

## Alzheimer's Disease and Decision Making about Aging-in-Place Support: Cognitive, Functional, and Social Predictors.

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### INTRODUCTION

Most older adults with Alzheimer's Disease (AD) will need additional support in their lifetime but little is known about **how** the decision to accept help is made. We sought to better understand how older adult aging-in-place (AIP) decision-making is impacted by worsening cognition, functional loss, social influences, and/or environmental factors.

### METHODS

We are conducting a longitudinal study of older adults from an NIA-funded cohort (LitCog) with extensive cognitive testing. Participants receive PlanYourLifespan.org (PYL), which facilitates making decisions about AIP needs, specifically among older adults with AD and/or other cognitive loss. After exposure to PYL, subjects are surveyed every 6 months by phone. Surveys include cognitive, social, functional, health literacy, and environmental measures, as well as assessment of decision-making.

Cognitive testing is conducted through a detailed neuropsychological battery and grouped into 3 categories: no impairment, mild cognitive impairment (MCI), moderate dementia.

Multivariate logistic regression models were conducted per timepoint. Descriptive statistics were used for demographics and cognitive status.

### RESULTS

Of the 293 subjects, mean age was 73, 72.7% female, and 40.4% Non-White. 40.6% had limited health literacy. The majority of subjects had some college, completed college, or had graduate degrees.

*What impacts a person's decision making about aging-in-place (AIP) if they were to develop Alzheimer's Disease?*

*AIP decision making is impacted by worsening cognition, functional loss, social influences, and environmental factors.*



*Understanding the factors that influence decision making is important in targeting and helping older adults prepare for their future needs.*

### RESULTS, cont.

Almost half (47.4%, n=139) reported experiencing cognitive decline, with 42.4% (n=59) experiencing memory loss weekly and 18% (n=25) reporting a monthly occurrence. 10.3% identified worsening memory loss from prior 6-month timepoint. 22.2% (n=65) of participants tested at levels of mild or moderate cognitive impairment.

**Subjects were significantly more likely to have made AIP decisions if:**

#### 1-Month Follow-up

- **Limited health literacy** (OR 4.36 [p<0.01, 1.69-11.24]); **Larger social networks** (OR 1.08 [p<0.05, 1.01-1.15]); **Prior completion of a living will** (OR 2.43 [p<0.05,1.11-5.33])

#### 6-Month Follow-up

- **Sufficient social support** (OR 3.39 [p<0.05, 1.19-9.70]).

#### 12-Month Follow-up

- **Higher social isolation** (OR 1.05 [p<0.05, 1.01-1.08]); **Increased self-efficacy** (OR 1.07 [p<0.01, 1.04-1.11]).

### DISCUSSION

Decision-making about additional support in the event of worsening cognition (often seen in AD), is associated with both external (e.g., social support) and internal (e.g., self-efficacy, health literacy) factors which change in significance over time. Catastrophic factors, especially those observed with COVID-19, also impact decisions. Factors impact AIP decisions at different time points and further longitudinal study is planned.

### FINANCIAL DISCLOSURE

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