#### TELEVISION VIEWING AND HEALTH IN LATE LIFE

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Television viewing is a risk factor for poor physical and cognitive health. Yet, we know little about associations between current health and frequency of television viewing throughout the day. This study examined associations between multiple assessments of physical and cognitive well-being and television viewing. Participants (N = 313) from the Daily Experiences and Well-being Study completed an initial interview assessing their health and well-being. They also wore an Electronically Activated Recorders (EAR) to capture sound in the environment and an Actical to measure physical activity for 5 days. Coders rated the audiofiles for television viewing. Multilevel models revealed that participants who spent a greater proportion of time tuned into television had: higher BMI, poorer health, expended less energy, were more sedentary, and reported drinking more alcohol and eating more junk food. We discuss findings with regard to potential reciprocal influences between television viewing and poor health.

## AFFECT VARIABILITY AND SLEEP: EMOTIONAL UPS AND DOWNS ARE RELATED TO A POORER NIGHT'S REST

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Emotional experience is strongly related to physical health. Yet, fluctuations in daily emotional experience, known as affect variability, have been less examined. It is unknown how affect variability throughout the day is related to sleep, a critical health behavior. The current study examines this relationship in an ecological momentary assessment of 277 older adults. Regression models indicate that greater variability in daily positive affect is associated with fewer hours of sleep (b = -0.648, p = .04) and greater morning tiredness (b = 0.67, p = .006) even after adjusting for mean levels of affect. Although greater negative affect variability is associated with worse sleep quality (b = -0.77, p = .02) and greater morning tiredness (b = 0.91, p = .004), these relationships disappear once mean negative affect is added into the model. Findings support models describing the downside in the fragility of positive affect.

### AGE DIFFERENCES IN CONCORDANCE BETWEEN LAB AND DAILY LIFE STRESS RESPONSES

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The literature is mixed with respect to how stress reactivity changes with age. Previous studies have overlooked contexts, ignoring whether stressors occurred in the laboratory or in daily life. The Health and Daily Experiences (HEADE) study includes 126 younger and older adults who completed both laboratory stressors and ecological momentary assessments (EMA) of affect and stressor experiences in daily life. We found that the laboratory stressor elicited the greatest levels of negative affect reactivity (i.e., larger increases in negative

affect) and positive affect reactivity (i.e., larger reductions in positive affect) compared to the two types of daily life stressors. Interpersonal stressors were associated with greater negative and positive affect reactivity compared to non-interpersonal stressors in daily life. Younger adults exhibited greater stress reactivity than older adults. Together, these findings support age-related reductions in stress reactivity. Implications for understanding stressor-health links are discussed.

# MATTERS OF THE HEART: DAILY SOCIAL INTERACTIONS AND CARDIOVASCULAR REACTIVITY IN MIDDLE AND OLD AGE

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Social ties are essential for survival but the mechanisms accounting for this link are unclear. This study examined links between daily interpersonal experiences and cardiovascular reactivity. A total of 34 participants (aged 40 to 80) completed ecological momentary assessment surveys every three hours for 4 days and wore a device that assessed heart rate (HR) and heart rate variability (HRV). Multilevel models revealed that a greater number of social interactions and negative social interactions predicted increased HR. Links between social interactions and cardiovascular reactivity varied by gender and race. A greater number of interactions and negative interactions predicted increased HRV among men and not women. A greater number of social interactions predicted increased HR among Black individuals and White women but not White men. Thus, social interactions appear to get under the skin via the cardiovascular system but in unique ways that vary by gender and race.

### DAILY SOCIAL INTERACTIONS AND BIOLOGICAL STRESS REACTIVITY: ARE THERE AGE DIFFERENCES?

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Older people experience fewer negative social interactions and report less anger and stress when faced with interpersonal tensions. Little is known, however, about age differences in biological responses to social interactions. We evaluated how salivary DHEA-S, a key indicator of stress reactivity, is associated with daily positive and negative social interactions among midlife and older adults. Participants were drawn from the Daily Health, Stress, and Relationship Study, which includes 93 adults age 40 to 95 who completed 14 days of daily diary interviews and provided saliva samples on four of those days. Multilevel models showed that people had higher DHEA-S on days in which they reported more positive interactions. Older respondents were less reactive to negative interactions relative to younger respondents. These findings indicate that positive social interactions may benefit biological stress reactivity regardless of age, whereas older adults are more resilient to the adverse effects of negative social interactions.