

were conducted to determine existence of interactions between statin use and APOE4 status on cognition. Statistically significant interactions were found between statin use and APOE4 status in RAVLT total learning and immediate memory. Statin use in women APOE4 non-carriers was associated with better verbal learning and immediate memory performances whereas statin use in women APOE4 carriers was associated with worse performances on these same tasks. Conclusions. Findings suggest that sex and APOE4 status may be important factors in consideration of statin use.

COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL: POST-ACUTE CARE AND PREFERRED PROVIDER NETWORKS

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The Comprehensive Care for Joint Replacement (CJR) model, implemented by the Centers for Medicare & Medicaid Services in 2016, is a randomized, controlled trial that tests the effect of holding a hospital accountable for payments and quality of all services provided to lower extremity joint replacement (LEJR) patients during an episode of care. The newly released results include 147,923 LEJR episodes that were initiated by 733 hospitals in 67 randomly selected metropolitan statistical areas. The objective of this presentation is to explore changes to the care pathway using results from a mixed-methods analytic approach including triangulation of findings from analysis of Medicare claims, hospital survey and hospital and associated provider interview data. Hospitals reported implementing notable changes over the past two years including hiring navigators, changes to therapy protocols, and direct discharge home. Hospital interviewees described efforts to strengthen relationships with PAC providers including the investment of resources into the development of preferred PAC provider networks. As a result of these changes, the average number of SNF days decreased by 2.3 days more for CJR episodes than for control group episodes from the baseline to the intervention period ($p < 0.01$). Changes in two of nine complexity measures indicated a statistically significant relative decrease in CJR patients' functional status at SNF admission. The relative increases in CJR patients' average early-loss activities of daily living (ADLs) scores ($p < 0.05$) and motion scores ($p < 0.10$) suggest an increase in patients with greater needs were discharged to a SNF relative to the control group.

WHAT DOES SUCCESS MEAN IN THE CONTEXT OF ELDER ABUSE INTERVENTION FROM THE PERSPECTIVE OF VICTIMS?

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Adult protective services (APS) and other community-based agencies respond to hundreds of thousands of elder abuse cases each year in the United States; however, little is known about what constitutes success in the context of elder abuse response

intervention. This study explored the meaning of elder abuse intervention success from the perspective of victims themselves toward the development of a victim-centric taxonomy of outcomes. Guided by a phenomenological qualitative methodology, this study conducted in-person, semi-structured interviews with a sample of elder abuse victims ($n = 30$) recruited from APS in the states of Maine, New York, and California, as well as a community-based elder abuse social service program in New York City. To enhance trustworthiness, two researchers independently analyzed transcript data to identify key transcript statements into themes. Outcomes of success were identified across broad domains related to the victim, perpetrator, victim-perpetrator relationship, family system, and home environment. Specifically, common themes represented outcomes related to victim safety, autonomy, social support, and state of mind; perpetrator independence and accountability; and victim-perpetrator separation. For decades, the field of elder abuse has struggled to understand how to define success in the context of community-based intervention from a client-centered perspective. The taxonomy developed in this study provides a comprehensive and conceptually organized range of successful outcomes to serve as infrastructure for the development of meaningful intervention outcome measures. This study represents one of the largest efforts to understand and integrate the perspectives and needs of victims into elder abuse intervention practice/research to date.

VIRTUAL ONLINE COMMUNITIES FOR AGING LIFE EXPERIENCE (VOCALE) APPROACH: PILOT STUDIES

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Emerging evidence suggests behavioral strategies focusing on symptom management can reduce frailty symptoms and improve quality of life. Unfortunately, these interventions are rarely scalable for implementation in geriatric care. Contemporary online technologies have tremendous potential for addressing this need. We developed and pilot tested an approach entitled Virtual Online Community for Aging Life Experience (VOCALE). The approach had two stages. In the first stage, we piloted the use of a Facebook platform to engage older adults with frailty symptoms in ten-week moderated discussions on health-related topics. In the second study, we used data from stage one to develop a prototypical persona of a person with frailty symptoms. The persona was then incorporated into an eight-week Facebook intervention informed by problem solving therapy to facilitate self-management in another group of older adults with frailty symptoms. The results from both rounds showed that it was feasible to recruit, engage, and retain persons ages 69-92 into virtual online community interventions. Attrition ranged from 25% to 33% in rounds one and two. In both rounds, we observed positive trends of change in health measures such as general health self-efficacy, disease self-efficacy, and health literacy. Throughout the studies, older adults shared multiple posts concerning their experience with age-related symptoms and described their self-management practices.

These projects, which leveraged a common social media platform, demonstrated preliminary efficacy of an online intervention for frailty management. If confirmed, this approach might provide a viable model for other medically complex geriatric conditions where self-management is essential.

ASSOCIATION BETWEEN WALKING ENERGETICS AND FRAGMENTED PHYSICAL ACTIVITY IN MID-TO-LATE LIFE

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Physical activity becomes increasingly fragmented with age, and may be an early marker of functional decline. Energy regulation has been linked with functional decline, yet whether the energy needed for walking, a common type of physical activity, is related to fragmentation of physical activity remains unknown. The study population included 493 participants aged 50-93 years from the Baltimore Longitudinal Study of Aging. Energetic measures included the energetic cost of usual-paced overground walking (ml/kg/m), the average energy expended (ml/kg/min) during a rapid-paced 400-m walk, and a cost-to-capacity ratio between the energy expended during 5-min treadmill walk (0.67 m/s, 0% grade) and the energy expended during the 400-m walk. Activity fragmentation was extracted from accelerometer data collected over ≥ 3 valid days and quantified via an active-to-sedentary transition probability (ASTP). Associations between the energetic measures and ASTP were assessed using multivariate linear regression models. Interactions between energetics and total daily physical activity, quantified as total log-transformed activity counts (TLAC), were also assessed. After adjusting for TLAC, demographics, body composition and comorbidity, higher cost-to-capacity ratio was associated with 3.51% greater fragmented physical activity ($p=0.005$). Energetics by TLAC interactions revealed that lower rapid-paced walking energy expenditure and higher cost-to-capacity ratio were only significantly associated with greater fragmentation in the most sedentary participants ($p<0.01$ for both). Our results suggest that deterioration of walking efficiency may manifest as a more fragmented physical activity profile, especially among sedentary adults. Future longitudinal studies to understand whether declining walking efficiency predicts the onset and progression of activity fragmentation are warranted.

THE IMPORTANCE OF HSP-25 IN CAENORHABDITIS ELEGANS LONGEVITY

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Karl A. Rodriguez's laboratory at the University of Texas Health Science Center, San Antonio, Texas, is interested in the role of small heat shock proteins in the proteostasis network and aging using the model organism, *Caenorhabditis elegans*. Molecular chaperones facilitate protein folding and improve the degradation activity of the proteasome and autolysosome hence decreasing disease-associated aggregates. Previous work in rodents have shown an increase in expression levels of the small heat shock protein 25 (HSP-25) correlates with maximum lifespan potential. To further explore the role of HSP-25 in *C. elegans*, two HSP-25 knock-out strains were exposed to a one-hour heat stress, heat shock, and two non-heat stress conditions.

SESSION LB1545 (LATE BREAKING POSTER)

LATE BREAKING POSTER SESSION II

NEUROPSYCHOLOGICAL ASSESSMENT OF POSTERIOR CORTICAL ATROPHY: A CASE STUDY

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The following case study examines the presentation of Mr. Fraser*, an older adult African American male diagnosed with Posterior Cortical Atrophy (PCA) following neuropsychological evaluation. PCA is a rare variant of Alzheimer's Disease (AD) that results in visuospatial and perceptual deficits. Unlike other forms of neurocognitive degeneration, PCA tends to present at a relatively young age and may progress rapidly. There is currently a lack of studies examining PCA from a neuropsychological perspective, which may contribute to low awareness of this condition, as well as delayed diagnosis. It has been estimated that approximately 5% of patients with AD exhibit the PCA variant, implying that this a rare but serious condition. The following case study focuses on Mr. Fraser, a 65-year-old who was referred for neuropsychological assessment to assess his cognitive functioning. Mr. Fraser was administered a comprehensive assessment battery, and his overall results were suggestive of severe deficits in delayed memory and visuospatial skills. In the case of Mr. Fraser, these observed deficits, along with identification of visual complaints noted by his geriatrician, ultimately led to a diagnosis of PCA. While this was supported by neurological testing, the DSM-5 does not currently recognize PCA as a diagnosis. As a result, Mr. Fraser was given a diagnosis of possible AD with potential PCA, which may contribute to underestimates of the prevalence of this disorder. Future research and practice should focus on common neuropsychological presentations of this condition. *Identifying information changed in accordance with HIPAA guidelines

NINE YEAR CHANGES IN PREVALENCE OF COGNITIVE IMPAIRMENT IN THE CZECH REPUBLIC

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