

HEALTH-RELATED QOL IS ASSOCIATED WITH COMPLETION OF PULMONARY REHABILITATION IN OLDER VETERANS WITH COPD

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Pulmonary rehabilitation [PR] is the standard of care for Veterans with COPD. Psychosocial factors may play a role in PR participation. This study examined psychosocial factors among 253 Veterans with COPD (M age = 70.08, SD = 8.14) who completed (n = 110), did not complete (n = 75; "drop outs"), or never started (n = 68) PR. Measures completed at baseline were health-related quality of life (HRQL; Chronic Respiratory Questionnaire), depression (Beck Depression Inventory II), and exercise self-efficacy (Exercise Self-Regulatory Efficacy). One-way ANOVAs produced no significant differences in self-efficacy or depression. Significant differences were observed for HRQL, $F(2,170)=10.58$, $p<0.001$. Post hoc analysis revealed significant differences between never starters ($M=69.72$, $SD=16.65$) and completers ($M=80.22$, $SD=19.29$), $p = 0.007$ and differences between drop outs ($M=66.69$, $SD=15.24$) compared to completers, $p < 0.001$, such that better HQRL predicted completion. These findings have important clinical implications for engaging Veterans with COPD in PR.

SOCIAL ENGAGEMENT, COGNITIVE IMPAIRMENT, AND MOBILITY IN THE BOSTON REHABILITATIVE IMPAIRMENT STUDY OF THE ELDERLY

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This study examined how social engagement (SE) and mild cognitive impairment (MCI) influence changes in mobility over three years of follow-up. We performed a secondary analysis of longitudinal data among primary care patients aged >64 years (N=430). Mobility outcomes include performance-based function via the Short Physical Performance Battery (SPPB) and patient reported function via the Late-Life Function Instrument (LLFI). Independent variables include: 1) MCI determined by a comprehensive cognitive battery and scores 1.5 SD < age-adjusted mean; 2) SE measured by standardized self-report of social activities. Multivariate linear mixed regression models demonstrate that MCI is associated with lower scores on SPPB and LLFI ($\beta = -0.76$, $p<0.0001$; $\beta = -1.47$, $p=0.005$ respectively). SE is associated with higher scores on SPPB and LLFI ($\beta=0.56$, $p<0.0001$; $\beta= 1.95$, $p<0.0001$ respectively), and partially mediates the association between MCI and on each outcome. SE is linked to mobility decline especially among participants with MCI.

WEB-BASED PHYSICAL ACTIVITY INTERVENTION IN MIDDLE-AGED AND OLDER ADULT VETERANS WITH COPD

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Physical activity (PA) is recommended in all patients with chronic obstructive pulmonary disease (COPD). Technology-based interventions can deliver effective, scalable behavior-change techniques; though feasibility and acceptability among older adults is not established. Veterans with COPD (N=112, aged 49-89 years, median=68) were randomized to a 12-week web-based and pedometer intervention or a pedometer alone (control). Across groups, there was no significant difference between middle-aged (<68 years) and older (≥ 68 years) adults in percentage of pedometer wear-days over the study period (83.6% vs. 89.9%). In the intervention, there were no significant differences between middle-aged and older adults in total number of website logons (15.04 vs. 16.31), or proportion who reported they recommended the intervention (96.4% vs. 96.7%), found it easy to use (93.1% vs. 90.0%), and would continue to walk (93.1% vs. 89.7%). We conclude that a web-based PA intervention with a pedometer is feasible and acceptable in an older COPD population.

FEASIBILITY AND ACCEPTABILITY OF AN EXERGAMING INTERVENTION FOR OLDER ADULTS AT RISK FOR FALLS

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This study examined the feasibility and acceptability of an exergaming program that utilized custom exergames, and compared it to a traditional physical exercise (control) program in older adults at risk for falls. A quasi-experimental study was conducted in older adults who lived in senior living communities. Participants enrolled in either program offered twice weekly for 8 weeks based on their residential site. Thirty-five participants enrolled in the study (mean age 77 ± 7 y) and 29 (82%) completed the follow-up assessment (exergaming: 93%; control: 73%). Overall attendance was 73% (exergaming: 79%; control: 68%), and 22 participants returned their program satisfaction form. There were no significant between-group differences in ratings of overall quality, enjoyment, instructors, peers, and facility of their assigned exercise programs. The exergaming intervention was well received and perceived as enjoyable. This study demonstrates that an 8-week exergaming intervention is feasible and acceptable for older adults at risk for falls.

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NOVEL BIOMARKERS OF BIOLOGICAL AGE IN THE HEALTH AND RETIREMENT STUDY

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