

treatments continue to extend the lifespan of people with HIV. However, people aging with HIV, particularly those diagnosed earlier in the epidemic, known as “long term survivors” are likely to face a myriad of challenges: clinical, psychosocial, financial, and logistical. Aging with HIV is a complex mix of long-term treatment effects, early onset of general aging, comorbidities and other confounding factors including mental health and psycho-social factors that affect quality of life. Older persons living with HIV have experienced tremendous loss, stigma and discrimination, including within the healthcare system. Now, renewed losses amplified by the emergence of multiple comorbidities including cardiovascular and metabolic disease, HIV associated neurocognitive disease, other neurological disability, diminished bone health and frailty and other conditions can impair quality of life significantly. A review of the common comorbidities experienced by people aging with HIV and the intersection with social isolation, stigma and loss will be presented. Strength based, holistic care that focuses on resilience, and includes advocacy, social networks and care coordination delivered by nurses and nurse practitioners as part of a collaborative inter-professional education program at the Association of Nurses in AIDS Care to address the unique challenges experienced by PLWH will be described.

#### PREVALENCE AND RISK FACTORS OF POSTPRANDIAL HYPOTENSION AMONG JAPANESE OLDER ADULTS IN A FACILITY

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Postprandial hypotension (PPH) is an unrecognized sudden drop of blood pressure (BP) after meals and a hidden problem among older people including those living in long-term care facilities (LTCFs). Though PPH causes dizziness, falls, and syncope, it has received little attention from healthcare workers (HCW) including caregivers, nurses and physicians, and risk factors of PPH should be carefully assessed to improve quality of life. Therefore, we aimed to examine the prevalence and risk factors of PPH in a LTCF in Japan. Participants were 114 older adults living in a LTCF in Japan (mean age 85.9 years old; 85 female (74%)). To examine PPH, blood pressure (BP) was measured before and after lunch. BP after meal was measured four times every 30 minutes. PPH is defined as a BP drop of 20 mmHg or more and we also defined a BP drop within a range of 19 to 15 mmHg as potential-PPH. As risk factors, we compared systolic and diastolic BP at baseline, body mass index, pulse rate, disease and complications between groups with/without PPH. The prevalence of PPH was 41% (47/114) and 52% with potential-PPH; 11% (13/114) added. Among risk factors, systolic BP was significantly higher in those with PPH (142.6 vs 123.5 mmHg,  $p < 0.001$ ). This study revealed that PPH & potential-PPH occurred in half of the subjects in a LTCF in Japan. HCW need to focus on high systolic BP to predict PPH and future research is necessary to prevent and cope with PPH for older people.

#### RACIAL, ETHNIC, AND PLACE-OF-BIRTH DISPARITIES IN BODY TYPES: ASSOCIATION TO GLYCATED HEMOGLOBIN IN OLDER ADULTS

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Obesity, a public health concern for older adults, contributes to abnormal glycosylated hemoglobin (HbA1c). We examine place of birth disparities in the prevalence rate of body types and their association to HbA1c using the National Health Nutrition and Examination Survey (NHANES) III. Body mass index /waist circumference (WC) cut off values were used to create six body types: normal weight with normal WC, overweight with normal WC, obese with normal WC, normal weight with high WC, overweight with high WC, and obese with high WC. Abnormal HbA1c was defined as HbA1c  $>5.7\%$ . Weighted multivariable logistic regression adjusted for age, gender, education, and poverty-income-ratio was run. The sample population included 4,584 participants aged 50 years and older identifying as non-Hispanic whites (NHW), US-born Hispanics (USB-H), and foreign-born Hispanics (FB-H). The mean (SD) sample age was 63.9 (0.3). USB-H had the highest proportion of obese with high WC (35.6%,  $p < 0.0001$ ) compared to NHW (26.6%) and FB-H (22.2%). USB-H (aOR 1.97 95% CI 1.45,2.68) and FB-H (aOR 1.51 95% CI 1.10,2.06) had higher odds of abnormal HbA1c compared to NHW. Overweight with high WC (aOR 1.47 95% CI 1.11-1.93) and obese with high WC (aOR 2.11, 95% CI 1.60-2.79) had a high likelihood of abnormal HbA1c compared to normal weight with normal WC. Further adjustment for co-morbid conditions yielded a significantly improved fitting model (Maximum-rescaled R-square (MRRS) =0.1997,  $p < 0.0001$ ) compared to that further adjusted for health-related behaviors (MRRS=0.082,  $p < 0.0001$ ). The knowledge of these associations in an at-risk sub-population is insightful for clinical assessments and preventive interventions.

#### SEQUENTIAL PATTERNS OF MULTIMORBIDITY IN A NATIONALLY REPRESENTATIVE COHORT STUDY OF AGING

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Multimorbidity – the presence of two or more chronic health conditions – is common among older adults. Despite this, relatively little is known about the epidemiology of specific sequences of disease onset that occurs in mid-life and older adults over time. This may be attributed to the sheer number of possible permutations, which is difficult to handle with traditional methods. This is a retrospective cohort study using the Health & Retirement Study (HRS), a nationally-representative panel survey of aging. The study population included all adults age 50 and older that had no reported chronic disease at baseline ( $n=5567$ ). We use a data mining algorithm, Sequential Pattern Discovery using Equivalence classes (SPADE), to identify all possible