Previous research has found a reciprocal relationship between pain and depression, in which each influences the severity of the other (Chou, 2007; Hawker et al., 2011, Kroenke et al., 2011; Scheier et al., 2009). Studies have found that depressed individuals exhibit stronger pain-mood associations than never-depressed individuals (Conner et al., 2006; Tennen et al., 2006). The current study investigated main and interactive effects of depressive symptoms on the momentary associations between pain and mood. Experience sampling (ESM) data was used from a multi-site study examining individuals with knee osteoarthritis (OA). Participants completed self-report measures of global depression and momentary pain, negative affect (NA), and positive affect (PA). Cross-sectional associations among momentary pain and affect were examined in a series of hierarchical multilevel models that nested the 28 ESM calls (Level 1) within participants (Level 2). A parallel set of multilevel models tested lagged associations among momentary variables. Depression significantly moderated the contemporaneous (p < .001) and lagged (p < .003) associations between pain and NA, suggesting that depression intensifies the momentary pain-NA linkage. There were no significant interaction effects for PA. These findings extend existing knowledge by illustrating how depressive symptoms influence the everyday experience of OA pain and its impact on affective well-being. (Supported by AG041655, P. Parmelee and D. Smith, Co-PIs)

Session 9415 (Poster)

PERSONALITY

A COORDINATED ANALYSIS EXAMINING THE ASSOCIATION BETWEEN PERSONALITY TRAITS AND COGNITIVE DISPERSION

Tomiko Yoneda,1 Alejandra Marroig,2 Emily Willroth,3 Eileen Graham,3 Scott Hofer,1 Daniel Mroczek,3 and Graciela Muniz-Terrera,3,4 1. University of Victoria, Victoria, British Columbia, Canada; 2. Universidad de la Republica, Uruguay, Instituto de Estadística, Universidad de la Republica, Montevideo, Uruguay; 3. Northwestern University, Chicago, Illinois, United States; 4. University of Edinburgh, Edinburgh, Scotland, United Kingdom

Cognitive dispersion is the degree of within-person variation in performance across cognitive tasks at the same testing occasion. Existing literature indicates that cognitive dispersion may be an early marker of poor brain health, dementia, and mortality. Limited research, however, has examined individual differences in cognitive dispersion. Although personality traits are associated with individual differences in cognitive functioning, no research has examined personality and cognitive dispersion. In this project, we execute a pre-registered, coordinated analysis of seven diverse, international longitudinal studies of aging (Ntotal=33,581; mean age range=56.4-71.2) to investigate the extent to which the Big Five personality traits are associated with cognitive dispersion. For methodological approach, see /osf.io/wrnjaq/. Cognitive dispersion scores were derived from cognitive test results, and independent linear regression models were fit independently in each study to examine personality traits as predictors of dispersion scores, adjusting for mean cognitive performance and socio-demographics (age, sex, education). Results from individual studies were synthesized using random-effects meta-analyses. Results revealed minimal evidence for associations between cognitive dispersion and personality traits in independent analyses or in meta-analyses. Based on the meta-analytic estimates, only higher levels of openness were associated with greater cognitive dispersion. Mean cognitive scores were negatively associated with cognitive dispersion across the majority of studies, indicating that individuals with higher mean performance had less dispersed cognitive scores. Our study contributes to the replicability and transparency efforts characteristic of open science by pre-registering our study and drawing on the collaborative network of the Integrative Analysis of Longitudinal Studies of Aging and Dementia (IALSA).

IMPACT OF PERSONALITY FEATURES AND INTERPERSONAL PROBLEMS ON ANXIETY AMONG OLDER ADULTS


Introduction: Anxiety is a significant mental health problem among older adults and is associated with multiple other mental disorders, poor psychosocial functioning, and reduced quality of life. Personality traits and disorders, along with interpersonal problems, may play a significant role in anxiety, but these relationships are not well understood among older adults. This study examined relationships between anxiety with normative personality traits, personality disorder (PD) features, and interpersonal problems.

Method: Community-dwelling older adults (N = 130) completed the Geriatric Anxiety Scale (GAS), COOS Id Axis Two Inventory (CATI), Big Five Inventory-2 (BFI-2), and Circumplex Scales of Interpersonal Problems (CSIP).

Results: Anxiety was positively correlated with 13 of 14 CATI PD scales, ranging from .23 (Narcissistic) to .61 (Depressive). Regarding normative personality, anxiety was associated with Agreeableness (.23), Conscientiousness (.30), Extraversion (.31), and Negative Emotionality (.56). Regarding interpersonal problems, anxiety was positively related to all eight CSIP scales: Self-Sacrificing (.30), Domineering (.31), Exploitable (.40), Intrusive (.41), Self-centered (.47), Nonassertive (.50), Socially Inhibited (.60), and Distant/Cold (.62). Regression analyses indicated that PD features accounted for the most variance in anxiety (53%), followed by interpersonal problems, (46%) and normative personality traits (33%).

Discussion: Anxiety appears to be meaningfully associated with PD features, several aspects of normative personality, and interpersonal problems, suggesting that these variables may play a role in the development of anxiety,
or vice versa. Our findings especially speak to the growing awareness of the deleterious impact of PD features on clinical syndromes in later life, as evidenced by strong comorbidities with anxiety.

PATHOLOGICAL TRAITS AND INTERPERSONAL DIFFICULTIES IN DEPRESSED OLDER ADULTS: CLINICAL VERSUS COMMUNITY SAMPLING

George Lederer,1 David Freedman,2 Lauren Atlas,1 Shira Kafker,3 Ira Yenko,4 Angel Mak,4 Dimitry Francois,3 and Richard Zweig,4 1. Yeshiva University, Scarsdale, New York, United States, 2. Yeshiva University, Brooklyn, New York, United States, 3. New York-Presbyterian/Columbia University Irving Medical Center, NEW YORK, New York, United States, 4. Yeshiva University, Bronx, New York, United States, 5. NY, White Plains, New York, United States

Personality pathology, represented by high neuroticism and low agreeableness in the Five Factor Model of Personality, has been identified as a predictor of depression in mixed-age samples and preliminary studies of older adults. Research on older people, however, has not examined the differential impact of pathological personality traits and processes on depression or examined them across treatment settings. This secondary analysis examined personality traits and processes as predictors of depression, evaluated the moderating effect of interpersonal problems, and assessed stratification of these personality variables across community and clinical settings. Older adults (N=395) ranging in age from 55 to 99 (M = 72.06; SD = 10.10) from inpatient psychiatric, outpatient medical, and community settings completed self-report measures of personality traits (NEO-FFI Agreeableness and Neuroticism), processes (Inventory of Interpersonal Problems), and depression (GDS-30). Higher neuroticism predicted worsened depressive symptoms (β = .765, p < .001), as did lower agreeableness (β = -.163, p = .002) and more interpersonal problems (β = .459, p < .001). Findings partially supported the stratification of personality traits and processes by setting. Interpersonal problems moderated neither the neuroticism-depression or agreeableness-depression relationships. Personality traits and processes predict depression in older adults across care settings but do not significantly interact. Levels of pathological traits and processes vary across community and clinical settings.

PERSONALITY CHANGE PROFILES AND CHANGES IN COGNITION AMONG MIDDLE-AGED AND OLDER ADULTS

Mirjam Stieger,1 Yujun Liu,2 Eileen Graham,3 Jenna DeFrancisco,1 and Margie Lachman,4 1. Brandeis University, Waltham, Massachusetts, United States, 2. Northern Illinois University, Naperville, Illinois, United States, 3. Northwestern University, Chicago, Illinois, United States, 4. Brandeis University, Brandeis University, Massachusetts, United States

Previous research on the relationship between personality traits and cognitive abilities has primarily focused on cross-sectional studies or on specific personality traits in relation to selected cognitive dimensions. The present study extends existing research by exploring associations among 20-year personality change profiles and 10-year cognitive change in middle-aged and older adults. The present study included 2,652 participants of the Midlife in the United States study (MIDUS) ranging in age between 20 - 74 years (M = 46.61, SD = 11.26) at the first of the three measurement occasions. Latent Profile Analysis (LPA) was used to capture profiles of change across the Big Five personality traits of extraversion, conscientiousness, agreeableness, openness, and emotional stability combined. Results of the LPA identified three personality change subgroups: Decreasers, Maintainers, and Increasers. Across the 20 years, the Decreasers showed greater decreases on the Big Five personality traits, the Maintainers remained mostly stable, and the Increasers showed greater positive trait increases. Also, the Maintainers and Decreasers were significantly older than the Increasers. Longitudinal multilevel models were used to examine the relationship between these three personality change profiles and cognitive change. Age, sex, education, physical activity, functional health, and self-rated health were added as covariates. Results show that cognitive decline was greater for the Decreasers and less for the Increasers compared to the other personality change profiles. The results have implications for developing interventions to target personality trait change in middle and later adulthood as a potential means for reducing declines in cognitive functioning.

THE INTERPERSONAL CIRCUMPLEX AND THE ALTERNATIVE MODEL OF PERSONALITY DISORDERS: RELATIONSHIPS AMONG OLDER ADULTS

Lisa Stone,1 and Daniel Segal,2 1. University of Colorado Colorado Springs, Colorado Springs, Colorado, United States, 2. University of Colorado at Colorado Springs, University of Colorado at Colorado Springs, Colorado, United States

Introduction: The interpersonal circumplex model measures interpersonal dysfunction along two axes (communication and agency), resulting in eight unhealthy patterns: Domineering, Vindictive, Cold, Socially Avoidant, Nonassertive, Exploitable, Overly Nurturant, and Intrusive. It is unclear how the circumplex model applies to older adults and their unique biopsychosocial contexts. This study examined relationships between the circumplex and personality disorder features, using the Alternative Model of Personality Disorder’s (AMPD) personality functioning and pathological personality trait constructs.

Method: Older adults (N = 202) completed the Inventory of Interpersonal Problems-Short Circumplex (IIP-SC), the Levels of Personality Functioning Scale-Short Form (LPFS-SR), and the Personality Inventory for DSM-5 (PID-5) to measure pathological personality traits.

Results: Correlations were computed between the IIP-SC’s eight circumplex scales with the LPFS-SR’s four personality functioning domains and with the PID-5’s five domains. All circumplex scales significantly (p < .001) and positively correlated with all LPFS-SR and PID-5 domains, with large effect sizes (> .45). Next, regressions were conducted, with the LPFS-SR and PID-5’s domains predicting each IIP-SC scale. Across the eight regressions, the AMPD constructs accounted for significant variance in the IIP-SC scales, ranging from 38% (Nonassertive) to 64% (Domineering and Cold).

Discussion: Significant overlap between the interpersonal circumplex and the AMPD was demonstrated, but patterns are distinct from previous research among younger adults.