

older) recruited from an outpatient HIV clinic in Atlanta, GA, completed a cross-sectional survey. Mediation analysis, guided by Baron and Kenny's (1986) criteria, was conducted using Stata v14.2 to assess the direct and indirect effects of loneliness on the association between stigma and depressive symptoms while controlling for covariates (self-rated health [0=poor to fair, 1=good to excellent]; past unstable housing [0=No, 1=Yes]; and HIV disclosure status [0=to none; 1=to someone]). Loneliness mediated the association between stigma and depressive symptoms ( $\beta=0.79$ ,  $SE=0.23$ ,  $p < .001$ ). The model reflected a very good fit ( $\chi^2=0.09$ ,  $p=.765$ ;  $CFI=1.00$ ,  $TLI=1.09$ ,  $RMSEA < 0.001$ ) and explained 27% of the variance in loneliness and 33% of the variance in depressive symptoms. Stigma predicted higher loneliness, which in turn predicted more depressive symptoms. Findings suggest that addressing depressive symptoms in OPLWH may require multifaceted interventions targeting psychosocial and interpersonal factors including stigma and loneliness.

#### OVERWEIGHT, OBESITY, AND NEUROPSYCHOLOGICAL PERFORMANCE: RESULTS FROM THE WOMEN'S INTERAGENCY HIV STUDY

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Conflicting associations of body mass index (BMI) and waist circumference (WC) with neuropsychological performance (NP) are observed in the general population and among people living with HIV. We examined BMI and WC in middle-aged women living with HIV (WLWH) and without HIV (HIV-) in relation to 10-year trajectories of NP in the Women's Interagency HIV Study (WIHS). NP assessments occurred biennially from 2009-2019. Demographically-adjusted T-scores were calculated for six NP domains: learning, memory, executive function, processing speed, attention and working memory, and motor function. Multivariable linear models stratified by HIV serostatus examined whether baseline (2009) BMI and WC were associated with NP domains - 1) cross-sectionally and 2) longitudinally over 10 years. The sample included 432 WLWH and 367 HIV- women, >40 years old. Most women (73%) were overweight (BMI=25-29.9kg/m<sup>2</sup>) or obese (BMI=>30kg/m<sup>2</sup>). Among WLWH, 28% were overweight, 45% obese; among HIV- women, 26% were overweight; 56% obese. Cross-sectionally at baseline, WLWH who were overweight versus normal weight (BMI=18.5-24.9kg/m<sup>2</sup>), performed worse on executive function, processing speed, and motor function (all  $p<0.05$ ). HIV- women who were overweight versus normal weight performed worse on memory, learning, executive function, processing speed and motor function (all  $p<0.05$ ).

Baseline BMI and WC were not associated with worsening NP domains in this younger, primarily overweight and obese sample of WLWH or HIV- women (all  $p>0.05$ ). Future follow-up of these women will enhance understanding of the age when total and/or central obesity may influence NP trajectories and health of the aging brain.

#### TRENDS IN ANTIRETROVIRAL REGIMEN COMPLEXITY AMONG MEDICARE BENEFICIARIES WITH HIV, 2014-2018

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Little is known about antiretroviral therapy (ART) patterns among Medicare beneficiaries with Human Immunodeficiency Virus (HIV). ART has significant implications for spending in Medicare Part D as use of single-tablet regimens (STR) grows, generic availability remains low, and price increases for branded therapies consistently exceed inflation. The objective of this study is to detail patterns of STR utilization among Medicare beneficiaries with HIV. We conducted a retrospective trend analysis using a 5% sample of Medicare Chronic Conditions Data Warehouse, 2014-2018. We included each person-month that fee-for-service beneficiaries with HIV had Parts A, B, and D coverage. Trends in annual prevalence of STR overall, by ART class, and by age, sex, and race subgroups were estimated. The study included 9,509 beneficiaries who contributed 345,708 person-months to the analysis. The prevalence of STR increased from 21.8% (95%CI, 21.5-22.1) in 2014 to 44.6% (95%CI, 44.3-45.0) in 2018 ( $p < 0.0001$ ), an increase of 104.6%. Integrase strand transfer inhibitors (INSTI) saw the largest increase in utilization between 2014 (4.4% [95%CI 4.2-4.5]) and 2018 (35.1% [95%CI 34.8-35.4]) ( $p < 0.0001$ ), a 701.8% increase. All sociodemographic subgroups experienced similar growth in STR use between 2014 and 2018. STR and INSTI utilization increased significantly over the study period, suggesting increased ART spending under Part D. Although increasing availability of generic multi-tablet ART regimens (MTR) may offer cost-savings, further research is needed comparing generic MTR to branded STR with regards to patient preferences, adherence, healthcare resource utilization, and total costs in the growing population of Medicare beneficiaries with HIV.

#### VISION DIFFICULTY AND ENGAGEMENT IN CARE AMONG AGING MEN LIVING WITH HIV

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For aging adults living with HIV (AALH) who have complex medical care needs, vision impairment may be an added burden that may lead individuals to disengage from