

the neighborhood immigrant density. This suggests that the healthy immigrant effect may maintain even in older ages. Policy and practice implications will be discussed.

SESSION 3365 (POSTER)

PAIN: SYMPTOMS AND MANAGEMENT

PAIN AND DEPRESSION AFFECT SELF-REPORTED STRESS RATINGS IN ADULTS WITH AND WITHOUT FIBROMYALGIA

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Fibromyalgia (FM) is a chronic pain condition characterized by tenderness, fatigue, stiffness, joint pain, and physical and emotional distress. Depression is common, as well, and stress may be perceived as more severe. The current study examines perceived stress in adults ages 50 and older with and without FM. It was hypothesized that individuals with FM and/or depression would subjectively rate stressors as more severe compared to those without. Ninety-four participants (53% with FM, 78% female) aged 50 to 93 ($M = 67.72$, $SD = 9.26$) were administered an updated version of the Social Readjustment Rating Scale (SRRS) to assess amount of stress experienced in the past year. The difference between the SRRS pre-determined values and participants' subjective ratings was calculated. Lower difference scores indicated that self-reported severity exceeded standardized values. Hierarchical linear regression analyses revealed that older adults and men were less likely to report exaggerated stressor severity ($p < .05$). Controlling for age and gender, individuals with FM were significantly more likely to report stressor severity far above standardized severity scores ($p < .05$). Results also revealed that both depression and chronic pain impact stress ratings, but impact is significantly greater for depression ($p < .001$). When controlling for depression, FM impact is no longer significant, suggesting that depression is a stronger predictor of subjective stress. The findings emphasize the importance of stress management and lifestyle changes to reduce the likelihood of depression and stress perception in individuals experiencing chronic pain.

PAIN THAT LIMITS PHYSICAL ACTIVITY AFFECTS COGNITION IN ADULTS

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Reduced cognitive skills have been observed in adults with chronic pain. The purpose of this study was to explore the relationship between pain and cognition in adults utilizing a large national sample. This was a cross-sectional study employing the 2015 wave of the Behavioral Risk Factor Surveillance System (BRFSS). A total of 134,058 adults had complete data on the variables of interest for this study. Half of the sample (50%; $n = 66,479$) reported having joint symptoms or arthritis that was physically limiting and 16% ($n = 21,976$) reported having difficulty concentrating, remembering, or making decisions. Twelve percent ($n = 16,537$) of this sample reported having both physically

limiting pain and difficulty concentrating and remembering. Chi-square analyses reveal a statistically significant association between pain and cognition in this sample [$\chi^2(1, N = 134,058) = 6925.5$, $p < .01$], with a small to medium effect size ($\phi = 0.227$). This study provides support that pain is associated with difficulty concentrating and remembering in adults. Pain is a common persistent symptom among older adults and its effect on cognitive functioning should be noted. Effective pain treatment strategies are warranted to help reduce the cognitive burden of chronic pain. In turn, in older adults who are experiencing concentration or memory problems, health care providers should assess the individual's pain as a possible contributor. Additional studies assessing both pain and cognition are warranted, especially looking at the relationship of these conditions over time.

NUTRITIONAL RISK IS ASSOCIATED WITH LOW BACK PAIN AMONG OLDER ADULTS: RESULTS FROM THE UAB STUDY OF AGING

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Poor nutritional status is associated with adverse health outcomes across the life course, affecting older adults' ability to maintain overall well-being, limiting physical strength, and affecting mobility. International research has demonstrated associations between nutritional risk and general musculoskeletal pain; however, no research has explored relationships between nutritional risk and low back pain. Using the University of Alabama-Birmingham Study of Aging, we examined this relationship among 1000 community-dwelling older Alabamians (65+years). We used the DETERMINE Checklist, a well-validated nutritional risk assessment and assessed presence and severity of low back pain over the past 4 weeks. We completed univariate and bivariate analysis and multivariate logistic regression, adjusting for factors significant in the bivariate analyses: sex, body mass index, depression, and co-morbidities. More than half of the participants were at nutritional risk (55.2%). In multivariate analyses, one point increases in nutritional risk were associated with a 14% increase in the likelihood of low back pain 95% CI (1.087,1.213); in categorical analyses, moderate nutritional risk and high nutritional risk were associated with an increase in likelihood of low back pain [46% (95% CI 1.07,2.02) and 164% (95% CI 1.80,3.94), respectively]. While this cross-sectional analysis should be interpreted cautiously, it further emphasizes the importance of nutritional health for older adults. Clinicians treating patients with low back pain or nutritional risk may consider assessing for the other condition. When nutritional risk is detected, clinicians should refer to services such as counseling with a registered dietitian or to a social worker for assistance identifying community-based nutritional supports.

FEAR AND DYNAMIC INFLAMMATORY RESPONSE TO MOVEMENT AMONG OLDER ADULTS WITH LOW BACK PAIN: A FEASIBILITY ANALYSIS

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