HEALTH PERSONALITY, HEALTH ACTIVATION, AND GENERAL HEALTH
Nicholas Cone,1 Angelica Jasper,1 and Peter Martin1,*
1. Iowa State University, Ames, Iowa, United States

The purpose of this investigation was to examine associations between health personality and health activation as predictors of general health. Participants from the study included 3907 individuals 65 years of age and older from AARP® Medicare Supplement Plans insured by UnitedHealthcare Insurance Company. The participants completed a survey including the Health Personality Assessment, the Consumer Health Activation Index, and a single-item assessment of self-rated health. Structural equation modeling determined how health personality predicted health activation, and health activation in turn predicted general health. The hypothesized model fit without direct paths from health personality to general health was not optimal. In a second step, we added direct paths from health openness, health neuroticism, and health conscientiousness to general health. The final model fit was then excellent, x2 (df=2) = 18.26, p < .01, RMSEA = .05, CFI = .99. Health neuroticism and health openness were negatively related to health activation, which indicated participants with high health neuroticism and health openness scores were less health activated. Conversely, higher health agreeableness and conscientiousness were associated with more activation. Pathways from health personality via health activation to general health were tested for mediation. Health activation significantly mediated relationships between health neuroticism, health openness, health agreeableness and health conscientiousness to general health. These findings support health activation accounting for some of the associations between health personality and general health. Health neuroticism, health openness, health agreeableness, and health conscientiousness were more closely connected to health activation than health extraversion.

AFFECTIVE NEUROPSYCHIATRIC SYMPTOMS MAY BE EARLY SIGNS OF ALZHEIMER’S DISEASE IN NON-DEMENTED OLDER ADULTS
Jung Y. Jang,1 and Daniel A. Nation1,*
1. University of Southern California, Los Angeles, California, United States, 2. University of California, Irvine, Irvine, California, United States

The current study sought to investigate the association between affective neuropsychiatric symptoms (aNPS: depression, anxiety, apathy, irritability), Alzheimer’s disease (AD) cerebrospinal fluid (CSF) biomarkers profiles, and the risk of progression to dementia in non-demented older adults. Participants consisted of 763 individuals with normal cognition (CN) (mean age = 73.73 ± 6.68) and 617 with mild cognitive impairment (MCI) (mean age = 73.19 ± 7.40) at baseline, who were enrolled in the Alzheimer’s Disease Neuroimaging Initiative (ADNI). Latent class analyses (LCA) identified three subgroups of older adults within CN and MCI, respectively, showing distinct patterns of the neuro-psychiatric inventory (NPI) domains. Results indicated that the subgroup with higher probabilities of aNPS had elevated risk of progression to dementia (HR = 3.18, 95% CI [1.70, 5.94] in CN, HR = 1.79, 95% CI [1.01, 3.16] in MCI), adjusting for age, sex, and Apolipoprotein E e4 (APOEe4) carrier status. Subgroups did not differ in their profiles of AD CSF biomarkers. Findings suggest that aNPS might be symptoms of secondary disease processes in the brain, lowering the threshold for AD pathophysiology to manifest clinically in CN and MCI. The current study highlights the importance of assessment and interventions for emotional and behavioral symptoms in non-demented older adults.

HOW THE IMPACT OF CHRONIC PAIN ON COGNITION VARIES BY POLYGENIC RISK SCORE (PRS)
Jieun Song1, 1. University of Wisconsin-Madison, Institute on Aging & Waisman Center, Madison, Wisconsin, United States

While prior research has found associations between chronic pain and cognition and genetic risk of cognitive decline, little research examined moderating effects of genetic risk on the association between chronic pain and cognition. This study investigate whether genetic risk of accelerated cognitive decline, assessed by polygenic risk score (PRS) of Alzheimer disease (AD), moderates the association between severe chronic pain and cognitive decline. The data are drawn from Midlife in the US (MIDUS), a survey of a nationally representative sample of US adults. The analytic sample consists of two groups: 201 individuals who reported severe chronic pain (116 women, 85 men) and 404 individuals without severe chronic pain (215 women, 189 men) who completed MIDUS 2 (2004-06) and MIDUS 3 (2013-14) surveys and participated in biomarker data collection. The findings showed that men who suffered from severe chronic pain were more vulnerable to genetic risk of cognitive decline than men who did not experience severe chronic pain. Specifically, men who suffered from severe chronic pain and had higher level of PRS of AD experienced a greater decline of episodic memory than men who experienced chronic pain with lower level of PRS of AD. This association was not found in women sufferers. For both men and women who did not have chronic pain, cognitive change was not a function of the level of genetic risk of cognitive decline. Findings suggest that genetic risk of cognitive decline would be manifested contingent on life circumstances as well as gender of individuals.

RECRUITING COMMUNITY-DWELLING LIVE-ALONE PERSONS WITH DEMENTIA: AN EXPLORATION OF FIVE GATEKEEPER DOMAINS
Laura Girling,1 and Kate de Medeiros2, 1. University of Maryland, Baltimore County, Baltimore, Maryland, United States, 2. Miami University, Oxford, Ohio, United States

Although recruiting persons with dementia into research is challenging enough, finding those who live-alone in the community is even more difficult. Consequently, live-alone persons with dementia are often overlooked and/or deliberately excluded from inquiry despite calls for more inclusive approaches to dementia research. Based on enrollment strategies from an interview-based protocol recruiting 120 live-alone persons with dementia, our National Institute on Aging- funded study identified five domains of gatekeepers imperative to gaining access to community-dwelling, live-alone persons with dementia: 1) housing (e.g., service coordinators), 2) data proprietors (e.g., regulatory specialists), 3) institutional (e.g., review boards), 4) kin (including fictive