and a greater number of medications and increased memory impairment predicted more mental health service use. These results show that distinct factors predict use of different types of service use among PWD and their caregivers.

ELECTRONIC MEDICAL RECORD ALGORITHM TO IDENTIFY UNDIAGNOSED (PRE)DIABETES: A CASE STUDY FROM HAWAI'I

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An estimated one-quarter of United States' older adults (≥65 years) have diabetes (DM) while half have prediabetes (PreDM). Timely diagnosis can prevent disease progression, but significant proportions of PreDM/DM are undiagnosed. Among Hawai'i adults, one-third of diabetes and two-thirds of prediabetes cases are undiagnosed; rates for older adults are unknown. Algorithms integrated into Electronic Medical Records (EMR) may improve care by identifying probable undiagnosed cases in patient panels using clinical/laboratory measures. We assessed one algorithm developed by the Hawai'i Department of Health that identified individuals overdue for screening or with Pre/DM using the records of 20,362 adult patients (51.33% were >65) from a major state health system. 6,371 (31.3%) patients were excluded from analysis; they had no HbA1c screening in the past year or were overdue for screening (70%) based on standard guidelines. Of the remaining 13,991 patients, 7317 were older adults; 6130 (84%) had a PreDM (50.6%) or DM (33.2%) HbA1c value; the rest were controlled or false-positive. Of those older adults with probable PreDM/DM, 38.6% were undiagnosed. Adults >65 were significantly more likely to be flagged with undiagnosed PreDM compared to their younger counterparts (58 versus 54%, p<.001). Notably, 61% of older men flagged with PreDM were undiagnosed. Of the 5,737 patients identified with DM, 22% of those 65 were undiagnosed. Given the recognized high burden of diabetes among older adults, results indicate substantial missed opportunities for the prevention and early treatment of this condition as identified by an EMR algorithm.

CHANGE IN PHYSICAL FUNCTION, SWALLOWING, AND NUTRITIONAL RISK IN PEOPLE WITH PARKINSON'S DISEASE OVER 4 YEARS

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Parkinson's disease, a neurodegenerative disease, impacts physical function, swallowing, and nutritional risk, but research has not examined how these health markers change longitudinally in one study. This study was an observational, longitudinal study with assessments conducted every 6 months over 4 years. The assessments included: the short physical performance battery (SPPB) (scores 75)), and weight in pounds. A one-way repeated measures ANOVA compared outcomes variables at baseline, years 2 and 4. Partial eta square are reported for effect size. Eight participants, baseline mean age 67.1±4.0 years and time since diagnosis=8.1±7.5 years, were assessed. At baseline, 3 participants exhibited possible mobility issues (SPPB=9.9±1.8), 2 participants exhibited a possible swallow issue (swallow speed=15.7±9.8mL/s), and 7 were at possible or at nutrition risk (64.0±13.8). At year 4, 5 participants exhibited possible mobility issues (SPPB=8.1±3.2, ($\eta p2$=0.5), 4 participants exhibited a possible swallow issue (swallow speed=13.4±10.4 ml/s, $\eta p2$=0.3), and there was a decline in perceived swallow function (77.3±12.4 vs. 74.8±16.2, $\eta p2$=0.5). Six participants were at possible or at nutrition risk. Participants experienced weight declines from baseline to year 4 (178.5±31.4 vs.168.8±24.9, $\eta p2$=0.5). The demonstrated decline in physical and swallow functioning, presence of nutrition risk, and experienced weight loss suggests that interdisciplinary intervention strategies may need to be designed and tested in this population.

CHILD ABUSE AND ADULT MENTAL HEALTH: DOES GENDER MATTER?

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Numerous studies have demonstrated that child abuse is associated with poor adult mental health, but few have investigated the extent to which the frequency of different types of abuse increase mental health conditions, especially at the nexus of gender. The present study examines whether parental abuse frequency and abuse perpetrator have distinct effects for men and women on three mental health outcomes—depressive symptoms, generalized anxiety, and global self-reported mental health. Data came from three waves of the National Survey of Midlife Development in the United States (MIDUS), comprising a baseline sample of 3,032 adults aged 25-74. Estimating a series of mixed effects models revealed that maternal abuse and frequent abuse during childhood were associated with poorer adult mental health during our 20-year observation period, net of childhood and adult risk factors. Specifically, maternal emotional abuse raised the risk of depression, anxiety, and lower self-rated mental health, and was more strongly associated with depression and anxiety for women than men. Compared to adults who did not experience parental abuse during childhood, adults who experienced frequent emotional and physical abuse by either parent were more likely to experience depression and anxiety and report lower ratings of mental health in adulthood. Frequent child abuse was more strongly associated with anxiety for women than men. These results demonstrate that gender differences in adult mental health have early-life antecedents. Future research investigating the long-term mental health consequences of child abuse should consider the type and magnitude of abuse as well as the perpetrator.

SERVICE PROVIDERS' PERSPECTIVES OF UNDERREPORTING ABUSE OF OLDER ADULTS IN ALBERTA, CANADA

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