personal health concerns or willingness to share health status with others. Poorer health care seeking behaviors may help explain higher costs associated with hearing loss as avoidance of care can exacerbate health problems. Further work is needed to understand underlying reasons and whether addressing hearing loss modifies the observed association.

ILLNESS PERCEPTIONS AND HEALTH OUTCOMES AMONG COMMUNITY-DWELLING OLDER ADULTS WITH MULTIPLE CHRONIC CONDITIONS

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Illness perceptions (IP) has been associated with self-management and health outcomes in individuals with chronic diseases such as heart disease and diabetes; however, there is less research on the relationship between IP and health outcomes in individuals with multiple chronic conditions (MCC). Older adults with MCC are more likely to experience poor outcomes such as hospitalizations and poor self-rated health yet, there is less understanding of the processes associated with these outcomes. The purpose of this study was to (1) explore the relationship between IP and self-rated health among older adults with MCC (2) explore the relationship between IP and the number of hospitalization within the past year among older adults with MCC. Understanding these relationships may be instrumental to designing targeted interventions to improve health outcomes for this population. 116 participants (ages 65-90) completed the illness perception of multimorbidity scale, modified general health subscale of the SF-36 questionnaire, and self-reported number of hospitalizations within the past year. Ordinal logistic regression was used for analysis. Older adults who reported negative IP were likely to report worse self-rated health and this relationship remained significant after controlling for age and number of chronic conditions {-0.032 (95% CI (-0.050 to 0.014) p< 0.05}. There was no significant relationship between IP and the number of hospitalization within the past year. The study results study suggest that IP is associated with self-rated health in older adults with MCC. IP may be useful to design targeted interventions to improve self-rated health in this population.

JOINT TRAJECTORIES OF MULTIMORBIDITY, FUNCTION, COGNITION, AND DEPRESSION IN THE HRS (1998-2016)

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There is substantial heterogeneity in the impact of multimorbidity on functional, cognitive, and emotional health. Few studies, however, have examined this simultaneously across these multiple domains. We used finite mixture modeling to identify latent clusters of individuals following similar joint trajectories of multimorbidity, functional ability, cognitive performance, and depressive symptoms among 11,841 HRS respondents aged 65+ from 1998 to 2014. We identified four distinct clusters of joint trajectories: (1) 32.5% of the sample were characterized by low multimorbidity (mean = 0.60 conditions at age 65; 2.2 conditions at age 90), minimal deterioration in functional or cognitive ability, and low depressive symptoms; (2) 33.5%, had increased multimorbidity compared with the first group (mean = 2.3 at age 65; 4.0 at age 90) but minimal functional or cognitive impairment and low depressive symptoms; (3) 19.9%, had relatively low multimorbidity (mean = 1.3 at age 65 increasing to 2.8 at age 90), but exhibited worsening cognitive performance, increasing functional limitations, and moderate depressive symptoms ; and (4) 14.1%, had higher multimorbidity (mean = 3.3 at age 65 increasing to 4.6 at age 90), worsening cognitive performance, substantial functional limitation, and high depressive symptoms. Black and Hispanic race/ethnicity, lower levels of income and education, male gender, and smoking history were significantly associated with membership in classes characterized by higher multimorbidity, cognitive and functional impairment, and greater depressive symptoms. This study provides insight into the heterogenous trajectories of aging and helps identify older individuals at higher risk for poor aging outcomes across multiple health domains.

METABOLIC COMORBIDITIES AMONG PATIENTS WITH PERIPHERAL ARTERY DISEASE: A NATIONAL POPULATION-BASED STUDY

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Peripheral artery disease (PAD) is a chronic disease which is associated with old age. PAD was known as an age-related chronic condition. Metabolic comorbid conditions which include hypertension, diabetes, and hyperlipidemia can have negative impacts on blood vessels aggravating PAD in elderly patients. Therefore, metabolic comorbidities need be considered in order to develop intervention for patients with PAD. The aim of this study is to find the characteristics of PAD patients with metabolic comorbidities. This is a retrospective study that used the national claim data of South Korea from 2009 to 2018. The inclusion criteria were adults (20+) and patients diagnosed with PAD as a primary or secondary diagnosis from 2011 to 2017. The frequency of hypertension, hyperlipidemia, diabetes, and metabolic comorbidities in PAD patients was examined. In addition, the difference in the number of metabolic comorbidities according to sex was identified using the chi-squared test. Among the total PAD adult patients(n=8,478,876), the number of elderly patients over 60 years old was 4,124,592(48.7%). Among the total patients, PAD patients with hypertension were the most common at 958,329 (11.30%). Sex was significantly related to having metabolic comorbidities and women showed higher proportion of metabolic comorbidities compared to men ($\chi2$ =5.02, p<.001). As the frequency of PAD patients with hypertension were the highest, it is necessary to develop a health management program that considers metabolic comorbidities, especially hypertension, in order to manage