activity engagement and cognitive performance among older adults.

FACTORS INFLUENCING EPISODIC MEMORY IN SUBJECTIVE COGNITIVE DECLINE: AN IMPLICATION FOR DEMENTIA PREVENTION
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Episodic memory is typically affected early in the process of Alzheimer’s disease. Little is known about factors affecting episodic memory in subjective cognitive decline (SCD). The purpose of this study was to identify vascular and neuropsychiatric risk factors associated with episodic memory changes in older adults with SCD. Using the National Alzheimer’s Coordinating Center-Uniform Data Set, the relationship between baseline modifiable risk factors and episodic memory changes was analyzed using linear mixed-effects regression models. The study included a total of 1,401 subjects with SCD (mean ages: 74.0±8.2 years, 67.5% females, 84.2% White, mean follow-up period: 4.1±2.4 years). In univariate adjusted model, statistically significant coefficients on main effect or interaction with time were selected and entered into multivariate model, which was adjusted mutually for chosen independent variables and for all covariates. Reference in the final model was subjects without 1) hypercholesterolemia, 2) cigarette smoking history, and 3) depression. Those with hypercholesterolemia and former smokers had 0.024 and 0.035 points higher episodic memory scores than reference at baseline with similar rate of score changes between each group and reference over time, respectively. Current smokers scored 0.081 points lower than reference at baseline with similar rate of change over time between groups. Despite no difference at baseline, the score of depressed subjects decreased by 0.014 points a year compared to reference. It is important to manage current smoking and depression for older adults with SCD. Further research needs to identify which levels of cholesterol and smoking have a protective effect on episodic memory.

COGNITIVE AND SUBJECTIVE EFFECTS OF OXYCODONE IN OLDER ADULTS WITH HEALTHY AND UNHEALTHY ALCOHOL PATTERNS
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Chronic unhealthy levels of alcohol use, may predispose adults to use illicit substances and/or modify their response to prescribed medications, such as pain medications. We examined the cognitive and side effect response of older adults who met criteria for healthy and unhealthy alcohol drinking patterns after exposure to 10mg of oxycodone. Using a human laboratory model, eligible participants were characterized on cognitive, side effect measures and coldpressor pain test (CPT) at baseline and repeated 90 minutes, 3 and 5 hours post dosing (10mg oxycodone). Blood samples were taken at regular intervals to measure drug levels. One-hundred twenty-five adults completed the study day, eighty participants with heavy alcohol consumption and 45 with healthy. Middle age (MA) group had a mean age of 51 (11.2) years, older adults (OA) 72 (4.2) years. Between group (unhealthy vs healthy drinkers, middle age vs older adult) comparisons for cognitive performance indicate a significant decline at 90 min. However, MA and OA heavy alcohol consumers evidenced less decline on sustained attention (D2) and working memory, but more decline on a measure of balance (berg). Anti-nocioceptive effects were greatest in healthy (MA,OA) in comparison to heavy, however there were no differences on pupil miosis. Subjective rating of side effects were rated more severe in the OA unhealthy group compared to MA and healthy. These findings indicate unhealthy alcohol consumption attenuates the impact of opioid medication. Results indicate that alcohol consumption patterns should be considered when using opioids in older and middle age adults.

ASSESSING THE ADEQUACY OF SOCIAL SECURITY RETIREMENT BENEFITS ACROSS RACE-ETHNICITY, GENDER, AND AGE OF RETIREMENT
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This research assessed the adequacy of Social Security retirement benefits across race-ethnicity, gender, and age of retirement, and in turn, whether the differing levels of benefit adequacy have any relation to mortality risk. Prior studies generally find that a replacement rate of between 70 to 80 percent of prior earnings would likely allow a worker to maintain his or her standard of living in retirement since various work-related expenses are reduced or eliminated at the point of transition. As such, the current study used panel data from the 1996 - 2016 waves of the Rand version of the Health and Retirement Study to 1) determine earnings replacement rates for non-Hispanic White, non-Hispanic Black, and Hispanic males and females in the first period of retirement, and 2) to examine whether earnings replacement rates are associated with mortality risk in a Cox regression model. The findings revealed that for those retiring at age 65 or later, Hispanic females and White males had the lowest earnings replacement rates at 39.3% and 40.7%, respectively. For those retiring before age 65, Hispanic males and White males had the lowest earnings replacement rates at 30.3% and 26.7%. Although replacement rates should indeed be lower for high earners due to Social Security’s progressive benefit formula, the low replacement rates determined for Hispanic males and females were unexpected. Moreover, mortality risk was found to be significantly associated with earnings replacement rates in the final model, but the combination of race-ethnicity and gender still showed a stronger relation.

DISCOVERING STAFFING ISSUES AND EXPERIMENTING WITH STAFFING LEVELS IN DUTCH NURSING HOMES
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