

physiological reactivity measured by salivary assay in an ecological momentary assessment (EMA) design, using The Perceived Stress Scale (PSS; Cohen, 1988), Perceived Stress Reactivity Scale (PSRS; Schulz, Jansen, & Schlotz, 2005), neuroticism, (Big Five Inventory; John, Donahue, & Kentle, 1991), and age. Adult participants (N=163) ages 20–80 years old (M=51.8 years) completed the individual differences measures and then provided seven saliva samples per day for 10 consecutive days while also completing five stress-related surveys per day via random-prompted EMA (Scott, Sliwinski, & Blanchard-Fields, 2013). Mean aggregate alpha-amylase correlated with the PSRS ( $r = -.20$ ,  $p < .05$ ) but not with the PSS or with neuroticism, suggesting alpha-amylase may be a more sensitive measure of subjective stress reactivity. In contrast, mean cortisol levels were not correlated with any of those measures. Age correlated with subjective stress ( $r = -.23$ ,  $p < .05$ ) and stress reactivity ( $r = -.20$ ,  $p < .05$ ) but not with hormone levels. Multilevel modeling will be used to evaluate within-person and between-person variation in stress hormones and EMA measures of daily stress in relation to the PSS, the PSRS, neuroticism, and age.

#### FEELING OLDER AND CONSTRAINED: SYNERGISTIC INFLUENCES OF CONTROL BELIEFS AND SUBJECTIVE AGE ON COGNITION

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Control beliefs are important correlates of cognitive health and aging. In addition, how old or young one feels is a self-perception of aging that may play a role in understanding control-cognition associations. We explored whether subjective age moderates associations among control beliefs and cognitive performance using data from the third wave of the national Midlife in the United States study. The analytic sample comprised of 2,621 adults aged 39–93 (M<sub>age</sub>=64.06, SD=11.15; 55.51% female) that completed measures of control (mastery, perceived constraints), subjective age (how old you feel most of the time), and cognition (executive function, episodic memory) via telephone administration. Hierarchical regression analyses were conducted to examine whether mastery, perceived constraints, and subjective age were associated with cognitive performance, adjusting for chronological age, gender, education, marital status, and self-rated health. For executive function, there was a significant perceived constraints by subjective age interaction. Higher levels of perceived constraints were associated with worse executive function (Est.=−0.05, SE=0.01,  $p < .001$ ), and this association was amplified among those with relatively older subjective ages (Est.=−0.10, SE=0.02,  $p < .001$ ). For episodic memory, higher levels of perceived constraints were associated with worse performance (Est.=−0.07, SE=0.03,  $p < .001$ ), while reporting a more youthful subjective age was associated with better performance (Est.=−0.10, SE=0.02,  $p < .001$ ). Mastery was not associated with either cognitive domain ( $ps > .05$ ). Results suggest that perceiving constraints in life may confer greatest risk to cognitive performance among adults who feel older than their actual age, whereas perceiving a more youthful subjective age may be more facilitative.

#### HEALTH PERSONALITY, CONSUMER HEALTH ACTIVATION, AND LONELINESS

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The purpose of this study was to identify relationships between health personality traits, consumer health activation (CHAI) and loneliness. Data for these analyses were collected by a large provider of Medicare Supplemental Health Insurance. The study consisted of 3,907 participants, 65 years and older. Participants were surveyed on health personality (e.g., Health Neuroticism, Health Extraversion, Health Openness, Health Agreeableness, and Health Conscientiousness), Consumer Health Activation, and Loneliness. Structural equation modeling and mediation were conducted through Mplus. The hypothesized model fit without direct paths from health personality to loneliness was not optimal. Adding direct paths from health neuroticism, health openness, and health agreeableness to loneliness resulted in an excellent fit,  $\chi^2(5) = 0.86$ , RMSEA = 0.00, CFI = 1.00. Health neuroticism and health openness were negatively related to health activation, which suggests respondents were less likely to be active about their health. Alternatively, health agreeableness and health conscientiousness were positively related to health activation, indicating more health activation. Mediation was tested for pathways from health personality dispositions to loneliness through health activation. The results suggest individuals higher in health neuroticism or health openness were less activated, which in turn indicated higher loneliness. Moreover, those higher in health agreeableness or health conscientiousness were more activated and indicated less loneliness. This study provides an understanding about loneliness through health personality and health activation. Future research should explore interventions for older adults with specific health personalities, or health activation to reduce loneliness levels.

#### INTER-INDIVIDUAL AND INTRA-INDIVIDUAL RELATIONSHIPS BETWEEN NEUROTICISM AND COGNITION: A COORDINATED ANALYSIS

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Existing literature indicates a relatively consistent relationship between neuroticism and cognitive functioning (CF). Interindividually, high levels of neuroticism may predispose individuals to cognitive aging and dementia-related neuropathology. Intraindividually, increases in neuroticism may be intrinsic to the aging process or to dementia pathology. These hypotheses are not mutually exclusive, though the relationships are rarely examined using the same individuals, which may contribute to publication bias and

confusion regarding the hypotheses as mutually exclusive. Data were drawn from the Origins of Variance in the Oldest-Old (Sweden, Mage=83.6, 67% female), Swedish Adoption/Twin Study of Aging (Sweden, Mage=60.4, 59% female), and Longitudinal Aging Study Amsterdam (Netherlands; Mage=68.1, 52% female). Controlling for age, sex, education, and depressive symptoms, parallel process latent growth models were fit independently in each sample (NT=3293) to simultaneously estimate growth parameters of neuroticism with three measures of CF (processing speed, learning/memory, and reasoning). Multilevel meta-analysis estimated the pooled covariation between neuroticism and CF at baseline and overtime, revealing a significantly negative intercept-intercept relationship across datasets (covariance= -0.46, 95% CIs [-0.90,-0.02],  $z=-2.02$ ,  $p=0.04$ ,  $\tau^2=0.06$ ). The slope-slope covariances were consistently negative, but the meta-analytic pooled estimate was not significant despite some significant individual estimates across studies. Overall, results provide some evidence for intraindividual and interindividual relationships between neuroticism and CF, such that higher neuroticism is associated with lower CF, and neuroticism tends to increase as CF decreases. Identification of the early indicators and risk factors for cognitive decline may facilitate development of screening assessments and aid in treatment strategies for dementia care services.

#### NARCISSISM, SOCIAL ENCOUNTERS, AND MOOD IN LATE LIFE

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Social contacts have a strong impact on older adult's well-being. However, narcissism (i.e., feelings of self-importance) may undermine interpersonal connections. Research with young adults has found that being narcissistic may generate feelings of boredom, irritation, and pride because narcissistic young adults oftentimes have difficulty maintaining attention, have greater sensitivity to negative social events (e.g. social rejections), and have an exaggerated sense of self-worth. Yet, we know little about narcissism in late life, particularly in a daily context. This study examined the associations between narcissism, social encounters, and mood (i.e., bored, irritated, lonely, proud) throughout the day. Older adults aged 65+ (N = 307) from the Daily Experiences and Well-being Study completed a measure of narcissism in a baseline interview. Then, in ecological momentary assessments (EMA), they reported social encounters and mood every 3 hours for 5 to 6 days. We found no significant associations between narcissism and number of social encounters throughout the day. Multilevel models revealed that older adults who scored higher on narcissism felt more bored and prouder throughout the day. Interaction terms involving narcissism and social encounters showed that during assessment periods when they had social encounters, participants who scored higher on narcissism reported a similar level of loneliness as when they were alone, whereas their peers who scored lower on narcissism experienced decreases in loneliness. Findings suggest that narcissism does not predict social encounters. However, older adults who are higher in

narcissism may be less likely to be influenced by their social encounters.

#### PERSONALITY AND HIGH BLOOD PRESSURE AMONG OLDER ADULTS: STATE ANXIETY AS A MEDIATOR

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High blood pressure (BP) is a prevalent medical condition among older adults, and previous research has consistently found that the Five Factor Model (FFM) of personality relates to elevated BP. However, variables that affect this relationship have been unexamined. Given the strong association between personality and state anxiety in later life, this study examined state anxiety as a mediator between the FFM and elevated BP. Participants consisted of respondents in the 2018 wave of the Health and Retirement Study (N=5225) who completed FFM and state anxiety questionnaires and had their BP measured. First, correlations were computed between the FFM and systolic and diastolic BP. Relationships were insignificant between systolic BP and the FFM. Conscientiousness ( $r = -.04$ ) and Neuroticism ( $r = .03$ ) were significantly correlated with diastolic BP. Next, a series of mediation models were computed. Controlling for sex, the test of indirect effects found that the connection from Conscientiousness to diastolic BP was significantly mediated by anxiety, Sobel Z test = -2.44,  $p = .01$ . Additionally, controlling for sex, the connection from Neuroticism to diastolic BP was significantly and fully mediated by anxiety, Sobel Z test = 2.02,  $p = .04$ . Although small effect sizes, Conscientiousness and Neuroticism were related to diastolic BP but not systolic BP, indicating personality differentially affects types of BP. The mediating role of state anxiety suggests that it can be used as a point of intervention to lessen the negative impact of low Conscientiousness and high Neuroticism on high diastolic BP among older adults.

#### PERSONALITY DISORDERS AND SYSTEM USE AMONG OLDER VETERANS USING THE VETERANS HEALTH ADMINISTRATION

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Personality disorders (PD) are defined by longstanding patterns of dysfunctional behavior and associated with higher risk for adverse outcomes, such as suicide and comorbid mental health (MH). Despite recognition that PDs manifest differently as individuals age, few studies have examined PDs in older adults. VHA serves a significant population of older Veterans, providing a valuable opportunity to explore PD in older ages. Using FY2019 administrative data, we compare documented PDs, MH, and VHA use in a cohort of recent Veteran VHA users 50 years and older, across six age groups. At least one PD was documented for 0.8% of the total cohort, decreasing with age from 1.8% (50-54) to 0.2% (75+).