Conclusion: AF-RVR in GTP have higher risk and poorer outcomes. Key contributors include CHF, cardiomegaly, transfusion need, CKD, major surgery, blood loss, smoking, and IDDM. GTP with these factors benefit from early EKGs and ≥72 hours of telemetry.

B111

Metabolic Syndrome and Physical Function Impairment Among Mexican American Older Adults: Sex Differences

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Background: Metabolic syndrome (MetS) is a growing global public health concern, with inflammation and hormonal imbalances contributing to decreased muscle mass and mobility limitations. However, the impact of MetS on physical performance among Hispanic older adults is not fully understood. This study examined sex differences in the relationship between MetS and physical function impairment among Mexican American older adults with moderate to high physical function at baseline over a 23-year follow-up period.

Methods: Participants (N = 1574) aged 65 years and older from the Hispanic Established Population for the Epidemiologic Study of the Elderly were followed from 1993/94 to 2016. Measures included MetS criteria (predictor); physical function impairment (outcome), defined as scoring <7 on the Short Physical Performance Battery (balance, timed walk, 5-repeated chair stand); and socio-demographics and health characteristics as covariates. Generalized Estimating Equation models were used to estimate the odds ratio (OR) and 95% confidence interval (CI) of physical function impairment by sex as a function of MetS over time after controlling for covariates.

Results: Female participants with three MetS criteria had greater odds of physical function impairment (OR = 1.50, 95% C I= 1.07-2.08) over time compared with female participants without MetS after controlling for covariates. Among male participants with three MetS criteria, the relationship with physical function impairment was not statistically significant (OR = 1.32, 95% CI = 0.79-2.21) over time compared with male participants without MetS after controlling for covariates.

Conclusion: Older Mexican American women with MetS had greater odds of physical function impairment over time. Understanding the relationship between MetS and physical function among older women, who are particularly vulnerable to comorbidities such as cardiovascular disease and osteoporosis, can help inform targeted public health strategies and guide lifestyle interventions to mitigate the onset of disability and premature death in these populations.

B112 Student Presentation, Encore Presentation

Polypharmacy and Medication Self-Efficacy in Older Emergency Department Patients

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Background: Over 50% of older adults in the US take ≥5 medications, with prevalence reaching 76.8% in the emergency department (ED) setting. However, little is known about their medication self-efficacy (the ability to understand and follow medication regimens), which may influence adherence and adverse drug events when new prescriptions are added during ED visits. Our objective was to determine whether polypharmacy and high-risk medications are associated with self-efficacy.

Methods: We performed a logistic regression analysis using 5-site multicenter ED survey data linked to electronic health records from patients aged ≥65 years with baseline ED visits during 2019-2021. The predictors were polypharmacy (≥5 medications) and high-risk medication use (≥1 medication, GEMS-Rx criteria) of prescriptions taken within 1 year of the ED visit. The outcome was low medication self-efficacy (< 11 points MUSE-taking score) assessed at the ED visit. Covariates included insurance, education, marital status, race/ethnicity, caregiver support, dementia status, and frailty.

Results: Among 921 patients, 249 (27.0%) had polypharmacy and 66 (7.2%) had GEMS-Rx use. Low medication self-efficacy was reported by 76 (37.8%) with polypharmacy and 26 (12.9%) with GEMS-Rx use versus 125 (62.2%) and 40 (5.6%) without. Both polypharmacy (aOR 1.48, 95% CI 1.03-2.12, p=0.03) and GEMS-Rx use (aOR 2.36, 95% CI 1.35-4.08, p=0.002) were associated with greater adjusted odds of low medication self-efficacy (**Table 1**). Covariates associated with lower self-efficacy included minority race/ethnicity and greater frailty, while being married was associated with lower odds of low self-efficacy.

Conclusions: These findings suggest that the ED is an important setting to identify older adults who may struggle with medication use.

Table 1. Adjusted odds of low self-efficacy (95% CI)

High-risk medication use (GEMS-Rx model)	2.36 (1.35-4.08)
Polypharmacy (polypharmacy model)	1.48 (1.03-2.12)
Probable dementia	2.03 (0.90-4.42)
Has caregiver	0.66 (0.43-1.01)
Minority race/ethnicity	1.49 (1.05-2.13)
Married	0.67 (0.45-0.97)
Education (years)	0.96 (0.91-1.01)
Medicaid	1.06 (0.71-1.57)
Frailty (Rockwood score)	1.18 (1.05-1.32)

Estimates for polypharmacy and GEMS-Rx are from separate adjusted models. Covariate estimates are from the GEMS-Rx model.

B113 Student Presentation, Encore Presentation

Frailty and the nature of adverse events experienced by Veterans initiating treatment for newly diagnosed multiple myelonma

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Method: Using data from the VA Cancer Registry and Corporate Data Warehouse, we identified all Veterans newly diagnosed with MM from 2010 to 2023 and initially treated with bortezomib, lenalidomide, and dexamethasone (VRd)—a first line regimen. All hospitalization discharge summaries in the year following the date of initiation were extracted; Veterans were followed through one year until death or absence of follow-up in VA for three months, after which they were censored. Using diagnostic codes for each hospitalization and clinical documentation of active medical problems that led to and complicated each hospitalization, a content analysis was performed to measure and classify adverse events (AEs) by the National Cancer Institute's CTCAE (v5) criteria. AEs were further classified by their suspected etiology: cancer-related, treatment-related, noncancer-related or interaction between cancer-noncancer-related factors. Poisson regression models assessed the association of frailty—measured by the validated Veterans Affairs-Frailty Index (VA-FI) ≥0.2—with adverse events, adjusting for age.

Results: From 2010-2023, 1110 Veterans were initiated on VRd. The median age was 68.3 years, IQR 62.3, 72.2, 739 (67.5%) had stage II-III MM, and nearly half (49.5%) were frail. The cohort experienced a total of 2774 hospitalizations and 1,425 AEs in the year after treatment initiation. The most common types AEs were Blood and Lymphatic System Disorders (136), Gastrointestinal Disorders (136), Musculoskeletal and Connective Tissue Disorders (133). Compared to nonfrail Veterans, frail Veterans had higher overall numbers of AEs (835 vs. 590), with a disproportionately higher number influenced by noncancer etiology (noncancer + interaction: 475/835 [56.9%] vs. 247/590 [42.9%][CD1]). Frail Veterans had a higher incidence of AEs (1.59 per 1 person-year) compared to fit Veterans (1.02 per person-year; incident rate ratio [IRR] 1.60, 95% confidence interval [CI] 1.43-1.80). Moreover, frail Veterans had twice the incidence of AEs