differences can bias estimates of the influence of dementia. This study aims to investigate how dementia influences disposition, mortality rates and readmission rates at 365 days after hip surgery in older adults over age 65, after accounting for baseline factors such as socioeconomic status, health behaviors, co-morbidities, and type of hip fracture repair. A cohort of 1172 patients who had hip fracture surgery between October 2015 and December 2018 was extracted from electronic health records; among those, 376 had a diagnosis of dementia. Inverse probability of treatment weighting using propensity scores method was used to reduce the influence of factors that may confound the relationship between dementia status and hip surgery outcomes. Logistic regression was applied to estimate influences on discharge disposition and Cox proportional hazards model for one-year mortality. To account for competing risk of death, a Fine and Gray regression model was used to calculate subdistribution hazard ratios of readmission. Disparities in long-term surgical outcomes in patients with dementia were found. Results show that dementia was a significant predictor for being discharged to facilities (OR=1.92, 95% CI 1.09, 3.39, p=.025), death (HR=1.98, 95% CI 1.50-2.62, p<.0001) and being readmitted within one year (HR=1.31, 95% CI 1.15-1.50, p<.0001). These findings call for more efforts in developing effective multidisciplinary perioperative assessments and rehabilitation for patients with dementia.

INTERVENTIONS TO REDUCE STIGMA OF DEMENTIA: FIRST INSIGHTS FROM A RURAL COMMUNITY-BASED PARTICIPATORY STUDY

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Age is the greatest risk factor for dementia, and the number of rural older adults is rising. Although dementia-related stigma is widely documented, few studies focus on ways to reduce stigma, especially within rural communities. This late breaker presentation aims to: 1) explore the contributing factors of dementia-related stigma in rural communities; and 2) identify interventions to reduce stigma of dementia in rural communities. Drawing on a community-based participatory approach, data were collected through semi-structured interviews with 18 older adults, and a focus group with 7 community leaders in rural Saskatchewan, Canada. Thematic analysis was used to identify key themes and patterns within the data. Contributing factors of dementia-related stigma ranged from fear to lack of dementia knowledge. Several anti-stigma interventions were identified including: forming support groups; hosting educational workshops; inviting guest speakers with dementia; talking openly about dementia; learning more about dementia; asking questions; sharing your lived-experiences; being inclusive; developing inter-generational programs; and avoiding assumptions and hurtful jokes. As the rural population ages, there is a growing need for interventions, programs, and policies to address stigma of dementia. Engaging in rural partnerships and collaborative research is essential to developing community-informed strategies to reduce dementia-related stigma and improve the quality of life for people with dementia.

LIFESTYLE INTERVENTIONS FOR PERSONS WITH DEMENTIA: SINGING YOUR WAY TOWARD WELLNESS

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Arts-based interventions represent an inexpensive, non-pharmacological, and non-invasive approach to help mitigate negative symptoms and improve quality of life for persons with dementia (PwD). The present study examined whether a social singing intervention can modulate patterns of cognitive change and whether select biopsychosocial indicators exhibit concomitant within-person time-varying covariation. Participants with dementia (n=32, mean age=79.6 years; 53% female) engaged weekly in the Voices in Motion project, an intergenerational, social-cognitive choral intervention spanning up to 18 months and 9 individual assessments. The Mini Mental State Examination (MMSE), gait velocity, and positive and negative affect were assessed using an intensive repeated-measures design, with multilevel models of change employed to disaggregate both between- and within-person effects. Across months of the social intervention, several significant within-person time-varying associations were observed; on occasions when a given individual performed one unit faster on gait velocity (p<.05) or one unit lower on negative affect (p<.01), relative to their personal average, there were corresponding improvements in cognitive function. Notably, in contrast, MMSE change remained relatively stable over the course of the 18-month intervention (-0.105, p=0.12), with little between-subject variability in rates of change. These findings imply that, within-persons, reducing comorbidities associated with dementia (e.g., elevated negative affect and its corresponding impact on cognitive resource competition) through participation in a lifestyle intervention may facilitate increases in cognitive, physiological, and psychological function. Implications are discussed with regard to the merits of invoking virtual lifestyle interventions for socially isolated individuals (e.g., PwD and those in residential care).

PAIN INTENSITY AND UNPLEASANTNESS IN PEOPLE WITH VASCULAR DEMENTIA: A CROSS SECTIONAL STUDY

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Pain is a multidimensional sensory and affective experience. People with Vascular Dementia (VaD) experience pain more intensely and have negative emotional responses. Further investigation is needed to understand the neurobiology of pain in VaD. We used experimental thermal pain in a cross-sectional design to determine if adults (age>64) with probable VaD experience increased pain intensity and increased pain unpleasantness during "mild" and "moderate" thermal pain. The final sample included 46 sex- and age-matched adults (23 VaD; 12 female) and controls (23 cognitively intact; 12 female) with an average age of