

We examined daily affective vulnerability to short sleep (i.e., individual differences in the extent that sleeping ≤ 6 h predicts next-day affect) as a risk factor for developing chronic conditions 10 years later. Participants ($N=1945$, ages 35-85, 57% women) from the National Study of Daily Experiences reported sleep duration and affect in daily diary telephone interviews. Chronic conditions were assessed with a 39-item checklist (e.g., arthritis, hypertension, diabetes). Multilevel structural equation models revealed that individuals with heightened negative affect following short sleep had an increased number of chronic conditions after 10 years ($Est.=1.20$, $SE=.48$, $p<.01$). Positive affective vulnerability (i.e., greater declines in positive affect following shorter sleep vs. longer sleep) was marginally associated with 10-year chronic conditions ($Est.=-.72$, $SE=.40$, $p=.07$). Adding to the well-established connections between sleep duration and well-being across adulthood, these findings suggest that affective vulnerability to short sleep represents a unique risk factor for long-term health as people age.

POLYSOMNOGRAPHIC INDICATORS OF RESTORATIVE SLEEP AND BODY MASS TRAJECTORIES IN THE WISCONSIN SLEEP COHORT STUDY

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Previous research suggests that reductions in restorative sleep—i.e., slow-wave (N3) and rapid-eye movement (REM) sleep—are associated with weight gain and obesity in mid-to-late life. This study extends prior work by examining how within-person changes and between-person differences in restorative sleep are associated with body mass trajectories among participants in the Wisconsin Sleep Cohort Study (WSCS). We used data from 4,862 polysomnographic sleep studies and physical exams collected from 1,187 WSCS participants over an average follow-up duration of 15 years. For both men and women, we found that (1) below-average N3 and REM sleep is associated with above-average BMI, and (2) within-person loss of N3 and REM sleep is associated with larger gains in BMI, particularly between ages 30-50. Our findings highlight the importance of restorative sleep in mid-to-late life, suggesting that future clinical treatments and public health policies will benefit from heightened attention to sleep quality.

SESSION 5830 (SYMPOSIUM)

VETERAN STATUS MATTERS! LIFE COURSE PERSPECTIVES ON THE HEALTH AND WELL-BEING OF AGING VETERANS

Chair: Avron Spiro

Military service during early life can result in exposure to traumatic events that can reverberate throughout life. Although much attention is focused on the negative effects of military service, many veterans report positive effects. These papers explore life course effects of military service on veterans' health and well-being. Three used national US longitudinal cohorts (HRS, MIDUS); two sampled veterans from Oregon or from Korea. Three compared veterans to non-veterans; two examined veterans only. Cheng and colleagues

found that veterans in HRS are more likely to be risk-averse than non-veterans. Risk aversion matters because it determines how people make decisions and predicts a wide array of health and economic outcomes. Kurth and colleagues examined Oregon veterans from several wars, finding PTSD symptoms were highest among Vietnam combat veterans, the oldest cohort; there were no differences among non-combat veterans. Piazza and colleagues examined in MIDUS the impact of veteran status on cortisol, a stress biomarker, finding older veterans more likely had non-normative patterns than did younger or non-veterans. Lee and colleagues studied patterns of mental health among Korean Vietnam veterans, identifying two patterns as 'normal' and 'resilient' encompassing half the sample; these veterans demonstrated positive outcomes of military service. Frochen and colleagues compared depression trajectories between veterans and non-veterans in HRS, finding veterans had less depression than non-veterans, but among veterans, trajectories varied based on extent of service. In sum, these papers demonstrate that military service can have positive as well as negative effects on veterans' health and well-being in later life. Aging Veterans: Effects of Military Service across the Life Course Interest Group Sponsored Symposium.

RISK AVERSION AMONG MALE OLDER ADULTS: DOES VETERAN STATUS MATTER?

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Risk aversion determines how people make decisions and is known to predict a wide array of economic outcomes. This study assessed whether there are veteran status differences in risk aversion utilizing the Health and Retirement Study. Risk aversion is based on hypothetical financial gambles ($N=2,121$; 2006 wave) and self-reported risk attitudes on selected topics ($N=4,980$; pooled 2014 and 2016 waves of the Leave-Behind Survey). Results from multivariate analyses reveal that veterans were more likely to be risk averse than nonveterans in financial matters, occupation, and health, but veteran status is not statistically significant in explaining risk taking in driving and leisure, and sport risk. Further research is needed to discern the role of military service-related experiences in determining levels of risk aversion among veterans and the extent to which risk aversion accounts for veteran status differences in later-life economic outcomes. Part of a symposium sponsored by the Aging Veterans: Effects of Military Service across the Life Course Interest Group.

PTSD SYMPTOMS AMONG VIETNAM, PERSIAN GULF, AND POST-9/11 COMBAT VETERANS: FINDINGS FROM VALOR

Maria Kurth, Carolyn Aldwin, and Richard Settersten, *Oregon State University, Corvallis, Oregon, United States*

Much is known about the mental health of combat Vietnam Veterans, but less is known about Persian Gulf and post-9/11 veterans and how they compare to those from earlier eras. Using data from an online survey of Oregon veterans, we examine how PTSD symptoms differ by combat exposure across these three cohorts. The sample ($N=167$, $Mage=57.86$, $SD=12.09$), was largely composed of White