O3-10-03 DEVELOPMENT AND VALIDATION OF THE MEMORY COMPLAINTS QUESTIONNAIRE

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Background: Memory complaints are serious indicators of cognitive decline and deserve to be evaluated with a psychometrically sound measure. Memory complaints, defined as everyday memory problems, vary between 25-50% in community residing older adults.

Methods: We conducted an exploratory factor analysis of the Meta memory in Adulthood (MIA) Questionnaire using a combined sample of older adults recruited from diverse living arrangements in three states. In our sample N= 690, the mean age was 76.10, mean education was 11.95 years, 73% female, 78% Caucasian, 17% African American, and 5% Hispanic. Among the factors we extracted, the content of one in particular seemed to reflect a concern with declining memory function, which we will refer to as Memory Complaints. Though closely related to the preexisting Change subscale of the MIA, this factor also included items from the Locus, Capacity, Anxiety, and Achievement subscales.

Results: Because the Senior WISE dataset was longitudinal, it allowed us to look at test retest reliability. The Complaints correlations averaged .80 across all time points. For example, using all available cases for analysis, T1 Complaints was correlated .76 with T2 Complaints (N=243) and .78 with T5 Complaints (N=207). At T1, Complaints was significantly correlated with the Rivermead Behavioural Memory Performance SPS (.19), the Hopkins Verbal Learning Test (HVLT) of .15, and the Memory Self Efficacy Questionnaire (MSEQ) of .43. Most importantly, the Complaints scale has utility for predicting cognitive decline in older adults: Change in Com plaints from T1 to T2 was a significant predictor of change in performance on the Rivermead SPS (b=.23, p<.01). A higher score >2.5 translated to greater stability of memory function. In previous studies, older adults with varying levels of affective and cognitive function were able to discriminate among the items of the change scale. For example, when compared to community residing older adults, nursing home residents with mild cognitive impairment scored significantly lower on change (2.44 vs. 2.84).

Conclusions: The Memory Complaint Scale contains 24 items measured with a Likert scale format. Memory complaints are the entry dimension of the Diagnosis of Mild Cognitive Impairment (MCI) and this measure provides an incremental approach to evaluating this phenomenon.

O3-10-04 ADAPTING THE KIMBERLY INDIGENOUS COGNITIVE ASSESSMENT FOR USE WITH INDIGENOUS OLDER ADULTS IN CANADA

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Background: Dementia has become a growing public health issue in an aging Indigenous population. It has been increasingly acknowledged that ensuring equitable access to dementia services requires dementia care strategies for Indigenous peoples in Canada be culturally grounded and culturally safe. This research addresses the need for cognitive screening strategies tailored to diverse Indigenous peoples in Canada. Currently available cognitive assessment tools have been shown to have varying degrees of cultural, educational and language bias impairing their application in Indigenous communities in Canada. An additional consideration is Indigenous peoples’ experiences with colonization and recent detrimental historical policies that have shaped their health care experiences. This paper reports on the process of adapting the Kimberly Indigenous Cognitive Assessment (KICA) for use with Indigenous populations in Canada. The KICA was originally developed to address the gap of culturally appropriate assessment tools for older Indigenous people in Australia. It has since been modified for use in other regions and countries.

Methods: We use community based participatory methods and a “two eyes seeing” approach. Regular consultations with Elders, an Indigenous advisory group, and an expert language group facilitated this approach. Methods included ongoing consultation with Australian colleagues who developed and validated the KICA; focus groups with Indigenous health care providers to assess the relevance and validity of the adapted tool; translation and vetting of the tool with Indigenous advisors; and, consensus from a key expert panel consisting of team members and other experts involved in the project.

Results: The adaptation of the KICA produced a culturally relevant and psychometrically sound cognitive assessment tool that is ready for piloting and validation with Indigenous people in Ontario. The questions within each assessment domain were adjusted to reflect the local cultural understandings and nuances within the Anishinaabe language.

Conclusions: The researchers were mindful of the spirit and intent of the language used in adapting the KICA. This adaptation provides a culturally relevant cognitive assessment tool that is appropriate to use with Indigenous people. Culturally appropriate diagnosis and screening procedures may lead to more accurate and earlier diagnosis and improved care for Indigenous peoples in Ontario.

O3-10-05 ADVANCED DISEASE STAGES AND DEATH IN BEHAVIORAL VARIANT FRONTOTEMPORAL DEMENTIA: A STEP TO PALLIATIVE CARE

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Background: Only little data is available about the advanced stages of behavioral variant frontotemporal dementia (bvFTD) and associated clinical symptoms as well as circumstances of death, that are relevant for patient care. The aim of the present study was to describe the living and care situation in advanced bvFTD, to describe symptoms and findings in advanced bvFTD, and to evaluate somatic comorbidities and circumstances of death.

Methods: Standardized interviews were conducted with family caregivers of 83 patients with bvFTD. 44% of the patients were already deceased at the time of the interview.

Results: At the time of the