IMPACT OF A COLLABORATION WITH CLINICAL PHARMACISTS ON OSTEOPOROSIS TREATMENT RATES

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Despite the availability of effective drugs to treat osteoporosis, many patients remain untreated and at high risk for developing a fracture. To improve treatment rates, we included clinical pharmacists in the management of patients with osteoporosis. Over 6 months, 30 days after bone mineral density (BMD) results became available to the ordering physician, all patients with an abnormal BMD were evaluated for management according to guidelines if they had not been approached for care. One of three clinical pharmacists discussed patients with the team that included an endocrinologist and a geriatrician. The team made recommendations and pharmacists followed-up by calling patients and prescribing medications. After excluding those who were already on treatment or did not have an indication, 87 patients qualified: 57 (66%) had T-score ≤-2.5, 19 (22%) had osteopenia and high FRAX score, and 11 (12%) osteopenia by BMD and a fragility fracture. After 30 days, the ordering physicians had treated 32/87 (37%) of patients with an indication: 26/57 (46%) patients with T-score ≤-2.5, 1/19 (2%) with high FRAX, and 5/11 (50%) with fractures. After the pharmacists’ intervention, an additional 33/87 (38%) patients were on treatment: 16 with T-score ≤-2.5; 14 with high FRAX, and 3 with fractures; 6 patients were unreachable, 9 declined, and 6 were referred to endocrinology for work-up. By the end of the 6-month period, 75% of patients with an indication received osteoporosis treatment. These results suggest that an osteoporosis intervention employing clinical pharmacists as part of a multidisciplinary team effectively improves osteoporosis treatment rates.

A TRIAL TO IMPROVE MEDICATION SAFETY IN OLDER ADULTS: RECRUITMENT CHALLENGES HAVE GENERALIZABILITY IMPLICATIONS

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For older adults, the transition from hospital to home is a high-risk period for adverse drug events, functional decline, and hospital readmission. Randomized trials of interventions to improve this transition must recruit potential subjects immediately after hospital discharge, when people are recovering and tired. Within a randomized trial assessing the impact of a pharmacist home visit to provide medication assistance immediately post-discharge, we determined whether individuals who enrolled were comparable to those who were invited but did not enroll, and described reasons for not enrolling. Individuals ≥50 years of age discharged from the hospital and prescribed a high-risk medication were eligible. We attempted to recruit individuals by phone within 3 days of discharge, and recorded reasons for not enrolling. Of 3,606 eligible individuals reached, 3,147 (87%) declined, 361 (10%) were enrolled, and 98 (3%) were initially recruited but did not complete a consent form. Individuals ≥80 years of age (odds ratio 0.45, CI 0.25, 0.78) and those with an assigned visiting nurse (odds ratio 0.64, CI 0.48, 0.85) were least likely to enroll. Among those who provided a reason for declining (2,473) the most common reason given was the belief they did not need medication assistance (22%). An additional 332 (13%) declined because they were receiving visiting nurse services. Recruiting older adults recently discharged from the hospital is difficult and may under-enroll the oldest individuals, limiting the ability to generalize findings across older patient populations. Researchers planning RCTs among newly discharged older adults may need creative approaches to overcome resistance.

SESSION 3360 (POSTER)

MINORITY & DIVERSE POPULATIONS II

DIABETES, SELF-EFFICACY TOWARD DIABETES PREVENTIVE BEHAVIORS, AND DEPRESSIVE SYMPTOMS AMONG KOREAN AMERICANS

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Type 2 diabetes is a largely preventive chronic disease, which requires persevering self-management by maintaining healthy lifestyle. Prevalence of Type 2 diabetes among Asian Americans is rapidly increasing, yet little is known about Asian Americans’ self-efficacy towards diabetes preventive behaviors. Thus, the present study examined self-efficacy on diabetes preventive behaviors (DPB) as a potential mediator in the association between diabetes and depressive symptoms among older Korean Americans. Data were driven from a cross-sectional study of 235 community-dwelling Korean American older adults (aged 60 and older) in 2013. The direct significant relation between diabetes and depressive symptoms became insignificant after self-efficacy on DPB was introduced, which demonstrates a full mediation effect of self-efficacy on DPB. Results suggest that even in the presence of diabetes, mental well-being such as depression of older adults can be maintained by having competence in self-management of their own health.

AGE, EXPERIENCE OF RACIAL MICROAGGRESSIONS, AND DISTRESS

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Racial microaggressions are a common form of racial discrimination consisting of subtle or interpersonal slights. Racial microaggressions are linked to various kinds of psychological distress in younger adults, but have not been studied across the lifespan. We examined the relationship of racial microaggressions with psychological distress and anger rumination among younger and older adults identified as racial or ethnic minorities. We hypothesized...
that age would moderate the relationship between racial microaggressions and psychological distress and anger rumination, that is, the relationship would be weaker for older than for younger adults. Participants were recruited from Amazon Mechanical Turk and were compensated $1 for their participation. Preliminary tests of the hypotheses (N=220), using multiple regression analyses to test for moderation, failed to support the hypothesis that age would mitigate the impact of microaggressions on symptom severity. Both age and microaggressions were related to psychological distress and anger rumination, but contrary to prediction, older adults showed more exacerbation of distress in the face of microaggressions than younger adults. The results also differed by gender and ethnic groups, suggesting the importance of examining intersectional experiences of race, gender, and age in response to discrimination. These cross-sectional findings lend support to the importance of considering both subtle and overt discriminatory experiences in understanding the mental health challenges for minority groups in the U.S., but more work is needed to examine the intersection of ethnicity with other demographic variables, and to understand how the lifelong experiences of discrimination may shape older adults’ vulnerability, well-being, and resilience.

A 20-YEAR COHORT STUDY OF LIVING ARRANGEMENTS AND COGNITIVE DECLINE IN THE MEXICAN AMERICAN POPULATION
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Backgrounds/Objectives: The prevalence of dementia in the elderly Latino population is expected to significantly increase from around 200,000 cases in 2000 to as many as 1.3 million cases in 2050. This demographic trend has important consequences for options in care and living arrangements. Very little is known about how of cognitive impairment trajectories co-vary with support available to Mexican Americans. We examine the relationship between living arrangements and the social support of individuals with dementia. Methods: Using data from nine waves from the 23 years of the Hispanic EPESE (n=3,952), we examine trajectories of cognitive functioning and family and social support. We first describe the change in Mini Mental Status Examination (MMSE) scores for survivors from Wave 1 (1993/1994) to Wave 9 (2015/2016), n=255. Growth Mixture Modeling (GMM) is then used to assess how changes in MMSE scores are distributed among living arrangements for individuals living independently compared to household extension (living with others) using the full sample. Results: Analyses reveal different trajectories in MMSE score. 12% (n=27) of the sample had no decrease, while the remaining (88%) were split between moderate decline (60% n=136, 1-10 point decline in MMSE) and severe decline (28% n=62 >10 point decline in MMSE). Changes in living arrangement over the same period show that 89% of individuals who move from independent living into extended household experienced cognitive decline. Conclusions: This study provides new information on how cognitive trajectories are associated with living arrangements. We discuss implications for improving community-based interventions for Latino family caregivers.

RACE DIFFERENCES IN ALLOSTATIC LOAD AMONG BLACK AND WHITE MEN: DOES AGE MATTER?
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Although Black-White disparities in health and mortality among men persist, there is a paucity of work focusing on race differences in physiological dysregulation of biological processes resulting from the cumulative impact of stressors among men. The purpose of this study was to assess potential race differences in Allostatic Load (AL) among adult men and if such differences vary by age. Data were drawn from the 1999-2010 NHANES, and the study population included 2700 non-Hispanic Black (NHB) and 19930 Non-Hispanic White (NHW) born in US. AL was derived by summing across cardiovascular, metabolic, and inflammatory biomarkers considered to be at high risk, resulting in a count variable ranging from 0 to 9. Race was based on self-report. Age was categorized: 18-24, 25-44, 45-64, and 65 years and older. Negative binomial regression was used to examine the relationship between race and AL score. Models included education, marital status, family income, health insurance and self-reported health. Adjusting for potential confounders, NHB men had a higher AL score (incidence rate ratio (IRR) = 1.06, 95% confidence interval (CI) 1.01, 1.11) than NHW men. NHB men 25-44 years old had a higher AL score than (IRR = 1.14, 95% CI;1.04, 1.24) than their NHW peers. No race differences with respect to AL score were observed among the other age groups. Race differences in AL vary by age categories. Efforts to improve longevity should focus on developing age-tailored health promoting strategies to reduce stress among Black men during early adulthood.

MIGRATION, MOBILITY, AND PURSUIT OF GOOD OLD AGES: NARRATIVES OF OLDER PUERTO RICAN ADULTS WHO MIGRATE
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Migration research has articulated “regimes of mobility,” or multi-scalar movements (within and across households, communities, and borders) that are interconnected and embedded in unequal power relations. Research on late-life migration has been limited by: (1) simplistic conceptualizations of mobility as adaptive or traumatic; and (2) a focus on transnationalism. The migration of older adults between Puerto Rico and US mainland presents a new frontier for examining mobility in aging. Puerto Rico’s population is rapidly aging and out-migrating. Moreover, as US citizens, Puerto Ricans experience no legal restrictions on migration typical of transnationalism. Yet little is known about their migration patterns and associated narrated meanings. I conducted semi-structured interviews and participant observation among older Puerto Ricans who migrated to the US.