(1586.1 vs. 252.0 per 100,000/year; adjusted HR=3.09; 95% CI, 2.23-4.30). Those reentering the community in later life after prison are at higher risk of experiencing SUD-related hospitalizations or ED visits. Prevention and intervention efforts targeting later-life prison-to-community care transitions are needed. Part of a symposium sponsored by the Aging, Alcohol and Addictions Interest Group.

SESSION 7015 (SYMPOSIUM)

BEYOND SEX: GENDER, LGBTQ, AND ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

Chair: C. Elizabeth Shaaban
Discussant: Michelle Mielke

Sex and gender are important sources of variation in Alzheimer's disease and related dementias (ADRD) and associated caregiving. Women comprise 2/3 of ADRD cases and the majority of ADRD caregivers. Sex encompasses biological differences due to sex chromosomes, reproductive tract, and hormones, while gender constitutes socioculturally constructed psychosocial aspects of sex. Several lines of research have begun to interrogate sex differences, but less is known about the relation of gender and lesbian, gay, bisexual, transgender, and/or queer (LGBTQ) status with ADRD. In this symposium featuring both trainees and faculty we highlight novel research addressing these factors from multiple perspectives. Two presentations address how psychosocial characteristics and their strengths of association with brain health may vary by gender. C. Elizabeth Shaaban presents analyses testing whether gendered psychosocial factors explain sex differences in white matter hyperintensities, a neuroimaging marker of cerebral small vessel disease and risk factor for ADRD. Justina Avila-Rieger presents results testing region of birth-based spatial patterning of dementia risk among Black men and women. Next, Jason Flatt presents prevalence estimates of subjective memory problems and dementia and describe factors associated with dementia among LGBTQ older adults. Finally, gender may also impact perceptions of individuals with dementia. Shana Stites explores gender differences in AD stigma and discuss implications for who is willing to be an AD caregiver. Michelle Mielke, an expert in sex and gender differences in neurodegenerative and age-associated diseases will facilitate conversation about these results and place them in the context of current sex and gender-based ADRD research.

DO GENDERED PSYCHOSOCIAL FACTORS EXPLAIN SEX DIFFERENCES IN WHITE MATTER HYPERINTENSITIES?

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Women have a greater burden than men of white matter hyperintensities (WMH), a marker of cerebral small vessel disease (cSVD). Psychosocial factors including education, household income, neighborhood socioeconomic status (nSES), happiness, and depression may differ by gender and could explain women's higher burden of WMH. In a cohort of older adults (N=250, median age=82, 58% women, 39% Black), we found that women had lower education, household income, nSES and were less happy and more depressed. Race stratified Spearman correlations showed women had greater whole brain WMH volume in white participants only (white: rho=0.23, p=0.004; Black: rho=-0.05, p=0.64). In partial Spearman correlations, education, happiness, and depression attenuated but did not fully explain the relationship when added individually or all together to the model for whites (fully adjusted rho=0.19, p=0.03). Gendered psychosocial factors may partially explain sex differences in WMH; interventions targeting these factors may reduce cSVD burden, particularly in white women.

DIFFERENTIAL ASSOCIATION OF GEOGRAPHICAL REGION OF BIRTH WITH DEMENTIA RISK ACROSS BLACK WOMEN AND MEN

Justina Avila-Rieger,[1] Audrey Murchland,[2] Nika Seblova,[3] Maria Glymour,[4] Adam Brickman,[5] Nicole Schupf,[3] Richard Mayeux,[5] and Jennifer Manly,[5] *1. University of New Mexico, New York, New York, United States, 2. University of California, San Francisco, San Francisco, California, United States, 3. Columbia University Medical Center, New York, New York, United States, 4. University of California, San Francisco, California, United States, 5. Columbia University, New York, New York, United States*

Risk of dementia is both racially and spatially patterned. Less is known about sex/gender differences in pathways linking birth place to late-life cognitive outcomes in older non-Latino Blacks. The 1464 Black men and women included in these analyses were Northern Manhattan residents. Cox regressions revealed that Stroke-Belt South (SB) and Non-Stroke-Belt South (NSB) birth was associated with a higher dementia risk, adjusted for birth year, childhood SES, and risk of death. Compared to Northern-born (NB) men, SB men had the highest risk, followed by NSB women and SB women, while NSB men and NB women had a similar risk to NB men. The higher risk for SB men and NSB women remained after adjusting for education, adult income, and CVD burden. Future work should identify why birth in the SB is uniquely detrimental for cognitive health among Black men, while birth in NSB has the strongest impact on Black women.

THE EPIDEMIOLOGY OF DEMENTIA IN LGBTQ OLDER ADULTS

Jason Flatt, *University of Nevada, Las Vegas, School of Public Health, Las Vegas, California, United States*

Over 3 million or more adults aged 60 + live in the US who identify as lesbian, gay, bisexual, transgender, and/or queer (LGBTQ). Less is known about dementia risk in LGBTQ older adults. We will discuss dementia risk and related risk factors among LGBTQ adults from multiple population-based and cohort studies. We found higher rates of subjective memory problems among lesbian, bisexual and transgender adults compared to both gay men and heterosexual men and women. Using medical record data, 8% (343) of LGB adults aged 60+ were diagnosed with dementia. They were more likely to identify as male (63% vs. 44%), had a higher education level (college degree+ 63% vs.