

FOUR EATING BEHAVIORS THAT MIGHT PREVENT METABOLIC SYNDROME ONSET IN OLDER ADULTS: COHORT STUDY

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Metabolic syndrome (MetS) is associated with cardiovascular disease and cancer, the leading causes of mortality and morbidity. Although eating behaviors may have an impact on the risk of MetS, exactly which behaviors can prevent MetS is not fully elucidated. We evaluated the onset of MetS in relation to eating behaviors among Japanese older adults aged 65 to 93. We enrolled individuals who underwent health check-ups between April 2008 and March 2019, and performed a nine-year follow-up in this cohort study. Cox regression models were used to compare hazard ratios for MetS onset. Among the 2,661 older adults included, the mean age was 70.21 ± 0.089 years and 46% were women. During a mean follow-up of 1567.3 ± 19.3 months, 499 candidates (18%) developed MetS. The risk of MetS was significantly low in subjects in the “often eat vegetables” and “eat more than 30 items daily” groups (hazard ratio (HR) (95% confidence interval (CI)): 0.721 (0.595–0.872), *p* = 0.001; and 0.690 (0.545–0.874), *p* = 0.002, vs without the behavior, respectively). On the contrary, the risk of MetS was significantly higher in subjects in the “eat quickly” and “eat out more than twice a day” groups (HR (95% CI): 1.442 (1.208–1.721), *p* < 0.001; and 1.534 (1.245–1.890), *p* < 0.001, vs without the behavior, respectively). Four eating behaviors—regular vegetable consumption, eating more than 30 items daily, eating slowly, and refraining from eating out too often—might be beneficial with regard to preventing the onset of MetS.

ORAL DYSPHAGIA AND ITS ASSOCIATIONS WITH NUTRITION, PHYSICAL FUNCTIONS, AND DEPRESSION FOR THE ELDERLY IN THE COMMUNITY

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Objectives: To explore the occurrence of oral dysphagia problems among elderly in community and to investigate whether the severity of oral dysphagia problems is associated with nutrition, physical functions and mental health. **Methods:** Trained nurses conducted a rigorous assessment of 679 elderly people living in communities in Zhuzhou. Basic personal information, The Short Form Mini Nutritional Assessment (MNASF), Activities of daily living (ADL), Patient Health Questionnaire-9 (PHQ-9) were used to assess each elderly. Oral dysphagia was assessed by means of a standardized questionnaire including clinically symptoms of oral dysphagia such as coughing and choking. **Results:** A total of 654 old people was enrolled in this study, including 250 (38.2%) developing the one or more symptoms of oral dysphagia, the most common symptoms were: drinking water choking (30.7%), followed by saliva (9.6%), dysphagia or pain (6.4%), food loss from the corner of the mouth (2.3%), foreign body sensation of the esophagus (1.8%), food residue (1.2%). The severity of oral dysphagia problems was linearly

associated with nutrition, physical function, depression, education level and current care status. The higher the burden of oral symptoms, the lower the self-rated health. **Conclusions:** The occurrence of oral dysphagia symptom was associated in a stepwise fashion with nutrition, physical function, depression, education level and current care status. In the community, the early recognition, diagnosis and treatment of oral dysphagia is an important link of reducing the mortality and improving the rehabilitation outcome. Additionally, the psychological construction in the elderly should be taken seriously by their families and community workers.

QUALITATIVE ASSESSMENT OF RESIDENT OBESITY IN NURSING HOMES BY MEDICAL PROVIDERS

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We present qualitative themes from an ongoing five-year AHRQ-funded project (R01HS026943) examining the various ways nursing homes provide care for residents with obesity to determine the most effective way to prevent adverse safety events for residents with obesity. Obesity is a common diagnosis among short- and long-stay residents, and in the past, nursing home administrators have reported concerns from admissions issues to negative resident outcomes. No studies have examined the medical provider’s perspective on health of residents with obesity. In this abstract, we present three emergent themes from semi-structured interviews of medical providers (*n*=6) (nursing home medical directors, staff physicians, nurse practitioners) across the U.S. First, residents with obesity often have several complex and challenging medical conditions that require more services and health monitoring than most residents. Significant medical issues include diabetes, hypertension, cardiovascular disease, arthritis, and sleep apnea. Second, medical providers observe that it is difficult to provide daily custodial and nursing care, but the actual medical harm from substandard care is hard to quantify. Third, medical providers would like to help residents with obesity to lose weight and live healthier lives. There is, however, not an easy way to facilitate weight loss, due to limited resident physical activity, concerns about unhealthy weight loss, and difficulty changing established dietary habits of residents. These findings are limited by sample size, though themes have been consistent within the current participants. Comparing and contrasting these themes with other stakeholder groups (residents, nurse aides, administrators) interviews in the future will strengthen these findings.

THE ASSOCIATION OF EARLY-MORNING EATING HABITS WITH HIGH NUTRIENT INTAKE BY OLDER JAPANESE ADULTS LIVING ALONE

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The consumption of essential nutrition is fundamental to maintain the health of older adults. Conventional studies