of providers tailor their communication to older patients regarding sex/HIV, however they were divided in who initiates such conversations (themselves or the patient). Providers stated that standardized/routine health assessments help facilitate those conversations. Results indicate several barriers to conversations, such as age/gender differentials and time. Additional results will be discussed. Study findings can help guide provider education and screening of older adults regarding sexual health/HIV.

LONG-TERM EFFECTS OF CHILDHOOD SEXUAL ASSAULT AMONG OLDER PEOPLE WITH HIV

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Research finds high rates of childhood sexual assault (CSA) among people with HIV (PWH). CSA is related to depression, post-traumatic stress disorder, substance abuse, and poor health. PWH age 50 and older account for the majority of this population in the U.S., but we have little information on the impact of CSA on these older adults. Data were obtained from the San Francisco arm of the Research on Older Adults with HIV 2.0 study (n=197). Fifty percent reported CSA. Cisgender women and transgender people were more likely to report CSA compared to other groups. PWH reporting CSA were more likely to meet the diagnostic criteria for PTSD (42% vs. 27%), and had higher mean PHQ-9 depression scores (9.3 vs. 6.8). Those reporting CSA had significantly more comorbid health conditions compared to their peers. Implications for using a trauma-informed care model with older adults living with HIV will be discussed.

ENERGY EXPENDITURE AND PHYSICAL ACTIVITY AMONG OLDER PARTICIPANTS FROM THE MULTICENTER AIDS COHORT STUDY (MACS)

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Energy utilization becomes more inefficient with age and is linked to low physical activity and functional decline. Persons aging with HIV exhibit accelerated functional decline, but the effect of chronic HIV infection on energy utilization and free-living physical activity remains unclear. We investigated cross-sectional associations between age and: resting metabolic rate, peak walking energy (VO2), and 7-day physical activity by accelerometry in 100 men in the MACS (age: 60.8+/-6.8 years, 35% black, 46.1% HIV+, 94% virally suppressed). In multivariable regression models adjusted for age, BMI, race, chronic conditions, and HIV viral load, HIV+ men had a higher resting metabolic rate (β=103.2 kcals/day, p=0.03) and lower peak walking VO2 (β=-1.8 ml/kg/min, p<0.02) than HIV- men. Moreover, HIV+ men demonstrated lower physical activity, overall and by time of day (p<0.05). These results suggest that energy utilization differs by HIV serostatus, which may contribute to lower physical activity and function with aging.

FUNCTIONAL WELLNESS AND OLDER MEN WITH HIV

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Aging-related stressors, such as changing physical function, poorly managed multimorbidity, increasing pill burden and social losses can diminish for some older adults with HIV the capacity for self-care. These challenges, however, can be improved by maintaining physical, cognitive and social function, or functional wellness. Using cross-sectional data from a men's health study with younger and older men with and without HIV, we conducted general linear models to identify individual and clinical predictors for physical, cognitive, social and role function, as measured by the Medical Outcomes Study HIV Health Survey. We found that older HIV+ men had lower burdens of functional deficits compared to older HIV- men and younger HIV+ men and that across all models, depression, followed by diabetes, housing, and employment were predictive of functional wellness. Functional wellness for older HIV+ men is a multidimensional construct that includes optimizing internal and external resources to maintain healthy living and wellness.

CORRECTING GLUTATHIONE DEFICIENCY REVERSES MITOCHONDRIAL DYSFUNCTION AND ACCELERATED AGING IN PATIENTS WITH HIV

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Patients with HIV (PWH) have 'accelerated' aging based on early manifestation of geriatric comorbidities of declining physical-function, elevated inflammation, insulin-resistance, cognitive-impairment and abdominal-obesity, but contributing mechanisms are not well understood and interventions are lacking. We hypothesized that deficiency of the intracellular-antioxidant Glutathione results in impaired mitochondrial fuel-oxidation (MFO) and contributes to these defects, and that supplementing Glutathione precursors glycine and N-acetylcysteine (GlyNAC) could improve these defects. In an open-label trial, 8 PWH were studied before and after 12-weeks of GlyNAC supplementation (and 8-weeks after stopping GlyNAC), and compared to 8 matched, unsupplemented, uninfected controls. PWH had significantly impaired MFO, abnormal molecular regulation of MFO, muscle Glutathione deficiency, physical decline, cognitive-impairment, and higher oxidative-stress, inflammation, insulin-resistance and total body fat. GlyNAC supplementation significantly improved these defects, but benefits receded on stopping GlyNAC. These data suggest that GlyNAC supplementation could reverse 'accelerated aging' in PWH by improving defects linked to impaired MFO.

SESSION 2490 (SYMPOSIUM)

HOME IS WHERE THE HEART IS: OPTIMIZING AND TAILORING HOME AND COMMUNITY-BASED SUPPORT FOR DEMENTIA CAREGIVERS

Chair: Quincy M. Samus, *The Johns Hopkins University, Baltimore, Maryland, United States*