physical activity/sleep and diet. In this preliminary analysis of our findings with 10 dyads (mean age 64.2 ± 4.0 years for grandparents; 9.3 ± 1.9 years for grandchildren), we report that on most of the indicators - obesity, physical activity, sleep, and diet - these children's levels were comparable to national averages across all household types (not differentiated by type of family structure). However, 25% of the grandchildren (n=2) participating in our study had a total cholesterol level ≥ 200, compared to 7.4% of children from a nationally representative dataset. Similarly, 14% of the grandchildren (n=1) participating in our study had HbA1c ≥ 6.5%, compared to < 0.5% of children from a nationally representative dataset. Our findings suggest that these children may be at higher cardiometabolic health risk (e.g., hyperlipidemia). Further investigations with a larger sample and more examination of cardiometabolic risk profiles including lipids/blood glucose assessment are required to validate our preliminary findings.

ASSOCIATION OF DUAL SENSORY IMPAIRMENT WITH INCIDENT MOBILITY AND ADL DIFFICULTY

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Hearing and vision impairment are each independently associated with incident mobility disability and disability in activities of daily living (ADL). Whether dual sensory impairment (DSI) in both hearing (pure-tone average >25 dB) and vision (impaired visual acuity and/or impaired contrast sensitivity) is associated with greater risk of incident mobility and ADL difficulty, as compared to single or no sensory impairments, has not been well-studied. To examine these associations, we used data from 2,020 Health Aging and Body Composition Study participants aged 70-79 years without mobility limitations. Incident mobility difficulty was defined as the first instance of a lot of problems or inability to walk ¼ mile and/or climb 10 steps, and incident ADL difficulty was defined as the first instance of problems with any ADL. Cox proportional hazards models adjusted by demographic covariates, diabetes, hypertension, and depressive symptoms were used to model these associations. Approximately 22.7% of the study had DSI. DSI was associated with increased risk of both incident mobility (Hazard Ratio [HR]=2.43, 95% Confidence Interval [CI]: 1.60, 3.69) and ADL difficulty (HR=2.39, 95% CI: 1.60, 3.56). Vision impairment only was associated with risk of incident mobility difficulty (HR=1.74, 95% CI: 1.09, 2.78), but not incident ADL difficulty (HR=1.45, 95% CI: 0.91, 2.32). Hearing impairment only was not associated with risk of either outcome. Synergistic effects of DSI on the additive scale were present. Sex and race did not modify associations. Monitoring of DSI may be beneficial in delaying incident difficulty.

ASSOCIATION OF DUAL SENSORY IMPAIRMENT WITH LONG-TERM DEPRESSIVE AND ANXIETY SYMPTOMS

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Hearing (HI) and vision impairment (VI) are each independently associated with long-term depressive and anxiety symptoms, but the joint effects of both (DSI) may be associated with a greater risk of belonging to long-term chronically high depressive and anxiety trajectory classes. Multinomial logistic regression models adjusted by demographics and depressive symptoms were used to examine the associations of dual hearing (pure-tone average >25 dB) and vision impairment (impaired visual acuity and/or contrast sensitivity) with long-term depressive and anxiety symptom trajectory classes among 2,102 participants of the Health, Aging and Body Composition Study, a cohort of older adults without mobility difficulty aged 70-79 years. An additional model evaluated the two-way interaction between DSI and social contact. Elevated depressive symptoms were defined as ≥8 on the 10-item Center for Epidemiologic Studies-Depression Scale, and anxiety symptoms were defined as present on the Hopkins Symptom Checklist. DSI was associated with increased risk of being chronically depressed (Risk Ratio, RR=1.86, 95% Confidence Interval, CI: 1.19, 2.92), not periodically depressed (RR=1.24, 95% CI: 0.91, 1.69). Those with DSI were at an increased risk of belonging to the periodically anxious (RR=1.56, 95% CI: 1.14, 2.13) and chronically anxious (RR=1.79, 95% CI: 1.02, 3.12) groups, as compared to the other groups. Single sensory impairments were not associated with increased risk of being periodically or chronically anxious. Social contact did not modify any associations. Synergistic effects between HI and VI were present. Those with DSI may be at greater risk for mood disorders, so sensory evaluations may mitigate these.

ASSOCIATION OF SEDENTARY AND ACTIVE BOUT FREQUENCY WITH MORTALITY IN OLDER MEN USING ACCELEROMETRY

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BACKGROUND: Time spent sedentary increases with age and has several negative health consequences. We sought

to examine associations between daily sedentary and active bout frequency with all-cause mortality. METHODS: Data are from 2,918 men in the Osteoporotic Fractures in Men (MrOS) study (mean age at Visit 3±SD: 79.0±5.1 years) with valid activity monitor data (5.1±0.3 days worn>90%) at Year 7 visit (Visit 3, 2007-2009). Sedentary and active bout frequencies are defined as the daily transition frequency from a sedentary bout lasting 5+ minutes to activity of any intensity, and the transition frequency from an active bout lasting 5+ minutes to sedentary. Deaths were centrally adjudicated using death certificates. Cox proportional hazard models were used to examine associations between quartiles of sedentary (Q1 referent, <13.6 bouts/day) or active (Q1 referent, <5 bouts/day) bout frequency and mortality. Models were repeated, stratifying by median daily total time spent sedentary and active. RESULTS: After 9.4±3.7 years of follow-up, 1,487 (51.0%) men died. Men averaged 16.9±5.1 and 8.2±4.2 sedentary and active bouts/day, respectively. After full covariate adjustment, each quartile reflecting a higher sedentary (Q4 vs Q1 HR: 0.68, 95%CI: 0.58-0.81, p-trend<0.001) and active bout (Q4 vs Q1 HR: 0.57, 95%CI: 0.48-0.68, p-trend<0.001) frequency was associated with lower mortality risk. There was no evidence that effects differed by total sedentary time (p-interaction for sedentary bout frequency and total sedentary time>0.05). CONCLUSIONS: More frequent, prolonged sedentary and active bouts are associated with a lower mortality risk in older men and is not moderated by total sedentary time.

ASSOCIATIONS BETWEEN HIV STIGMA AND MENTAL HEALTH AMONG OLDER HISPANICS AND WHITES LIVING WITH HIV

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Hispanics/Latinos/as/x (henceforth Hispanics) have higher rates of HIV infection than non-Hispanic (NH) Whites, particularly in older age. People living with HIV (PWH) are at increased risk of stigma and poor mental health, but these associations have not been thoroughly examined in older PWH. We investigated ethnic differences in HIV stigma and its association with mental health in older Hispanic and NH White PWH. Participants included 116 PWH ages 50-75 (58 Hispanic and 58 NH White) from southern California (for the overall cohort: 82.7% male; 57.7% AIDS, 93.9% on antiretroviral therapy). Participants completed self-report measures of HIV-stigma, depression (Beck Depression Inventory-II; BDI-II), and cumulative alcohol use (i.e., lifetime total quantity/total days). Covariates examined included sociodemographic and HIV-disease characteristics. An independent sample t-test showed no significant ethnic differences in HIV stigma (p=.82). Separate multivariable linear regression models on mental health outcomes (adjusting for significant covariates) showed no significant interaction between HIV stigma and ethnicity on BDI-II scores (p=.83) or cumulative alcohol use (p=.51). Follow up models removing the interaction term, showed that increased HIV stigma was associated with higher BDI-II scores (B=0.34, 95% Cl=0.21-0.48; p<.001), but not with cumulative alcohol use (p=.49) in the overall sample. Findings indicate a significant link between HIV stigma and depression symptoms in older PWH, with comparable associations among Hispanics and NH Whites. Future studies examining factors that may moderate the link between HIV stigma and depression in diverse older PWH would help guide the development of interventions aimed at improving mental health in this population.

BIOPSYCHOSOCIAL CORRELATES OF COGNITIVE FUNCTION AMONG KOREAN OLDER ADULTS: HISTORY OF HYPERTENSION AND DIABETES

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Based on biopsychosocial perspectives on health, this study examined risk and protective factors of cognitive function among Korean older adults. Specifically, we focused on comparing the role of these factors based on the respondents' history of having hypertension or diabetes. This study used 2009 Korean National Health Insurance Service data that included a sample of older adults who maintained qualification for health insurance and medical aid in 2002 (n=26,242). Cognitive function was measured using KDSQ-C and biopsychosocial factors included metabolic syndrome, drinking, smoking, and walking. The sample was divided into two groups based on their medical history, and thus four sets of linear regression models were analyzed to explore the associations between biopsychosocial factors and cognitive functioning. Among individuals with a history of hypertension, metabolic syndrome, drinking, and walking were associated with cognitive functioning. For those without a history of hypertension, only drinking and walking were associated with cognitive functioning. For diabetes, smoking and walking were associated with cognitive functioning among older adults with a history of diabetes. For those without a history of diabetes, drinking and walking were associated with cognitive functioning. In sum, metabolic syndrome was a particularly significant correlate of cognitive function among Korean older adults with a history of hypertension. Walking was a consistently significant factor regardless of medical history. These results highlight the importance of considering medical history of chronic conditions such as hypertension and diabetes in identifying factors associated with older adults' cognitive function and further developing tailored prevention programs for cognitive decline.

CAN A DATA-DRIVEN MEASURE OF NEUROANATOMIC DEMENTIA RISK BE CONSIDERED A MEASURE OF BRAIN AGING?

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