

on the PHQ-9 questionnaire (4.0 vs. 3.0,  $p = 0.0082$ ) and a higher median number of emergency department visits (1 vs. 0,  $p = 0.0156$ ) and unplanned hospitalizations (1 vs. 0,  $p = 0.0044$ ). Furthermore, patients with limited health literacy were more likely to have an emergency department visit or unplanned hospitalization sooner ( $p < 0.0001$ ). These data illustrate a lower quality of life and a higher dependency on healthcare services for patients with limited health literacy. Assessment and interventions may be necessary to ensure access to quality healthcare.

#### EXAMINING CARDIOVASCULAR DISEASE RISK PROFILES AMONG OLDER ADULTS WITH AND WITHOUT FIBROMYALGIA

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**Introduction:** Cardiovascular diseases (CVDs) remain the leading cause of morbidity and mortality in the United States. Preexisting chronic health conditions may confer increased CVD risk, specifically fibromyalgia (FM), a chronic condition characterized by widespread pain, fatigue, stiffness, and concentration problems. CVD risk increases with normal aging; however, characteristics of FM are suggested to exacerbate health profiles in normal aging processes that may contribute to increased CVD risk. **Method:** The sample included 221 older adults ( $M=63.40$ ,  $SD=8.86$ ; 82% female; 88% White/European American) and 55% reported an FM diagnosis. CVD risk factors were entered separately in a five-block hierarchical binary logistic regression model as predictors and included: cardiorespiratory fitness using the six-minute walk, BMI, standing and lying mean arterial pressure (MAP), and depression using the Beck Depression Inventory. **Results:** Logistic regression analyses revealed that poorer cardiorespiratory fitness ( $OR=.99$ , 95%  $CI=.99-1.00$ ,  $p=.001$ ), greater depressive symptoms ( $OR=1.35$ , 95%  $CI=1.19-1.53$ ,  $p < .001$ ) and lower standing MAP ( $OR=.98$ , 95%  $CI=.96-1.00$ ,  $p=.036$ ) were associated with higher odds of an FM diagnosis. However, no differences in lying MAP ( $OR=1.02$ , 95%  $CI=1.00-1.04$ ,  $p=.137$ ) or BMI ( $OR=1.02$ , 95%  $CI=.95-1.10$ ,  $p=.644$ ) for an FM diagnosis emerged. **Discussion:** These data support the importance of examining the health profiles of persons with FM in the context of CVD risk. Experiences of FM may produce distinct health profiles with characteristics that serve as both protective and risk factors in the context of CVD.

#### FACTORS ASSOCIATED WITH PAIN INTERFERENCE AMONG BLACK AND WHITE OLDER ADULTS

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Pain interference (PI) is an indicator of pain impact and is associated with physical performance (PP). However, factors associated with PI among older adults are not well described, including associations with PP and racial differences. This study explored PI among older adults by race. Data were

obtained from the 2013 Pain Supplement of the National Health and Aging Trends Study ( $N= 1,202$ ; 59.9% female, 23.0% Black non-Hispanic). Interviews included questions on sociodemographics, multi-morbidities, pain intensity (0-10 scale), and PI overall. Participants were also asked "In the last month, how much did pain interfere with ADLs, household activities, going outside, shopping, social activities and walking, which was used to create a PI index (Range 0-18). Physical performance measures assessed balance, gait speed, and chair stands (Short physical performance battery; SPPB). Logistic and multivariable regression analyses were conducted to determine associations among PI with PP, pain intensity, and race. Older Black adults experienced higher pain intensity (3.90 vs. 3.03) and demonstrated greater PP limitations (5.4 vs. 7.1 SPPB score) compared to older White adults ( $p < 0.001$ ). Higher scores on the PI index were associated with worse PP, higher pain intensity, depression, multi-morbidity, and White race ( $p < 0.001$ ), independent of confounders. Similarly, more PI overall was associated with White race, higher pain intensity, worse PP, and multi-morbidity ( $p < 0.001$ ). Despite higher pain intensity and worse physical performance, older Black adults reported lower PI than White older adults. Additional exploration is needed to discern the paradoxically lower PI among older Black adults, including potential resilience factors.

#### GOOD, BAD, AND UGLY: PARTNER SUPPORT AND QUALITY OF LIFE AMONG COUPLES FACING SKIN CANCER

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When older adults in partnered relationships face a skin cancer diagnosis of one partner, couples may rely on one another for support. Previous studies have found that perceived support can influence one's adjustment to the stressors associated with the skin cancer diagnosis, as well as influence the overall quality of life. Using dyadic data from 30 older couples ( $Mage = 70$ ;  $SD = 7.25$ ), this study examined positive and negative relationship-focused support strategies each partner provided and effects on the dyad's quality of life. Dyadic path analyses simultaneously examined the impact of support received by one's partner and its association with their own quality of life (actor effects) and their partner's quality of life (partner effects). Positive support received by either partner, in the form of active engagement, was not associated with quality of life. In contrast, negative support in the form of protective buffering received from supporting partners was associated with poorer quality of life for themselves ( $\beta = -.37$ ,  $p = .05$ ) as well as for partners with skin cancer ( $\beta = -.43$ ,  $p = .01$ ). Similarly, overprotection, also a negative support strategy, by supporting partners was associated with poorer quality of life for partners with skin cancer ( $\beta = -.63$ ,  $p < .001$ ). Findings illustrate that not all types of support are beneficial for the overall couple relationship and couple outcomes. Implications for practice and interventions for older couples facing a cancer diagnosis will be discussed.

#### INVESTIGATING HEAD AND NECK CANCER SURVIVORS' EXPERIENCE OF SURVIVORSHIP CARE

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Head and neck cancer (HNC) accounts for 4% of all cancers diagnosed in the US, with 75% in adults over 55 years of age. HNC survivors must deal with the long-term consequences of the cancer and its treatments, which can have significant long-term physical, psychosocial, and financial consequences, dramatically impacting survivors' lives. While research has identified the unmet needs of HNC survivors, there has been little examination of HNC survivors' experiences living with a cancer history and engaging in survivorship care. To explore survivors' experiences and their attitudes toward their survivorship care, we conducted in-depth, semi-structured interviews with 22 HNC survivors whose survivorship care was managed within the HNC program of an academic tertiary care institution. Participants' mean age was 65 years old, ranging from 33 to 86. The majority of the participants were male (68%), white (96%), married (81%), and had some college education or a higher degree (81%). One third of participants (n=7) had rural residence, as defined by the Rural-Urban Continuum Codes. Participants reported a wide range of experiences based on multiple factors: cancer site, staging, and treatment; their expectations prior to treatment; and personal and social context. They varied in their approaches toward understanding and incorporating the impacts of their cancer experience, from physical side effects of treatment to social impacts. They described the importance of survivorship care both in physical and social terms. We discuss the implications of these results for future interventions to improve HNC survivorship care delivery.

#### IS PAIN TIME PATTERN PREDICTIVE OF FUTURE TIME PERSPECTIVE IN OLDER CHRONIC PAIN PATIENTS?

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Chronic pain patients constitute 65% of those ages 65 and older in the US. Many affected older adults are challenged to manage physical and psychological consequences tied to the intensity, interference, and temporal pattern of their pain. However, little quantitative research highlights the psychological impact of constant versus intermittent or ever-present-yet-variable pain, even though temporal pain pattern may have meaningful predictive power for wellbeing and future time perspective (FTP). A positive and expansive view of the future is particularly adaptive for this population because it is positively associated with treatment adherence. In this study, we analyzed secondary data to determine whether pain temporal pattern and pain duration are associated with differences in participant scores on Carstensen & Lang's Future Time Perspective scale. All participants (N=142) were 45 years old and older with non-cancer chronic pain lasting three months or more. There was no significant association between pain time pattern and FTP ( $p=.35$ ). Additionally,

controlling for pain duration, average FTP scores did not vary significantly as a function of time pattern ( $p=.07$ ). Our analyses demonstrated no significant relationship between pain time pattern and FTP and no significant moderating effect of pain duration. However, in contrast to the previous literature, FTP was not significantly associated with age and negatively (rather than positively) associated with subjective health ( $r=-.08$ ,  $p=.35$ ;  $r=-.24$ ,  $p<.01$ ), thus raising concerns about the generalizability of these findings. Implications for understanding time perceptions in older pain patients are discussed.

#### LONGITUDINAL CHANGES IN ARTHRITIS PAIN CONTRIBUTE TO SUBSEQUENT CHANGES IN BODY MASS

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Prior studies have documented that body mass index (BMI) is positively associated with bodily pain. However, data on the temporal sequence of BMI and pain suggest mixed results, with some studies indicating a bi-directional relationship, and other research among older adults supporting a uni-directional relationship from BMI to increased pain. Thus, it is critical to further examine temporal dynamics between changes in BMI and changes in bodily pain to help explicate possible mechanisms influencing the relationship. This study evaluated bivariate dynamic models of longitudinal change (McArdle & Hamagami, 2003) in the relationship between BMI and bodily pain with data from older adults participating in the Swedish Adoption/Twin Study of Aging (SATSA). The sample included 858 individuals aged 45-88 at intake, with up to eight waves of follow-up over 26 years. BMI  $\{weight(kg)/[height(m)]^2\}$  was evaluated with objective measures of weight and height recorded by a study nurse. Pain symptoms were measured with six self-report pain questions, reflecting two pain factors: (1) pain in neck, back, or shoulder; and (2) hip pain, history of arthritis, or use of arthritis medications. Results indicated that the relationship between BMI and arthritis pain was uni-directional, with changes in pain symptoms contributing to subsequent changes in BMI, but no evidence that changes in BMI contributed to subsequent changes in pain symptoms. Model comparison indicated that the impact of pain on BMI was greatest before age 70, and then reduced somewhat after age 70, when the impact of other factors on BMI (e.g., ill health) likely increases.

#### MEDICATION MANAGEMENT AMONG OLDER ADULTS WITH MULTIPLE CHRONIC CONDITIONS: WHAT ROLE DO CAREGIVERS PLAY?

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Many older adults manage multiple chronic conditions (MCC) that require adherence to complex medication regimens. Few studies have investigated the degree to which caregivers support medication-related behaviors. We conducted semi-structured qualitative interviews with 25 caregivers