to examine associations between daily sedentary and active bout frequency with all-cause mortality. METHODS: Data are from 2,918 men in the Osteoporotic Fractures in Men (MrOS) study (mean age at Visit 3±SD: 79.0±5.1 years) with valid activity monitor data (5.1±0.3 days worn>90%) at Year 7 visit (Visit 3, 2007-2009). Sedentary and active bout frequencies are defined as the daily transition frequency from a sedentary bout lasting 5+ minutes to activity of any intensity, and the transition frequency from an active bout lasting 5+ minutes to sedentary. Deaths were centrally adjudicated using death certificates. Cox proportional hazard models were used to examine associations between quartiles of sedentary (Q1 referent, <13.6 bouts/day) or active (Q1 referent, <5 bouts/day) bout frequency and mortality. Models were repeated, stratifying by median daily total time spent sedentary and active. RESULTS: After 9.4±3.7 years of follow-up, 1,487 (51.0%) men died. Men averaged 16.9±5.1 and 8.2±4.2 sedentary and active bouts/day, respectively. After full covariate adjustment, each quartile reflecting a higher sedentary (Q4 vs Q1 HR: 0.68, 95%CI: 0.58-0.81, p-trend<0.001) and active bout (Q4 vs Q1 HR: 0.57, 95%CI: 0.48-0.68, p-trend<0.001) frequency was associated with lower mortality risk. There was no evidence that effects differed by total sedentary time (p-interaction for sedentary bout frequency and total sedentary time>0.05). CONCLUSIONS: More frequent, prolonged sedentary and active bouts are associated with a lower mortality risk in older men and is not moderated by total sedentary time.

ASSOCIATIONS BETWEEN HIV STIGMA AND MENTAL HEALTH AMONG OLDER HISPANICS AND WHITES LIVING WITH HIV

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Hispanics/Latinos/as/x (henceforth Hispanics) have higher rates of HIV infection than non-Hispanic (NH) Whites, particularly in older age. People living with HIV (PWH) are at increased risk of stigma and poor mental health, but these associations have not been thoroughly examined in older PWH. We investigated ethnic differences in HIV stigma and its association with mental health in older Hispanic and NH White PWH. Participants included 116 PWH ages 50-75 (58 Hispanic and 58 NH White) from southern California (for the overall cohort: 82.7% male; 57.7% AIDS, 93.9% on antiretroviral therapy). Participants completed self-report measures of HIV-stigma, depression (Beck Depression Inventory-II; BDI-II), and cumulative alcohol use (i.e., lifetime total quantity/total days). Covariates examined included sociodemographic and HIV-disease characteristics. An independent sample t-test showed no significant ethnic differences in HIV stigma (p=.82). Separate multivariable linear regression models on mental health outcomes (adjusting for significant covariates) showed no significant interaction between HIV stigma and ethnicity on BDI-II scores (p=.83) or cumulative alcohol use (p=.51). Follow up models removing the interaction term, showed that increased HIV stigma was associated with higher BDI-II scores (B=0.34, 95% Cl=0.21-0.48; p<.001), but not with cumulative alcohol use (p=.49) in the overall sample. Findings indicate a significant link between HIV stigma and depression symptoms in older PWH, with comparable associations among Hispanics and NH Whites. Future studies examining factors that may moderate the link between HIV stigma and depression in diverse older PWH would help guide the development of interventions aimed at improving mental health in this population.

BIOPSYCHOSOCIAL CORRELATES OF COGNITIVE FUNCTION AMONG KOREAN OLDER ADULTS: HISTORY OF HYPERTENSION AND DIABETES

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Based on biopsychosocial perspectives on health, this study examined risk and protective factors of cognitive function among Korean older adults. Specifically, we focused on comparing the role of these factors based on the respondents' history of having hypertension or diabetes. This study used 2009 Korean National Health Insurance Service data that included a sample of older adults who maintained qualification for health insurance and medical aid in 2002 (n=26,242). Cognitive function was measured using KDSQ-C and biopsychosocial factors included metabolic syndrome, drinking, smoking, and walking. The sample was divided into two groups based on their medical history, and thus four sets of linear regression models were analyzed to explore the associations between biopsychosocial factors and cognitive functioning. Among individuals with a history of hypertension, metabolic syndrome, drinking, and walking were associated with cognitive functioning. For those without a history of hypertension, only drinking and walking were associated with cognitive functioning. For diabetes, smoking and walking were associated with cognitive functioning among older adults with a history of diabetes. For those without a history of diabetes, drinking and walking were associated with cognitive functioning. In sum, metabolic syndrome was a particularly significant correlate of cognitive function among Korean older adults with a history of hypertension. Walking was a consistently significant factor regardless of medical history. These results highlight the importance of considering medical history of chronic conditions such as hypertension and diabetes in identifying factors associated with older adults' cognitive function and further developing tailored prevention programs for cognitive decline.

CAN A DATA-DRIVEN MEASURE OF NEUROANATOMIC DEMENTIA RISK BE CONSIDERED A MEASURE OF BRAIN AGING?

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There is an increasing interest in identifying aging-related factors which may be permissive of Alzheimer's Disease (AD) emergence. We previously used machine learning to derive an index of neuroanatomic risk of dementia called AD pattern similarity (AD-PS) score using MRIs obtained in the Atherosclerosis Risk in Communities (ARIC) study. Here, we investigate the potential of the AD-PS scores as a brain-focused measure of biologic age. Among 1970 ARIC participants with MRI collected at ARIC Visit 5, we related AD-PS scores to three measures of aging: mortality (n=356) over 8 years of follow-up; an a priori panel of 32 proteins related to aging (N=1647); and a deficit accumulation index (DAI) based on 38 health-related measures. We found lower AD-PS scores associated with significantly lower mortality (HR=0.58, CI-95%, [0.45 - 0.75], $p < 0.001$) after adjusting for age, race, smoking and hypertension. Among the 32 proteins, nine were significantly associated to AD-PS scores ($p < 0.05$) with 4 remaining significant adjusting for multiple comparisons (Growth/differentiation factor 15, Tumor necrosis factor receptor superfamily member 1A and 1B and Collagen alpha-1(XVIII) chain). Finally, in a linear regression model after adjusting for age, race, sex, hypertension and smoking, AD-PS scores were associated with the DAI ($p < 0.001$). The consistent patterns of associations suggest that a data-driven measure of AD neuroanatomic risk may be capturing aspects of biologic age in older adults.

CARE RECIPIENT DIAGNOSIS MODERATES THE RELATIONSHIP BETWEEN CAREGIVER WORRY AND VIGILANCE

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Family members of persons diagnosed with dementia or a traumatic brain injury (TBI) are often relied upon to provide daily support to their care recipients. However, research on the differing experiences of caregivers based on care recipient diagnosis is limited. The aim of this study was to examine the impact of worry and feelings of vigilance among caregivers of people with cognitive impairment due to either TBI or dementia. This sample included 61 caregivers (88.5% female, mean age 57.3±15.5) of persons with either a TBI (n = 32) or dementia (n = 29). Worry was assessed with the Penn State Worry Questionnaire and Vigilance was assessed with the Caregiver Vigilance Scale. Linear regressions revealed that after controlling for age, care recipient diagnosis moderated the relationship between worry and caregiver vigilance. Specifically, worry was significantly associated with caregiver vigilance in those caring for someone with dementia; however, a similar relationship was not seen in those caring for someone with a TBI. This suggests caregivers of people with TBIs have a different experience of worry and vigilance than caregivers of people with dementia. These findings demonstrate the need for more research on the unique needs of caregivers of people with TBIs. Additionally, this research suggests interventions targeting worry may be particularly effective in supporting caregivers of people with TBIs.

COGNITIVE DECLINE AND RETIREMENT: FINDINGS FROM THE CANADIAN LONGITUDINAL STUDY ON AGING

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Since increasing life expectancy leads to a longer period of retirement, several studies have been investigating the possible impact of retirement on cognitive health. Several epidemiological studies with cross-sectional designs have reported a negative association between retirement and cognitive capacities. However, very few studies with longitudinal designs have confirmed the negative effect of retirement on cognitive functioning. The present study was conducted to investigate the impact of retirement on cognitive capacities among older Canadians. We used data from the Comprehensive cohort of the Canadian Longitudinal Study on Aging (CLSA) to compare performance retirees and workers (N = 1442), 45 to 85 years of age at baseline. Memory and executive functioning were assessed using standardized assessment tools at baseline and at three-year follow up. Retirees and workers were matched for age, gender and education using the nearest neighbor propensity score method with a caliper of 0.02. Mixed ANOVA and post hoc analyses were conducted separately for the English- and French-speaking samples. Results for the English-speaking sample showed a significant decline on both the Stroop and the Mental Alternation Task for retirees compared to workers from baseline to follow-up. These results support previous cross-sectional studies that have demonstrated a negative effect of retirement on executive functioning. The absence of significant results in the French-speaking sample will be discussed in terms of sample size and professional occupation.

COMBATING SOCIAL ISOLATION AMONG OLDER IMMIGRANT ADULTS: A QUALITATIVE INTERPRETIVE META-SYNTHESIS

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Older immigrants totaled 7.3 million in 2018, representing 13.9 percent of the population of seniors in the U.S. While this population is found to contribute significantly to society, along with new opportunities comes circumstantial challenges. Of these, one of the most salient issues for foreign-born older adults is social isolation. Additionally, this population may be at an increased risk for social isolation with poor mental health because migrating to a new country might results in resettlement challenges. Despite these concerns, less is known about the consequences of social isolation among older immigrant adults. Guided by the Population Interest Context (PICO) framework and the Qualitative Interpretive Meta-Synthesis (QIMS) guidelines, this study seeks to explore consequences of social isolation among older immigrant, as well as interventions to combat isolation. The final sample of six full text articles were published between 2011 and 2021, totaling 180 participants with ages ranging from 61 to