65-year-olds published in peer-reviewed journals; no time restriction.
Results 32 studies defined super-ageing in older adults (60–90 years), mostly on the basis of verbal episodic memory performance and usually in relation to younger adult norms with comparator groups ranging in age from 18 to 65 years. The remainder of studies defined the construct on the basis of cognitive scores with standard deviations or percentiles above the population mean for their age. Few have examined other aspects of exceptional ageing or included a measure of functioning in the community.
Conclusion There is no consistent definition of super-ageing in the literature, limiting generalisability across studies and the potential for incorporation into research on the broader multidimensional construct of exceptional ageing. Such research may provide key insights into the prevention of, resilience to or compensation for neurodegenerative pathology.

2321 CROSS-SECTIONAL ANALYSIS OF STRESSFUL LIFE EVENTS AND RELAPSE, DISABILITY, DEPRESSION-RISK, AND FATIGUE IN PEOPLE WITH MS

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Background Studies suggest stress increases the risk of relapses and reduces quality of life in people with MS but few have examined the effect of stressful life events (SLEs) on disease progression.
Objective To investigate the associations between SLE number and individual SLEs and the frequencies of relapse, disability severity, depression-risk, and fatigue in people with MS.
Methods Cross-sectional analysis of data from an online cohort of people with MS was performed (n=948). SLEs were assessed using a subset of 16 SLEs from the Holmes-Rahe Social Readjustment Rating Scale. SLE relationships with relapse, disability severity, depression-risk, and fatigue were assessed by log-binomial or log-multinomial regression, as appropriate, adjusted for age, sex, education, MS type, disability, fatigue, comorbidities, ongoing relapse symptoms, and antidepressant/anti-fatigue , as appropriate.
Results The average number of SLEs was 1.8(range 0–9). SLE number was associated with 10%(95%CI;1–20) and 8%(95% CI;3–14) more frequent depression-risk and fatigue, respectively, but no associations with relapse or disability were found. Depression-risk was more frequent in individuals with serious illness [30%(95%CI;3%-64%)], work/school/career crisis/serious disappointment [38%(95%CI;0%-88%)], and new family members [2.47-fold(95%CI;1.21–5.07)]. Fatigue was more frequent in individuals with serious illness [22%(95% CI;7%-39%)] and starting/resuming serious relationships [2.31-fold(95%CI;1.78–2.98)].
Conclusion SLE number and individual SLEs were associated with greater depression-risk and fatigue. Defining the impact of SLEs on health outcomes may help inform behavioural and/or intervention strategies to improve health outcomes in people with MS.

2323 INJECTION-RELATED REACTIONS WITH SUBCUTANEOUS ADMINISTRATION OF OFATUMUMAB IN RELAPSING MULTIPLE SCLEROSIS: DATA FROM CLINICAL STUDIES AND POST MARKETING EXPERIENCE

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Objective To characterize the risk of injection-related reactions (IRRs: systemic and local-site) observed in relapsing multiple sclerosis (RMS) patients treated with ofatumumab in clinical trials and post-marketing surveillance.
Methods Data from patients treated with ofatumumab in the core ASCLEPIOS I/II trials and ALITHIOS study (overall, N=1969; patients who received continuous ofatumumab, N=1292; patients newly switched from teriflunomide to ofatumumab, N=677) and post-marketing surveillance (cut-off: 29-Jan-2021) were included in the analysis. Incidence of both systemic and local-site IRRs, their severity and seriousness were reported.
Results Systemic/local-site IRRs were observed in 24.6%/11.5% in overall; 25.6%/13.2% in continuous and 22.6%/8.3% in newly-switched groups. Upon first injection, incidence of systemic/local-site IRRs in overall, continuous, and newly-switched groups were 17.4%/2.9%, 17%/3.4%, and 18.2%/2.1%, respectively. Majority (99.5%) were mild-to-moderate (Grade 1/2) in severity. No life-threatening IRRs were observed during the study. In the overall population, systemic and local-site IRRs led to treatment discontinuation in 5 and 1 patient, respectively. The most common systemic IRR symptoms (≥5%) with all injections were fever, headache, chills, fatigue, and local site IRR symptoms (≥3%) were erythema/redness and pain. From the post-marketing, 6 serious cases were assessed as potential systemic IRRs (HCP/non-HCP: 2/4): 1 patient was hospitalized with weakness. In addition, 5 patients reported serious hypersensitivity reactions (HCP/non-HCP: 1/4) including 1 anaphylaxis.
Conclusions Systemic and local-site IRRs reported upon first injection with ofatumumab in the ALITHIOS trial and post-marketing surveillance were mostly mild-to-moderate in severity. These results are consistent with the Phase 3 ASCLEPIOS I/II trials.