

adults age \geq 65 with back pain, osteoarthritis or rheumatoid arthritis and minimum of 12-months medical and drug plan enrollment. Members were mailed a survey in May 2018 assessing positive resources, negative attributes and pain outcomes of pain. Opioid and other medications were determined from drug claims. The population was propensity weighted to adjust for survey non-response bias; weighted to generalize to those with diagnosed pain. Multivariate logistic regression was used to determine protective associations of positive resources with negative attributes on outcomes. Among respondents, 30% were internal LOC; 34% powerful other; 36% chance. In multivariate models, demographics, socioeconomic, health status, pain medications, resilience and social network, internal LOC was associated with lower pain severity, reduced opioid use and increased physical function. Magnitude of impact was comparable to resilience and diverse social networks. Powerful other LOC was partially protective with improved psychosocial attributes but poorer pain outcomes; chance LOC was associated with poor psychosocial/pain outcomes. Despite positive resources, depression and poor sleep maintained associations with pain outcomes. Internal LOC is a strong positive resource associated with improved pain. Multidimensional programs should include enhancing positive resources, including LOC, and focus on improving negative attributes to maximize pain management.

SESSION 1320 (POSTER)

CHRONIC DISEASE MANAGEMENT 1

SELF-GLUCOSE MONITORING AND HYPOGLYCEMIA RISK IN OLDER RURAL VETERANS WITH TYPE 2 DIABETES

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Hypoglycemia evaluation is expected in every encounter with diabetic patients. However, self-monitoring and self-management may not be complete at home, and limited by geriatric syndromes. Furthermore, hypoglycemia risk increases with age, and rurality may limit access to frequent monitoring. We identified 112 rural veterans with high hypoglycemia risk, using the local medication database (sulfonylureas and insulin), combined with age and glycated hemoglobin (HbA1c). Statistical analyses were conducted using SAS 9.4 (Cary, NC). We used Chi-square, Fisher's, One-way ANOVA for baseline variables, and a multivariate logistic regression model to assess the association of hypoglycemia and risk factors, including age, HbA1c%, self-monitoring, and knowledge. Hypoglycemia was reported in 30.4% of cases, of whom the majority were younger than those not reporting hypoglycemia (72.0 \pm 4.3 vs 75.0 \pm 6.5 years, $p=.015$). Baseline HbA1c% was higher in cases with hypoglycemia compared to those without (7.7 \pm 1.6% versus 7.3 \pm 1.2%, not statistically significant). There were no significant differences

between pharmacologic regimens, self-monitoring, and general knowledge. Veterans who knew hypoglycemia symptoms were 6 times more likely to reported hypoglycemia, compared with veterans who did not know any symptoms. We contacted primary care teams (PCT) for whom medications were adjusted. Hypoglycemia risk is high in the older population, and telemedicine programs can support primary care teams to improve management of their patients. Poor symptom knowledge needs to be addressed, while considering special attention for hypoglycemia unawareness in the oldest age group. We are implementing a project using continuous glucose monitoring in this high-risk population.

THE FL-REACH PROJECT: TRANSLATING AN EBP FOR AN OUTPATIENT CLINICAL SETTING TO REACH DIVERSE COMMUNITY MEMBERS

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With more than 500,000 patients with Alzheimer's disease, constituting nearly 10% of all cases in the US, the state of Florida spends an estimated \$20 billion per year on care and treatment related to this disease. The Florida State Plan on Aging reported that 75% of informal caregivers felt that early education and training should be a high priority for the state, and that difficult behaviors and limited knowledge about dementias were among the most significant challenges that they faced. The REACH II intervention is the gold-standard for evidence-based practices that address burden, well-being, and skills training for dementia caregivers. This presentation describes the partnership of a Memory Disorder Clinic (MDC) team and two university-based researchers working to embed a modified REACH protocol into an outpatient clinic. Critical streamlined components and new material designed to innovations since the REACH trials. The FL-REACH protocol is significantly shorter, adds a structured assessment for both patient and family needs, expands to include advanced care planning and grief modules, and intentionally builds linkages to the medical care team, with a focus on outreach to diverse families. This manualized intervention is offered to families of patients diagnosed through the MDC, thus capitalizing on the rapport and trust that is built, and providing in-house opportunities to engage diverse populations with a program grounded in the evidence base. This intervention provides critical foundational training for families that will bridge to seamless team coordination in the future.

SLEEP APNEA ASSOCIATED COMORBIDITIES AND MORTALITY IN AN OLDER VETERAN POPULATION

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Evidence continues to mount that sleep apnea (SA) occurs in 10-25% of Americans and is associated with significant morbidity and mortality (Schulman 2018). Among veterans,