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PREVALENCE AND PREDICTORS OF DECISIONAL CONFLICT AMONG OLDER AFRICAN AMERICANS WITH ADVANCED KIDNEY DISEASE
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Chronic kidney disease (CKD) is a major public health concern in the U.S., particularly among African Americans. African Americans are just under four more times likely to develop CKD than White individuals. Older African Americans are a vulnerable and understudied population in CKD literature, despite future projections of an increasingly diverse population of older adults. This study's objectives were: (1) to determine the prevalence of decisional conflict for pre-dialysis older African Americans (2) whether perceived CKD knowledge, clinical characteristics (self-rated health, depression, anxiety, and number of comorbidities), and personal characteristics predicted decisional conflict. Study participants (N =125) were recruited from an outpatient nephrology clinic in a midwestern hospital and administered a telephone survey. Participants were African American, ≥ 50 years of age, pre-dialysis and diagnosed with Stage 4 or 5 CKD. A hierarchical ordinary least-squares (OLS) regression analysis was conducted to examine the relationship between variables. Participants reported mean scores of DC in the moderate range (M = 36.69). Approximately 42% (n =53) of patients' decisional conflict scores were above 37.5, which is the cut-point for scores indicating uncertainty (O’Connor, 1995). Multivariate analyses indicated that DC was only significantly associated with perceived chronic kidney disease knowledge. Lower levels of perceived chronic kidney disease knowledge were associated with higher levels of DC. Findings indicated that DC is a critical area to continue to investigate among older African Americans with advanced CKD. Social workers are well-positioned to impact levels of knowledge in this population through working on interdisciplinary teams in medical settings.
port 32% higher odds of worsening hypertension compared to their urban counterparts. Likewise, the odds of worsening diabetes are 52% higher in rural older adults than in urban older adults, net of other risk factors. Among those with a diagnosis, and regardless of treatment receipt, Likelihood ratio tests comparing regression coefficients estimated for urban and rural samples suggest that rural older adults are less likely to be diagnosed with diabetes or hypertension than urban older adults, net of other risk factors. We utilize two waves of the CHARLS, a large-scale survey of older Chinese who have been diagnosed with either diabetes or hypertension, to study urban-rural disparities in the progression of hypertension and diabetes. We estimate whether these disparities in the progression of hypertension and diabetes observed in the wave two survey, are maintained among the subset of older adults who were diagnosed with either diabetes or hypertension in wave one. We further examine whether these disparities in the progression of hypertension and diabetes are moderated by sex. Our study joins a growing body of research about sex differences in the impact of psychosocial risk factors on health outcomes, and the influence of SCVD on the relationship between psychosocial risk factors and dementia. We use a combination of regression and causal mediation analysis models, adjusted for age and sex, to examine the mediating role of SCVD in the relation of anxiety to brain volumes (ACME=.001; p=.05) and loneliness to total brain volumes (global measure of atrophy) in women. Moderated mediation analyses, adjusted for age and education, showed a mediating role of PWV in the relation of anxiety to brain volumes (ACME=.001; p=.05) was more pronounced among women (average gender-specific direct effect when excluding SCVD = .0005, p=.0005 vs. .0004, p=.001, for men and women, respectively). Our findings indicate that although rural older adults are 32% and 52% more likely to experience worsening hypertension and diabetes compared to their urban counterparts, rural older adults with diabetes or hypertension are less likely to be diagnosed with diabetes or hypertension than urban older adults, net of other risk factors.

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