participants was between 6:00-8:00 PM. After controlling for potential confounders, longer eating windows were associated with higher triglyceride levels ($P=0.032$) and lower HDL ($P=0.035$), while no association was observed with the other cardiometabolic markers. We observed negative trends, though not statistically significant, between longer eating windows and greater weight, BMI, and fat mass. No association was observed between time of last calorie intake, body composition and cardiometabolic markers.

**Conclusions:** Our results suggest that timing of food intake may influence cardiometabolic risk and obesity in older adults.

**TRAJECTORIES OF BODY MASS INDEX AND MULTIMORBIDITY IN OLD AGE: 12-YEAR RESULTS FROM A POPULATION-BASED STUDY**

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We aimed to study the association of long-term trajectories of body mass index (BMI) with contemporaneous changes in multimorbidity development in older adults. Twelve-year BMI trajectories (2001–2013) were identified in subjects aged 60+ years from the Swedish National Study on Aging and Care-Kungsholmen (SNAC-K) using growth mixture models ($N=2,189$). Information on chronic diseases and multimorbidity was ascertained based on clinical examinations, lab tests, medications, and inpatient and outpatient medical records. Linear mixed models were used to study the association between BMI trajectories and the speed of chronic diseases accumulation, in general and by groups of cardiovascular and neuropsychiatric diseases. Eighty percent of the study population was included in a stable BMI trajectory, 18% in a slow-decline trajectory with an accelerated BMI decline from age 78 onwards, and 2% in a fast-decline trajectory that reached underweight values before age 85. A significantly higher yearly rate of chronic disease accumulation was observed in the fast-decline versus stable trajectories ($\beta=0.221$, 95% CI 0.090-0.352) after adjusting for age, sex, education and time to death. Subjects in the slow-decline trajectory showed a significantly higher rate of cardiovascular diseases accumulation ($\beta=0.016$, 95% CI 0.000-0.031); those in the fast-decline trajectory showed a faster accumulation of both cardiovascular ($\beta=0.020$, 95% CI -0.025, 0.064) and neuropsychiatric diseases ($\beta=0.102$, 95% CI 0.064-0.139), even if the former association did not reach statistical significance. Carefully monitoring older adults with sustained weight loss seems relevant given their likelihood to develop a phenotype of rapidly accumulating chronic -especially neuropsychiatric- diseases.

**Session 1205 (Symposium)**

**BUILDING CAREGIVER RESILIENCE: PITFALLS AND POTENTIAL FOR INTERVENTIONS**

Chair: Jeongeun Lee Co-Chair: Natasha Peterson
Discussant: Steven Zarit

Informal caregivers provide substantial practical and emotional support for individuals with chronic and acute conditions. Consequently, many experience caregiver burden and are at high-risk for psychological morbidity and associated breakdown in the provision of care for care recipients. Many psychosocial interventions have been designed to help caregivers. However, more work is needed to identify which, or what kind of, interventions are optimal for identifying suitable strategies and care management. The main objectives of this symposium are to (1) address psychosocial and demographic factors contributing to caregiver resilience, (2) understand the role of cognitive and behavioral factors that have implications for caregivers’ psychological well-being, and (3) specify different caregiving styles and adaptive outcomes. This symposium assembles a panel of experts and brings together empirical research on various challenges that need to be addressed and potential opportunities for creating effective psychosocial intervention targets for caregivers. The first session will discuss several psychosocial and demographic factors associated with resilience among caregivers. The second session will share how caregiving appraisals are closely related to positive and negative affect and whether the level and changes in caregivers’ activity participation moderate this linkage. The third session will identify caregiving styles and strategies utilizing k-modes machine learning analysis and share how caregivers adapt to care situations. The final session will present caregivers’ stress experiences related to dementia patients’ behavior and psychosocial symptoms in dementia during the day. The session will conclude with Dr. Zarit, who will integrate the four papers and offer insight on implications across studies.

**CAREGIVING APPRAISALS AND EMOTIONAL VALENCE: BUFFERING EFFECT OF ACTIVITY PARTICIPATION**

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Caregiving activities often lead to positive and negative appraisal for caregivers. Caregivers may limit social participation due to caregiving activities. Changes in level of activity participation could have profound consequences for caregiver’s valence. However, little is known about how activity participation could moderate the association between these caregiving appraisals and emotional valence. Data came from the National Study of Caregiving (Round 1 and 2), a nationally representative study of caregivers. Referencing Lawton’s two-factor model (1990), we examined both the levels and changes in activity restriction interacting with positive and negative caregiving appraisals to predict both valence across two waves. Consistent with two factor models, findings revealed level and changes in activity restriction moderated the relationship between caregiving appraisal and outcomes for both valences. These findings highlight the role of activity restriction as a target to reduce negative valence and improve positive valence for caregivers.

**TEMPORAL PATTERNS OF DAILY BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA THROUGHOUT THE DAY**

Caitlin Connelly,1 Kyungmin Kim,2 Yin Liu,3 and Steven Zarit,4 1. University of Massachusetts Boston,