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Older adults are more likely to be prescribed opioids and to suffer from opioid-related harms. Despite growing concerns about opioid misuse in older adults, providers and health care systems often struggle with approaches that would effectively manage opioid use and reduce opioid misuse in older adults. To address this issue, the Agency for Healthcare Research and Quality funded a four-year project to work with primary care practices in developing and testing innovative strategies for opioid management in older adults. To develop a change package that will inform learning collaboratives where primary care practices will be encouraged to test new or modified strategies in managing opioids in older adults, Abt, the contractor, first completed an environmental scan to identify existing resources/tools. Identified resources/tools were vetted by an expert panel and appropriate items were used to develop a change package consisting of nine high-leverage change (HLC) strategies (e.g., Develop processes/workflows that clearly define roles/responsibilities and promote coordinated team-based care). In the change package, multiple key activities that accompany each HLC strategy are presented as examples of strategies that could be implemented to bring about the selected HLC. Primary care practices participating in learning collaboratives will use the change package to guide the development and testing of strategies to manage opioids in their older adults, which will inform the development and refining of a compendium of strategies to best reduce harms of opioid use in older adults.

Session 9410 (Poster)

Pain, Pain Management, and Palliative Care

AGE DIFFERENCES IN THE USE/EFFICACY OF EMOTION COPING STRATEGIES AMONG ADULTS WITH CHRONIC PAIN: A SCOPING REVIEW

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Active coping strategies (e.g., exercise and pharmacological treatments) typically do not leave chronic pain patients completely pain-free. Therefore, individuals turn to emotion-focused strategies to cope with associated impairment and psychosocial consequences. General coping strategy use has been shown to differ by age. This scoping review explored age differences in the use and effectiveness of emotion-focused strategies in adults experiencing chronic pain. Studies were located via advanced searches in PubMed, PsycINFO, CINAHL, Embase, Web of Science, and Proquest Dissertations and Theses Global and referral. Two reviewers independently conducted abstract screenings and full-text extractions. Conflicts

were discussed and resolved by the PI. We identified 15 studies that met our inclusion criteria, of which 14 met criteria for high methodologic quality. The majority of studies utilized the Coping Strategies Questionnaire to assess differential use of pain-coping strategies. The remaining studies used one of five other questionnaires. Only one study examined the differential effect of age on the efficacy of emotion-focused strategies. Five of the eight studies that examined hoping/prayer coping reported the strategy's positive association with age. Age was not associated with ignoring pain or reinterpreting pain sensations in any of the eight studies in which these strategies were measured. We concluded that older age was associated with the use of praying/hoping as a means of coping with pain. No other consistent associations between age and other measured coping strategies were identified. Future research should account for auxiliary stressors and pain characteristics while investigating the differential effect of age on pain coping efficacy.

ASSOCIATIONS OF PAIN SEVERITY AND MOBILITY WITH AGE IN CHRONIC LOW BACK PAIN: DOES THE TYPE OF ASSESSMENT MATTER?

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Chronic low back pain (cLBP) can lead to severe pain symptoms as well as disability in adults. As individuals age, pain symptoms and mobility outcomes can become increasingly debilitating. However, current findings regarding the influence of age on symptoms and outcomes are mixed and may be attributed to the assessment methodologies for pain and mobility. Therefore, we sought to examine the association of age with broad and specific assessments of pain severity and mobility commonly implemented in adults with cLBP. cLBP participants (n = 158) completed questionnaires regarding pain intensity and disability including demographics, Clinical Pain Assessment (CPA) and the Oswestry Low Back Pain questionnaire (OLBP). Participants also completed assessments of movement-evoked pain and difficulty by performing the Short Physical Performance Battery (SPPB). Pearson's chi-square tests and regression-based analyses were conducted using SPSS version 26.0. Among cLBP participants, age was associated with pain-related disability indexed by section one of the OLBP regarding pain intensity (F= 5.0, p<.05), and mobility via total SPPB score (F= 11.7, p<.05). Interestingly, age predicted greater self-reported difficulty climbing stairs (F= 21.7, p<.05), performing chores (F= 17.0, p<.05), walking (F= 14.0, p<.05), and running errands (F= 13.4, p<.05) from the CPA. Further, age predicted total balance (F= 3.2, p<.05), gait speed (F= 7.8, p<.05), and chair stand (F= 6.5, p<.05) scores of SPPB. Age is associated with questionnaires assessing cLBP pain severity and is also associated with mobility outcomes. Future research should seek to understand the influence of age on movement-evoked pain in cLBP.

CHALLENGES WITH PAIN TREATMENT FOR RURAL OLDER ADULTS: FAMILY CAREGIVERS' VIEWS

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