and negative aspects of the program explanation; and suggestions for improving messaging around home-based palliative care. Researchers used grounded theory to identify the themes within the transcripts. Two researchers independently coded the transcripts and then met to compare coding and reconciled discrepancies until 100% consensus was reached. Identified themes related to home-based palliative care referral barriers included reluctance to have home visits, timing, lack of palliative care knowledge, misconceptions of palliative care, and patients' self-perceived health condition (not sick enough for palliative care). Themes related to recommendations for overcoming these barriers included preferring a palliative care referral from healthcare providers or from insurance company and clearer presentation of palliative care service. Findings reinforce the need for additional palliative care education among patients with serious illness and the importance of delivering the information from a trusted source.

SPATIAL ANALYSIS OF HEALTHCARE OFFER AND REQUEST FOR OLDER PEOPLE AGED 65 YEARS AND OVER IN QUEBEC

Juliette Duc,[1] Sébastien Barbat-Artigas,[2] and Delphine Bosson-Rieutort,[1] *1. School of Public Health, University of Montréal, Amiens, France, 2. INESSS, Montréal, Canada*

With years, the health-needs of an individual become numerous and more complex, resulting in the requirement of an even more appropriate offer of health services. However, it is known that different factors make the services and the request of the population to health care unequally, especially the interregional variations. These are represented by a gap between the offer of healthcare and the need of the populations. The aim of this study was 1) to map the relationship between the location of the healthcare services in Quebec and population aged 65 years and over, and 2) to identify the characteristics related to the geographic variations in access to healthcare. We used data from "statcan.gc.ca", "donneesquebec.ca" and "msss.gouv.qc.ca" regarding the facilities, their capacity, their services, and the populations' characteristics. Analyses were performed on QGIS and R software. As expected, our results showed that there is a gap between the healthcare needs and the services: older people need a large amount of diverse services which are not always provided by secluded areas. Moreover, it also appeared that the deprivation index is related to the offer of health care. As this project takes part in a global project studying the health care trajectories of older people in Quebec using their administrative health databases, those findings will help better understand the impact of the geographic factors for the interregional variations of healthcare.

SESSION 10240 (LATE BREAKING POSTER)

EPIDEMIOLOGY

IMPACT OF AGE ON COMMUNITY DIABETES PREVENTION PROGRAM ATTENDANCE AND WEIGHT LOSS GOALS

Jenna Napoleone, Elsa Strotmeyer, Rachel Miller, Susan Devaraj, Bonny Rockette-Wagner, Vincent Arena, Elizabeth Venditti, and Andrea Kriska, *University of Pittsburgh, Pittsburgh, Pennsylvania, United States*

The Diabetes Prevention Program (DPP) lifestyle intervention demonstrated that meeting the weight loss (WL) and activity goals prevents/delays type 2 diabetes. Older DPP participants, 60-85 years, reduced the risk of developing diabetes by 71% versus 58% in those <60 years. Currently, community translated DPP-based lifestyle interventions including Group Lifestyle Balance (DPP-GLB), are reimbursed by Medicare for overweight/obese older adults with prediabetes. This effort examined the impact of age group (60-65: reference, 66-70, ≥71 years) on both DPP-GLB maintenance session attendance (months 7-12) and achieving the 5% WL goals at 6- and 12-months. Data were combined from two identical 12-month DPP-GLB intervention trials involving overweight/obese adults with prediabetes and/or metabolic syndrome. Participants ≥60 years attending ≥4 sessions (months 0-6), with complete data on session attendance and WL were included (n=145; age=68.7 + 5.8 years, range 60-88; 79% women). Participants aged 66-70 years (N=46) were more likely to meet the 6-month 5% WL goal (67.4%) vs. 60-65 years (N=51; 45.1%; p=0.03). Participants aged 66-70 (69.6%) and ≥71 years (N=48; 60.4%) were more likely to meet the 12-month WL goal vs. 60-65 years (35.3%; 66-70: p=0.0007; ≥71: p=0.01). Maintenance attendance did not vary by age group with approximately 30% of each group attending ≥4 of 6 maintenance sessions (p=0.55). In conclusion, adults 66+ vs. 60-65 years more successfully met the clinically meaningful 5% WL goals at 6 and 12 months. With nationwide implementation of community-based "real-world" DPP-GLB lifestyle interventions, better understanding of program success across older adult age groups will enhance program reach and effectiveness.

INPATIENT DIAGNOSIS OF DELIRIUM AND ENCEPHALOPATHY: CODING TRENDS IN 2011-2018

Jeffrey Franks, Jami Anderson, Richard Kennedy, and Huifeng Yun, *University of Alabama at Birmingham, Birmingham, Alabama, United States*

Physicians have long debated the diagnosis of acute confusional states as delirium or encephalopathy, often based on specialty. Recently, CMS assigned a lower severity to the nonspecific behavioral diagnosis of delirium than for the pathophysiological diagnosis of encephalopathy, potentially exacerbating these disagreements. Therefore, we sought to evaluate trends in these two diagnoses among hospitalized adults. Using 2011-2018 IBM MarketScan datasets, we identified delirium/encephalopathy patients who were ≥ 18 years and enrolled with medical and pharmacy coverage for each calendar year. Delirium/encephalopathy were defined using validated ICD-9/10 codes among hospitalized patients. We identified the physician specialties associated with the hospitalization and comorbidities using ICD9/10 inpatient/outpatient diagnosis codes within one year prior to the diagnosis of delirium or encephalopathy. Log-binomial models were used to evaluate the trends adjusting for age, gender, insurance and comorbidities. We identified 10,418 delirium and 87,393 encephalopathy hospitalized patients in 2011-2018. Of these patients, the total number of patients with either diagnosis increased, but the proportion of patients with delirium for each year decreased from 20% in 2011 to 9% in 2018. During the 8 years, neurologists and internists

increased their use of both diagnoses, whereas psychiatrists only increased for delirium. Patients with encephalopathy are more likely to be older, female, and have more comorbidities. These shifts in diagnosis complicate the study of delirium and encephalopathy, and can lead to erroneous conclusions about trends in the incidence and prevalence of these disorders unless properly understood.

METABOLOMIC SIGNATURES OF HIGH RED BLOOD CELL DISTRIBUTION WIDTH

Abigail Corkum, Qu Tian, and Luigi Ferrucci, *1. National Institute of Aging, Baltimore, Maryland, United States*

Red blood cell distribution width (RDW) describes the amount of variation in blood cell volume and size and increases with age. Higher RDW predicts all-cause mortality, metabolic syndrome, diabetes, and markers of glycemic control, such as glycosylated hemoglobin. However, mechanisms that connect high RDW with these health outcomes are unknown. Thus, identification of high risk in these patients cannot be addressed. This study aims to identify metabolites and pathways that are associated with high levels of RDW in community-dwelling older adults. Using data from the Baltimore Longitudinal Study of Aging, we identified 1,004 cognitively normal participants (mean age: 67.1±13, 48% women, 26% black) with concurrent data on RDW and comprehensive targeted plasma metabolites by Biocrates p500. Participants were grouped into RDW quartiles (Q1:14%). Associations of metabolites with quartiles of RDW were examined using multivariable linear regression with Q1 being the reference group. Models were adjusted for age, sex, and race. Compared to Q1, Q4 had higher concentrations of SM(OH)C14:1, PC ae C30:2, and hypoxanthine, and lower concentrations of DHEAS, Cortisol, Tryptophan, and Hex2Cer(d/18:1/24:0) (all $p<0.01$). These metabolites are critical components of sphingolipid metabolism and steroid hormone biosynthesis pathways. Elevated RDW was associated with metabolites derived from classes of hormones, amino acids, ceramides, sphingomyelins, PCs, and nucleobases. Individuals with elevated RDW (i.e. ≥14%) may have disrupted sphingolipid metabolism and steroid hormone biosynthesis. These pathways can be targeted for prevention.

TRAJECTORIES OF HEALTH CHANGES IN OLDER ADULTS WITH CHRONIC HEPATITIS B INFECTION

I-Chien Wu,[1] Chang-Hua Chen,[2] Yu-Wen Yang,[2] Yen-Tze Liu,[2] Yen-Feng Chiu,[1] Chih-Cheng Hsu,[1] Shu-Chun Chuang,[1] and Chao A. Hsiung[1] *1. National Health Research Institutes, Taiwan, Zhunan, Miaoli County, Taiwan (Republic of China), 2. Changhua Christian Hospital, Changhua City, Taiwan, Changhua, Taiwan (Republic of China)*

Despite the increasing burden of chronic hepatitis B (CHB) in aging populations, little is known about the course of health-related quality of life (HRQoL) changes during older adulthood in CHB patients. We aimed to assess individual-level longitudinal HRQoL changes in older patients with CHB and to examine their correlates. A 5-year prospective cohort study was conducted in 503 hepatitis B surface antigen-positive community-dwelling adults aged 55 years or older. Participants underwent comprehensive assessments at baseline and serial measurement of HRQoL using the short-form (12) health survey version 2. Of these participants, 82.7% remained in good physical health throughout the study period, whereas 9.1% had declining physical health and 8.2% were in poor physical health. We likewise identified three trajectories of mental health changes ("good mental health" [86.9%], "declining mental health" [6.8%], and "poor mental health" [6.4%]). Three baseline characteristics were independently associated with a lower likelihood of remaining physically or mentally healthy during older adulthood: sarcopenic obesity (odds ratio [OR] with 95% confidence interval [95% CI] of 7.5[2.8-20.5] for poor physical health, 3.1 [1.1-8.4] for declining physical health, 4.3 [1.4-13.0] for poor mental health), higher number of metabolic abnormalities (OR [95% CI] of 3.6 [1.6-8.0] for poor physical health) and depressed mood (OR [95% CI] of 21.7 [5.8-81.0] for poor physical health, 5.3 [1.4-19.9] for declining physical health, 83.1 [19.7-350.2] for poor mental health, 13.6 [2.9-64.8] for declining mental health). In conclusion, we demonstrated the heterogeneity and nonlinearity of HRQoL changes and their associations with variations in specific extrahepatic organs/systems.

SESSION 10250 (LATE BREAKING POSTER)

FALLS

EXPLORATION OF BARRIERS AND FACILITATORS FOR DEPRESCRIBING OPIOIDS AND BENZODIAZEPINES TO REDUCE OLDER ADULT FALLS

Ellen Roberts,[1] Cristine Henage,[1] Lori Armistead,[2] Tamera Hughes,[2] Joshua Niznik,[1] Courtney Schlusser,[3] Jan Busby-Whitehead,[1] and Stefanie Ferreri,[2] *1. University of North Carolina School of Medicine, Chapel Hill, North Carolina, United States, 2. University of North Carolina Eshelman School of Pharmacy, Chapel Hill, North Carolina, United States, 3. University of North Carolina Gillings School of Global Public Health, Chapel Hill, North Carolina, United States*

As part of a randomized control trial for deprescribing opioids and benzodiazepines (BZD) to reduce falls (funded by Centers for Disease Control), we conducted a virtual focus group and surveys to evaluate opioid and BZD prescribing practices among healthcare providers in four primary care clinics in North Carolina. Survey and focus group questions measured providers' confidence in their abilities to weigh benefits and harms of opioids and/or BZDs in older adults; determine alternative interventions; create a safe dosing plan; and incorporate patient preferences. A validated pre-intervention survey, adapted from a survey by the Canadian Deprescribing Network, was administered to providers in control and intervention clinics (n=29). Providers expressed high confidence in their abilities to weigh risks and benefits of deprescribing opioids and BZDs, but low confidence in deprescribing under impeding circumstances (e.g. when not the original prescriber or when there is no evidence to inform them). Results were similar across opioids and BZDs. A focus group was conducted among seven