FACTORS RELATED TO THE LONELINESS OF OLDER WOMEN WITH HYPERTENSION IN TEHRAN
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Older women have longevity and face with common chronic diseases such as hypertension longer than men. In addition the refusal to accept older women into the mainstream of society can affect the loneliness of older women particularly in developing countries such as Iran. This study was conducted to describe factors related to loneliness of older women with hypertension in Tehran. This descriptive, correlational study was conducted on a sample of 300 older women above age 60 in five regions of Tehran in 2020. A socio-demographic questionnaire and the Russell Loneliness Scale were used for data collection. Content validity and Cronbach’s alpha were used for evaluating the validity and reliability of questionnaires. 61% of older women widowed and 37.3% lived alone with a mean age of 72.16±8.5 year. The mean score for loneliness was 66.26 (±13.44) on a 20 to 80-point scale. The scores of loneliness were significantly by not having an income source, no living companion, chronic diseases, hospitalization in last year, family history of hypertension, and duration of hypertension. The best predictors of loneliness were hospitalization in last year, duration of hypertension, family history of hypertension, and chronic diseases. The findings of this study showed that loneliness is very common in older women with hypertension and is related to a number of factors. Monitoring modifiable factors such as hospitalization in the last year and non-modifiable factors such as duration of hypertension will help us to prevent or reduce loneliness in older women with hypertension.

HEALTH TRAJECTORIES AFTER AGE 60: THE ROLE OF INDIVIDUAL BEHAVIOURS AND SOCIAL CONTEXTS
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This study aimed to detect different health trajectories after age 60, and to explore what extent individual and social factors may contribute to healthier ageing. Twelve-year health trajectories were identified in subjects from the Swedish National Study on Aging and Care-Kungsholmen (N=3108), integrating five indicators related to diseases, physical and cognitive function, and disability by means of nominal response models. Growth mixture models were applied to explore health trajectories in terms of rate and pattern of change. Baseline information about health-related behaviours and social context was collected through standardized questionnaires. The strength of the associations was estimated using logistic regression, and their impact through population attributable fractions (PAF). Three trajectories were identified grouping 78%, 18%, and 4% of people with respectively increasing rates of health decline. Compared to the best trajectory, subjects in the middle and worst trajectories became functionally dependent 12.0 (95%CI:11.4-12.6) and 12.1 (95%CI:11.5-12.7) years earlier, respectively. Insufficient physical activity (OR:3.38, 95%CI:2.58-4.42), financial strain (OR:2.76, 95%CI:1.77-4.30), <12 years education (OR:1.53, 95%CI:1.14-2.04), low social connections (OR:1.45, 95%CI:1.09-1.94), low social participation (OR:1.39, 95%CI:1.06-1.83) and a body mass index ≥25 (OR:1.34, 95%CI:1.03-1.75) were associated with belonging to the middle/worst trajectories. The highest PAFs were obtained for insufficient physical activity (27.1%), low education (19.3%) and low social participation (15.9%); a total PAF of 66.1% was obtained when considering all significant exposures together. Complementarily considering life-long factors belonging to the socioeconomic, psychosocial, and behavioural dimensions should be central to any strategy aimed at fostering health in older age.

HYPERTENSION DIAGNOSIS, TREATMENT, AND CONTROL AMONG OLDER CHINESE: TRENDS IN THE HYPERTENSION CARE CASCADE
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Hypertension is a major risk factor for cardiovascular disease, which is the leading cause of death in China. Older persons are at higher risk of elevated blood pressure and are more likely to have insufficient hypertension care, including delayed diagnosis and poor management. However, we know little about hypertension care among older Chinese at a population level. We use a nationally representative sample of older adults from the China Health and Retirement Longitudinal Study (CHARLS) in 2011 and 2015 (n = 9,083), to clarify the hypertension care cascade for the older population in China by specifying the level of diagnosis, treatment, and control of hypertension. We then examine the characteristics of those (1) who received appropriate hypertension care and (2) whose care improved over time. Diagnosis and care improved between 2011 and 2015. Among those with hypertension, 55% and 67% were diagnosed in 2011 and 2015 respectively; 46% and 60% were treated with modern medication; and 20% and 29% were effectively controlled. Those who had higher income (OR=1.52; P<0.01) or obese (OR=2.43; P<0.001) were relatively more likely to be diagnosed, while those living in the western region (OR=0.65; P<0.01) or living in urban areas with a rural hukou (OR=0.54; P<0.01) were less likely. Persons age 75+ (OR=0.55; P<0.05) were less likely to have their blood pressure controlled, while those who had higher income (OR=1.50; P<0.05) were more likely. The improvement from 2011 to 2015 in hypertension care was concentrated among those that are obese or living in the West.

IS CANCER HISTORY RELATED TO NEUROLOGIC SPECIALTY CARE IN PATIENTS WITH DEMENTIA?
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