SLEEP QUALITY AND COGNITIVE DECLINE: A CROSS-COUNTRY COMPARISON BETWEEN ENGLAND AND CHINA
Laura Brocklebank,1 Dorina Cadar,2 Li Yan,2 Yaohui Zhao,2 and Andrew Steptoe,1 1. University College London, London, England, United Kingdom, 2. Peking University, Guangzhou, Guangdong, China (People’s Republic)

Too little or too much sleep is associated with accelerated cognitive decline in older adults. However, sleep duration does not capture other sleep problems prevalent in older adults, such as difficulties with falling or staying asleep. Less is known about the impact of sleep quality on cognitive ageing, and if this relationship differs between England and China. Therefore, the aim of this study is to examine the relationship of self-reported sleep quality with cognitive performance and rate of change over 6–7 years follow-up in two nationally-representative samples of English and Chinese older adults. The primary outcome was a memory score (range 0–20), which was assessed using immediate and delayed 10-word recall tests in both cohorts. The results of bivariate descriptive analyses at baseline suggest there may be an inverted U-shaped association between sleep quality and memory in English older adults, and a positive dose-response association in Chinese older adults.

ONLINE GAMING AND WELL-BEING IN THE ENGLISH LONGITUDINAL STUDY OF AGING
Pamela Almeida-Meza, Dorina Cadar, Andrew Steptoe, and Carrie Ryan, University College London, London, England, United Kingdom

Play is considered an important contributor to healthy ageing. Using data from 3,067 participants aged 50+ from the English Longitudinal Study of Ageing, we explored online gaming assessed at wave 6 (2012/13) and quality-of-life, loneliness, and depression at wave 9 (2018/19). Covariates were age, sex, marital status, education, work status, depression, self-rated health, physical activity, smoking and alcohol consumption. We found that 22% of respondents engaged in gaming. Interaction analyses indicated that for younger individuals (<65 years), gaming predicted lower scores in the self-realization sub-scale of the quality-of-life scale in comparison to older gamers. Furthermore, there was a significant association between gaming and lower quality-of-life for widowed individuals only, particularly in terms of autonomy, self-realization, and pleasure. There were non-significant associations between gaming and loneliness and depression. Online gaming might be independently associated with lower levels of quality of life, especially for younger and widowed adults.

SOCIOECONOMIC INEQUALITIES AND MILD COGNITIVE IMPAIRMENT: EVIDENCE FROM ENGLAND AND JAPAN
Aswathikutty Gireesh,1 Pamela Almeida-Meza,1 Hashimoto Hideki,2 Andrew Steptoe,1 and Dorina Cadar,1 1. University College London, London, England, United Kingdom, 2. University Of Tokyo, Tokyo, Tokyo, Japan

Japan is the world’s fastest ageing population, with a higher prevalence of dementia than in the UK. Less clear is the role of socioeconomic inequalities in neurocognitive disorders between these countries. This study aims to assess comparatively the relationship between education, a marker of cognitive reserve, and income in relation to mild cognitive impairment (MCI) and dementia in England and Japan. We ascertained MCI using a validated algorithm based on one standard deviation below the mean on two standardised cognitive tests. Multinomial logistic regression models were used to study the associations between socioeconomic markers and MCI/dementia. The prevalence of MCI was almost twice as high among English adults compared to Japanese. Results suggest that nations are similar in overall socioeconomic inequalities of MCI/dementia, but this might differ across socioeconomic markers. Considerable variability in the health inequalities could be attributed to the country-specific socio-cultural-political factors, which remains to be further explored.

SOCIOECONOMIC DETERMINANTS OF COGNITIVE AGING: A CROSS-COUNTRY COMPARISON BETWEEN ENGLAND AND CHINA
Dorina Cadar,1 Yaohui Zhao,2 Li Yan,2 Laura Brocklebank,1 and Andrew Steptoe,1 1. University College London, London, England, United Kingdom, 2. Peking University, Guangzhou, Guangdong, China (People’s Republic)

Lower educational attainment is associated with a higher risk of dementia and a steeper cognitive decline in older adults. However, less clear is how other socioeconomic markers contribute to cognitive ageing and if these socioeconomic influences on cognitive ageing differ between England and China. We examined the relationship of education, household wealth, and urbanicity with cognitive performance and rate of change over 7–8 years follow up in the English Longitudinal Study of Ageing and Chinese Health and Retirement Longitudinal Study, national representative samples of England and China. We found that the rate of cognitive change appears to be socioeconomically patterned, primarily by education and area-based characteristics (urban vs rural), with a stronger impact of inequalities seen in rural China. Public health strategies for preventing cognitive decline and dementia should target socioeconomic gaps to reduce health disparities and protect those particularly disadvantaged in England and China.

Social Isolation and Mental Health

Session 1465 (Paper)

CATASTROPHIC HEALTH EXPENDITURES AND MENTAL HEALTH IN OLDER CHINESE PEOPLE: THE ROLE OF SOCIAL HEALTH INSURANCE
Wei Yang,1 and Bo Hu,2 1. King’s College London, London, England, United Kingdom, 2. London School of Economics and Political Science, London, England, United Kingdom

Catastrophic health expenditure (CHE) has considerable effects on household living standards, but little is known regarding the impacts of CHE on people’s mental health. Using China as an example, this study examines the association between CHE and mental health and investigates whether and to what extent social health insurance (SHI) can lessen the impacts of CHE on mental health among older people aged over 60 in China. The data come from three waves of the China Health and Retirement Longitudinal Study (CHARLS
LIVING ARRANGEMENTS AND PSYCHOSOCIAL WELL-BEING AMONG OLDER ADULTS: EVIDENCE FROM THE HEALTH AND RETIREMENT STUDY

Rashmita Basu,1, Huabin Luo,1 Adrienne Steiner,2 and Alan Stevens,3 1. East Carolina University, Greenville, North Carolina, United States, 2. East Carolina University, East Carolina University, North Carolina, United States, 3. Baylor Scott & White Health Research Institute, Temple, Texas, United States

Despite growing attention to the association between living arrangements and health outcomes, less is known about how emotional well-being and life satisfaction vary by living arrangements. Using data from the 2014 and 2016 Leave Behind Questionnaires from the Health and Retirement Survey (N=13,275), we estimated generalized linear regression models comparing emotional well-being (a ratio of positive to negative emotion) and life satisfaction (the satisfaction with life scale, SWLS) by living alone versus living with others, controlling for socioeconomic and other health-related characteristics. Overall, individuals who lived alone had lower emotional well-being (β=-0.11; p<0.01), and SWLS score (β=-0.42; p<0.001), compared to those living with others. The direction of these relationships stratified by the cognitive status was the same. Policies and programs designed to support the growing population of older adults living alone should focus on improvement in these positive outcomes to enhance the quality of life.

LONELINESS, STRESS, AND DEPRESSIVE SYMPTOMS AMONG OLDER IMMIGRANTS: A MODERATING ROLE OF FAMILIAL RELATIONSHIPS

Heejung Jang, University of Michigan, Ann Arbor, Michigan, United States

Objectives: Immigration is a stressful life event, and immigrants commonly experience loneliness, a risk factor for depression. However, little is known about how and whether older immigrants' perceived stress exposure/appraisals mediate the association between loneliness and depressive symptoms. Further, this study explores whether familial relationships moderate the indirect or direct effects of the mediation models. Method: This study uses the 2012 Health and Retirement Study from a sample of 719 immigrants age 57 and older. A series of moderated mediation analyses were conducted across the total number of stress exposure and eight stress appraisal domains. Results: The findings indicate that the total number of stress exposure and five domains of stress appraisals (health problems in self, physical/emotional problems in spouse/child, financial strain, housing problems, and close relationships in others) mediate the association between loneliness and depressive symptoms. In addition, the perceived negative strain from family moderated the mediating effect of health problems and housing problems in the relationship between loneliness and depressive symptoms. Discussion: This study suggests that negative relationships with family may increase upsetting in stress appraisals on health and housing problems, which turn in increased depressive symptoms for lonely older immigrants. Practitioners need to assess older immigrants’ stressors and family relationships to understand their loneliness and depressive symptoms.

SOCIAL ISOLATION AS A RISK FACTOR FOR CIGARETTE SMOKING IN OLDER ADULTS

Gilbert Gimm,1 Mary Lou Pomeroy,2 and Thomas Cudjoe,3 1. George Mason University, Vienna, Virginia, United States, 2. George Mason University, George Mason University, Virginia, United States, 3. Johns Hopkins University School of Medicine, Baltimore, Maryland, United States

Objective: This study examined the prevalence of social isolation and cigarette smoking in a national sample of community-dwelling older adults, and assessed the role of social isolation on the risk of cigarette smoking. Methods: Using data from 8,044 participants (age 65+ years) across two waves of the National Health and Aging Trends Study (NHATS), we analyzed the prevalence of social isolation in older adults and as a risk factor for cigarette smoking. Social isolation was measured across 4 relationship domains (Cudjoe, 2018) on a scale of 0 to 4, using objective measures of social interactions. Descriptive and logistic regression analyses were conducted to assess how social isolation is associated with smoking. Results: Preliminary results showed that 18.2% of older adults were socially isolated (3.5% severely isolated) and 7.1% of participants reported current smoking. We found that both social isolation (OR = 2.5, p<.001) and severe isolation (OR = 5.9, p<.001) increased the odds of smoking. Also, older adults with depression (OR = 1.6, p<.01) and dual-eligible beneficiaries (Medicare and Medicaid) with TRICARE coverage (OR = 4.6, p<.05) had greater odds of smoking. However, we did not find evidence that the odds of smoking varied significantly by the number of chronic conditions. Conclusion: Social isolation is associated with an increased risk of cigarette smoking among older adults. Smoking may be an important behavior in the pathway between social isolation and its association with morbidity and mortality.

THERE IS NO COMMUNITY HERE: LIVING ALONE, PLACE, AND OLDER PEOPLES’ RISK OF SOCIAL ISOLATION

Rachel Weldrick, Simon Fraser University, Vancouver, British Columbia, Canada

Existing research has identified significant risk factors for experiencing social isolation in later life including chronic health conditions, mobility impairments, and living alone among others. Although many older people who live alone maintain active social lives, living alone remains a top predictor of social isolation. Less is known about other types of risk factors, such as place-based risks and social exclusion.