increased their use of both diagnoses, whereas psychiatrists only increased for delirium. Patients with encephalopathy are more likely to be older, female, and have more comorbidities. These shifts in diagnosis complicate the study of delirium and encephalopathy, and can lead to erroneous conclusions about trends in the incidence and prevalence of these disorders unless properly understood.

METABOLOMIC SIGNATURES OF HIGH RED BLOOD CELL DISTRIBUTION WIDTH

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Red blood cell distribution width (RDW) describes the amount of variation in blood cell volume and size and increases with age. Higher RDW predicts all-cause mortality, metabolic syndrome, diabetes, and markers of glycemic control, such as glycosylated hemoglobin. However, mechanisms that connect high RDW with these health outcomes are unknown. Thus, identification of high risk in these patients cannot be addressed. This study aims to identify metabolites and pathways that are associated with high levels of RDW in community-dwelling older adults. Using data from the Baltimore Longitudinal Study of Aging, we identified 1,004 cognitively normal participants (mean age: 67.1±13, 48% women, 26% black) with concurrent data on RDW and comprehensive targeted plasma metabolites by Biocrates p500. Participants were grouped into RDW quartiles (Q1:14%). Associations of metabolites with quartiles of RDW were examined using multivariable linear regression with Q1 being the reference group. Models were adjusted for age, sex, and race. Compared to Q1, Q4 had higher concentrations of SM(OH)C14:1, PC ae C30:2, and hypoxanthine, and lower concentrations of DHEAS, Cortisol, Tryptophan, and Hex2Cer(d/18:1/24:0) (all $p<0.01$). These metabolites are critical components of sphingolipid metabolism and steroid hormone biosynthesis pathways. Elevated RDW was associated with metabolites derived from classes of hormones, amino acids, ceramides, sphingomyelins, PCs, and nucleobases. Individuals with elevated RDW (i.e. ≥14%) may have disrupted sphingolipid metabolism and steroid hormone biosynthesis. These pathways can be targeted for prevention.

TRAJECTORIES OF HEALTH CHANGES IN OLDER ADULTS WITH CHRONIC HEPATITIS B INFECTION

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Despite the increasing burden of chronic hepatitis B (CHB) in aging populations, little is known about the course of health-related quality of life (HRQoL) changes during older adulthood in CHB patients. We aimed to assess individual-level longitudinal HRQoL changes in older patients with CHB and to examine their correlates. A 5-year prospective cohort study was conducted in 503 hepatitis B surface antigen-positive community-dwelling adults aged 55 years or older. Participants underwent comprehensive assessments at baseline and serial measurement of HRQoL using the short-form (12) health survey version 2. Of these participants, 82.7% remained in good physical health throughout the study period, whereas 9.1% had declining physical health and 8.2% were in poor physical health. We likewise identified three trajectories of mental health changes ("good mental health" [86.9%], "declining mental health" [6.8%], and "poor mental health" [6.4%]). Three baseline characteristics were independently associated with a lower likelihood of remaining physically or mentally healthy during older adulthood: sarcopenic obesity (odds ratio [OR] with 95% confidence interval [95% CI] of 7.5[2.8-20.5] for poor physical health, 3.1 [1.1-8.4] for declining physical health, 4.3 [1.4-13.0] for poor mental health), higher number of metabolic abnormalities (OR [95% CI] of 3.6 [1.6-8.0] for poor physical health) and depressed mood (OR [95% CI] of 21.7 [5.8-81.0] for poor physical health, 5.3 [1.4-19.9] for declining physical health, 83.1 [19.7-350.2] for poor mental health, 13.6 [2.9-64.8] for declining mental health). In conclusion, we demonstrated the heterogeneity and nonlinearity of HRQoL changes and their associations with variations in specific extrahepatic organs/systems.

SESSION 10250 (LATE BREAKING POSTER)

FALLS

EXPLORATION OF BARRIERS AND FACILITATORS FOR DEPRESCRIBING OPIOIDS AND BENZODIAZEPINES TO REDUCE OLDER ADULT FALLS

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As part of a randomized control trial for deprescribing opioids and benzodiazepines (BZD) to reduce falls (funded by Centers for Disease Control), we conducted a virtual focus group and surveys to evaluate opioid and BZD prescribing practices among healthcare providers in four primary care clinics in North Carolina. Survey and focus group questions measured providers' confidence in their abilities to weigh benefits and harms of opioids and/or BZDs in older adults; determine alternative interventions; create a safe dosing plan; and incorporate patient preferences. A validated pre-intervention survey, adapted from a survey by the Canadian Deprescribing Network, was administered to providers in control and intervention clinics (n=29). Providers expressed high confidence in their abilities to weigh risks and benefits of deprescribing opioids and BZDs, but low confidence in deprescribing under impeding circumstances (e.g. when not the original prescriber or when there is no evidence to inform them). Results were similar across opioids and BZDs. A focus group was conducted among seven