

## CHANGES IN THE USE OF INTENSIVE AND SUPPORTIVE CARE WITH HEART FAILURE IN THE LAST MONTH OF LIFE BETWEEN 2001 AND 2013

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**Background:** Heart failure (HF) is a global epidemic affecting the elder globally. It is uncertain what care patients with heart failure receive at their end of life and what care trends are in the last month of life. **OBJECTIVES:** This study's objective was to investigate the changes in the use of intensive and supportive procedures for Taiwanese patients with heart failure in their last month of life during 2001-2013. **METHODS:** Analysis of claims data of 25,375 patients with heart failure obtained from the National Health Insurance Research Database was performed to investigate the changes in the use of intensive and supportive procedures for Taiwanese patients with heart failure in their last month of life during 2001-2013. **RESULTS:** Over the whole study period, 53.3% of patients with heart failure were admitted to intensive care units in their last month of life. The percentages of patients receiving mechanical ventilation (54.3%-41.5%), cardiopulmonary resuscitation (41.5%-16.7%), decreased over time. The percentages of patients receiving artificial hydration and nutrition (52.5.9%-56.8%) and extracorporeal membrane oxygenation (ECMO) (0.52%-1.78%) increased over time. Patients under 75 years old were more likely to be admitted to intensive care units. **CONCLUSION:** Over time, supportive procedures increased, and intensive procedures decreased in patients with heart failure in the last month of life. This study highlights a need for research, guidelines, and training in how to provide palliative care for end-stage patients with heart failure.

## COMMUNITY-ACADEMIC PARTNERSHIP TO IMPROVE NUTRITION AND BLOOD PRESSURE IN SENIORS: OUTCOMES & IMPACT OF COVID-19

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The Dietary Approaches to Stop Hypertension ("DASH diet") has been proven in research settings to lower blood pressure, but its implementation is untested among seniors in congregate meals settings. We report the planning, implementation, impact of COVID-19, and results of an Administration of Community Living-funded study to test whether two evidence-based interventions - DASH-alignment of congregate meals, and home blood pressure self-monitoring, can lower systolic blood pressure and increase blood pressure control among community-dwelling seniors. Congregate meal menus were aligned with the DASH eating plan, through collaboration of Bionutrition professionals on the research team, CBN food services leadership, and the NYC Department for the Aging. Seniors provided feedback on the DASH-modified meal options. The intervention began on October 15, 2019 (Site 1) and February 3, 2020 (Site 2). The study was interrupted by the COVID-19 pandemic in

March 2020, when congregate meals ceased, and when approximately 75% of primary outcome data were collected. Modified implementation permitted completion of modified study outcomes. Preliminary analyses suggest that some participants were able to lower their blood pressure in this program. The DASH diet implemented in the congregate meal setting, along with programs to support BP self-efficacy through modification of existing programs, may be a valuable and scalable model to reduce cardiovascular risk among community-living seniors.

## DEVELOPMENT AND VALIDATION OF MULTIMORBIDITY INDEX PREDICTING MORTALITY AMONG CHINESE OLDER ADULTS

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This study aimed to construct a multimorbidity index among Chinese older adults. Participants aged 65-84 years (n=11,757) from the Chinese Longitudinal Healthy Longevity Survey (CLHLS). Fourteen self-reported chronic conditions were assessed at baseline. Outcome was all-cause mortality within five-year follow-up. We used restrictive association rules mining to identify the patterns of multiple chronic conditions associated with mortality. The weights of conditions and disease combinations were assigned using logistic regression adjusted by age and sex in training set. Multimorbidity index (MI) with individual diseases and multimorbidity index incorporating disease combinations (MIDC) were developed. We compared the performance of MI and MIDC with condition count and XGBoost algorithm in the validation set. There were no significant differences of c-statistics between condition count (0.687) and MI (0.692) or MIDC (0.689). The c-statistic of XGBoost algorithm (0.675) was the lowest among all models. The Integrated Discrimination Improvement (IDI) and categorical Net Reclassification Index (NRI) for MI (IDI: 0.01, P < 0.001; NRI: 0.01, P = 0.127), MIDC (IDI: 0.004, p = 0.002; NRI: 0.02, P = 0.033), and XGBoost model (IDI: 0.02, P < 0.001; NRI: 0.03, P = 0.004) were significantly positive compared with condition count. However, no significant differences for IDI and NRI were observed between MI and MIDC. Among Chinese older adults, weighted multimorbidity index with individual disease can better predict five-year mortality risk over condition count. There was little improvement in the predictive performance of the index after considering the joint effects of disease combinations.

## EVIDENCE-BASED INTEGRATIVE HEALTH CARE TO PROMOTE QUALITY OF LIFE IN OLDER ADULTS WITH CANCER

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Cancer disproportionately affects older adults and presents significant challenges to patients' quality of life. Use of