advised intensive treatment to targets <120 mmHg. Although many guidelines mentioned frailty, only three gave specific thresholds and targets for frail older adults. The quality of the guidelines was not related with the recommended targets. Targets of AHT in older adults in international guidelines range from less strict to more intensive in comparison with the middle-aged and are set on chronological rather than biological age.

THE DECREASED COMPLEXITY OF BLOOD PRESSURE DYNAMICS IS ASSOCIATED WITH HIGHER WHITE MATTER LESIONS IN OLDER ADULTS

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White matter lesions (WML) are highly prevalent in older adults and thought to represent cerebral microvascular disease, contributing to slow gait and dementia. Hypertension is associated with WML. However, the underlying mechanism of this association is unclear. The complex beat-to-beat BP fluctuations represent the influence of BP regulatory mechanisms over multiple time scales. The association between WML and abnormalities in BP regulation may be manifest as a loss of complexity in BP dynamics. The aim of this study is thus to explore the relationships between hypertension, BP complexity, and WML in older adults. Twenty-two older adults with hypertension (SBP>140 mmHg) and 19 age-matched older adults without hypertension (i.e., control) completed this study. Their whole-brain WML were assessed by two neurologists using the Fazekas Scale. Greater score reflects higher WML grade. Each participant completed a 10-minute BP assessment when sitting quietly following the MRI. The continuous SBP and DBP series were recorded, and the complexity of them was quantified using multiscale entropy (MSE). Lower MSE reflects lower complexity. Compared to the controls, hypertensives had significantly greater Fazekas scores (i.e., higher WML grade) ($F=4.8$, $p=0.02$) and lower complexity of SBP and DBP ($F>3.7$, $p<0.01$), after adjusting for age. Across two cohorts, those with lower SBP and DBP complexity had higher Fazekas score ($r<-0.51$, $p<0.01$), and this association was independent of age and group. These results suggest that WML are associated with a loss of complexity in BP dynamics. Future longitudinal studies are needed to examine the causal relationship between WML and BP.

VARIATION IN THE ASSOCIATION OF BODY TYPES TO DECREASED HIGH-DENSITY LIPOPROTEIN IN OLDER ADULTS (NHANES 2005-2014)

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General obesity and central obesity represent cardiovascular disease risk factors and are known to be related to dyslipidemia. I examine the variation in the association of combined body mass index/waist circumference classification to decreased high-density lipoprotein cholesterol (HDL-C). Body mass index /waist circumference (WC) cut off values were used to create six body types: normal weight with normal WC (NWT-NWC), overweight with normal WC (OWT-NWC), obese with normal WC (O-NWC), normal weight with high WC (NWT-HWC), overweight with high WC (OWT-HWC), and obese with high WC (O-HWC). HDL-C was defined as decreased if < 40 mg/dl for men or < 50 mg/dl for women and normal if ≥ 40 mg/dL for men or ≥ 50 mg/dL for women. Sample population included 5,772 participants of the National Health and Nutrition Examination Survey (NHANES 2005-2014) aged 50 years and older. The mean (SD) age was 61.8 (0.2), and 50.5% were females, while 10% were minority. The prevalence of decreased HDL-C was 29.1%. Analysis involved weighted multivariable logistic regression adjusted for age, race-ethnicity, gender, education, poverty-income-ratio, smoking, and alcohol intake. Regression reveals a higher likelihood of decreased HDL-C for OWT-NWC (aOR 2.12 95% CI 1.43,3.15), NWT-HWC (aOR 2.57 95% CI 1.59,4.16), OWT-HWC(aOR 3.09 95% CI 2.29,4.15), and O-HWC (aOR 5.30 95% CI 4.01,6.86) when compared to NWT-NWC. These associations are important to public health practice and policies as it demonstrates the implications of the parallel use of anthropometric measures for all body weights in health-risk assessments of older adults.

SESSION 2900 (POSTER)

SENSORY HEALTH AND IMPAIRMENT

A CONCEPTUAL FRAMEWORK FOR ENGAGED COMMUNICATION AT ADULT DAY SERVICES: A MIXED-METHODS STUDY

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Adult Day Services provide an opportunity for social engagement for older adults who might otherwise become isolated. Communication environments at many Adult Day Centers can be difficult for participants due to the high prevalence of hearing loss and poor acoustics in large activity rooms. The purpose of this study is to understand the hearing and social health status of participants across multiple group care settings as well as participants' challenges and motivations to engage in social communication. A mixed methods approach was undertaken. Seventy-two participants from two Programs for All-inclusive Care for the Elderly (PACE®) completed quantitative measures: hearing test, cognitive screener (MOST™), IOM Social and Behavioral Determinants of Health, UCLA Loneliness Scale, and Instrumental Activities of Daily Living. Using maximum variation sampling based on hearing status and UCLA loneliness scores, ten participants were invited to complete one-on-one semi-structure interviews. Interviews aimed to learn more about how and why participants did and/or did not engage in social communication with other PACE