clinicians and health systems better target multi-modal interventions to prevent progression to frailty. Understanding markers of increased risk for pre-frailty may help to prevent recognition of factors associated with pre-frailty among PLHIV may help to prevent analyses, pre-frailty was associated with depression, low cognitive function, depression and clinical indicators using bivariate analyses. Factors associated with pre-frailty were then included in a logistic regression analysis using backward selection.

Conclusion. Older PLHIV represented an increasing proportion of the studied Southeastern clinic population. Multimorbidity prevalence was higher in 2016 compared with 2006. Insurance status was associated with multimorbidity for Cohort 1. For Cohort 2, incomes <100% FPL and female sex were associated with increased likelihood of multimorbidity. Future research will need to assess the reasons for these disparities.

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352. Characteristics Associated with Pre-Fraility in Older People Living with HIV
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Background. Frailty is a concern among older people living with HIV (PLHIV). There is a paucity of research characterizing PLHIV who are at risk of becoming frail (pre-frailty). To investigate how HIV impacts older PLHIV in the United States, a new study called Aging with Dignity, Health, Optimism and Community (ADHOC) was launched at ten sites to collect self-reported data. This analysis uses data from ADHOC to identify factors associated with pre-frailty.

Methods. Pre-frailty was assessed using the Frailty Index for Elders (FIFE), where a score of zero indicated no frailty, 1–3 indicated pre-frailty, and 4–10 indicated frailty. A cross-sectional analysis was performed on 262 PLHIV (age 50+) to determine the association between pre-frailty and self-reported sociodemographic, health, and clinical indicators using bivariate analyses. Factors associated with pre-frailty were then included in a logistic regression analysis using backward selection.

Results. The average age of ADHOC participants was 58 years. Eighty-two percent were male, 66% were gay or lesbian, and 56% were white. Forty-seven percent were classified with pre-frailty, 26% with frailty, and 27% with no frailty. In bivariate analyses, pre-frailty was associated with depression, low cognitive function, depression, multiple comorbidities, low income, low social support and unemployment (Table 1). In the multiple logistic regression analysis, pre-frailty was associated with having low cognitive function (Odds Ratio [OR] 8.56, 95% Confidence Interval [CI]: 3.24–22.63), 4 or more comorbid conditions (OR 4.00, 95% CI: 2.23–7.06), and an increase in BMI (Table 2).

Conclusion. This study shows that commonly collected clinical and sociodemographic metrics can help identify PLHIV who are more likely to have pre-frailty. Early recognition of factors associated with pre-frailty among PLHIV may help to prevent progression of markers of increased risk for pre-frailty. For pre-frailty may help clinicians and health systems better target multi-modal interventions to prevent negative health outcomes associated with frailty.

Table 1. Factors associated with pre-frailty (independent risk ratios)

| Variable                          | Risk Ratio | 95% C.I. |
|-----------------------------------|------------|----------|
| Depressed                         | 3.88       | 1.57–9.61|
| Low cognitive function            | 3.53       | 1.54–8.07|
| Loneliness                        | 1.70       | 1.25–2.34|
| 4 or more comorbid conditions     | 1.53       | 1.24–1.90|
| Live alone                        | 1.50       | 1.04–2.17|
| Income less than $50.000          | 1.50       | 1.15–1.94|
| Low social support                | 1.62       | 1.05–2.50|
| Not close to friends              | 1.65       | 1.15–2.37|
| Not employed                      | 1.15       | 1.02–1.78|

Table 2. Factors associated with pre-frailty (logistic regression analysis)

| Variable                          | Odds Ratio | 95% C.I. | P-value |
|-----------------------------------|------------|----------|---------|
| Low cognitive function            | 8.56       | 3.24–22.63| <0.001  |
| 4 or more comorbid conditions     | 4.00       | 2.23–7.06| <0.001  |
| Income less than $50.000          | 2.70       | 1.56–4.68| <0.001  |

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