFE had higher risk scores only. ROC analyses showed that the Intellectual subscale was the best correlate of impaired FDA, and the Total Score was the

best correlate of SFE. Our results demonstrate the clinical utility of the LFDRS. Intellectual abilities are most important for decision making, but the full scale is needed to identify exploitation risk.

##### CROSS VALIDATION OF THE LICHTENBERG FINANCIAL DECISION-MAKING SCREENING SCALE IN AN APS SAMPLE

R. Campbell<sup>1</sup>, P. Lichtenberg<sup>2</sup>, 1. Wayne State University, 2. Professor of Psychology, Wayne State University

Adult Protective Services (APS) professionals are often required to assess decision-making capacity when investigating financial exploitation. Lichtenberg et al. (2017) found that a decision-making screening scale (LFDSS) detected financial exploitation in consecutive APS cases. The purpose of the present study was to apply the clinical cutoff scores derived from the previous study to a new sample of APS cases. A sample of 105 participants were collected by APS workers across 5 counties in order to investigate the clinical utility of the LFDSS to detect financial exploitation based on ratings by APS professionals using the scale. Results demonstrate that the LFDSS has excellent internal consistency and clinical utility properties. Additionally, results provide support for use of the LFDSS as a reliable and valid instrument. The LFDSS satisfies APS professionals' need for a brief, standardized assessment measure of financial decision-making and exploitation risk for a real-world, significant financial transaction.

##### EFFECT OF CAREGIVERS' EFFORTS IN HOME MODIFICATION ON PREVENTING FALLS FOR COMMUNITY-DWELLING PEOPLE WITH DEMENTIA

Y. Zhou, School of Social Work, University of Washington

People with dementia (PWD) have higher risk of falls comparing to their age-matched peers. For community-dwelling PWD, caregivers' efforts are noted to be important for preventing falls for PWD, especially regarding to creating a safer home environment. However, there is limited evidence about the effect of caregivers' efforts in home modification on preventing falls for community-dwelling PWD. Linking the National Health and Aging Trend Study (2015, 2016) and National Study of Caregiving (2015), we used the propensity-score matching approach to examine the causal effect of caregivers' efforts in home modification on preventing falls for community-dwelling PWD based on 11 demographic and health covariates of PWD and their primary caregivers. We find that among 348 dyads of community-dwelling PWD and their primary caregivers, 54% of the caregivers have made efforts in home modification to make the home safer for PWD. However, the average treatment effect (ATE) on reducing fall risk for PWD is -0.0067 (p=0.9377). It represents there is almost no effect of caregivers' efforts in home modification on preventing falls for community-dwelling PWD. Physical capacity, depression, and education of PWD might influence the probability that caregivers would make efforts in home modification for PWD. The finding shows that although more than half of the caregivers are trying to make the home safer for PWD, however, more support, options of fall prevention strategies, training for caregivers are needed in the future. The necessity to include