the relation between wisdom and psychological well-being (PWB) among elderly. Hence, the present study proposes and tests this moderation model. Three-Dimensional Wisdom Scale (3D-WS), Religious Orientation Scale (ROS), Spiritual Well-being Subscale of Mental, Physical, Spiritual Well-being Scale (MPSW), and Psychological Well-being Scale (PWS) were administered to 165 Turkish elderly people whose age ranged from 65 to 88. Wisdom and spiritual well-being had significant positive correlations with each other and they seem to contribute to PWB. In addition, a significant moderating effect of spirituality on wisdom-PWB association was found. Yet, intrinsic religiosity was unrelated to wisdom and PWB, and it did not have a moderating role in this relation. Findings regarding spirituality and wisdom are consistent with the literature while findings about intrinsic religiosity are contrary to expectations. This study emphasizes that wisdom and spiritual well-being should be taken into consideration when dealing with elderly in mental health or health settings.

A PROFILE OF AFRICAN AMERICAN CAREGIVERS FOR FAMILY MEMBERS WITH MEMORY PROBLEMS IN THE DEEP SOUTH


Interventions formulated to help caregivers have generally not included enough African Americans (AAs) to determine if they are effective within this population. The current investigation provides information on AA caregiving issues and needs. Participants were recruited from the Birmingham, AL metro area and received a $25 gift card for completing a telephone interview. Caregivers provided information on demographics, social support, problems encountered as caregivers, and interest in services if they were made available. Of the 29 caregivers enrolled, 21 were female (72%) and 8 male (28%). The average age of caregivers was 53.76 years (range = 22 – 77) and they reported caring for individuals with average scores on the AD8 Dementia Screening Scale of 7.3 out of 8 and 10.8 out of 18 on the Clinical Dementia Scale Sum of Boxes (above the cutoffs for probable dementia). Caregivers reported between 1 and 20 members in their social support networks and 14 (48%) caregivers were employed. Caregivers reported problems dealing with the family member not remembering who they were, taking care of the family member's financial affairs, and other comorbid conditions such as high blood pressure and diabetes. Additionally, 23 caregivers (79%) reported being interested in at least 1 of the services listed. This data will be utilized to provide initial evidence of if the New York University Caregiver Intervention, an efficacious counseling and support intervention, can be pilot tested as constructed to address issues of AA caregivers in the Deep South or if cultural modifications need to be made.

OBJECTIVE PHYSICAL ACTIVITY, SEDENTARY TIME, AND INCIDENT DISABILITY IN OLDER ADULTS

T. Chen¹, Y. Haeuchi¹, T. Honda¹², S. Chen¹³, K. Narazaki¹, S. Nagayoshi¹, S. Kuwamagi¹, 1. Kyushu University, Kasuga, Japan, 2. Research Fellow of the Japan Society for the Promotion of Science, Tokyo, Japan, 3. Fukuoka Institute of Technology, Fukuoka, Japan, 4. Central South University, Changsha, China

Substantial evidence shows that higher levels of moderate-to-vigorous physical activity (MVPA) are associated with lower risk of disability, and an emerging body of literature suggests a higher level of sedentary time (ST) is related to a higher risk of disability. However, most studies assessed MVPA and ST using questionnaires. This prospective study investigated the associations of accelerometer-assessed PA and ST with risk of disability among 1,603 participants from the prospective population-based Sasaguri Genkimon Study, who were aged ≥65 years and without disability at baseline in 2011. MVPA and ST were assessed by a tri-axial accelerometer in 2011. During follow-up, incidence of disability was defined as first certification for personal support or care by the national long-term care insurance system of Japan. Cox proportional hazards models were used to estimate adjusted hazard ratios (HR) and 95% confidence intervals (CI) for the onset of disability. Over a median follow-up of 3.8 years, incident disability was identified in 149 participants (9.2%). After adjusting for sex, age, education, living status, cognitive impairment, multi-morbidity, smoking and drinking status, higher level of MVPA was associated with lower risk of disability. After additional adjustment for ST, those in the two higher tertiles of MVPA showed lower risk of disability compared to the lowest tertile group, with adjusted HR (95% CI) of 0.51 (0.32–0.81) and 0.52 (0.30–0.91), respectively. No association was observed for ST. These data demonstrated clear benefits of MVPA for prevention of disability.

THE DIFFERENTIAL IMPACT OF SOCIAL PARTICIPATION AND SOCIAL SUPPORT ON PSYCHOLOGICAL WELL-BEING

N. Sharifian, D. Gruhn, North Carolina State University, Raleigh, North Carolina

Being socially involved is theorized to diminish age-related declines in cognitive and emotional functioning. However, different facets of being socially involved may differentially impact functioning in older adulthood. In the present study, we aimed to expand on it by investigating the impact of two distinct aspects of social engagement - social support and social participation - to assess their impact on change in psychological well-being in two samples from the three-wave Wisconsin Longitudinal Study spanning 19 years (1992–2011): the original high school graduate respondents and their siblings. The goal of the present study was to examine (a) age-related trajectory of psychological well-being (PWB) and (b) whether interindividual differences in social participation and social support influenced intraindividual change in psychological well-being. Using latent growth curve models, we found general declines in psychological well-being from middle to old adulthood. Social participation predicted the slope of psychological well-being, that is, individuals high in social participation demonstrated a less steep decline in psychological well-being across the three time points than individuals low in social participation. Social support, however, did not demonstrate a buffer effect on declines in psychological well-being. Developmental implications of the age-related trajectory of psychological well-being and the relationship with social participation are discussed.