

HOW CLINICAL SETTING AND EXPERIENCES INFLUENCE NURSING STUDENTS' ATTITUDES TOWARD OLDER ADULTS

Susan Hovey¹, 1. *Illinois State University, Normal, Illinois, United States*

This study is significant because older healthcare consumers continue to rise with estimations that nearly 72.1 million persons in the United States will be over the age of 65 by 2030. A fundamental question remains, will the future nursing workforce possess the attitude and knowledge to competently provide age-friendly care to older adults. The aim of this study explores how clinical setting, previous experiences with older adults, and previous work experiences in long-term care settings influence the attitudes of first year prelicensure nursing students toward this population. Six baccalaureate nursing schools from a Midwest state in the United States participated in this descriptive, cross-sectional, correlational study. One hundred and nine participants who completed their first clinical experience participated in the study. An understanding of this experience may provide nurse educators with insight into how to design clinical learning activities so nursing students' acquire interest in care of older adults.

IMPACT OF ADAPTED DANCE ON MOOD AND PHYSICAL FUNCTION AMONG ALZHEIMER'S DISEASE ASSISTED LIVING RESIDENTS

Crystal Bennett¹, 1. *University of West Florida, Pensacola, Florida, United States*

Neuropsychiatric secondary symptoms and altered physical function are prevalent among persons with Alzheimer's Disease and related dementia disorders (ADRD) which increase healthcare costs and caregiver burden. Adapted dance is a promising intervention that may improve these symptoms and physical function. The purpose of this study is to test whether 12 weeks of adapted dance (60 min 2x/week) improves agitation, physical function, and reduces caregiver burden. An experimental crossover design will be used. ADRD residents with a Montreal Cognitive Assessment score between 6-26, Timed up and go of <20 seconds, Cohen-Mansfield Agitation Inventory Score (CMAI) of >15, and do not use oxygen or assistive device will be eligible to participate. Outcomes will be assessed at baseline and every 4 weeks during each study arm for 24 weeks. Measures include CMAI and the Neuropsychiatric Inventory-Clinician Scale for agitation; Short Physical Performance Battery for physical function; and Zarit Burden Interview for caregiver burden.

SAFER MEDICATION MANAGEMENT FOR HOME-DWELLING OLDER ADULTS

Henk Verloo,¹ Armin von Gunten,² Boris Wernli,³ Marie SANTIAGO-DELEFOSSE,⁴ Maria Manuela MARTINS,⁵ and Filipa Pereira⁶, 1. *University of Applied sciences and Arts Western Switzerland, Switzerland, Switzerland*, 2. *Service of Old Age Psychiatry, Lausanne University Hospital, Prilly, Vaud, Switzerland*, 3. *FORS, Swiss Centre of Expertise in the Social Sciences, University of Lausanne, Expert in Database Processing, Lausanne, Vaud, Switzerland*, 4. *University of Lausanne, Lausanne, Vaud, Switzerland*, 5. *Institute of*

Biomedical Sciences Abel Salazar, University of Porto, Porto, Porto, Portugal, 6. *University of Applied Sciences and Arts Western Switzerland, Sion, Valais, Switzerland*

Taking several medications at the same time can lead to adverse effects and dangerous situations for home-dwelling older adults with chronic conditions. Accurate medication management can be a difficult challenge, especially for people living at home. However, little research has been carried out into the experience of older adults and their informal caregivers with medication management. The aim of the study is, first, to identify factors that can cause undesirable side effects and make taking multiple medications potentially dangerous for home-dwelling older adults. Second, the study will investigate the experiences of this group of patients with medication management. Third, the role of both professional and informal caregivers will be examined. Recommendations will be made on how to improve the safety of medication management for home-dwelling older adults with chronic conditions and should help to prevent the adverse effects and dangerous situations that can lead to hospitalization, institutionalization or premature death

LONG-TERM EFFECTS OF MINDFULNESS ON URGE URINARY INCONTINENCE IN OLDER ADULT WOMEN: ANALYZING RCT RESULTS AT 6 MONTHS

Katarina Friberg Felsted¹, 1. *University of Utah, Salt Lake City, Utah, United States*

Urge urinary incontinence is a condition estimated to cost \$82 billion by 2020. Innovative treatments are needed, particularly in the older adult population. A prior combined feasibility study and randomized controlled trial examined six feasibility determinants and five preliminary efficacy outcomes of treating urge urinary incontinence in older adult women (N=25; average age=74 years) utilizing an 8-week mindfulness-based stress reduction (MBSR) intervention compared with the health enhancement program (HEP), which is an active comparison modality specifically validated to be used alongside MBSR in scientific research. Feasibility and preliminary efficacy results were reported at GSA in 2018. This 2019 presentation relays the preliminary efficacy results at 6-month follow up. Outcomes include symptom severity, symptom bother, perceived stress, perceived self-efficacy, and rate and trajectory of change. Future research is needed in the form of a multi-site trial to provide a larger sample with greater diversity.

SESSION 3500 (SYMPOSIUM)

UTILIZING TECHNOLOGY NETWORKS TO SUPPORT SOCIAL NETWORKS FOR PEOPLE AGING WITH DISABILITY

Chair: Elena T. Remillard, *Georgia Institute of Technology, Atlanta, Georgia, United States*

Co-Chair: Wendy Rogers, *University of Illinois, Urbana-Champaign, Champaign, Illinois, United States*

Discussant: Sarah Ruiz, *National Institute on Disability, Independent Living, and Rehabilitation Research, Washington, D.C., United States*

A growing number of new smart, internet-enabled technologies from smart phone applications, to teleconferencing,