Challenges due to burden of disease can affect adherence to self-care behaviors and optimal health outcomes in those living with T2DM. This study utilized state- and national-level data from the 2015 BRFSS to compare QoL measured by the prevalence of physical and mental burden days among older adults (OAs) compared to younger adults living with T2DM. The results of our analysis showed that OAs living in the US were significantly less likely to experience at least one mental burden day when compared to their younger counterparts (OR = 0.61, 95% CI: 0.58, 0.64), while gender, education, race, BMI, and depression, CVD, or another chronic condition were significantly associated with the odds of experiencing at least one mental burden day. Whereas, in Kentucky OAs were less likely to experience at least one mental burden day when compared to their younger counterparts (OR = 0.48, 95% CI: 0.35, 0.66). Gender, education, BMI, and depression were significantly associated with the odds of experiencing at least one mental burden day or one physical burden day. The findings of this study suggests that the questions used by BRFSS to measure QoL may not be the most suitable for OAs who likely have different criteria for self-reported mental or physical burden days. When assessing QoL or burden of disease among the aging at a population level, considerable thought should be given into the questions asked and if they appropriately examine patient-level QoL in this population.

COGNITIVE FUNCTION IN COUPLES AND COLLABORATIVE INVOLVEMENT IN TYPE 1 DIABETES MANAGEMENT
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Managing type 1 diabetes involves coordinating complex daily behaviors that benefit from higher cognitive function. One’s spouse’s cognitive function may also be beneficial as spouses may collaborate in daily adherence behaviors and may be especially beneficial for older adults who may be experiencing poorer cognitive function. We examined: 1) whether one’s own and one’s spouse’s cognitive function predicted lower (better) HbA1c, 2) whether collaborating with a more cognitively capable spouse was especially beneficial, and 3) whether the benefit of partners’ cognitive ability occurred through better adherence. The results suggest that individual’s with type 1 diabetes who have a spouse of lower cognitive function may benefit from support from others in their network to manage their diabetes.

Socioemotional Selectivity Theory and the Perception of Chronic Pain
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The Fear Avoidance model of chronic pain (FAM) posits that pain perception is best understood in the context in which pain occurs. An aspect of context that has received little attention is the effect that future time perspective and its related goals may have on chronic pain perception. According to the Socioemotional Selectivity Theory (SST), young adults have instrumental goals to prepare for the future and older adults have goals to establish and maintain wellbeing. These differences have profound effect on cognition including attentional bias. It was hypothesised that future time perspective would influence pain perception through attention to pain. A total of 306 participants, 18 – 88 year olds with chronic joint pain completed the Numeric Analogue Scale for pain, three scales to measure the FAM constructs: Pain Vigilance Awareness Questionnaire, Pain Catastrophization Scale, and the Pain Anxiety Symptoms Scales, and, two scales to measure the SST constructs: Future Time Perspective Scale, (measures the goals and opportunities anticipated in the remaining life span) and the Positive Affect Negative Affect Scale (measures mood). Structural equation modelling finding supported the hypothesis and the model of fit indices indicated a good fit (χ² (53) = 127.412, p = .000, TLI .958, CFI = .971, SRMSEA = .056, RMSEA = .068, CI 90% [.053, .083]). This is the first time that age, future time perspective and the positivity effect have been shown to contribute the pain experience through attention. It provides a possible framework for exploring age appropriate psychological treatments for chronic pain.

How Multiple Chronic Disease Burden Influences Community-Based Behavioral Health Program Participants
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Background: Studies have shown that participation in community-based self-management education programs can result in improved healthful behaviors (exercise, cognitive symptom management, coping, and communications with physicians), improved health status (self-reported health, fatigue, disability, social/role activities, and health distress), and decreased days in the hospital. Problem: One of the understudied factors thought to influence efficacy in community-based self-management programs is the presence and impacts of multiple chronic conditions on participants within community based behavioral health program populations. Multiple chronic diseases when scaled collectively can be considered as a participant’s individual disease burden to be included in other analyses. Methodology: This investigation explores possible ways disease burden associates with...