

individuals participated in this study by January 2019. Their age ranged from 56 to 75. Four of them were female; five of them were African Americans; and one was Caucasian. All participants reported more than two additional conditions that were arthritis, cardiovascular diseases, pain, kidney diseases, respiratory diseases, and depression. Most participants were self-managing their conditions mainly by taking prescribed medications. Several themes were emerged as challenges to self-management: monitoring blood pressure and glucose, engagement in physical activity, and healthy eating. Among these, participants reported healthy eating as the most difficult self-managing activity. Majority of participants expressed the need for physical activity support due to pain and/or vision problems known as one of diabetic complications. Understanding challenges and needs of a specific population is the first step for health care providers to support self-management of the patients appropriately. The results of this preliminary study will help health care providers develop effective self-management programs for older adults with both conditions.

MULTIPLE CHRONIC CONDITIONS IN OLDER CANCER SURVIVORS WITH AND WITHOUT HIV

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Background: With more effective treatment for both HIV and cancer, longevity among persons living with HIV (PLWHIV) has improved significantly. However, little is known about whether the comorbidity profile of cancer survivors differs between PLWHIV and their HIV-free counterparts. To address this critical gap in knowledge, we compared the occurrence and combination of multiple chronic conditions (MCCs) among older cancer survivors by HIV status. **Methods:** We used national data from the 2014 Chronic Conditions Data Warehouse (CCW) as part of the Medicare Beneficiary Summary File, which flags 66 conditions, including HIV/AIDS, and history of common cancers (colorectal, lung, prostate, and leukemias/lymphomas). We limited our study population to men age 65 years or older who were cancer survivors. In addition to descriptive analysis, we conducted association rule mining (ARM) analysis to compare the prevalence of the most common MCCs among cancer survivors, with and without HIV. **Results:** We identified 1.3 million individuals, of which 1,901 (0.15%) were PLWHIV. Compared to their HIV-free counterparts, PLWHIV were younger (mean of 72.5 and 77.0 years); more were non-White (41.8% vs. 13.5%); and more of them presented with anemia (44.8% vs. 35.3%), chronic kidney disease (CKD, 41.9% vs. 26.6%), depression (26.6% vs. 13.9%), viral hepatitis (20.4% vs. 0.70%), and/or liver disease (10.7% vs. 4.8%; $p < 0.001$ for all comparisons). ARM results showed a prominence of CKD in the most common top 5 combinations of conditions. **Conclusion:** Despite being younger than their HIV-free counterparts, PLWHIV with history of cancer carry a significantly greater comorbidity burden.

COGNITION AND HISTORY OF MULTIPLE HEALTH CONDITIONS OVER 20 YEARS: EVIDENCE FROM THE HEALTH AND RETIREMENT STUDY

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Research to date on multimorbidity and cognitive impairment is mainly cross-sectional or with limited history information of the health conditions. The present study explores the association between cognitive performance and previous history of health conditions over 24 years in a sample of 4858 respondents of the Health Retirement Study. Data from health conditions between 1998 and 2014 included self-reports for hypertension, diabetes, arthritis, stroke, cancer, lung and heart diseases and psychiatric problems. Duration of the health condition was categorized as more than 10 years, between 4 and 10 years, less than 4 years and no condition. Cognition was assessed using a summary index of cognitive performance including measures of memory, working memory, speed processing, knowledge, and language. ANOVA and post hoc tests were performed to explore the association between cognition and the duration of each health condition independently. Multiple linear regression analyses were performed to explore the association between multiple health conditions and cognitive performance. Results showed significant independent associations between cognitive performance in 2014 and each health condition, except for cancer [$F(1,4)=2.60$; $p = .51$]. When all the health conditions were considered in the regression models, we found that cognitive performance is negatively associated with high blood pressure and stroke (independently of the duration of the condition), long-term diabetes and lung diseases (i.e., for more than 10 years) and recent cancer (i.e., in the last 4 years). Our findings highlight that considering duration of co-existent health conditions is key for identifying individuals at greater risk of cognitive impairment.

HEALTHCARE PROVIDERS' EXPERIENCES IN CARING FOR OLDER ADULTS WITH MULTIPLE CHRONIC CONDITIONS

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The management of multiple chronic conditions (MCC) in older adults living in the community is complex. Little is known about the experiences of interdisciplinary primary care and home providers who care for this vulnerable group. The aim of this study was to explore the experiences of healthcare providers in managing the care