

HCLS. This research will disrupt the transformation of aging leading to a better understanding of attentional allocation and its effects on function.

INTERACTIVE EFFECTS OF AGE AND INFLAMMATION ON CHANGE IN ECOLOGICALLY-ASSESSED COGNITIVE FUNCTIONING

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Inflammation has been implicated as a precursor to steeper declines in age-associated cognitive decline. Here we investigated biomarkers of peripheral inflammation [basal cytokines, stimulated cytokines (ex vivo), C-reactive protein (CRP)] as moderators of age-related changes in cognitive functioning. As part of the Effects of Stress on Cognitive Aging, Physiology, and Emotion (ESCAPE) study, participants (N = 233; 65% female; 63% Black, 25% Hispanic; 25-65 years of age) completed up to four instances of ambulatory cognitive testing per day across two weeks, over three waves of annual assessments. After each 2-week ecological momentary assessment (EMA) burst, blood was collected and assayed for inflammatory biomarkers. Performance on spatial working memory (mean Euclidean distance errors), processing speed (mean symbol search reaction time), and working memory (n-back test accuracy) tasks were averaged across all instances within an EMA burst. CRP and age interactively predicted change in spatial working memory (B = 0.003, [0.000, 0.005], $t(133.60) = 2.350$, $p = 0.020$) such that higher CRP at older ages (~60 years) was associated with a loss of the expected practice effects across waves; at younger ages, CRP did not relate to change in spatial working memory. In a similar fashion, basal (B = -0.002, [-0.004, -0.000], $t(103.26) = -2.399$, $p = 0.018$) and stimulated cytokine levels (B = -0.002, [-0.004, -0.000], $t(126.65) = -2.183$, $p = 0.031$) interacted with age to predict change in processing speed across waves. These results indicate that inflammation may be critically associated with changes in cognitive functioning in older mid-life adults.

INTERGENERATIONAL SOCIOECONOMIC MOBILITY AND COGNITIVE IMPAIRMENT IN CHINESE OLDER ADULTS: DOES GENDER MATTER?

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The prevalence of dementia among older adults in mainland China is projected to increase rapidly in the next few decades. This study aimed to examine the impact of intergenerational socioeconomic mobility on the risk of cognitive impairment in a cohort of Chinese older adults, with a focus on potential gender differences. Data were derived from the 2011 wave of the Chinese Longitudinal Healthy Longevity Survey. Socioeconomic mobility in this study includes three dimensions: occupational mobility, educational mobility, and residential mobility. Cognitive impairment was assessed using the Chinese version of Mini-Mental State Examination. The final sample included 6,233 older adults

aged 80 years and above. Logistic regression models were performed to assess the impact of the three dimensions of socioeconomic mobility on the risk of cognitive impairment in older men and women. For men, those with stable high occupational status across generations had the lowest risk of cognitive impairment. For women, those who received no education and lived in rural areas across generations had the highest risk of cognitive impairment. These findings lend support to the cumulative risk theory, which highlights the accumulation of risk factors that places individuals in jeopardy for negative health consequences in later life. The findings have implications for advancing supportive policies and practices related to maximizing the benefits of education and occupation for cognition in later life, especially for women in rural China.

INVOLVEMENT IN DECISION-MAKING FOR DAILY CARE AND COGNITIVE DECLINE AMONG OLDER ADULTS WHO NEED CARE IN JAPAN

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Effective decision-making regarding daily care for older adults with needs could reduce the risk of dementia by preventing loss of motivation and improving care quality. However, empirical studies are scarce, particularly in non-Western countries with different socio-cultural backgrounds. By using 2-year longitudinal data of older Japanese adults aged 65 years and above who were receiving care at home, as well as of their family caregivers, we examined the association of involvement in decision-making with the onset of cognitive decline among older Japanese adults requiring care. The analysis included 219 cases of individuals with normal cognition and no missing variables at baseline and responded to the follow-up survey. An MMSE score of 23 or lower at follow-up was defined as the onset of cognitive decline. The level of involvement in decision-making was assessed by one item and dichotomized (not involved/involved). The covariates were age, gender, education, MMSE score, eligibility level for long-term care, and others at baseline. At baseline, 67.1% were 75 years or older, 58.9% were female, and 91.8% responded being "involved" in the decision-making. The incidence of cognitive decline at follow-up was 30.6%. The multivariable logistic regression analysis showed that involvement in decision-making (OR=0.298 [95% CI: 0.10-0.88], $p=0.029$) was negatively and significantly associated with the onset of cognitive decline. Our findings show the importance of involvement in the decision-making for daily care to reduce the risk of subsequent cognitive decline in older adults requiring care, even in a culture of familism.

IS SUSCEPTIBILITY TO DEFAULT EFFECTS ASSOCIATED WITH AGE?

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Older adults are more likely to avoid making decisions than younger adults are. Because the underlying reasons are poorly understood, the present study investigated the