strength/kg was not significantly related to NFFI (HR=1.16; 95%CI=0.93–1.46). Percent change in quadriceps strength/kg from baseline was not associated with all fall injuries or injury type (NFFI or fracture). The quadriceps strength/kg proximal to the fall may be more important for predicting incident fall injuries than percent change in strength longitudinally. Lower-extremity strength and fall injury should be investigated in additional older populations at risk for fall injury and fractures.

LONG-TERM OPIOID THERAPY IN OLDER CANCER SURVIVORS: A RETROSPECTIVE COHORT STUDY

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Opioid analgesics are key to optimal pain treatment in cancer patients. However, there have been growing concerns regarding long-term prescription opioid use in older cancer survivors, in part due to the worsening epidemic of opioid toxicity in the United States. This study examines the rates and predictors of prolonged opioid prescriptions (≥ 90 -day supply/year) in older cancer survivors in Texas. We conducted a retrospective cohort study of 65,304 older cancer survivors (mean age: 77 years; ≥ 5 years post-diagnosis with no secondary cancer diagnosis or active anticancer treatment) and a sub-cohort of 43,376 opioid-naïve cancer survivors diagnosed between 1995 and 2008 using the Texas Cancer Registry-Medicare linked database. Rates of prolonged opioid prescriptions were observed from 2008 to 2013, and the influence of patient-level characteristics on receiving a prescription were calculated with generalized estimating equations and presented as adjusted odds ratios. The percentage of cancer survivors receiving prolonged opioid prescriptions increased from 10.81% to 13.18% from the fifth year to the eleventh year post-diagnosis. An increase from 1.29% to 7.21% was seen in opioid naïve survivors. Increases were also seen for both cohorts after stratifying for breast, prostate, lung, and colorectal cancers. Statistically significant predictors of receiving a prolonged opioid prescription included length of survivorship, female gender, urban residence, disability as reason for Medicare enrollment, Medicaid eligibility, comorbidities, depression, and drug abuse. Our findings highlight the need for further work on the prescription patterns and efficacy of long-term opioid therapy in older cancer survivors. Supported by grants NIDA R01-DA039192 and CPRIT RP160674.

MEALS ON WHEELS: PERSPECTIVES FROM TODAY'S AGING ADULT

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Low cost home-delivered meal (HDM) programs, like Meals on Wheels (MOW) provide nutritional and social support for older adults; however, there is a wide gap between those in need of HDM programs and participation rates. This study explored factors influencing aging adults' interest in participating in a HDM program, like MOW. Awareness, perceptions, motivators and barriers toward participation, and preferred program attributes were examined. Four focus groups were held with 31 older adults not enrolled in MOW in a Midwest state. All completed a sociodemographic questionnaire. Focus groups were audio-recorded, transcribed, and analyzed for themes;

questionnaires were analyzed using descriptive statistics. Participants were primarily retired (80.6%), white (87%), "food secure" (71%), females (77.4%) between ages 65–84 years. Over half (54.8%) received congregate meals. Many reported being responsible for their transportation (80.6%), food purchases (87.1%), and meal preparation (77.4%). Many were aware of the MOW program but lacked awareness of other HDM programs. Participants associated MOW with loss of independence and poor food quality. MOW was positively viewed as a source of companionship. Key HDM program use motivators included affordable cost, choices/variety, nutritionist or dietitian involvement, and clientele testimonies. Common barriers were cost, skepticism of advertisement claims, food safety concerns, and limited meal storage space. Preferred program attributes were convenience and quality menu options. Preferred promotional strategies included brochures and group presentations with free meal samples. These findings will better enable MOW to restructure program components and implement marketing techniques that appeal to today's aging adult.

MEDICATION REVIEW IN PREVENTING FALL-RELATED INJURIES IN OLDER ADULTS-A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background: Medication use is considered a modifiable risk factor for falls and fall-related injuries in older adults. Hence, medication review is essential in managing adverse drug reactions, facilitating appropriate prescribing and improving drug safety in older adults. This systematic review summarized information on the effectiveness of medication review as a single intervention or in combination with other interventions in preventing fall-related injuries in older adults.

Methods: Electronic databases search was conducted in PubMed, EMBASE, Scopus and CINAHL. Two reviewers screened titles and abstracts, reviewed full-texts, performed data extraction and risk of bias assessment. Meta-analyses were conducted on studies with similar participants, interventions, outcomes or settings.

Results: Fourteen randomized, controlled studies were included in this review. Seven studies were of low risk of bias. Four studies evaluated medication review as a single intervention. The pooled result indicated that medication review as a stand-alone intervention was effective in preventing fall-related injuries in community-dwelling older adults (Risk Difference (RD)=-0.06, 95%CI (-0.11 to -0.00), I²=61%, P=0.04). Meta-analysis conducted on five studies with fractures due to falls as the outcomes also showed that medication review had a positive impact on decreasing the risk of fall-related fractures (RD= -0.02, 95%CI (-0.04 to -0.01), I²=0%, P=0.01).

Discussion: This systematic review and meta-analysis has demonstrated that medication review is effective in preventing fall-related injuries in general and fractures specifically in community-dwelling older adults. Future investigations focusing on details of performing medication review will further inform improving the health of older adults.