older veterans that may be important to consider and, yet, neglected in the polysubstance and polypharmacy and suicide prevention conversation, including those who recently attempted suicide, veterans with late-life posttraumatic stress disorder (PTSD), and older veterans transitioning from prison to community. Drs. Maust and Morin will present findings on prescribing and use of high-risk medications in late life, including an overview of trends in polypharmacy and associations with suicide attempts. Drs. Byers and Barry will speak about older veterans with PTSD and those with a history of incarceration, with information on suicide, unintended death by overdose, and substance use disorder-related emergency department visits and hospitalizations, emphasizing importance of care transition models for prevention. Aging, Alcohol and Addictions Interest Group Sponsored Symposium.

## PTSD, RISK OF SUICIDE, AND UNINTENDED DEATH BY OVERDOSE IN LATE LIFE

Amy Byers,[1] Yixia Li,[2] Shira Maguen,[1] and Thomas Neylan,[1] *1. University of California, San Francisco / San Francisco VA Health Care System, San Francisco, California, United States, 2. Northern California Institute for Research and Education, San Francisco, California, United States*

Little is known about late-life posttraumatic stress disorder (PTSD) and risk of suicide and apparent accidental death by overdose. We studied 488,044 older veterans (50 and older) with PTSD and propensity-matched comparison group without PTSD (n=488,044), seen in VA 2012-2013 followed to 12/31/2016. There were 5,693 non-fatal and fatal suicide attempts for those with PTSD and 4,310 for those without PTSD (approximately 20% fatal for each group). Those with PTSD had nearly 2-fold increased risk of any attempt [HR=1.55 (95% CI=1.49-1.62)]. While results specific to death by suicide were non-significant, impact of PTSD on method of death (e.g., drug overdose, firearms, hanging) was significant only for drug overdose [HR=1.58 (95% CI=1.22-2.03)]. Intentional and unintentional death by narcotics and such drugs as non-opioid analgesics and autonomic nervous system drugs were most highly associated with late-life PTSD. This study provides important implications for late-life suicide prevention related to PTSD and cause-specific drugs. Part of a symposium sponsored by the Aging, Alcohol and Addictions Interest Group.

## RISING CNS POLYPHARMACY AMONG OLDER ADULTS IN THE UNITED STATES

Donovan Maust, *University of Michigan, Ann Arbor, Michigan, United States*

CNS-polypharmacy is defined by the AGS Beers Criteria as using 3 or more individual medications from the following classes: antidepressants, antipsychotics, benzodiazepines, other sedative/hypnotics, opioids, antiepileptics. Dr. Maust will review data suggesting that such prescribing has increased among older adults, along with the data suggesting there are associated harms. In addition, he will review recent evidence from the Department of Veterans Affairs, which suggests that older Veterans who use both Medicare and the VA system for medical care are at higher risk of potentially inappropriate CNS-active prescribing. Part of a symposium sponsored by the Aging, Alcohol and Addictions Interest Group.

## HIGH-RISK MEDICATION USE AND POLYPHARMACY IN OLDER VETERANS WHO ATTEMPT SUICIDE

Ruth Morin,[1] Yixia Li,[2] Michael Steinman,[3] Ilse Wiechers,[4] and Amy Byers,[3] *1. John D. Dingell VA Medical Center, Detroit, Michigan, United States, 2. Northern California Institute for Research and Education, San Francisco, California, United States, 3. University of California, San Francisco / San Francisco VA Health Care System, San Francisco, California, United States, 4. Office of Mental Health and Suicide Prevention, Department of Veterans Affairs, Menlo Park, California, United States*

Late-life veteran suicide is a public health concern, and may overlap with recent high-risk medication use. We identified use in the 6 months prior to attempt and assessed salient risk factors. 13,872 veterans aged 50 years and older that attempted suicide were compared with demographically-matched controls utilizing VHA healthcare in a similar time period. Medications potentially related to suicide risk were included. Other variables were psychiatric and medical diagnoses, fatality of attempt and means. Compared with controls, veterans who attempted were nearly 3 times more likely to have been prescribed benzodiazepines and opioids, even when controlling for other diagnoses. Those taking 3 or more high-risk medications were between 7 and 11 times more likely to attempt than controls, with a higher risk of death particularly by drug overdose. These findings begin to uncover the complex contribution of prescription medications and polypharmacy to late-life veteran suicide, with implications for prevention. Part of a symposium sponsored by the Aging, Alcohol and Addictions Interest Group.

## SUBSTANCE USE DISORDER–RELATED HOSPITALIZATIONS AND ED USE IN THOSE RETURNING TO COMMUNITY FROM PRISON IN LATER LIFE

Lisa Barry,[1] David Steffens,[2] Kenneth Covinsky,[3] Yeates Conwell,[4] and Amy Byers,[5], *1. UConn Center on Aging, Farmington, Connecticut, United States, 2. University of Connecticut School of Medicine, Farmington, Connecticut, United States, 3. University of California San Francisco, San Francisco, California, United States, 4. University of Rochester, Rochester, New York, United States, 5. University of California, San Francisco / San Francisco VA Health Care System, San Francisco, California, United States*

High rates of substance use disorders (SUDs) in persons age 50 and older are concerning. Those reentering the community in later life after incarceration are especially at risk. We determined if later-life prison release increases risk of SUD-related hospitalizations and ED visits in a national sample of veterans (N=7,671) released from prison between 2012 to 2014 and matched never-incarcerated controls (N=7,671). Later-life prison release was associated with increased risk of any SUD-related hospitalization/ED visit (2907.1 vs. 465.0 per 100,000/year; adjusted HR=2.67; 95% CI, 2.11-3.36) and 3-fold risk of hospitalizations/ED visits due to alcohol use disorder (1955.4.1 vs. 282.6 per 100,000/year; adjusted HR=3.04; 95% CI, 2.24-4.13) and drug use disorder

(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?

C. Elizabeth Shaaban,[1] Caterina Rosano,[1] Heather Shattuck-Heidorn,[2] Sara Godina,[3] Minjie Wu,[1] and Andrea Rosso,[4] *1. University of Pittsburgh, Pittsburgh, Pennsylvania, United States, 2. Women and Gender Studies Program, University of Southern Maine, Portland, Maine, United States, 3. University of Pittsburgh Graduate School of Public Health, Pittsburgh, Pennsylvania, United States, 4. School of Public Health, University of Pittsburgh, Pittsburgh, Pennsylvania, United States*

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.