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EFFECT OF SLEEP DIFFICULTIES ON COGNITIVE DECLINE AMONG OLDER AMERICANS

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There is growing concern that societies are becoming more generationally divided and that this is having negative social consequences, such as increasing loneliness and social isolation. Residential age segregation as a key driver of this divide and there is worrying evidence that levels of residential age segregation have increased in the USA, UK and Europe. However, measures of age segregation have a high level of geographical aggregation, e.g. local authorities. Studies show that measures are often at different geographical scales, e.g. wards, districts, etc., are used in different studies and iv) measures are often at different scale of young/older age groups are used in different studies, iii) different geographical scales, e.g. wards, districts, etc., are used in different studies and iv) measures are often at different scales. To address these issues we have developed a new measure of age segregation, and costal areas.

The majority of people in England and Wales live in multigenerational households. However, some areas have seen a drop in multigenerationality, especially those in inner city and coastal areas. Research suggests that the neighborhood where people live has significant main effect between neighborhood and cognitive decline. Participants who reported having difficulty falling asleep or waking up at night, and cognitive decline. Results showed a significant interaction between sleep and neighborhood disorders moderate the effect of sleep on cognitive decline.

However, limited studies have examined how neighborhood on health outcomes, sleep quality outcomes, including cognitive decline. Similar to the impact of neighborhood on health outcomes, sleep quality has been linked to cognitive functions in older adults. After viewing PYL, subjects are surveyed every 6 months to determine the associations between sleep, sleep quality, and cognitive decline with 10.3% identifying worsening memory loss in the past 12 months. Moderated regression analysis using PROCESS macro (model 1) was performed to determine the associations between sleep, sleep quality and cognitive decline. Participants who reported having difficulty falling asleep or waking up at night, had 3 times the odds of increased in cognitive decline, B= 0.369, p =.014, compared to those who reported no difficulty. This longitudinal study consists of older adults from University, New Brunswick, New Jersey, United States, and Aging Trends (NHATS) data. Approximately 55% of the respondents were age 80+, and 74% identified as non-Hispanic White Americans. Sleep quality was operationalized as subjective reports of increasing difficulties in falling and staying asleep, and the absence of difficulties in falling and staying asleep was based on observations by interviewers. Cognitive decline was operationalized as the absence of difficulties in falling and staying asleep, and the absence of difficulties in falling and staying asleep was based on observations by interviewers.
empirical research to support its effectiveness (Canedo-García et al., 2017). This project examined whether a multimodal intergenerational book club challenged age stereotypes and reduced ageism among participants (N=41). Twenty-one older adults (61-82) and 20 younger adults (18-22) read A Man Called Ove and met three times to introduce themselves (Time 1) and discuss the book (Time 2 and 3). Before the first meeting and after subsequent meetings, participants completed a survey to assess ageist beliefs and stereotypes. We expected ageist beliefs and stereotypes to decrease across time during the book club program. There was a statistically significant interaction between age group and time on benevolent ageism $F(2, 52)= 5.23, p=.009$, partial $\eta^2= .167$, such that benevolent ageism was more endorsed in younger adults ($M=6.64, SE= 2.48, p= .011$) compared to older adults at Time 1. This difference was not observed at Time 2 or Time 3 due to younger adults’ decreased overall endorsement. For positive generational stereotypes about older adults, there was a statistically significant main effect of time, $F(2, 52)=7.095, p=.002$, partial $\eta^2= .214$, such that both younger and older adults increased their endorsement of these stereotypes from Time 1 to Time 3; similar findings occurred for positive stereotypes about younger adults $F(2, 46)=4.53, p=.016$, partial $\eta^2= .165$. Results indicate intergenerational book clubs are an effective means to improve intergenerational relations and reduce ageist attitudes in younger adults.