

Abstract  
Posters

NEUROLOGICAL AND NEUROPSYCHIATRIC DISORDERS: OTHER

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**Examining the Neuropsychological Effects of Opioid Use in the Aging Population of People Living with HIV**

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Objective: People living with HIV (PLWH) exhibit accelerated and premature cognitive aging in comparison to age-matched, seronegative controls. Although opioid use is elevated among PLWH, literature regarding the neurocognitive effects of opioid use across the lifespan of PLWH is limited. This cross-sectional study examines the neurocognitive effects of opioid use across the mid-older adult lifespan of PLWH. Methods: One-hundred fifty-two PLWH (72% Latinx; 71% Male; Mdn(IQR) Age = 47 (43, 51) years; M Education = 133 years) completed comprehensive neurocognitive, neuromedical, quality of education (Wide Range Achievement Test- 4 [WRAT-4]), psychiatric/substance-use (Composite International Diagnostic Interview [CIDI]), and urine toxicology assessments. Opioid users were defined by DSM diagnostics for lifetime opioid use disorder. A series of LSR tested the interactive effects of age and opioid use across seven neurocognitive domains. Results: After controlling for covariates (e.g., CD4 cell count; WRAT-4; comorbid substance use), a least-squares regression demonstrated significant interactive effects between age and opioid use upon verbal fluency, such that older opioid users exhibited greater verbal fluency scores ( $F [11] = 4.28, p < .0001, R^2 = .33$ ). No significant interactions were detected in other domains. Discussion: The moderate observed effect sizes indicate a positive relationship between older age and lifetime opioid use upon verbal fluency among PLWH. These findings may be representative of a selective survival bias among opioid users within this population. Nonetheless, verbal fluency could serve as a marker of greater survivability among PLWH with opioid use histories. Future directions should examine this interaction longitudinally and evaluate differences in the severity/duration of opioid use.