aging meant decline, loss, and despair. Preventative health care behavior was not commonly mentioned. Although rural life presented obstacles to healthcare access such as lack of specialty providers, travel distance, and weather, obstacles were normalized. Many participants, when asked about healthcare, retold family sagas about loss and hardship, a distinct redemptive capacity or ability to bounce back was evident.

Conclusion: Advantages of rural life outweighed disadvantages, offering opportunities to be a valued part of a cohesive social network where meaningful living thrived. The characteristic of redemptive capacity warrants further study.

THE RELATIONSHIP BETWEEN METABOLIC SYNDROME AND FRAILTY IN OLDER PEOPLE IN VIETNAM

T. Nguyen¹, T. Nguyen², H. Nguyen³, T. Nguyen⁴, T. Nguyen⁴, H. Vu¹, 1. *Department of Geriatrics, Hanoi Medical University, Hanoi, Vietnam*, 2. *University of Sherbrooke, Canada*, 3. *Hanoi Medical University*, 4. *National Geriatric Hospital, Hanoi, Vietnam*

This study aims to investigate the relationship between metabolic syndrome and frailty in older people in Vietnam. A cross-sectional study was conducted in patients aged 60 or above at the National Geriatric Hospital, Hanoi, Vietnam from 1/2018 to 7/2018. Frailty was defined by Fried's frailty criteria. Frailty status was classified as robust (total Fried's score=0) or prefrail/frail (Fried's score≥1). Metabolic syndrome was defined as having ≥3 criteria of the definition of the National Cholesterol Education Program (NCEP) Adults Treatment Panel (ATP) III.

Results: N=660, mean age 71.4 ± 8.7, 60.3% female, 90.5% was classified as prefrail/frail, 61.1% had metabolic syndrome. The prevalence of metabolic syndrome in the prefrail/frail was significantly higher than in the robust (63.1% vs 41.3%, p=0.001, respectively). On univariate logistic regression, metabolic syndrome increased the likelihood of being prefrail/frail (OR 2.44, 95%CI 1.44–4.14). The relationship between metabolic syndrome and frailty was still significant after adjusting for age, gender, income status, education level, chronic disease and appendicular lean mass (adjusted OR 1.98, 95%CI 1.10–3.57). In conclusion, metabolic syndrome was associated with a two-fold increased risk of having frailty in this studied population. Further studies are required to investigate the role of prevention and treatment of metabolic syndrome in the management of frailty in older people in Vietnam.

THE ROLE OF FUNCTIONAL STATUS ON THE RELATIONSHIP BETWEEN BLOOD PRESSURE AND COGNITIVE DECLINE

L. Miller¹, C. Peralta², A. Fitzpatrick³, C. Wu⁴, B. Psaty³, A. Newman⁵, 1. *Oregon State University*, 2. *University of California San Francisco*, 3. *University of Washington*, 4. *Duke Kunshan University*, 5. *University of Pittsburgh*

The objective of this study was to examine whether self-reported functional status modified the association between blood pressure (BP) and cognitive decline among older adults. The study included 2,097 U.S. adults aged 75 years and older from the Cardiovascular Health Study, followed for up to 6 years. Functional status was ascertained by self-reported

limitation in activities of daily living (ADL; none vs. any). Cognitive function was assessed by the Modified Mini Mental State Exam (3MSE). We used linear mixed models to examine whether the presence of ≥ 1 ADL limitation modified the association between BP and cognitive decline. Potential confounders included demographics, physiologic measures, antihypertensive medication use and apolipoprotein E ε4 allele. We conducted stratified analyses for significant interactions between BP and ADL. The association between BP and change in 3MSE differed by baseline ADL limitation. Among participants without ADL limitation, elevated systolic BP (≥ 140 mmHg) was associated with a 0.16 decrease (95% CI: -0.25, -0.08); p-value for interaction <0.001, whereas in those with an ADL limitation, elevated systolic BP was independently associated with a 0.38 increase in 3MSE scores per year (95% CI: 0.13, 0.62). Elevated diastolic BP (≥80 mmHg) was associated with an increase in cognitive function in both groups, although the increase was greater in those with ADL limitation (0.52 points per year vs. 0.17 points per year, p-value for interaction =0.007). Elevated BP appears to be associated with decreases in cognitive scores among functioning older adults, and modest improvements in cognitive function among poorly functioning elders.

THE TREND OF ANTIBIOTICS AMONG COMMUNITY-DWELLING OLDER ADULTS (MEDICAL EXPENDITURE PANEL SURVEY 2011–2015)

F. Alotaibi¹, P. Slattum², D. Mays¹, M. McRae¹, 1. *Virginia Commonwealth University*, 2. *School of Pharmacy, Virginia Commonwealth University*

Background: Several studies have suggested that antibiotic overprescribing and misuse increase antibiotic resistance and *Clostridium difficile* infection.

Objectives: The purpose of this study was to determine the trends of infectious diseases and antibiotic use among the community-dwelling older adult population using the MEPS database (2011–2015). A secondary objective was to determine the association between receiving an antibiotic prescription and the patient's demographic characteristics.

Methods: A retrospective nationally representative cross-sectional study was conducted to assess the trend of antibiotic use among adults age 65 years and older. Individual characteristics and medication data were obtained from the consolidated data and prescribed medicines files, respectively. Frequency and weighted percentage were reported and multiple logistic regression was performed.

Results: Of 18,121 older individuals, 5,027 received antibiotic anytime from 2011–2015. Upper respiratory, urinary tract, skin, and gastrointestinal infection were the most commonly reported infections. Rates of infections remained constant over time except for gastrointestinal infection, which decreased significantly from 18.0% in 2011 to 3.6% in 2015. Macrolide use decreased over the study period from 33.5% to 15.6%, while penicillin use increased over time from 17.0% to 26.0%. Being female, less educated, having higher income and visiting the emergency room were significantly associated with receiving an antibiotic prescription, adjusting for other variables.

Conclusion: Despite the effort to reduce unnecessary antibiotic use among older adults in order to reduce antibiotic resistance, the overall rate of antibiotic use remained the