assessed as the coefficient of variation utilizing the body weight information collected over 16 years before 2008. Cox proportion hazard model was applied to estimate hazard ratio (HR) of dementia associated with body weight variability. Higher body weight variability was associated with an increased incidence of dementia after controlling for sociodemographic factors, lifestyle, mean body weight, and body weight change. The multi-variable adjusted HR of dementia of the highest quartile of body weight variability was 2.01 (95% CI 1.01-1.87) compared with the lowest. Every 1% increment in variability was associated with a 6.2% higher risk of dementia (HR=1.06, 95%CI 1.04,1.09, p-trend=0.001). Such association was observed for both Alzheimer’s disease and other types of dementia, with stronger association observed when body weight variability was assessed closer to dementia assessment.

**OCCUPATIONAL DIFFERENCES IN METABOLIC SYNDROME INCIDENCE AMONG OLDER WORKERS**
Katharina Runge,¹ Sander K.R. van Zon,² Ute Bültmann,² and Kène Henkens,¹ 1. Netherlands Interdisciplinary Demographic Institute (NIDI), The Hague, Zuid-Holland, Netherlands, 2. University Medical Center Groningen (UMCG), Groningen, Groningen, Netherlands

This study investigates whether the incidence of metabolic syndrome (MetS), and its components, differs by occupational group among older workers (45-65 years) and whether health behaviors (smoking, leisure-time physical activity, diet quality) can explain these differences. We analyzed data from older workers (N=23 051) from two comprehensive measurement waves of the Lifelines Cohort Study and Biobank. MetS components were determined by physical measurements, blood markers, medication use, and self-reports. Occupational group and health behaviors were assessed by questionnaires. The association between occupational groups and MetS incidence was examined using Cox regression analysis. Health behaviors were subsequently added to the model to examine whether they can explain differences in MetS incidence between occupational groups. Low skilled white-collar (HR: 1.25, 95% CI: 1.13, 1.39) and low skilled blue-collar (HR: 1.45, 95% CI: 1.25, 1.69) workers had a significantly higher MetS incidence risk during 3.65 years follow-up than high skilled white-collar workers. Health behaviors reduced the strength of the association between occupational group and MetS incidence most among low skilled blue-collar workers (i.e. 10.3% reduction) as unhealthy behaviors were more prevalent in this occupational group. Similar occupational differences were observed on MetS component level. To conclude, MetS incidence in older workers differs between occupational groups and health behaviors only explain a small part of these differences. Health promotion tailored to occupational groups may be beneficial specifically among older low skilled blue-collar workers. Research into other factors that contribute to occupational differences is needed, as well as studies spanning the entire working life course.

**THE ASSOCIATION OF MEAL TIMING WITH BODY COMPOSITION AND CARDIOMETABOLIC HEALTH IN OBESE OLDER ADULTS**
Samaneh Farsijani,¹ Nancy W. Glynn,² and Anne Newman,¹ 1. University of Pittsburgh, Pittsburgh, Pennsylvania, United States, 2. University of Pittsburgh Graduate School of Public Health, Pittsburgh, Pennsylvania, United States

**Objective:** To determine the association between eating window and time of last calorie intake with body composition and cardiometabolic health in obese older adults.

**Methods:** We performed a cross-sectional analysis on 36 community-dwelling, overweight-to-obese (BMI 28.0-39.9 kg/m²) older adults, recruited to participate in a weight loss and exercise trial. Time of food intake were extracted from three 24-hour food recalls. Eating windows were calculated as the time elapsed between the first and last food intake. We recorded the time of last calorie intake either from food or drink. Blood glucose, triglycerides, high-density (HDL) & low-density (LDL) lipoprotein cholesterol were measured as markers of cardiometabolic health. Total fat and lean mass were assessed by DEXA. Partial correlation was used to determine the relationships between eating window and last calorie intake with body composition and cardiometabolic markers, while controlling for sex, age, and total calorie intake.

**Results:** On average, participants’ eating window was 12.0±1.1 hours. Time of last calorie intake in 86% of...