investigates approximately 15% of all abuse, neglect, and exploitation reports in the country. Once abuse or neglect is substantiated, caseworkers design and implement a service plan for clients to reduce future risk; however, APS intervention effectiveness have not been extensively investigated. In partnership with San Francisco and Napa APS, risk and harm of abuse were measured by type using standardized items from the Identification, Services, and Outcomes Matrix, which is derived from the validated Elder Abuse Decision Support Short Form during case investigation (before APS interventions) and at case closure (after APS interventions). Data from 1,472 older adults1 (on average 78 years old; 57% females) served by APS during the six-month pilot demonstration showed the reduction of risk/harm in self-neglect (p<.001), neglect (p<.001), emotional abuse (p<.001), physical abuse (p=.002), and financial abuse (p<.001) after APS interventions. Effective interventions differ by type of abuse such that caregiver support (b=-.98, p=.10), emergency assistance (b=.14, p<.05), and client engagement (b=.85, p<.05) decreased self-neglect risk/harm; client engagement (b=-2.24, p<.05) decreased neglect by others risk/harm; case management services (b=1.17, p<.05) decreased physical abuse risk/harm; and financial planning services (b=3.99, p<.05) decreased financial abuse risk/harm. No services were identified as effective for emotional abuse. Since effective services differed by type of abuse, it is important to consider the etiology of abuse before implementing the services needed by older adults to effectively decrease risk/harm.

**DETERMINING THE PREVALENCE OF SARCOPENIA IN AN INPATIENT GERIATRIC POPULATION USING EWGSOP2 OR FNIH DEFINITIONS**

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Sarcopenia has been recognized as a progressive and generalized skeletal muscle disorder leading to loss of strength, muscle mass, and function. It is associated with an increased likelihood of adverse outcomes like falls, fractures, physical disability, and mortality. International consensus groups continue providing new definitions and clinical cut-off points despite over a decade of work in this area. Thus, the purpose of this research was to determine the prevalence of sarcopenia using two of the most current operational definitions (Foundation of NIH Sarcopenia Project (FNIH) and the European Working Group on Sarcopenia in Older Persons 2 (EWGSOP2)). Our cohort of acutely hospitalized older adults was formed from combining data from two randomized controlled trials and one cross-sectional observational study. Testing during hospitalization included measures of: demographics, body composition (DEXA), physical function tests, psychological wellbeing and independence questionnaires, and chart review. These were used to analyze the cohort according to three main groupings of low physical performance, low muscle strength, and low lean mass. We compared multiple tests and cutoffs for each of the three groupings under the FNIH and EWGSOP2 definitions, which varied 3% for low lean mass up to 48% for tests of low physical performance. After examining the efficacy of each cutoff, we evaluated the differences between FNIH and EWGSOP2. In our cohort, the prevalence of sarcopenia was 15.79% by EWGSOP2 and 13.59% by FNIH. The groupings within FNIH and EWGSOP2 were found to be near identical across almost all measures despite the definitions’ discrepancies in cutoff points.

**A TELEHEALTH DELIRIUM COACHING INTERVENTION FOR FAMILY CAREGIVERS OF OLDER ADULTS WITH ALZHEIMER’S DISEASE**

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The purpose of this study is to develop and evaluate the feasibility of a telehealth coaching intervention for delirium prevention among family caregivers (FGs) of community-dwelling older adults with dementia. This study used an explanatory mixed methods design in which survey data was augmented with semi-structured interviews. A purposive sample of 20 older adult dyads participated. The intervention consisted of 6-weeks of telephone coaching sessions. FGs conducted daily delirium assessments. We employed correlations and GLM to investigate the relationships between variables and the outcomes. Results: The model showed a statistically significant positive correlation between the Human Connection Scale and the SF-36 pretest domain of general health (r=.47, p<.04). There were statistically significant positive correlations between the Human Connection Scale and the SF-36 posttest domain of physical functioning (r=.54, p=.014) and general health (r=.76, p<.001). There were a small positive changes in mean scores on each domain between the pre- and post-test scores on the SF-36. The most impressive findings came from FGs identification of delirium using the FAM-CAM. These participants had no history of delirium but 6 of 20 (30%) reported at least one episode of delirium. The qualitative data revealed that FGs found weekly coaching sessions beneficial and supportive. The results suggests that the intervention has a meaningful impact on how we assess delirium in the community and warrants further study.

**ANGIOTENSIN (1-7) EXPRESSING LACTOBACILLUS DOSE-DEPENDENTLY BENEFITS THE GUT-BRAIN AXIS IN AGED RATS**

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Aging is associated with gut dysbiosis—a condition linked with altered central nervous system function (i.e. the “gut-brain axis”). Age-related health benefits have been ascribed to the renin-angiotensin system (RAS), mediated partially via the angiotensin (1-7) or Ang(1-7) axis. This pre-clinical study explored dosing of a genetically modified probiotic expressing Ang(1-7) – which we previously showed to induce dose-dependent increases in circulating Ang(1-7) – in modulating the gut-brain axis. Twenty-nine male F344BN rats were randomized at 24 months of age to receive oral gavage of Ang(1-7) Lactobacillus paracasei (LP) zero (control), one, three, or seven times/week over 28 days. At day 29, samples of feces, serum and pre-frontal cortex (PFC) were collected. Microbiome taxonomic analysis of fecal samples was performed via 16S-based PCR. Serum samples were analyzed for...
tryptophan and downstream metabolites via LC-MS. PFC was evaluated for mRNA expression of select inflammatory cytokines. PCoA revealed that groups differed in the overall fecal microbiota community structure as determined by Unweighted UniFrac. Indices of alpha-diversity, including richness and phylogenetic diversity, displayed significant group differences – with the most dramatic effects observed in the 3-times/week group. Compared to control, serum serotonin and 2-Picolinic Acid were significantly increased in the 3-times/week group. The 3-times/week regimen also significantly reduced COX2, IL1β, and TNFα mRNA expression, and 7-times/week reduced COX2 and IL1β expression in PFC. Therefore, we conclude that short-term treatment with Ang(1-7) LP dose-dependently benefits the gut-brain axis in aged rats, with 3-times/week appearing to be the optimal dosing regimen.

GAIT UNSTEADINESS AS AN INDICATOR OF COGNITIVE STATUS IN INDIVIDUALS WITH PERIPHERAL NEUROPATHY

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Neuropathic individuals are at risk of falls, however potential impact of cognitive impairment in neuropathic individuals is not well-understood. Since cognitive impairment is considered an independent risk factor for falls, knowing its potential, additional impact may help better understand underlying mechanism of risk of falls in neuropathic individuals. We aimed to investigate stride-to-stride variability in neuropathic individuals with cognitive impairment (NP-Cog-Impaired) and without cognitive impairment (NP-Cog-Intact) during normal and dual-task walking. Neuropathic symptoms and cognitive status was measured using maximum vibration perception threshold (VPTmax) in the feet and the Montreal Cognitive Assessment (MoCA), respectively. We analyzed data from 19 NP-Cog-Impaired (8 men; 68.5±9.1 years; 29.0±6.2 kg/m2; VPTmax = 29.2±12.1 volts; MoCA = 19.6±2.4) and 25 NP-Cog-Intact (15 men; 66.5±9.1 years; 31.3±5.9 kg/m2; VPTmax = 26.3±12.7 volts; MoCA = 25.6±1.6). We collected movement data using five inertial sensors (LEGysysTM, BioSensics LLC, Watertown, MA) attached on the shanks, thighs, and lower back. We used previously validated algorithm to calculate coefficient of variations (CV) of stride velocity and stride length. CV of stride velocity and stride length were significantly greater for the NP-Cog-Impaired group (11.07±3.22% and 7.31±3.20%, respectively) than for the NP-Cog-Intact group (7.31±3.20% and 4.81±2.80%, respectively) for dual-task walking but not for normal walking. Between normal and dual-task walking, CV of stride velocity and stride length increased 43.2% (significantly) and 46.4% (marginally), respectively, from normal walking to dual-task walking for the NP-Cog-Impaired group but not for the NP-Cog-Intact group. Results suggest that cognitive impairment may be an additional risk factor of falls in neuropathic individuals.

PREDICTIONS OF RISK TOLERANCE ACROSS DISEASE SCENARIOS AMONG OLDER ADULTS

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Advance care planning requires older adults to contemplate what kind of medical care they would prefer if faced with serious illness. Those decisions involve weighing risks of medical treatments with quality of life. The purpose of this project was to explore older adults’ tolerance for risk in medical treatment scenarios. Thirty-three adults over age 60 (mean age = 74.9, SD = 8.9) were presented with four medical scenarios reflecting increasingly severe diseases (urinary incontinence, kidney failure, dysphagia, Alzheimer disease). For each, they were asked whether they would accept a treatment with increasing risk of death (5%, 50%, 95%). Participants also recorded demographic characteristics and completed a physical and mental health measure. Older adults were more willing to accept hypothetical treatments with lower risk of death (Cochran’s Q = 27.8 - 39.0, p’s < .001), and they were more willing to accept treatments when faced with more severe diseases (Cochran’s Q = 8.7 - 29.8, p’s < .05). There were no significant associations between risk tolerance and demographic and health characteristics. These results suggest that older adults are diverse in their willingness to accept medical treatments risks, at least when presented with hypothetical medical scenarios. Medical professionals and family members who collaborate with older adults should be aware of this diversity of preferences and check assumptions based in demographic and health characteristics. Given these nuances, interventions to promote communication about medical preferences are essential to patient-centered advance care planning and medical decision making.

COMMUNITY-BASED SERVICES AND OLDER ADULTS: A COMBINATION IN MENTAL HEALTH PROMOTION

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Mental health promotion among older adults has been considered an important goal by the World Health Organization (WHO, 2017). Mental health has been understood as not necessarily the absence of mental illness, but in fact, points on a continuum that although are not mutually exclusive, and it may intersect at times (Cowan, 1991; Keyes & Westerhof, 2012). With such complex health component, medical practices—although extremely critical in many cases—are often one factor of in the equation. Other practices, such as positive relationships among individuals and measures to tackle isolation are relevant and successful when planning practice for mental health promotion (Wister & McPherson 2014; Newall & Menec, 2019). A study done at a community-based seniors service in Vancouver – Canada shows that these spaces are considered a critical resource for visible minority older adults. Two focus groups were conducted at a community-based senior service with visible minority older adults between ages 55 to 80 years old. Results show that visible minority older adults strongly rely on this sector to maintain the connection with the society, and to the services provided in the wider community. Community-based seniors service provide opportunities for social inclusion and interactions, learning new things, and it has an inverse association with feeling isolated and lonely at home—a constant issue stated in the research. These findings