

and four studies used both. Most were cross-sectional and only seven were from the US. We found an increasing trend among published studies in using FD and SDA to describe natural dentition retention (50 articles in 2015-19 vs one in 1995-99). In general, having <20 teeth was associated with increased likelihood for functional dependence, onset of disability, declines in higher-level functioning, and lower QoL. New information is needed to facilitate clinical decision-making, care-giving, and to help health providers better meet the future oral health needs of an aging US population.

USING HEALTH-RELATED QUALITY OF LIFE TO IDENTIFY THE INCIDENT CARDIOVASCULAR DISEASE RISK

Aung Zaw Zaw Phy, ¹ Joanne Ryan, ² David A. Gonzalez-Chica, ³ Nigel P. Stocks, ³ Christopher M. Reid, ² Andrew M. Tonkin, ² Robyn Woods, ² and Rosanne Freak-Poli, ² 1. *Monash University, Melbourne, Australia, Melbourne, Victoria, Australia*, 2. *Monash University, Melbourne, Victoria, Australia*, 3. *University of Adelaide, Adelaide, South Australia, Australia*

Previous studies have revealed that poor health-related quality of life (HRQoL) is associated with a higher risk of hospital readmission and mortality in patients with cardiovascular disease (CVD). The association between HRQoL and incident CVD is still limited for general older people. This study explored the associations between baseline HRQoL and incident and fatal CVD in community-dwelling Australian and the United States older people enrolled in ASPREE clinical trial. A cohort of 19,106 individuals aged 65 to 98 years, who were initially free of CVD, dementia, or disability, were followed between March 2010 and June 2017. The SF-12 questionnaire was used to assess HRQoL, and the physical (PCS) and mental component scores (MCS) of SF-12 were derived using norm-based methods. Incident major adverse CVD events included fatal CVD (death due to atherothrombotic CVD), hospitalizations for heart failure, myocardial infarction or stroke. Analyses were performed using Cox proportional-hazard regression. Over a median 4.7 follow-up years, there were 922 incident CVD events, 203 fatal CVD events, 171 hospitalizations for heart failure, 355 fatal or nonfatal myocardial infarction and 403 fatal or nonfatal strokes. A 10-unit higher PCS, but not MCS, was associated with a lower risk of incident CVD (HR=0.86, 95%CI 0.79-0.92), hospitalization for heart failure (HR=0.72, 95%CI 0.60-0.85), and myocardial infarction (HR=0.85, 95%CI 0.75-0.96). Neither PCS nor MCS was associated with fatal CVD events or stroke. Physical HRQoL can be used in combination with clinical data to identify the incident CVD risk among community-dwelling older people.

Session 9030 (Poster)

Aging and Chronic Health Conditions II

ASSOCIATION OF BODY COMPARTMENT SHRINKAGE WITH SUBSEQUENT HEALTH CARE UTILIZATION IN OLDER MEN

John Schousboe, ¹ Lisa Langsetmo, ² Allyson Kats, ³ Brent Taylor, ³ and Kristine Ensrud, ³ 1. *Park Nicollet Clinic /*

HealthPartners, Minneapolis, Minnesota, United States, 2. *University of Minnesota, University of Minnesota, Minnesota, United States*, 3. *University of Minnesota, Minneapolis, Minnesota, United States*

Both height loss and weight loss among the very old are associated with adverse health outcomes including fractures and mortality. However, it is not clear whether the associations between weight loss and health outcomes are attributable to specific compartmental (fat vs. fat-free) loss or whether they are attributable to overall shrinkage. Our objective was to estimate the associations of compartmental loss and height loss with subsequent total health care costs, acute hospitalizations, and skilled nursing facility (SNF) stays over a three-year follow-up period, adjusted for each other and important covariates (age, race, multimorbidity, IADL impairment, depressive symptoms, walk speed). Our analytic cohort was 1505 older men (mean [SD] age 79.3 [5.2] years) who attended the 3rd Osteoporotic Fractures in Men (MrOS) study visit (V3) and who were enrolled in Medicare Fee for Service (FFS). Annualized changes in fat-free and fat mass (measured with dual-energy x-ray absorptiometry) and height were assessed over a mean (SD) 6.8 (0.3) years prior to V3. Total health care costs, acute hospital stays, and SNF stays were ascertained during 3 years after V3 using linked Medicare FFS claims files. Fat-free mass loss (per SD) was associated with total health care costs (cost ratio 1.10, 95% CI 1.01, 1.19), but not with acute hospital or SNF stays. Fat mass loss and height loss were not associated with health care utilization outcomes after multivariable adjustment. Loss of fat-free mass is modestly associated with higher total health care costs after accounting for age, race, multimorbidity, and IADL impairment.

ASSOCIATION OF OBESITY, MULTIPLE CHRONIC CONDITIONS, AND FRAILITY: THE NATIONAL HEALTH AND AGING TRENDS SURVEY

John Batsis, ¹ Christian Haudenschild, ² Anna Kahkoska, ³ rebecca Crow, ⁴ David Lynch, ⁵ Curtis Petersen, ⁶ and Matthew Lohman, ⁷ 1. *University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States*, 2. *University of Minnesota, University of Minnesota, Minnesota, United States*, 3. *University of North Carolina at Chapel Hill, University of North Carolina at Chapel Hill/Chapel Hill, North Carolina, United States*, 4. *VA White River Junction, White River Junction, Vermont, United States*, 5. *University of North Carolina, Chapel Hill, North Carolina, United States*, 6. *Dartmouth College, Lebanon, New Hampshire, United States*, 7. *University of South Carolina, Columbia, South Carolina, United States*

As life expectancy increases, so does the risk of developing multiple chronic conditions (MCC). This is concerning as there is a growing obesity epidemic in older adults which is also associated with developing chronic diseases. Both obesity and MCC also increase the risk of frailty, yet the intersection of the three is not well understood. We evaluated the relationship between obesity, multimorbidity, and frailty using data from adults ≥65 years from the National Health and Aging Trends Survey. Obesity was classified using standard body mass index categories (e.g., ≥30kg/m²) and waist circumference (WC; females ≥88cm; males ≥102cm). MCC was classified as having ≥2 chronic conditions.