

Results

Originally, a total of 80 NPSQ items with 4-Likert scales i.e., strongly agree, moderately agree, slightly agree, and disagree were generated. The CVI was 0.75-1 for item-CVI and 0.89 for scale-CVI. The NPSQ was examined among 30 Thai older adults with a mean age of 70.76 ± 6.23 years. The percent of missing items of all 80 items ranged from 2.9% to 8.9%. Cronbach's alpha for the 80-item NPSQ was

2. To determine the correlation of hippocampal volume with Mini-Mental State Examination 0.96. Rasch analysis identified 37 misfitting with a mean square > 1.50 , therefore 43 items remained. Person-item map showed a good target between items and sample, even though some items may be redundant. Cronbach's alpha for the 43-item NPSQ was 0.96. Some participants were confused about who the questions referred to, which were then revised before including it in the final draft version. Only one participant did not complete the questionnaire.

Conclusion

The 43 item NPSQ shows good content validity and an excellent internal consistency among older adults. A study with a larger sample size is warranted.

543 - Cultural Considerations for Older LGBTQ Adults During the COVID-19 Pandemic: Case and Review

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Introduction

Throughout the COVID-19 pandemic, older adults have been disproportionately impacted by both illness and fatalities. Of the nearly 39 million adults over age 65 in the United States, approximately 2.4 million older adults identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ). LGBTQ older adults face unique challenges due to their intersecting identities and histories, including the effects of heterosexism, ageism, and being more likely to live alone, be single, and not have children. As we implement social distancing as a primary COVID-19 prevention method, older adults have faced increased isolation.

Methods

We presented a case of a lesbian older adult patient who has experienced increased depression during the COVID-19 pandemic. A table will be added featuring culturally competent recommendations for LGBTQ older adults from a literature review.

Results

A 77-year-old female with history of major depression, attention deficit disorder, hypertension, xerostomia, and polymyalgia rheumatica. The patient has been on multiple trials of medications for depression as well as ECT treatments. She was initially engaged to a man and after some years fell in love with a woman. The patient is currently single and has no children. She typically has a strong support system with her lifelong friend and attends church. She transitioned from independent living to an adult living facility, with the hope of increased social activity and connectedness. However, due to COVID-19, she experienced her move as extremely difficult, and was disappointed that all social activities were canceled. For a period of several months, she was unable to visit her chosen family, was limited to attending church via Zoom, and was restricted from multiple areas of the complex. As a result, she reported increased depression, anxiety, and difficulty sleeping with passive suicidal ideation due to isolation and no direct family support.

Conclusion

Older LGBTQ populations are at disproportionately higher risk for mental health conditions and with the current social distancing measures in place, social isolation and loneliness has been exacerbated. Connection with accepting family and community are well documented in the literature as key protective

factors and sources of resiliency in LGBTQ populations. Culturally competent care is integral to psychiatric treatment of older LGBTQ adults.

Note:

This abstract was presented at the American Association of Geriatric Psychiatry 2021 Annual Meeting.

544 - Validation of a new cognitive screening tool, the Brain Health Test-7, for identification of mild cognitive impairment and early dementia in 3 different kinds of hospital settings

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Background

The Brain Health Test-7 (BHT-7) is a revised tool from the original BHT, containing more tests about frontal lobe function. It was developed with the aim of identifying patients with mild cognitive impairment (MCI) and early dementia.

Research objective

Here we report the validity of the BHT-7 versus the Mini-Mental State Examination (MMSE) and Montreal Cognitive Assessment (MoCA) in different psychiatry or neurology clinics.

Methods

Patients with memory complaints were recruited in this study from the outpatient clinic of psychiatry or neurology in 3 different kinds of hospitals. All patients underwent the evaluation of the BHT-7, MMSE, MoCA, and clinical dementia rating (CDR). The clinical diagnosis (normal, MCI, dementia) was made by consensus meeting, taking into account all available data.

Demographic data and the scores of the MMSE, MoCA, and BHT-7 between groups were compared. Logistic regression was adopted for analysis of optimal cutoff values, sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), receiver operating characteristic (ROC) curve, and the area under the ROC curve (AUC).

Results

We enrolled a total of 1090 subjects (normal 402, MCI 317, dementia 371); of them, 705 (64.7%) were female. There was a statistically significant difference in age, years of education, and 3 cognitive test scores among the 3 groups.