assessed as the coefficient of variation utilizing the body weight information collected over 16 years before 2008. Cox proportion hazard model was applied to estimate hazard ratio (HR) of dementia associated with body weight variability. Higher body weight variability was associated with an increased incidence of dementia after controlling for sociodemographic factors, lifestyle, mean body weight, and body weight change. The multi-variable adjusted HR of dementia of the highest quartile of body weight variability was 2.01 (95% CI 1.01-1.87) compared with the lowest. Every 1% increment in variability was associated with a 6.2% higher risk of dementia (HR=1.06, 95%CI 1.04,1.09, p-trend=0.001). Such association was observed for both Alzheimer’s disease and other types of dementia, with stronger association observed when body weight variability was assessed closer to dementia assessment.

**OCCUPATIONAL DIFFERENCES IN METABOLIC SYNDROME INCIDENCE AMONG OLDER WORKERS**

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This study investigates whether the incidence of metabolic syndrome (MetS), and its components, differs by occupational group among older workers (45-65 years) and whether health behaviors (smoking, leisure-time physical activity, diet quality) can explain these differences. We analyzed data from older workers (N=23,051) from two comprehensive measurement waves of the Lifelines Cohort Study and Biobank. MetS components were determined by physical measurements, blood markers, medication use, and self-reports. Occupational group and health behaviors were assessed by questionnaires. The association between occupational groups and MetS incidence was examined using Cox regression analysis. Health behaviors were subsequently added to the model to examine whether they can explain differences in MetS incidence between occupational groups. Low skilled white-collar workers had a significantly higher MetS incidence risk during 3.65 years follow-up than high skilled white-collar workers. Health behaviors reduced the strength of the association between occupational group and MetS incidence most among low skilled blue-collar workers. Higher MetS incidence among low skilled blue-collar workers (i.e. 10.3% reduction) as unhealthy behaviors were analyzed for both MetS and its components, compared with the lowest. Every 1% increment in variability was associated with a 6.2% higher risk of dementia (HR=1.06, 95%CI 1.04,1.09, p-trend=0.001). Such association was observed for both Alzheimer’s disease and other types of dementia, with stronger association observed when body weight variability was assessed closer to dementia assessment.

**THE ASSOCIATION OF MEAL TIMING WITH BODY COMPOSITION AND CARDIOMETABOLIC HEALTH IN OBESE OLDER ADULTS**

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**Objectives:** To determine the association between eating windows and time of last calorie intake with body composition and cardiometabolic health in obese older adults.

**Methods:** We performed a cross-sectional analysis on 36 community-dwelling, overweight-to-obese (BMI 28.0-39.9 kg/m2) older adults, recruited to participate in a weight loss and exercise trial. Time of food intake were extracted from three 24-hour food recalls. Eating window was calculated as the time elapsed between the first and last food intake. We recorded the time of last calorie intake either from food or drink. Blood glucose, triglycerides, high-density (HDL) & low-density (LDL) lipoprotein cholesterol were measured as markers of cardiometabolic health. Total fat and lean mass were assessed by DXA. Partial correlation was used to determine the relationships between eating window and last calorie intake with body composition and cardiometabolic markers, while controlling for sex, age, and total calorie intake.

**Results:** On average, participants’ eating window was 12.0±1.1 hours. Time of last calorie intake in 86% of...