Title

Combating Social Isolation among Older Immigrant Adults: A Qualitative Interpretive Meta-Synthesis

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to examine associations between daily sedentary and active bout frequency with all-cause mortality. METHODS: Data are from 2,918 men in the Osteoporotic Fractures in Men (MrOS) study (mean age at Visit 3±SD: 79.0±5.1 years) with valid activity monitor data (5.1±0.3 days worn>90%) at Year 7 visit (Visit 3, 2007-2009). Sedentary and active bout frequencies are defined as the daily transition frequency from a sedentary bout lasting 5+ minutes to activity of any intensity, and the transition frequency from an active bout lasting 5+ minutes to sedentary. Deaths were centrally adjudicated using death certificates. Cox proportional hazard models were used to examine associations between quartiles of sedentary (Q1 referent, <13.6 bouts/day) or active (Q1 referent, <5 bouts/day) bout frequency and mortality. Models were repeated, stratifying by median daily total time spent sedentary and active. RESULTS: After 9.4±3.7 years of follow-up, 1,487 (51.0%) men died. Men averaged 16.9±5.1 and 8.2±4.2 sedentary and active bouts/day, respectively. After full covariate adjustment, each quartile reflecting a higher sedentary (Q4 vs Q1 HR: 0.68, 95%CI: 0.58-0.81, p-trend<0.001) and active bout (Q4 vs Q1 HR: 0.57, 95%CI: 0.48-0.68, p-trend<0.001) frequency was associated with lower mortality risk. There was no evidence that effects differed by total sedentary time (p-interaction for sedentary bout frequency and total sedentary time>0.05). CONCLUSIONS: More frequent, prolonged sedentary and active bouts are associated with a lower mortality risk in older men and is not moderated by total sedentary time.

ASSOCIATIONS BETWEEN HIV STIGMA AND MENTAL HEALTH AMONG OLDER HISPANICS AND WHITES LIVING WITH HIV

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Hispanics/Latinos/as/x (henceforth Hispanics) have higher rates of HIV infection than non-Hispanic (NH) Whites, particularly in older age. People living with HIV (PWH) are at increased risk of stigma and poor mental health, but these associations have not been thoroughly examined in older PWH. We investigated ethnic differences in HIV stigma and its association with mental health in older Hispanic and NH White PWH. Participants included 116 PWH ages 50-75 (58 Hispanic and 58 NH White) from southern California (for the overall cohort: 82.7% male; 57.7% AIDS, 93.9% on antiretroviral therapy). Participants completed self-report measures of HIV-stigma, depression (Beck Depression Inventory-II; BDI-II), and cumulative alcohol use (i.e., lifetime total quantity/total days). Covariates examined included sociodemographic and HIV-disease characteristics. An independent sample t-test showed no significant ethnic differences in HIV stigma (p=.82). Separate multivariable linear regression models on mental health outcomes (adjusting for significant covariates) showed no significant interaction between HIV stigma and ethnicity on BDI-II scores (p=.83) or cumulative alcohol use (p=.51). Follow up models removing the interaction term, showed that increased HIV stigma was associated with higher BDI-II scores (B=0.34, 95% Cl=0.21-0.48; p<.001), but not with cumulative alcohol use (p=.49) in the overall sample. Findings indicate a significant link between HIV stigma and depression symptoms in older PWH, with comparable associations among Hispanics and NH Whites. Future studies examining factors that may moderate the link between HIV stigma and depression in diverse older PWH would help guide the development of interventions aimed at improving mental health in this population.

BIOPSYCHOSOCIAL CORRELATES OF COGNITIVE FUNCTION AMONG KOREAN OLDER ADULTS: HISTORY OF HYPERTENSION AND DIABETES

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Based on biopsychosocial perspectives on health, this study examined risk and protective factors of cognitive function among Korean older adults. Specifically, we focused on comparing the role of these factors based on the respondents' history of having hypertension or diabetes. This study used 2009 Korean National Health Insurance Service data that included a sample of older adults who maintained qualification for health insurance and medical aid in 2002 (n=26,242). Cognitive function was measured using KDSQ-C and biopsychosocial factors included metabolic syndrome, drinking, smoking, and walking. The sample was divided into two groups based on their medical history, and thus four sets of linear regression models were analyzed to explore the associations between biopsychosocial factors and cognitive functioning. Among individuals with a history of hypertension, metabolic syndrome, drinking, and walking were associated with cognitive functioning. For those without a history of hypertension, only drinking and walking were associated with cognitive functioning. For diabetes, smoking and walking were associated with cognitive functioning among older adults with a history of diabetes. For those without a history of diabetes, drinking and walking were associated with cognitive functioning. In sum, metabolic syndrome was a particularly significant correlate of cognitive function among Korean older adults with a history of hypertension. Walking was a consistently significant factor regardless of medical history. These results highlight the importance of considering medical history of chronic conditions such as hypertension and diabetes in identifying factors associated with older adults' cognitive function and further developing tailored prevention programs for cognitive decline.

CAN A DATA-DRIVEN MEASURE OF NEUROANATOMIC DEMENTIA RISK BE CONSIDERED A MEASURE OF BRAIN AGING?

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