

performance) and task-unrelated thoughts were included as self-report measures of mind-wandering. These mind-wandering measures, along with demographic variables (age, sex, and education), were regressed using Partial Least Squares Regression to determine the impact of mind-wandering measures on fluid cognition (NIHT-CB) and perceived psychological well-being (WHOQOL-BBREF). Validation tests were completed to assess model fit.

Results: A single latent factor explained 26% of the variance in fluid cognition ($p=0.0001$). Higher levels of age, errors of omission on both tasks, and task-related interference were all associated with worse fluid cognition, whereas task-unrelated thoughts were associated with better fluid cognition.

A two-factor latent model explained 12% of the variance in perceived psychological well-being ($p=0.0004$). Age and task-unrelated thoughts were positively associated with psychological well-being. In contrast, errors of omission on both tasks, response time variability on the CPT, and task-related interference were negatively associated with perceived psychological well-being.

Conclusions: Mind-wandering is associated with fluid cognition and perceived psychological well-being in older adults. Select behavioral measures were better than self-report measures at linking mind-wandering to fluid cognition and perceived psychological well-being. Interestingly task-unrelated thoughts, but not task-related interference, was positively associated with fluid cognition, supporting the cognitive resource-based account of mind-wandering. The result of our study provides novel insights into differential relationships between various metrics of mind-wandering and cognitive and psychological health.

Categories: Aging

Keyword 1: aging (normal)

Keyword 2: attention

Keyword 3: fluid intelligence

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48 Variable Sleep Hours and Restfulness Ratings Across Days Predict Daily Functioning in Community-Dwelling Older Adults

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Objective: Certain contextual factors, including non-restorative sleep (Niermeyer & Suchy, 2020), sleep deprivation (Lim & Dinges, 2010), burdensome emotion regulation (Franchow & Suchy, 2017), and pain interference (Boselie, Vancleef, & Peters, 2016) have been shown to contribute to temporary declines in executive functioning (EF). Contextually-induced decrements in EF in turn have been associated with temporary decrements in performance of instrumental activities of daily living (IADLs) among healthy older adults (Brothers & Suchy, 2021; Suchy et al., 2020; Niermeyer & Suchy 2020). Furthermore, some evidence suggests that higher variability in levels of contextual factors across days (i.e., deviations from routine) may contribute to IADL lapses above and beyond average, albeit high, levels of these contextual burdens (Bielak, Mogle, & Sliwinski, 2019; Brothers & Suchy, 2021). Taken together, these findings highlight the importance of accounting for transient contextual burdens when assessing EF and IADL abilities in older adults.

Poor sleep quality has been associated with poor IADL performance (Fung et al., 2012; Holfeld & Ruthing, 2012) when assessed in a single visit. However, the potential contributions of variable sleep quantity and quality on IADL performance have not been assessed in healthy older adults using longitudinal methods. Accordingly, the aim of this study was to examine the impact of fluctuations in sleep quantity and quality, assessed daily, above and beyond average levels, on at-home IADL performance across 18 days in a group of community-dwelling older adults.

Participants and Methods: Fifty-two non-demented community-dwelling older adults (M age = 69 years, 65% female) completed 18 days of at-home IADL tasks, as well as daily ecological momentary assessment (EMA) measures of EF, sleep hours, and restfulness questions. An 18-day mean EMA EF score was computed controlling for practice effects. Mean levels of and variability in EMA sleep hours and EMA restfulness ratings were computed. IADL scores were computed for timeliness and accuracy across the 18 days.

Results: A series of hierarchical linear regressions were run using separate IADL timeliness and accuracy as the dependent variable. In the first step, demographics (age, sex, education) were entered. Then, EMA EF was entered, followed by mean EMA sleep hours and EMA mean restfulness, and lastly, variability in EMA sleep hours and EMA restfulness. EMA EF was found to significantly predict both IADL accuracy ($B = .46, p = .001$) and timeliness ($B = .45, p = .005$). Variability in EMA sleep hours ($B = .40, p = .008$) and restfulness ($B = -.29, p = .043$) both predicted IADL accuracy beyond other variables, while mean levels did not. Additionally, variability in sleep hours and restfulness substantially improved the prediction of IADL accuracy above and beyond other variables in the model, accounting for an additional 16% of variance ($F(2) = 3.80, \Delta R^2 = .16, p = .006$). Neither mean levels of or variability in sleep hours or restfulness predicted IADL timeliness.

Conclusions: Results suggest that greater fluctuations in the amount and quality of sleep across days may render healthy older adults more susceptible to lapses in daily functioning abilities, particularly the accuracy with which IADL tasks are completed.

Categories: Aging

Keyword 1: activities of daily living

Keyword 2: executive functions

Keyword 3: sleep

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49 Health Literacy and Well-Being in Older Adults

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Objective: Although health problems are often a natural consequence of aging, many older adults struggle to manage their health care problems. Health literacy refers to the ability to access, process, and use health information to make appropriate decisions to promote good overall

health. Low levels of health literacy are associated with a host of negative outcomes such as less efficient use of healthcare services, higher healthcare costs, increased mortality, and poorer self-rated health. In those with medical conditions (e.g., diabetes), lower health literacy is linked with higher levels of depression. It is important to investigate whether mental health is linked to health literacy as understanding these links has the potential to identify those at risk for negative outcomes and thus implement protective strategies. Therefore, the current study sought to determine the extent to which various mental health constructs such as happiness, well-being, anxiety and depression are related to health literacy in a community-based sample of cognitively healthy individuals. We hypothesized that higher levels of health literacy would be associated with higher self-reported well-being, happiness, and lower anxiety and depression.

Participants and Methods: *Design* - Cross-sectional, prospective study. *Setting* - Community-based. 93 individuals were included with mean age=59.02 years ($SD=15.12$) and mean education=15.70 ($SD=2.39$). 60% were women, the majority were White (55%) while 38% were Black and 7% belonged to other races; 90% were non-Hispanic. **Measures:** *Health Literacy* - Health literacy was measured by an 8-item instrument in the Rush Memory and Aging Project that examined the participant's understanding of health care, treatment, and related behaviors. *Happiness* - Happiness was measured by 5 items from the Satisfaction with Life Scale using a 7-point scale (1 = strongly agree; 7 = strongly disagree). Higher scores indicated lower levels of happiness. *Well-being* - Well-being was measured with an 18-item instrument from the Rush Memory and Aging project, with higher scores indicating better well-being. Statistics: Bivariate correlations between age, education, and mental health measures and health literacy were examined.

Results: Higher level of health literacy was significantly associated with age ($r = .282, p = .009$) and education ($r = .228, p = .039$). Contrary to our hypothesis, health literacy was not significantly associated with happiness ($r = .002, p = .987$), well-being ($r = .037, p = .742$), depression ($r = .005, p = .962$) or anxiety ($r = -.064, p = .568$). Even after controlling for age and education, these associations remained significant.