

of Nursing, Baltimore, Maryland, United States, 3. Duke University School of Nursing, Durham, North Carolina, United States

Multimorbidity resilience may mitigate the adverse effects of multiple chronic diseases on older adults' health. Wister et al.'s (2018) multimorbidity resilience index was developed and tested in a cross-sectional sample of older adults in Canada. Building on these findings, we examined the reciprocal relationships of resilience on outcomes to test these potentially mitigating effects in a community-based, U.S. sample of older adults over time. The study sample includes 1,054 older adults from waves 2 and 3 of the National Social Life, Health, and Aging Project (NSHAP) study (Waite et al 2020). Wister et al.'s (2018) index was mapped to NSHAP measures, and reciprocal relationships of multimorbidity resilience and health outcomes over a 5-year period was tested using structural equation modeling (SEM). Results indicated significant effects of multimorbidity resilience on self-rated physical health and pain. Interestingly, a better functional resilience at baseline conferred better self-rated physical health at follow-up, while better psychological resilience predicted lower pain level. By contrast, the influence of health outcomes on any domain of multimorbidity resilience was not detectable at all, supporting the direction of these associations from resilience to outcomes. The study systematically investigated the dynamic hypotheses between multimorbidity resilience and health outcomes. That is, whether they are determinants or consequences, or both. Our findings suggest multimorbidity resilience predicts subsequent 5-year change in health outcomes, especially self-rated physical health and pain level, but not vice versa, strengthening the evidence of the importance of resilience in the health of older adults.

REVIEW OF TYPE-2 DIABETES MELLITUS ILLNESS PERCEPTIONS AND ASSOCIATIONS WITH ILLNESS MANAGEMENT

Samuel Hatala, and Cleveland Shields, *Purdue University, West Lafayette, Indiana, United States*

Objective: Determine illness perceptions associated most frequently with measures of type-2 diabetes mellitus (T2DM) maintenance. We measured illness perceptions using the Illness Perception Questionnaire (IPQ) and variants (IPQ-Revised and Brief IPQ) **Design:** Review of literature from publication of IPQ to September 2020. Searched for articles utilizing IPQ but no other models of illness perception and studying T2DM Main Outcome Measures: Glucose control (measured by HbA1c levels), adherence to medications, and adherence to diet, exercise, and other lifestyle recommendations **Results:** Symptom attribution and fear of consequences are frequently associated with worse T2DM management and sense of control of illness progression and positive emotional valence are frequently associated with better T2DM management. Other subscales have less frequent but generally positive associations with the exceptions of recurring thoughts about T2DM duration, which had a negative association with management, and understanding the causes of T2DM, which had no associations at all. Other reviews found similar associations and highlighted a need for more general T2DM education. **Conclusion:** Future T2DM management interventions should promote sense of control over illness progression and positive emotional valence and provide education

regarding symptoms to expect. Interventions should also consider managing patient fear, which has many associations with worse management.

SOCIAL WELL-BEING AND CHRONIC DISEASE CONDITION AMONG OLDER ADULTS

Jungkyung Min, Idethia Harvey, and Yuchen Yeh, *Texas A&M University, College Station, Texas, United States*

Aging is characterized by the decline in physical health, functional status, and loss of social roles and relationships that can challenge the quality of life. A protective factor that moderates the impact of these phenomena is psychological (e.g., social) well-being. Despite the high prevalence of chronic conditions among older adults, research exploring the relationship between social well-being and chronic disease is sparse. The study aims were to investigate the relationship between social well-being among older adults (N = 1,251, R = 65 – 92 years) who participated in the National Survey of Mid-life in the United States (MIDUS 3). This study used variables for the MIDUS 3 study to test a structural equation model to examine the hypothesized relationships between social well-being, chronic conditions, life satisfaction, self-esteem, active coping, optimism, and religious coping. The findings indicate that perceived control, self-esteem, active coping, optimism, and religious coping were statistically significant for the participants' social well-being ($\beta = .29, p < .001, \beta = .16, p < .001, \beta = .08, p < .05, \beta = .35, p < .001, \text{ and } \beta = .07, p < .05, \text{ respectively}$). However, life satisfaction was not significantly associate with social well-being ($\beta = .04, p > .05$). For individuals' diagnosed with more than one chronic condition, perceived control, self-esteem, and optimism statistically significant impact their social well-being ($\beta = .33, p < .001, \beta = .17, p < .001, \text{ and } \beta = .33, p < .001, \text{ respectively}$). Findings suggested that multiple chronic conditions influence social well-being. Chronic disease management programs may be useful in increasing social well-being among individuals with multiple chronic conditions.

SESSION 10180 (LATE BREAKING POSTER)

COGNITION

CAN LIGHT PHYSICAL ACTIVITY IMPROVE COGNITION AMONG OLDER ADULTS? A SCOPING REVIEW

Emily Erlenbach, Edward McAuley, and Neha Gothe, *University of Illinois at Urbana-Champaign, Urbana, Illinois, United States*

Although the physical and cognitive benefits of moderate-intensity physical activity (MVPA) for older adults is well documented, this population often faces age-related functional and physical limitations impeding recommended MVPA participation. Recently, there has been a surge of interest in the independent health benefits of light-intensity physical activity (LPA) and its association with morbidity and mortality risk. LPA is the most common form of activity among older adults and its potential to combat cognitive aging needs to be investigated. The purpose of this scoping review was to catalog existing evidence on the association

between device-based or technologically measured LPA and cognition among healthy older adults, identify trends in the literature, and pinpoint future areas of research. Six electronic databases were searched between January and August 2020. Eighteen published studies met the inclusion criteria: one acute exercise study, two randomized control trials (RCTs), twelve cross-sectional studies, and three longitudinal studies. Overall, n=9 studies (n=1 RCT, n=7 cross-sectional, and n=1 longitudinal) reported a significant, positive relationship between LPA and one or more cognitive outcomes including memory, attention, executive function and global cognition (MMSE/MOCA). These heterogeneous findings can largely be attributed to the diverse study designs, inconsistent definitions of LPA and numerous assessments used to test the cognitive domains. Collectively, these findings suggest LPA may be a potential lifestyle intervention to improve cognition among healthy older adults. However, the inconsistent approaches used among these studies suggests a more concerted, unified scientific approach and rigorous methodology are needed to further understand the LPA-cognition relationship.

DAILY STRESSORS DEGRADE PERCEIVED COGNITIVE ABILITIES IN HEALTHCARE PROFESSIONALS

Rhithik Joshi Taylor Drury, and Soomi Lee, *University of South Florida, Tampa, Florida, United States*

Stress negatively impacts cognitive functioning. Less is known about whether daily stress is associated with perceived cognitive abilities in healthcare workers who require mental sharpness and attention to provide high-quality patient care. We examined daily associations between stressors and perceived cognitive abilities in nurses and whether the associations differed between workday vs. non-workday. Using 14-day smartphone-based ecological momentary assessment, 61 inpatient nurses at a U.S. cancer hospital reported the frequency and severity of daily stressors (e.g., arguments, accidents). Each day, participants subjectively evaluated their mental focus, memory, and attention. Multilevel modeling examined the within- and between-person associations of daily stressors with cognitive abilities adjusting for sociodemographics, work shift, and workday. Nurses reported experiencing stressors once every other day. More stressors were associated with poorer cognitive abilities. At the between-person level, those with more frequent or severe stressors reported poorer mental focus ($B=-22.4$, $p<.01$; $B=-0.35$, $p<.01$, respectively), worse memory ($B=-24.35$, $p<.01$; $B=-0.37$, $p<.01$, respectively), and lower attention ($B=-25.47$, $p<.05$; $B=-0.40$, $p<.01$, respectively). At the within-person level, on days with more frequent or severe stressors, participants reported poorer mental focus ($B=-2.05$, $p<.05$; $B=-.03$, $p<.05$, respectively) and lower attention ($B=-1.95$, $p<.05$; $B=-.04$, $p<.01$, respectively). Some of the between-person associations were more apparent on workdays; those with more stressors reported poorer mental focus and lower attention on workdays than on non-workdays. Nurses' perceived cognitive abilities at work vary by daily stressors. Disconnecting the linkage between stressors and perceived cognition may help improve work performance in nurses who may encounter frequent stressors at work.

DEPRESSION COMPLICATES THE RELATIONSHIP BETWEEN SUBJECTIVE MEMORY COMPLAINTS AND MEMORY IN OLDER ADULTS

Kristi Wisniewski, Eun Young Choi, Christopher Beam, and Elizabeth Zelinski, *University of Southern California, Los Angeles, California, United States*

Subjective memory complaints (SMCs) are self-reported changes in memory performance and may indicate prospective dementia. Cognitive function and depressive symptoms are negatively correlated; however, depression's influence on the relationship between SMCs and cognition is unclear. Data were drawn from the Long Beach Longitudinal Study, a three-panel study of community-dwelling older adults from southern California who were assessed every three years. The present study included participants ages 54-89 who completed a 20-item immediate recall task at each wave and the Memory Functioning Questionnaire Frequency of Forgetting (FOF) subscale, a measure of SMC, on 2+ occasions from 1994-2014 (n=788; Mage=73 years at baseline, Meduc=15 years). Higher FOF scores indicated fewer memory complaints. Depression was measured as the average Geriatric Depression Scale score across occasions. Bivariate linear latent growth models over age adjusted for age, sex, and education (covariates associated with cognition). The SMC and recall slopes were positively correlated (parameter estimate=1.40; $p<.05$). After controlling for depression, the slope-slope correlation was not significant (parameter estimate=0.83; $p=0.127$). However, after removing cognitively-relevant items from the Geriatric Depression Scale then adjusting for depression, the SMC slope-recall slope correlation trended toward significance (parameter estimate=0.99; $p=0.070$) suggesting that the cognitively relevant items were confounding the slope-slope correlation. These findings indicate that depression impacts the relationship between SMC and objective memory over age; therefore, depression may limit the clinical utility of SMCs as a cognitive screening measure. Future studies should assess depression using scales devoid of cognitive items to differentiate its influence on subjective and objective memory performance.

EARLY DETECTION OF COGNITIVE IMPAIRMENT BY NATURAL LANGUAGE AMONG OUTPATIENTS AND COMMUNITY DWELLERS

Eri Kiyoshige,¹ Mai Kabayama,¹ Yasushi Takeya,¹ Yoichi Takami,¹ Shuko Takeda,¹ Yasuyuki Gondo,² Hiromi Rakugi,¹ and Kei Kamide,¹ 1. *Osaka University Graduate School of Medicine, Suita, Osaka, Japan*, 2. *Osaka University, Suita, Osaka, Japan*

Background: Although early detection of cognitive decline has a significant relation to improving the quality of life of dementia patients, this early detection has been difficult due to requires of neuropsychological tests which people generally take when they notice their cognitive impairment. The timing of patients' notice was reported to be worse cognitive decline already, thus, we aimed to determine if cognitive impairment from a short interview by using Natural Language Processing approach. Methods: The present study used cross-sectional analysis among elderly outpatients and community-dwelling elderly from Septuagenarians, Octogenarians, Nonagenarians Investigation with Centenarians (SONIC) study. Cognitive decline was assessed by Telephone Interview of Cognitive