(i.e., >120 mg morphine-equivalent dose). Eighty-two older adults referred by the Pennsylvania Department of Aging's pharmaceutical assistance program for low-income seniors (PACE/PACENET) were eligible and enrolled in the program (i.e., the University of Pennsylvania/PACE Behavioral Health Laboratory). Patients were on average 73.5 (+/-6.1) years old, and the majority were white (91%) and female (70%). Patients completed a comprehensive baseline clinical assessment capturing their mental health, cognition, pain and functional status, as well as self-reported daily opioid dose and biopsychosocial needs. Patients were considered engaged in the program if they completed 2+ additional follow-up contacts with a care manager. During these contacts, care managers offered individualized treatment planning, with the goal of opioid dose reduction to safer levels. Of the 82 patients completing the baseline, 53 (65%) engaged in the program. At their last clinical contact, 91% of engaged patients achieved dose reductions (with 66% achieving dose reductions of >20% and 30% reporting doses <120 mg morphine-equivalent dose). Engaged patients also reported significant reductions in pain severity (p=0.05) and depressive symptoms (p=0.003) at the last contact relative to baseline. Findings support the feasibility of a community-based, collaborative care model for pain management and suggest the potential for positive treatment outcomes.

FACTORS ASSOCIATED WITH PRESCRIPTION OPIOID USE AMONG COMMUNITY-DWELLING OLDER ADULTS

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Opioid use is a growing concern in North America, particularly among older adults. Despite the opioid crisis and the aging population, few studies have evaluated the factors associated with opioid use among older adults. Our sample includes 1657 people aged ≥65 years recruited in primary care clinics from 2011 to 2013 in the Montérégie region of Québec and participating in the "Étude sur la Santé des Aînés" ESA-Services study, a longitudinal study on aging and health service use. The presence of chronic diseases was identified through self-reported health survey data linked to health administrative data. Opioid prescriptions were identified using the provincial pharmaceutical drug registry for those covered under the public drug insurance plan. Logistic regression analyses were conducted to examine the factors associated with opioid use over a 4-year period. 31.9% of participants used opioids. Factors associated with opioid use included: female sex (OR=1.24, 95%CI: 1.01-1.53), annual household income of <$25,000 (OR=1.25, 95%CI: 1.01-1.55), level of social support (OR=0.85, 95%CI: 0.73-0.99), and presence of pain/discomfort (OR=1.66, 95%CI: 1.34-2.04). Further, participants with ≥3 chronic physical conditions also reporting anxiety and/or depression were 3.63 (95%CI: 1.83-7.18) times more likely to use an opioid than those with 0-2 chronic physical conditions and no common mental disorder. Moreover, those with moderate, high, and very high psychological distress were more likely to use an opioid than those with a low psychological distress. Our findings suggest that, among other factors, physical and psychiatric multimorbidity is strongly associated with prescription opioid use in older adults.

NURSE PRACTITIONERS' EXPERIENCES OF POLYPHARMACY IN COMMUNITY-DWELLING OLDER ADULTS

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Numerous studies exist that define polypharmacy and its impact on health. Additionally, the literature is rich in studies documenting the benefits of care provided by nurse practitioners. A gap in research exists at the intersection of the value of nurse practitioners in caring for older adults and their management of polypharmacy. Coinciding with a growth of America's older adult population and the need for adequate care, the purpose of this study was to explore the experiences of nurse practitioners caring for older adults experiencing polypharmacy. A qualitative descriptive study was conducted using a purposive sampling of nurse practitioners who care for older adults. Interviews were conducted and data was analyzed for themes. Four themes emerged: defining polypharmacy, communicating and collaborating, clinical judgement of nurse practitioners in relation to polypharmacy, and medication issues of older adults. Major themes emerged that depict the complexity of medication management in older adults as well as the important role of NPs in providing care to older adults. The significance of the study findings to future practice includes improving communication and collaboration of prescribing health care providers, better identification and management of polypharmacy, and improving the health care delivered to older adults. Safe and effective prescribing for older adults requires NPs consider the unique needs of each older adult while utilizing technology to support collaboration and decision making.

NURSE STAFFING AND NURSING HOME DEFICIENCY OF CARE FOR INAPPROPRIATE PSYCHOTROPICS USE IN RESIDENTS WITH DEMENTIA

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Psychotropics use to manage behavioral and psychological symptoms of dementia (BPSD) in nursing homes (NHs) has been the focus of policy attention due to their adverse effects. We hypothesized that NHs with lower nursing staffing would have greater reliance on psychotropics use to control BPSD. A NH deficiency of care can be cited for inappropriate psychotropics use (F-tag 758). The association between the occurrence of F-758 tags and nurse staffing in residents with dementia was examined using the 2017-18 Certification and Survey Provider Enhanced Reporting data (n=14,548 NHs). Staffing measures included nursing hours per resident day (HPRD) and registered nurse (RN) skill-mix. Generalized linear mixed models that included covariates (NH location, bed size, ownership, proportion of residents with dementia/depression/psychiatric disorders and with Medicare/Medicaid) estimated the magnitude of the associations. There were 1,872 NHs with F-758 tags indicating inappropriate

psychotropics use for NH residents with dementia. NHs with greater RN and certified nurse assistant (CNA) HPRD had significantly lower odds of F-758 tags (OR=0.59 54, 95% CI=0.47 44-0.73 66; OR=0.87, 95% CI=0.77-0.99, respectively) and similar findings were found in NHs with greater RN skill-mix (OR=0.14 10, 95% CI=0.05 04-0.37 25). There were no significant associations between the occurrence of F-758 tags and licensed practice nurse and unlicensed nurse aide HPRD. This study found that RN and CNA staffing had inverse associations with inappropriate psychotropic use citations among residents with dementia. NHs with higher RN staffing ratios may be better able to implement alternatives to pharmacological approaches for BPSD. It is suggested that NHs be equipped with adequate nurse staffing levels to reduce unnecessary psychotropics use.

PHARMACIST-LED AUDITS FOR OLDER ADULTS WITH CANCER YIELD SIGNIFICANT INTERVENTIONS

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Older adults with cancer have comorbidities that require medical management and confounders of chemotherapy and supportive medications exacerbate polypharmacy. A multidisciplinary team model was created to address these needs within the Cancer Aging and Resiliency (CARE) clinic. To reconcile medications for accuracy, compliance, side effects, and effectiveness, a pharmacist-led audit includes identification of potential therapeutic duplications, drug-drug interactions, or potential medication inappropriateness identified using Beers criteria. A pharmacist led review of patient's prescriptions can identify drug therapy problems (DTP) and result in safer medication management. METHODS: A retrospective review of pharmacy specific interventions was conducted using CARE Clinic patient data from February 2016 to October 2019 evaluating data from n=259 patients. RESULTS: A preliminary analysis of n=137 patients who had received medication reconciliation were included. The mean number of medications per patient was 13.1 ± 5.7 and 457 DTP were identified leading to 523 medication related interventions. There was an average of 3.3 DTP per patient. The most common types of DTP included medication reconciliation (n=137, 30.0%), potentially inappropriate medication (PIM) (n=74, 16.2%), administration/technique (n=35, 7.7%), and drug-drug interaction (n=28, 6.1%). The most frequent types of interventions involved education to the patient (n=166, 31.7%), medication reconciliation (n=137, 26.2%), medication discontinuation (n=84, 16.1%), patient to discuss further with physician (n=39, 7.5%), and medication initiated (n=35, 6.7%). Updated results involving approximately 259 patients will be presented. CONCLUSION: Comprehensive medication review within a multidisciplinary setting for the management of older adults with cancer can reduce polypharmacy and inappropriate medication use.

POLYPHARMACY AND POTENTIALLY INAPPROPRIATE MEDICATIONS IN PATIENTS WITH DEMENTIA

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INTRODUCTION: The use of polypharmacy and potentially inappropriate medication (PIM) is a critical issue in geriatrics. Furthermore, the number of patients with dementia is dramatically increasing worldwide. In this study, we investigated: (1) if the states of polypharmacy and PIM differed in patients with and without dementia; (2) the types of medicine that were commonly prescribed; (3) the types of dementia that resulted in the prescription of multiple medicines; (4) if there was a correlation between the number of medicines and the number of medical institutions (hospitals and clinics) that the patients attended. METHODS: In total, 216 patients who were 65 years of age and older were analyzed. The number of medicines prescribed and the medical institutions they attended were counted through the electronic medical charts of Tohoku Medical and Pharmaceutical University Hospital. We employed the Beers 2019 criteria for the definition of PIM. RESULTS: (1) The number of prescribed medicines was not significantly different between patients with dementia and those without dementia. (2) Antihypertensives and gastro-intestinal medicines were the most commonly prescribed medicines in patients with and without dementia. (3) Patients with "dementia with Lewy bodies" and "mixed dementia" were prescribed the highest number of medicines. (4) The number of medicines and PIM use were significantly and positively correlated with the number of medical institutions. CONCLUSIONS: The number of medical institutions strongly affected the number of medicines prescribed and PIM use. Efforts should be made to organize and reduce the number of medical institutions that a patient attends.

POLYPHARMACY IN THE OLDER ADULT: MEDICATION REVIEW IN THE COMMUNITY

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Polypharmacy remains a significant healthcare issue in the United States, resulting in drug interactions, adverse drug reactions, and potentially dangerous complications. Polypharmacy, often defined as the simultaneous use of five or more medications, may lead to adherence problems and an increased risk of hospitalizations and death, particularly in the older population. Medication management was incorporated into undergraduate nursing clinical experience in an affordable housing urban community as part of the New Jersey Geriatric Workforce Enhancement Program (NJGWEP), a 5-year grant supported by DHHS-HRSA. This paper will describe the first phase of this project, which involved the determination of the prevalence of polypharmacy and high-risk medications in this setting. The charts of sixty residents were reviewed and along with demographic information, the following data