

weeks of Lumosity© use and whether changes were maintained over time. Participants aged 40 and older with pre-existing DRA participated via Amazon's Mechanical Turk (T1 N = 395; age M = 52.49, SD = 8.71) and were randomly assigned to the experimental (Lumosity© software), active control (Lumosity© crossword puzzles), or no treatment group. Participants completed measures of DRA at T1 and at four follow-up points (T2 = 8 weeks; T3 = 12 weeks; T4 = 16 weeks; T5 = 20 weeks). Repeated measures ANOVAs were used to evaluate the change in DRA. A significant T1-T2 reduction in DRA occurred for the Lumosity© group only ($p = .01$, partial- $\eta^2 = .03$). Longitudinal changes were observed for the Lumosity© group only: DRA scores at T1 were significantly greater than at T2, T4, and T5 ($ps < .05$). A step-up test procedure was conducted to determine minimum treatment dose effects. A greater reduction in DRA occurred between the Lumosity© and crossword puzzle groups between 25.00 and 29.99 hours of software use ($p = .05$, partial- $\eta^2 = .19$). Lumosity© software outperformed crossword puzzles in DRA reduction from T1 to T2, which was maintained for 12 weeks post-software use. Independent of Lumosity's intended purpose of supporting cognitive functioning, participants subjectively believe it helps and experience associated benefits.

THE ILLNESS EXPERIENCE OF VETERANS WITH DEMENTIA: PERCEIVED MEASURES RELATED TO DEPRESSIVE SYMPTOMS

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Recent work has examined how individuals with dementia (IWDs) experience their illness, although few studies have looked at IWDs who report heightened depressive symptoms, a key well-being outcome. Stressing the ability of IWDs to self-report and guided by the Stress Process Model for Individuals with Dementia, this study examined the relationships between depressive symptoms and various aspects of the illness experience including objective cognition, perceived memory difficulty, perceived functional difficulty, and dyadic relationship strain. The sample includes IWDs with mild to severe dementia who are veterans (N=69). Significant positive correlations emerged between depressive symptoms and several measures of the illness experience: perceived cognition ($r=.48$, $p<.001$), perceived function ($r=.43$, $p<.001$), and dyadic relationship strain ($r=.32$, $p=.01$). In contrast, objective cognition, measured by a modified version of the Blessed Orientation Memory Concentration test, was not significant ($r=-.06$, $p=.63$). A multiple regression found the total variance explained by all independent variables was 32% ($R^2=.32$, $F(4,68)=7.58$, $p<.001$), with perceived memory difficulty ($B=.26$, $p<.01$) and dyadic relationship strain ($B=.25$, $p=.04$) accounting for unique and significant variance in depressive symptoms. A mediation analysis indicated perceived memory difficulty fully mediated the relationship between perceived functional difficulty and depressive symptoms. Findings highlight the importance of IWDs perceptions of

their illness experience for psychosocial well-being outcomes, such as depressive symptoms. Findings add to the literature by showing the importance of IWDs perceptions of their illness and their impact on well-being outcomes. Results also demonstrate the utility and feasibility of including self-reported data from IWDs in research studies.

THE LONG-TERM IMPACT OF CHILDHOOD DISABILITY ON MENTAL HEALTH IN MID- TO LATE-ADULTHOOD

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For decades, life course and stress process scholars have documented that negative, stressful experiences in childhood have consequences for health across the life course. One aspect of the childhood adversity that deserves more research attention is childhood disability. Children with disabilities experience higher levels of psychological distress compared to their peers and having a disability can negatively impact traditional markers of the transition to adulthood (e.g., education, employment, family status). At present, there is limited evidence regarding the impact of childhood disability on mental health over multiple years of adulthood. This study applies random effects models to nationally representative data from five waves (2008-2016) of the Health and Retirement Study ($n=15,380$; $n=590$ with a childhood disability), to examine how experiencing disability before the age of 16 shapes depressive symptoms over multiple years of adulthood. Given known gender differences in mental health, the models are stratified by gender to examine how the association between childhood disability and adult mental health varies by gender. Preliminary results suggest that experiencing a childhood disability is associated with different patterns of depressive symptoms in adulthood. Men who experienced childhood disability report more depressive symptoms in adulthood, net of sociodemographic, adult health, and childhood disadvantage covariates. Women who experienced childhood disability report more depressive symptoms in adulthood, net of all covariates except for childhood depression. Next steps are to conduct age-based growth curve models using Stata's mixed function to estimate whether childhood disability influences baseline and growth of depressive symptoms in adulthood.

TIME USE, GENDER, AND MENTAL HEALTH OF OLDER ADULTS IN RURAL CHINA

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Time use is considered a valuable descriptor of people's lifestyles, and studying how people spend their time is critical for understanding the determinants and consequences of individual well-being. In this study, we first develop a time use typology to characterize how older adults in rural Chinese families allocate their time in later life, and then examined how older adults' time allocation influenced their mental health, with a special focus on differential implications for older women and men. Data derived from 2015 and 2018 waves of a longitudinal study of 1,007 older adults, aged 60 and older, living in rural areas of Anhui Province, China. We