

frailty). Both cognitive impairment (odds ratios (ORs) range: 1.41 to 2.11) and physical frailty (ORs range: 1.51 to 2.43) were independently associated with basic activities of daily living (BADL), instrumental ADL (IADL), mobility disability, hospitalization, and death among participants without that corresponding outcome at baseline, even after accounting for covariates. Relative to participants who had normal cognition and were nonfrail, those with cognitive frailty had the highest risk for IADL disability (OR=3.40, 95% CI, 1.23–9.40) and death (OR=3.89, 95% CI, 2.25–6.47). We did not find significant interaction effects between cognitive frailty and multimorbidity (P for interactions > 0.05). Overall, cognitive frailty was associated with disability and death, independent of multimorbidity. This highlights the importance of assessing cognitive frailty in the community to promote primary and secondary preventions for healthy aging.

DIMENSIONS OF SOCIAL ISOLATION AND WEIGHT LOSS AMONG OLDER MEN AND WOMEN IN S. KOREA

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Older men who live alone are typically believed to be highly susceptible to malnutrition. However, recent studies report their living alone status is associated with frailty negatively and with Type 2 diabetes positively. Meanwhile, older women who live alone are believed to be less susceptible to malnutrition, but qualitative research point out their high likelihood of malnutrition. There is little literature to explain these paradoxes. To evaluate this gap in understanding of how a metabolic process may be shaped by social context, this study examines whether different aspects of social isolation among older men and women (living alone, social contact, loneliness) are associated with adverse weight loss, as well as with indicators of meal frequency and body weight. For this, a data set comprised of 6,680 older adults from the Korean Longitudinal Study of Aging surveyed every two years from 2006 to 2018 was analyzed using panel regression models. Among older men, living alone was negatively associated with logged body weight even when considering loneliness but not associated with meal frequency and 5kg or more weight loss. Among older women, living alone was not associated with logged body weight but associated with fewer meals and 5kg or more weight loss. The association disappeared when considering loneliness. Unexpectedly, social contact was not significant to prevent adverse weight loss.

FRAILTY & DEPRESSION: MEDIATORS OF FEAR OF FALLING AND QUALITY OF LIFE IN OLDER ADULTS

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Fear of falling is a known predictor for decreased health-related quality of life (QoL) in older adults, including among high risk frail community-dwelling older adults with multiple comorbidities including depression. The study aimed to examine the sequential explanatory roles of frailty and

depressive symptoms in the relationship between fear of falling (FoF) and QoL in a program for all-inclusive care for the elderly (PACE). This was a retrospective single cohort study that included 84 older adults in a PACE program located in the Northeastern United States. Participants were cognitively intact older adults ≥ 55 years ($M=70.33$; $SD=6.46$). FoF was assessed with the Falls Efficacy Scale-International; frailty was measured with the Edmonton Frail Scale; QoL was measured with the Short Form 12v2 which includes both physical and mental domains. Using the Process Macro (model 6) in SPSS, path models were constructed hypothesizing frailty and depressive symptoms as serial mediators of the relationship between FoF and QoL while controlling for race, gender, age and comorbidities. Frailty and depressive symptoms serially mediated the FoF and mental QoL relationship (Indirect Effect = -0.10; 95% CI= -0.19, -0.03). Serial mediation effects of frailty and depressive symptoms were not replicated for the association between FoF and physical QoL (Indirect Effect = 0.00; 95% CI= -0.04, 0.05). Understanding the roles of frailty and depressive symptoms in explaining the association between FoF and mental health-related QoL can delineate targeted areas for intervention development not typically considered when attempting to reduce the influence of FoF on QoL in older adults.

THE RECIPROCAL CAUSAL RELATIONSHIP BETWEEN FRAILTY AND PHYSICAL ACTIVITY AMONG KOREAN OLDER ADULTS BY AGE GROUPS

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Among associated factors to frailty, physical activity is a highly recommended intervention that prevents the risk factors of the frailty. However, most of the older adults are lack of sufficient physical activity to obtain health-related benefits. The purpose of this study is to investigate the reciprocal relationship between frailty and physical activity among Korean older adults by age groups of middle-old (70-79) and oldest-old (more than 80) between two years using cross-lagged panel analysis. This study is a secondary data analysis of the Korean Frailty and Aging Cohort Study (KFACS) and a total of 1,092 participants were included. Frailty was measured by the FRAIL scale and physical activity was measured by the International Physical Activity Questionnaire (IPAQ). As for the result, in the middle-old group, frailty and high PA had significant reciprocal causal relationships while moderate PA with frailty had no significant relationship reference to low PA. In short, frailty was associated with less high PA, and high PA predicts less frailty after two years. In the oldest-old group, surprisingly, there was no reciprocal causal relationship between frailty and any level of PA reference to low PA which means PA has no effects on frailty and vice versa. This can be explained by the ceiling effect or overestimation of the physical activity. Therefore, further studies on the relationship between frailty and physical activity of the oldest-old population are needed. Also, specific physical activity guidelines and effective measurement of physical activity for older adults by age segment should be developed.