Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) places older adults at increased risk of hospitalization and mortality due to coronavirus disease 2019 (COVID-19). To date, research and regulatory data describe adults 65 years and older, with few reporting on characteristics specific to older adults 85 and older (“oldest-old”). A consecutive 12-month case series including 1,510 oldest-old patients hospitalized with SARS-CoV-2 is presented to describe clinical characteristics, Intensive Care Unit (ICU) utilization and in-hospital mortality from 26 urban, suburban and rural-serving hospitals in an integrated health system in Texas. Known predictors of poor prognosis in COVID-19 include older age, male sex, metabolic risk factors (dyslipidemia, obesity, diabetes) and respiratory failure requiring oxygen support. Compared with hospitalized patients < 85 years, oldest-old patients more often had 4+ chronic conditions (31% vs 12%, p< 0.0001), but less often had metabolic risk factors associated with increased risk for mechanical ventilation and mortality. Specifically, diabetes prevalence was similar between age groups (27% oldest-old vs 30%, NS), while obesity prevalence was lower (18% oldest-old vs 53%, p< 0.0001). Oxygen support requirements were largely similar to the general population, with 4 of 5 hospitalized patients requiring oxygenation support. Of 1,510 oldest-old patients hospitalized for SARS-CoV-2, 269 (18%) required admission to an ICU, 1,206 (80%) required oxygen support, and 1,221 (81%) survived. Following hospitalization, 78% required supportive care, including hospice (15%). Hospitalization characteristics across the lifespan suggest an accelerated and compounded need for ICU recovery and post-hospitalization rehabilitation attributed to the COVID-19 pandemic.

IMMUNE RESPONSES TO MODERNA COVID-19 MRNA VACCINE IN FRAIL NURSING HOME PATIENTS

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Prior COVID-19 mRNA vaccine trials included healthy older adults, but mRNA vaccine responses were not studied in frail older adults. We postulated that frailty was associated with immune responses of reduced quality and quantity following mRNA vaccination. A cohort of 15 older adults in a retirement facility were followed from the first Moderna mRNA-1273 vaccine dose in February 2021 with blood collections at baseline and weeks 4 (boost), 6, 18 and 28. Outcomes were IgG titers to SARS-CoV-2 Spike protein with secondary outcomes of T cell responses. Statistical analysis used log transformed geometric mean antibody titers in multivariable regression models with clinical predictors including, age, sex, prior infection status, and clinical frailty scale (CFS) score. Cellular immune response analysis used multivariable regression for function and phenotyping of T cell subsets. All participants with median (IQR) age: 90 years (84, 96) and CFS score: moderately frail 6 (5, 7) generated robust antibody responses with mean peak titer levels 10-fold higher than baseline. In the adjusted model, individuals with severely frail scores CFS=7 had lower antibody levels compared to mildly frail CFS=5, OR: 0.55 (0.35, 0.87) p=0.017. Both chronological age and sex had non-significant relationships with antibody titers. Spike peptide specific CD4 cells and T follicular helper cells were significantly decreased in more frail individuals (p=0.011 and p=0.008 respectively), though the relationship with antibody titers was non-significant. Frailty scores were a better predictor than age for serologic and cellular immune responses to COVID-19 mRNA vaccination in very old adults.

DEPRESSION, ANXIETY, STRESS, AND HEADACHE IN BRAZILIAN OLDER PEOPLE IN THE CONTEXT OF THE COVID-19 INFODEMIC

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Objective: The aim of the present study was to analyze the prevalence and factors associated with headaches in Brazilian older people in the context of COVID-19 Infodemic.

Methods: This is a cross-sectional study carried out with 3,307 older Brazilians through a virtual questionnaire, self-completed using a cell phone, tablet, or computer with internet access. The questionnaire was composed of the Geriatric Depression Scale(GDS), Geriatric Anxiety Inventory(GAI), and the Perceived Stress Scale (PSS). Data collection was developed between June 2020 and January 2021. The analysis model consisted of variables distributed into four blocks: exogenous variables, primary determinants, health behaviors, and health conditions. It was used the Goodness-of-fit test to assess the quality of fit of the final model. Poisson regression with robust variance was used to estimate the associations.

Results: The prevalence of headache was 31.7% (CI 95%: 30 – 33). This outcome was associated with the use of psychotropic drugs (p < 0,001), concern with information about COVID-19(p < 0,001), symptoms of depression and anxiety(p < 0,001), and perception of stress(p < 0,001).

Conclusion: Anxiety, depression, and stress are thought to be associated with headaches in older adults who are exposed to excess information and fake news about COVID-19. It is considered that in the COVID-19 Infodemic scenario, headache in older people who have access to information is an important marker of mental health associated with suggestions of depression, anxiety, and stress.

SHARED DECISION-MAKING WITH COST INFORMATION IN THE CONTEXT OF AGE-FRIENDLY CARE

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The proposed poster session will explore shared decision-making—the patient-clinician communication to decide on tests, treatment and care based on clinical evidence, balancing risks and outcomes with patient and caregiver preferences and values—and how evidence-based strategies, such as shared decision-making tools, or decision aids, can support older adults and their caregivers/care partners as they navigate the healthcare system. Notably, the session will share findings from FAIR Health’s grant-funded initiatives to advance shared decision making through decision aids, which combine clinical and cost information for specific clinical scenarios, and are freely available for consumers on fairhealthconsumer.org and for healthcare providers on fairhealthprovider.org. As such, the session will offer diverse perspectives and a unique spotlight.
on the financial and patient- and caregiver-centered aspects of healthcare decision making. Through FAIR Health’s needs assessment for a current project funded by The John A. Hartford Foundation, which has as its goal to advance shared decision making among older adults with serious illness and family caregivers, FAIR Health collected qualitative feedback from older patients, family caregivers and healthcare providers regarding perspectives on navigating the healthcare system. Through a national survey of older patients and family caregivers, FAIR Health found that: (1) though a significant proportion of older adults consider healthcare costs to be an important factor when making healthcare decisions, more than a third have difficulty getting such cost information; and (2) family caregivers/care partners expressed an appetite and need for healthcare information, resources and tools that facilitate better decisions about their care receiver’s care.

WHAT IS THIS COVID? COMMUNITY PERCEPTIONS OF COVID-19
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The COVID pandemic was complicated by the varied amounts and sources of information available on what exactly COVID was, e.g., CDC website, social media; some fact-based and some not. The purpose of the project was to learn how people defined COVID. The surveyed sample consisted of 155 community dwellers (M age = 45.7 years), with above average education, primarily female (66%), and slightly over one-half identifying as Caucasian and approximately 40% Latinx. The sample were all residents of the Southern Border region, having very high rates of COVID infection in this area, and a statewide mask mandate both inside and outside. The open-ended question inquiring “What is COVID?” was answered by the respondents and thematic analysis focused on two dimensions: 1) was the response factual or not (incorrect in some manner); and 2) the definition of COVID in terms of a virus, flu, etc. Interestingly, despite the median education being around 15 years, 44.5% of the sample gave an incorrect definition of COVID. The three most predominant themes emerging from the definitions were (in descending order): 1) a virus with specific facts noted; 2) a disease/infection; and 3) an affective reaction such as annoying. The results highlight the diverse conceptualizations in a very high-risk area, especially focused on oftentimes an incorrect understanding of COVID.

A DATA-BASED PROPOSITION FOR THE CREATION OF NEW ICD-10 DIAGNOSIS CODES FOR POST-ACUTE SEPSIS SURVIVORS
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Sepsis survivors have the second highest readmission rate among Medicare beneficiaries, next to heart failure. I-TRANSFER is an implementation science study to improve transitions and reduce readmissions among sepsis survivors transitioning from acute to home health care (HHC). A total of 63 semi-structured interviews were conducted with stakeholders among 12 hospitals and 5 affiliated home health agencies (HHAs). The purpose of this secondary analysis was to: 1) examine how the sepsis diagnosis is reflected in HHC documentation, 2) identify barriers in sepsis information transfer to HHC, 3) recommend a documentation strategy to enhance information transfer and HHC documentation. We analyzed the diagnosis coding within a national OASIS dataset and eight I-TRANSFER interviews with hospitalists, documentation specialists, and HHC coders. Findings include: a) sepsis diagnoses were nearly invisible in HHC records being documented for only 10% of 165,000 sepsis survivors transitioned to HHC, b) sepsis information in referral documentation can be unclear to HHC coders, c) the lack of sepsis diagnosis documentation might make HHC clinicians unaware of the patient’s risk for readmission, d) HHC coders recommended improved language in the acute care discharge summary to link the need for HHC to sepsis, thereby supporting the use of ICD-10 sepsis ‘A’ codes in HHC. The use of terms, such as “History of Sepsis” or “Sepsis Resolved,” leads to HHC using non-specific codes, thus is not recommended. We highlight the need for new ICD-10 codes for “Sepsis Aftercare” and “Post-Sepsis Syndrome” to clearly communicate and document the needs of sepsis survivors.

CORRELATIONS BETWEEN OLDER PATIENTS’ FIRST COVID-19 VACCINATION TIMING AND MEDICATION ADHERENCE
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Medication adherence and COVID-19 vaccinations are both essential to improving health outcomes and avoiding hospitalizations. When vaccines first became available in early 2021, the CDC recommended prompt vaccination for patients age 65-and-over. Vaccine hesitant older adults are among those at the highest risk for severe outcomes from a COVID-19 infection. A retrospective study was conducted using prescription and vaccine claims data from a pharmacy chain. Patients were included if they: 1) were age 65+ as of 1/1/21; 2) had at least two prescriptions of RAS antagonists, non-insulin anti-diabetics, or statins (in 2021); and 3) received at least two doses of mRNA COVID-19 vaccine between 1/1/21 and 9/21/21. Patients were then split into two evenly-distributed groups based on the number of days into 2021 when they received their first vaccine. The outcome was the proportion of optimally adherent patients (PDC ≥ 80%) by condition as of 12/31/21. Two-proportion z-tests were performed comparing the adherent proportions of the “earlier to vaccinate” group versus the “later to vaccinate” group as of 12/31/21. Age groups analyzed were “65-74” and “75+”. The proportion of adherent patients as of 12/31/21 in the “Earlier to Vaccinate” group is higher than those in the “Later to Vaccinate” group for all three adherence metrics by 4.4% (65 to 74) and 2.2% (75+, p=0.00108*) for Diabetes, by 5.1% and 2.6% for Hypertension, and by 6.0% and 3.9% for Statins (*all other p< 0.00001). The timeliness of a patient’s first COVID-19 vaccination dose was predictive of medication adherence in 2021.