Dementia caregivers can experience negative affect when interacting with their care recipients. However, few studies have examined the specific factors that predict caregiver negative affect in this dyadic context. We hypothesized that deficits in care recipients’ emotional functioning would be associated with increased intensity of caregivers’ negative affect during interactions with their care recipient. Caregivers (Nf100) reported on two aspects of their care recipients’ emotional functioning: (1) emotion recognition (the ability to recognize other people’s emotions), and (2) negative emotional reactivity (the ability to generate negative emotional responses). Dyads then visited the laboratory and engaged in a 10-minute conversation about an area of conflict in their relationship. Caregivers then watched recordings of their conversation while rating the valence and intensity of their experienced affect using a rating dial. We used these ratings to quantify changes in caregivers’ emotional valence across the course of the conversation. Caregivers of care recipients with greater deficits in emotion recognition demonstrated greater increases in negative affect across the conversation. In contrast, care recipients’ negative emotional reactivity was not related to changes in the valence of caregivers’ affect across the conversation. Findings remained significant even after accounting for caregiver baseline valence ratings, biological sex, and age, as well as the care recipients’ diagnosis and level of cognitive impairment. Results reveal the important role that care recipients’ deficits in emotion recognition play in caregivers’ emotional lives. Caregivers’ negative affect may be more likely to increase when their care recipient has deficits in emotion recognition.

DEVELOPMENT AND IMPLEMENTATION OF THE COGDRISK DEMENTIA RISK ASSESSMENT TOOL AND INTERACTIVE WEBSITE
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We developed a comprehensive risk assessment tool for dementia – Cognitive Health and Dementia Risk Assessment (CogDrisk) and a version specifically for Alzheimer’s disease called CogDrisk-AD that could be applicable in low and high-resource settings. This tool incorporates risk and protective factors identified through systematic synthesis of observational studies that report risk ratios. Risk and protective factors included in the tool were selected on the strength of evidence as well as the availability of measures that are practicable in a range of clinical and research contexts. Seventeen risk/protective factors were identified for inclusion in the dementia algorithm to estimate the risk of dementia while sixteen factors were identified for the AD model, with an overlap in the majority of the factors. CogDrisk and the CogDrisk-AD were predictive of dementia and AD when validated across four high-quality international cohort studies. To enable the CogDrisk tool to be implemented in practice our team has developed an interactive website where individuals 18 years and above can complete the CogDrisk questionnaire, obtain a personalised risk profile, and receive feedback on their risk profile. The website was developed with the capacity to collect and store data. We anticipate that the tool can be used by members of the public, in clinical settings and as a screening or outcome measure for clinical trials.

DESCRIBING THE EVOLUTION OF MEDICATION USE OVER TIME IN PEOPLE LIVING WITH DEMENTIA USING NETWORK ANALYSIS
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Prescribing for community-dwelling older adults living with dementia is complex. Multiple medications may be used to manage symptoms associated with dementia and/or co-existing chronic conditions, and can lead to problematic polypharmacy. Our objective was to use network analysis, a data science method, to provide a comprehensive description of co-prescribed medications in persons with dementia and describe whether these patterns change over time. We created a population-based cohort of community-dwelling older adults (aged 67+ years) in Ontario, Canada, newly diagnosed with dementia (between April 2014 and January 2019), from health administrative data, and developed medication networks at one year prior to, at, and for up to five years following dementia diagnosis. Among 136,292 individuals newly diagnosed with dementia, the mean age was 82.2 years and 59% were female. The most common medication subclasses dispensed at diagnosis were primarily cardiovascular medications: statins (45.6%), proton pump inhibitors (27.3%), beta-blockers (27.0%), calcium blockers (25.1%), and ACE inhibitors (24.6%). Similar proportions of medication subclasses were found at five years after diagnosis, except cholinesterase inhibitors (34.0% at five years were dispensed cholinesterase inhibitors compared to 16.9% at diagnosis). The most frequent co-prescribed medication pairs at diagnosis included statins and beta-blockers (16.0%), proton pump inhibitors (18.0%), and ace inhibitors (15.8%), respectively. Co-prescription was similar at five years, but also included higher frequency of co-prescribing with cholinesterase inhibitors (e.g., 19.4% were prescribed cholinesterase inhibitors and statins). Network diagrams demonstrate the complexity of prescribing in this population and highlight concurrent prescribing which may require careful monitoring or deprescribing.

DEMENTIA-FRIENDLY IN THE CONTEXT OF HOSPITALIZATION: A CONCEPT ANALYSIS
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Persons living with dementia experience more and longer hospitalizations when compared to those without dementia. In response, initiatives to address the hospital experience for individuals with dementia and their families are becoming more common. The term “dementia-friendly” attached to terms such as “hospital”, “ward”, “initiative”, “program”, etc. is being used to describe this response.