ASSOCIATIONS BETWEEN PERSONALITY TRAITS AND COGNITIVE RESILIENCE IN OLDER ADULTS

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There are considerable individual differences in the rates of cognitive decline across later adulthood. Personality traits are one set of factors that may account for some of these differences. The current project explores whether personality traits are associated with trajectories of cognitive decline, and whether the associations are different before and after a diagnosis of dementia. The data will be analyzed using linear mixed effects regression. Across these goals is a focus on replicability and generalizability. Each of these questions will be addressed in four independent longitudinal studies of aging (EAS, MAP, ROS, SATSA), then meta-analyzed, thus providing an estimate of the replicability of our results. This study is part of a registered report of existing data that is currently under stage 1 review.

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There is often discordance between brain pathology and dementia diagnosis. Some individuals maintain cognitive function throughout their lives but show high burden of neuropathology after death (e.g. amyloid plaques, neurofibrillary tangles, vascular disease, and/or TDP-43). Conversely, some demonstrate significant decline and receive a dementia diagnosis, while showing minimal neuropathology at autopsy. The current study seeks to understand these resilience/vulnerability profiles, with a focus on individual differences. That is, are individuals with certain personality characteristics (e.g. high openness, low neuroticism) more/less likely to have cognitive resilience or vulnerability? Using psychosocial and autopsy data from the Rush Memory and Aging Project and the Religious Orders Study, this study uses a resilience index based on residuals derived from regressing global cognition on global pathology, then entering personality traits as predictors of cognitive resilience. The analysis plan will be submitted to the Journal of Gerontology's special issue on pre-registration of existing data.

SESSION 3580 (SYMPOSIUM)

PSYCHOLOGICAL AND SOCIAL FACTORS ASSOCIATED WITH SLEEP HEALTH ACROSS ADULTHOOD

Chair: Soomi Lee, University of South Florida, Tampa, Florida, United States
Discussant: Orfeu M. Buxton, Pennsylvania State University, University Park, Pennsylvania, United States

Sleep is associated with all-cause mortality, cardiovascular disease, cognitive impairment, as well as daily social interactions and productivity. Studies often have focused on sleep duration only, lacking the ability to comprehensively understand the importance of age-related changes in varied facets of sleep health. Moreover, psychological and social factors that may be associated with sleep health in adulthood are still poorly understood. This symposium showcases contemporary endeavors towards understanding how diverse indicators of sleep health relate to psychological and social factors across adulthood. Paper 1 uses perceived job discrimination as a social stressor to test associations between perceived job discrimination and sleep health (difficulty falling/staying asleep, excessive daytime sleepiness, sleep duration) among working women. Paper 2 examines the relationship between personality traits and self-reported and actigraphy-measured sleep health (sleep duration, sleep quality, sleep latency, insomnia symptoms, wake-after-sleep-onset). Paper 3 uses daily diary data to examine the link between pain and sleep health (sleep disturbances, napping) in older adults’ everyday lives and test moderating effect of social support. Paper 4 examines sleep health (sleep latency, feeling unrested) as a mechanism linking physical activity and cognitive function. These papers use different project datasets that include diverse populations of middle-aged and older adults, such as the Sister Study, Midlife in the United States Study, and Daily Experiences and Wellbeing Study. At the end of these presentations, Dr. Buxton will discuss their theoretical and methodological contributions, and consider challenges and opportunities for future research.

PERCEIVED JOB DISCRIMINATION AND SLEEP HEALTH AMONG WORKING WOMEN: FINDINGS FROM THE SISTER STUDY

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Job discrimination is a social stressor that may lead to sleep health disparities in workers; however, limited research has examined the relationship, especially with specified sources of job discrimination. Using longitudinal data from the Sister Study, we tested the associations of perceived job discrimination (due to race, sex, age, and health conditions) with sleep health among working women (n=26,085). Among those without sleep difficulty at Time 1, race- and age-specific job discrimination was associated with increased
odds of new onset sleep difficulty at Time 2. Moreover, among those without excessive sleepiness at Time 1, sex-, age-, and health-specific job discrimination predicted new onset of excessive sleepiness at Time 2. There was no association with sleep duration. We also found a dose-response relationship such that those who experienced job discrimination due to ≥3 reasons had greater odds of developing a sleep problem. Results suggest sleep health disparities emanating from the workplace.

PERSONALITY AND SELF-REPORTED AND ACTIGRAPHY-MEASURED SLEEP HEALTH IN ADULTHOOD

Nasreen A. Sadeq,1 Nasreen A. Sadeq,1 Soomi Lee,1 Alyssa Gamaldo,2 and David M. Almeida2, 1. University of South Florida, Tampa, Florida, United States, 2. The Pennsylvania State University, University Park, Pennsylvania, United States

Personality may be associated with sleep health, however, the majority of existing studies rely on self-reported measures of sleep (often focusing on sleep duration). The purpose of this study is to examine the associations between Big Five personality traits and self-reported and actigraphy measured sleep. This study included 3928 participants and a subsample of 441 participants from the Midlife in the United States study. Linear regressions were used to analyze the relationships between personality traits and sleep. Neuroticism was associated with more frequent actigraphy-measured waking after sleep onset, and several self-reported measures of sleep quality, including shorter sleep duration, longer sleep latency, and a greater number of insomnia symptoms. Agreeableness was associated with shorter actigraphy-measured sleep duration and more self-reported insomnia symptoms. Our findings support an association between Neuroticism and poor sleep, and suggest that Agreeableness may be associated with worse sleep health.

DOES RECEIVING SUPPORT HURT? PAIN AND SLEEP IN OLDER ADULTS’ EVERYDAY LIVES

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Pain is prevalent in late life and may cast negative impacts on older adults’ sleep. We examined this link in older adults’ everyday lives and asked whether receiving support on days when older adults had pain improved or worsened their sleep. We drew on the Daily Experiences and Well-being Study; over 300 adults aged 65+ reported on their pain, sleep and social support received throughout each day across 5 days. Multilevel models revealed that older adults in greater pain were more likely to nap throughout the day and to incur sleep disturbances at night. Older adults who slept better at night reported less pain the next day. The link between pain and sleep disturbances was stronger on days when older adults received support compared to days when they did not. This study adds to the literature regarding pain and sleep and explores what roles social factors play in this link.

SLEEP QUALITY AS A MECHANISM LINKING PHYSICAL ACTIVITY AND COGNITIVE FUNCTIONING

Alycia N. Bisson,1 and Margie E. Lachman1, 1. Brandeis University, Waltham, Massachusetts, United States

Modifiable health behaviors, such as physical activity and sleep quality are important for cognition throughout life. A growing body of research also suggests that engaging in enough physical activity is important to sleeping well. One recent study found that sleep efficiency mediates the relationship between physical activity and cognition. It is still unknown whether other metrics of sleep quality are mediators. The present study tested mediation in the second wave of the Midlife in the United States (MIDUS) study. Using the PROCESS macro for SPSS, we found that those who were more physically active fell asleep faster, and had better executive functioning. In addition, those who were more physically active reported waking up fewer times during the night, and had better executive functioning and self-rated memory. Discussion will focus on the moderating role of gender and distinctions between findings with different measures of sleep, physical activity, and cognition.

SESSION 3585 (SYMPOSIUM)

RACIAL DISPARITIES IN COMMUNITY- AND INSTITUTION-BASED LONG-TERM SERVICES AND SUPPORTS

Chair: Chanee D. Fabius, Johns Hopkins University, Baltimore, Maryland, United States

Long-term services and supports (LTSS) are services provided to individuals with functional limitations and chronic conditions who need assistance to perform daily activities such as bathing, dressing, preparing meals, and administering medications, and can be provided in community settings via services such as home health, as well as institutions such as nursing homes. Racial disparities are persistent across systems of LTSS, with older adults of color receiving lower quality care and experiencing worse health outcomes than their white counterparts. Given the increasing diversity of the aging population, and the need to ensure equity in quality and health outcomes in LTSS, there is a greater need for more understanding of how experiences of care vary across multiple settings for diverse groups of older adults and the people who help them. This symposium will feature 5 presentations that provide novel insight regarding racial disparities in community- and institution-based LTSS. We focus on racial differences in functional needs and disparities among those receiving home health services and living in nursing homes. Individual presentations will describe 1) race and gender differences in physical functioning needs of older adults; 2) disparities in home health quality across racially diverse and low income geographic areas; 3) racial disparities in nursing home residents overtime; 4) racial and ethnic disparities in rates of 30-day rehospitalization from skilled nursing facilities among Medicare Fee-For-Service and Medicare Advantage patients; and 5) the impact of the unequal burden of care provided to minority nursing home residents by staff of color.