Conclusions: We conclude that the FMD was safe and feasible in rodent and human studies. Larger studies on patients with diagnosed diseases are necessary to determine its impact on diabetes and cardiovascular disease treatment.

SESSION 1315 (POSTER)

CHRONIC DISEASE AND DISEASE MANAGEMENT

MEDICAL CANNABIS USE: EXPLORING THE PERCEPTIONS AND EXPERIENCES OF OLDER ADULTS WITH CHRONIC CONDITIONS
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The past decade has witnessed an increased interest in the therapeutic properties of cannabis, and a growing body of research illustrates the varied uses of cannabis-based medicines for diverse symptoms, syndromes, disorder and both acute and chronic conditions, many of which are associated with advanced age (Lucas et al., 2016). While the use of medical cannabis is on the rise in the older adult population (Kaskie et al., 2017), more research is needed to advance the discourse on medical cannabis. With this study, we investigate older adult’s perceptions and experiences of medical cannabis use to treat and/or manage chronic conditions, specifically as a substitute for prescription drugs. Our findings suggest that older adults are open to medical cannabis as an alternative to pharmaceutical. Additionally, narratives revealed that users are hopeful that medical cannabis will provide relief with regard to the management of symptoms and relief of pain. Participants discussed their awareness and ability to manage issues related to stigma both from their primary care providers as well as family and friends. Furthermore, older adults described the frustrations with a lack of education, awareness, and support with dosing. Findings are presented as an interpretation of the participants’ perceptions of their medical cannabis use. Implications for putting medical cannabis use into everyday practice as well as policy implications are considered.

EATING THE PAIN AWAY: THE USE OF FOOD AS A COPING MECHANISM IN OLDER ADULTS EXPERIENCING CHRONIC PAIN
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Individuals experiencing pain rely on impulse to make decisions, including choices regarding food consumption (Darbor, Lench, & Carter-Sowell, 2016). This study examined whether older adults experiencing chronic pain report higher instances of emotional eating in comparison to a population of older adults not experiencing chronic pain. Data stemmed from the Midlife in the United States study was analyzed to investigate whether individuals used food as a coping mechanism for chronic pain symptoms (Ryff et al., 2017). The sample consisted of Americans aged 60 to 74 years of age. Pain conditions included: has chronic pain (n=686) and does not have chronic pain (n=1036). Results of the Independent Samples T-Test indicated that participants were found to be engaging in emotional eating when experiencing chronic pain symptoms, as hypothesized. Participants in the has chronic pain condition reported relying on food as a coping mechanism more (M= 3.66, SD= 1.87) than participants in the does not have chronic pain condition (M= 3.42, SD= 1.71); t(1370)= 2.71, p = .007, d= 0.13. Results suggest that older adults experiencing chronic pain report utilizing food as a coping mechanism more than older adults that do not experience chronic pain. These findings have health implications given the rising obesity rates associated with persistent pain. Future directions may include studies on the negative health outcomes that result from high instances of emotional eating in older adults experiencing chronic pain. Additionally, investigating alternative coping mechanisms for chronic pain would be beneficial to diminish the harmful health effects of emotional eating.

EXPERIENCE OF STROKE RECOVERY FOR WOMEN 60 OR OLDER: USING AUTO-PHOTOGRAPHY TO ENHANCE THE NARRATIVE PROCESS
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Stroke is a common health concern in the U.S. with 795,000 new strokes each year. Women dominate these numbers, with 55,000 more strokes per year than men, yet they are underrepresented in stroke research. Some research indicates that women have worse physiological and psychosocial outcomes after stroke than men, yet little is known about how they experience recovery. This study used a qualitative phenomenological approach to address the question: “What is the experience of stroke recovery for community dwelling women age 60 or older?” The participants were 10 women, ages 60 – 78, with times post-stroke ranging from 4 months to 15 years. They participated in 2 semi-structured interviews, with auto-photography used to enhance sharing of information. Between the two interviews, they were provided with a digital camera and asked to take pictures that helped to explain their lives before and after stroke. During the 2nd interview, participants described their pictures, and answered additional questions about their recovery. Interviews were transcribed verbatim, and the narratives were coded and analyzed thematically to describe how this sample of individuals experienced stroke recovery. Four overarching themes emerged from the data: 1) the stroke event, 2) a new chapter, 3) meaning and process of recovery, and 4) self-identity. In general, narratives revealed that recovery is described as a complex, individualized, and subjective experience that extends beyond overt physical abilities. Participants in this study experienced changes in self-identity and described a “new normal” after stroke. Implications and recommendations for rehabilitation, research, and policy are discussed.

MEASURING QUALITY OF LIFE IN OLDER ADULTS LIVING WITH T2DM: A COMPARISON WITH YOUNGER ADULTS USING 2015 BRFSS DATA
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GSA 2019 Annual Scientific Meeting
Challenges due to burden of disease can affect adherence to self-care behaviors and optimal health outcomes in those living with T2DM. This study utilized state- and national-level data from the 2015 BRFSS to compare QoL measured by the prevalence of physical and mental burden days among older adults (OAs) compared to younger adults living with T2DM. The results of our analysis showed that OAs living in the US were significantly less likely to experience at least one mental burden day when compared to their younger counterparts (OR = 0.61, 95% CI: 0.58, 0.64), while gender, education, race, BMI, and depression, CVD, or another chronic condition were significantly associated with the odds of experiencing at least one mental burden day. Whereas, in Kentucky OAs were less likely to experience at least one mental burden day when compared to their younger counterparts (OR = 0.48, 95% CI: 0.35, 0.66). Gender, education, BMI, and depression were significantly associated with the odds of experiencing at least one mental burden day or one physical burden day. The findings of this study suggests that the questions used by BRFSS to measure QoL may not be the most suitable for OAs who likely have different criteria for self-reported mental or physical burden days. When assessing QoL or burden of disease among the aging at a population level, considerable thought should be given to the questions asked and if they appropriately examine patient-level QoL in this population.

COGNITIVE FUNCTION IN COUPLES AND COLLABORATIVE INVOLVEMENT IN TYPE 1 DIABETES MANAGEMENT

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Managing type 1 diabetes involves coordinating complex daily behaviors that benefit from higher cognitive function. One’s spouse’s cognitive function may also be beneficial as spouses may collaborate in daily adherence behaviors and may be especially beneficial for older adults who may be experiencing poorer cognitive function. We examined: 1) whether one’s own and one’s spouse’s cognitive function predicted lower (better) HbA1c, 2) whether collaborating with a more cognitively capable spouse was especially beneficial, and 3) whether the benefit of partners’ cognitive ability occurred through better adherence. 199 couples were recruited where one member was diagnosed with type 1 diabetes for at least one year (52% females, average age 46.8 years, range 25.9-74.9, average duration of diabetes 27 years). Both patients and spouses completed the information subtest from the Wechsler Adult Intelligence Scale. Fourth Addition as a measure of general intelligence. Patients rated the collaborative involvement of their spouse in their diabetes and their adherence to their medical regimen. Multiple regressions revealed that a spouse’s higher intelligence uniquely and solely predicted better HbA1c over patient’s intelligence. Collaborating with a spouse of lower intelligence was associated with higher HbA1c for older adults; collaborating with a spouse of higher intelligence was associated with somewhat lower HbA1c. Mediational analyses indicated that spouse’s intelligence was associated with higher HbA1c through better adherence behaviors. The results suggest that individuals with type 1 diabetes who have a spouse of lower cognitive function may benefit from support from others in their network to manage their diabetes.

SOCIOEMOTIONAL SELECTIVITY THEORY AND THE PERCEPTION OF CHRONIC PAIN

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The Fear Avoidance model of chronic pain (FAM) posits that pain perception is best understood in the context in which pain occurs. An aspect of context that has received little attention is the effect that future time perspective and its related goals may have on chronic pain perception. According to the Socioemotional Selectivity Theory (SST), young adults have instrumental goals to prepare for the future and older adults have goals to establish and maintain wellbeing. These differences have profound effect on cognition including attentional bias. It was hypothesised that future time perspective would influence pain perception through attention to pain. A total of 306 participants, 18 – 88 year olds with chronic joint pain completed the Numeric Analogue Scale for pain, three scales to measure the FAM constructs: Pain Vigilance Awareness Questionnaire, Pain Catastrophization Scale, and the Pain Anxiety Symptoms Scales, and, two scales to measure the SST constructs: Future Time Perspective Scale, (measures the goals and opportunities anticipated in the remaining life span) and the Positive Affect Negative Affect Scale (measures mood). Structural equation modelling finding supported the hypothesis and the model of fit indices indicated a good fit ($\chi^2 (53) = 127.412, p = .000, TLI .958, CFI = .971, SRMSEA = .056, RMSEA = .068, CI 90% [.053, .083])$. This is the first time that age, future time perspective and the positivity effect have been shown to contribute the pain experience through attention. It provides a possible framework for exploring age appropriate psychological treatments for chronic pain.

HOW MULTIPLE CHRONIC DISEASE BURDEN INFLUENCES COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAM PARTICIPANTS

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Background: Studies have shown that participation in community-based self-management education programs can result in improved healthful behaviors (exercise, cognitive symptom management, coping, and communications with physicians), improved health status (self-reported health, fatigue, disability, social/role activities, and health distress), and decreased days in the hospital. Problem: One of the understudied factors thought to influence efficacy in community based self-management programs is the presence and impacts of multiple chronic conditions on participants within community based behavioral health program populations. Multiple chronic diseases when scaled collectively can be considered as a participant’s individual disease burden to be included in other analyses. Methodology: This investigation explores possible ways disease burden associates with...