After age 60, depressive symptoms tend to increase slowly over time on average across the population. However, individual trajectories vary, with some increasing more steeply, and others remaining stable. A broad array of psychological constructs have been demonstrated to predict depressive symptoms, including neuroticism, extraversion, optimism, and sense of purpose in life. It is important for psychologists to understand which among these factors are the strongest and most robust predictors. A substantial body of research demonstrates that Big Five personality traits are strongly associated with depressive symptoms (e.g., Hakulinen et al., 2015). Optimism and purpose are also associated with well-being (Carver et al., 2009; Pinquart, 2002), but it is not clear whether such associations could be accounted for by Big Five traits, which are also correlated with optimism and purpose. Using data from the Health and Retirement Study (N = 14,021), we tested the incremental validity of optimism and purpose for predicting older adults’ depressive symptoms, controlling for Big Five traits and demographics. A latent growth curve modeling approach allowed us to examine associations with trajectories of depressive symptoms over six waves (approximately 10 years). Results demonstrated that both optimism and purpose are significantly associated with baseline levels of depressive symptoms, over and above the Big Five. However, only Big Five traits were associated with linear and quadratic slope in depressive symptom trajectories. These findings suggest that optimism and purpose are not redundant with Big Five traits for predicting depressive symptoms, and may be valuable targets for intervention efforts.

NEUROPSYCHIATRIC SYMPTOMS AND FUNCTIONAL ACTIVITIES AMONG OLDER ADULTS: THE ROLE OF ETHNICITY AND COGNITIVE STATUS

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Little is known about the likelihood of future functional deficits based on current neuropsychiatric symptoms (NPSs). This study seeks to examine the impact of NPSs on functional activities (FAs) by cognitive status and ethnicity. A secondary analysis of the National Alzheimer’s Coordinating Center Uniform Data Set was conducted using ordered logistic regression to examine the effect of NPSs (based on the Neuropsychiatric Inventory Questionnaire [NPI-Q]) on FAs (based on Functional Assessment Questionnaire). Participants had a mean age of 74 (SD: 9.88) and were included if normal cognition was assessed at baseline (n = 13,470). Higher rates of NPSs were associated with higher dependency in almost all FAs. Among NPSs, apathy was the best predictor (p < 0.05) of FAs for participants in different cognitive groups and ethnicity subsamples. The impact of other NPSs varied. Anxiety and apathy were the best predictors of FAs among participants with cognitive impairment (but not MCI). Among those who eventually developed dementia (n = 6,818), delusions, hallucinations, agitation, depression, irritability, and motor disturbance were significantly associated (p < 0.05) with future deficits in FAs. Among Hispanics (n = 1,095), hallucinations, agitation, apathy, and motor disturbance were significantly associated with dependency in FAs, while for non-Hispanics, all NPSs were associated with dependency in FAs, except elation and nighttime disturbance. Findings suggest as the severity of the NPSs increases, older adults experience higher levels of dependency in FAs. The nature and extent of NPSs’ impact on FAs varied based on cognitive status and ethnicity, suggesting the importance of considering these factors in service provision.

EVALUATION OF A TELEPHONE-BASED PROGRAM DESIGNED TO REDUCE LONELINESS IN OLDER VETERANS

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We examined the benefits and challenges of implementing a program aiming to reduce older Veterans’ loneliness. The program helped connect older Veterans with others through telephone-based group activities. Thirty-four Veterans were enrolled in the program, of which 14 attendees called in to one or more activities. Data were collected at baseline, 3-months, and 6-months. Differences in baseline characteristics between attendees and non-attendees were calculated. Changes in Veterans’ perceived loneliness, depression, anxiety, and quality of life were evaluated. Client satisfaction was analyzed. Qualitative data analyses were conducted to identify perceived benefits and challenges of participating in this program. Attendees were more likely to be depressed and have limited environmental resources to promote quality of life than non-attendees. A significant decrease in loneliness was found among attendees from baseline to 3-months. Overall, Veterans were satisfied with this program and the services provided. Perceived benefits included a structured program with interesting topics to spend time on as well as the opportunity to socialize, exchange ideas, and connect with other Veterans. Perceived individual challenges (e.g., hard of hearing) and program-level challenges (e.g., complicated procedures) were observed. Results demonstrated that this telephone-based program is feasible and beneficial for older Veterans to reduce loneliness. Several barriers and challenges were noted, providing insight into ways to improve the implementation of this program.

DISCRIMINATION AND DEPRESSION IN MID- TO LATE LIFE: THE ROLE OF OPTIMISM

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The positive association between discrimination and depression is well-supported throughout the literature. Previous evidence exploring potential mechanisms suggest discrimination is associated with depression via changes in social cognition. The goal of the current study was to investigate whether optimism explained the relationship between discrimination and depressive symptoms in mid-to-late life. Furthermore, the study assessed whether this mediated relationship was moderated by race or sex. This study included cross-sectional and longitudinal secondary data analysis of 2453 middle-aged and older adults (M age = 68.30, SD = 8.93) from the Midlife in the United States study. Discrimination
was measured using an 11-item count of the number of discriminatory events experienced. Optimism was measured using the 6-item Life Orientation Test. Depressive symptoms were assessed using a 7-item count of the number of symptoms experienced. Optimism mediated the relationship between discrimination and depressive symptoms cross-sectionally, 95% CI:[0.012, 0.334], and longitudinally, 95% CI:[0.008, 0.242]. There was no evidence of moderated mediation; however, sex did moderate the direct relationship between discrimination and depressive symptoms cross-sectionally, b=.10, 95% CI:[0.001, 0.194], and longitudinally, b=.03, 95% CI:[0.01, 0.05]. The current study extends the literature by providing cross-sectional and longitudinal support for optimism as a mechanism through which discrimination leads to depressive symptoms in older adults. Evidence also suggests that women experience greater depressive symptoms than men in response to discrimination. Future research may wish to examine the developmental course of observed relationships and the impact of multiple marginalized identities on these relationships.

SESSION 1395 (POSTER)

MULTIMORBIDITY

MUSCLE WEAKNESS IS ASSOCIATED WITH DISABILITY AND CHRONIC MULTIMORBIDITY IN MIDDLE-AGED AND OLDER AMERICANS

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Background: The objective of this study was to use nationally-representative data on Americans age 50+ to determine the association between grip strength and inflammation as independent predictors of incident disability, chronic multimorbidity and dementia. Methods: Older adults (n=12,618) from the 2006-2008 waves of the Health and Retirement Study with 8-years of follow-up were included. Longitudinal modeling was performed to examine the association between baseline grip strength (normalized to body mass: NGS) and high sensitivity c-reactive protein (hs-CRP) (≥3.0 mg/L) with incident physical disabilities (i.e., ≥2 limitations to activities of daily living), chronic multimorbidity (≥2 of chronic conditions), and dementia. Results: The odds of incident disability were 1.28 (95% CI: 1.19-1.37) and 1.27 (95% CI: 1.21-1.36) for men and women respectively, for each 0.05-unit lower NGS. The odds of incident chronic multimorbidity were 1.22 (95% CI: 1.06-1.18) and 1.12 (95% CI: 1.06-1.17) for men and women respectively for each 0.05-unit lower NGS. The odds of incident dementia were 1.10 for men (95% CI: 1.02-1.20) for each 0.05-unit lower NGS, but there was no significant effect for women. Elevated hs-CRP was only associated with chronic multimorbidity among women (OR=1.60; 95% CI: 1.26-2.02). Conclusions: Our findings indicate a robust inverse association between NGS and disability and chronic, multimorbidity in older men and women, and dementia in men. Elevated hs-CRP was only associated with chronic multimorbidity among women. Healthcare providers should implement measures of handgrip strength in routine health assessments and discuss the potential dangers of weakness and interventions to improve strength with their patients.

MULTIPLE CHRONIC CONDITIONS AND RISK OF DEMENTIA AND COGNITIVE IMPAIRMENT

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This study explores the relationship between the presence of multiple chronic condition and risk of dementia and cognitive impairment with no dementia (CIND) among older Americans. The study sample included 617 participants aged 70 years and older from the Aging, Demographics, and Memory Study (ADAMS). An expert consensus panel of the ADAMS data provided each participant a cognitive diagnosis into 1) no cognitive impairment, 2) CIND, or 3) dementia. The presence of multiple chronic condition was defined as having three or more chronic conditions in this study (i.e., heart attack, stroke, respiratory problems, cancer, hypertension, diabetes). Functional limitations, depression, cognitive activity engagement,apolipoprotein E (ApoE), and sociodemographic characteristics were included as covariates. Multinomial logistic regression analysis showed that individuals who have multiple chronic conditions have increased odds of being diagnosed with CIND versus no cognitive impairment controlling for other covariates. However, multiple chronic condition was not associated with increased risk of being diagnosed with dementia versus no cognitive impairment. Conclusion: The finding suggests that the presence of multiple chronic conditions may be a risk factor for cognitive impairment in later life. However, further investigation using a longitudinal design is needed to better understand the relationship between cognition and multiple chronic conditions.

CHALLENGES IN SELF-MANAGEMENT AMONG OLDER ADULTS WITH HYPERTENSION AND DIABETES

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This abstract introduces an ongoing research project that aimed to develop a patient-centered self-management program using health information and technologies for older adults with hypertension and diabetes. The purpose of the project in the first phase was to better understand challenges in self-management faced by older adults with both conditions. A semi-structured and face-to-face interview was conducted to explore the challenges in self-management of the target population living in Milwaukee areas, Wisconsin. Audio recordings were transcribed in verbatim; transcripts were analyzed; and themes were identified. A total of six