was used to examine main effects for DC (T2DM vs. MCI), potential covariates, and interactions between DC and covariates. Compared to PwMCI, PwT2DM viewed T2DM as more chronic (p=.022) but within their personal (p=.042) and treatment (p<.001) control. PwT2DM had a higher-perceived understanding (p=.001) and endorsement of being upset (p<.001) compared to PwMCI. Yet, PwMCI experienced more symptoms (p=.023) and had more concerns about their condition compared to PwT2DM (p<.001). Interactions were also found indicating having MCI and more comorbid conditions were associated with lower perceptions of the seriousness of consequences (p=.028), symptom identity (p=.035), and concerns (p=.013) regarding MCI. Having MCI and lower levels of education were associated with higher perceptions of the MCI's controllability by treatments (p=.011), while having MCI and older age was related to a better-perceived illness understanding of MCI (p=.018). Findings suggest that older adults may view mental disorders differently than physical disorders, which may have implications for patient education and interventions to facilitate symptom management.

COMPROMISED COGNITIVE FUNCTIONING AND WELL-BEING IN INFORMAL CAREGIVING? CAREGIVING DURATION MATTERS!

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As the prevalence of informal caregiving increases, the consequences of long-term caregiving on caregivers' cognitive and socioemotional functioning gain more importance for society. Consistent with the stress process model, caregivers tend to report poor health and socioemotional outcomes due to higher rates of stress. However, this negative view of caregiving was challenged by healthy caregiving hypothesis and recent data showing that caregiving might enhance or maintain cognitive functioning and decrease rates of mortality and functional health. Therefore, we theorize that the duration of caregiving–from the transition into caregiving to long-term caregiving–modulates the potential beneficial and detrimental effects. Using data from the English Longitudinal Study of Ageing (ELSA), caregiving was assessed in wave 2 (2004–2005) to wave 8 (2016–2017). MANOVAs and latent state models were used to investigate the impact of caregiving duration (0 years, 0–2 years, 2–4 years, >4 years) on cognitive function (i.e., memory and executive function) and well-being (i.e., life satisfaction and quality of life). As expected, caregiving for more than 4 years ($p < .01$) had a negative impact on well-being. In contrast, caregiving for 2–4 years was associated with better immediate ($p < .05$) and delayed recall ($p < .05$) than non-caregivers suggesting a U-shaped relation between caregiving duration and cognitive functioning. Consistent with expectations, caregiving duration had a differential impact on cognitive and emotional functioning suggesting that different mechanisms – such as stress, cognitive and physical engagement – may influence caregiving experiences. Future research may benefit from investigating its underlying mechanisms.

COMPUTATIONAL EXPLORATION OF GERONTOLOGY-RELATED TOPICS SHARED ON SOCIAL MEDIA PLATFORM TWITTER

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Twitter, a popular Internet social media platform, has become a significant medium for sharing information and ideas about various topics, including aging and older adults. While studies have been conducted to examine stigma or perception about specific diseases such as Alzheimer's disease and seizure on Twitter, there has been little effort to identify general themes of Twitter posts related to aging and older adults. This exploratory study attempts to answer this need by conducting a topic analysis of posts shared on Twitter posts about aging and older adults in English. We collected 328,568 English posts from Twitter posted between 07/01/18 and 07/31/18 using 19 English keywords referring to older adults. We analyzed this whole dataset as well as a subset of posts explicitly including aging-related hashtags, such as #olderadults. We used data mining methods (including Latent Dirichlet Allocation) in computing environment MATLAB to discover topics emerging from these two sets. Among posts with explicit aging-related hashtags, the most recurrent topics were family (relation with children and grandchildren, commemoration), community (resources, looking after older adults), health (disease-specific, public health, home care, formal and informal caregivers), politics and policies (insurance/pension, new laws), and news involving older adults (e.g., crimes on/by older adults). The analysis of the larger dataset additionally uncovered posts promoting pornography featuring older females and posts sharing general Internet content featuring older adults (e.g., YouTube videos). We also share the methodological challenges we encountered and practical recommendations for gerontological researchers interested in using social media data to inform new research.

CONSTRUCTING SUBJECTIVE AGE: PHYSICAL ABILITIES MAY BE MORE IMPORTANT THAN COGNITIVE OR SOCIAL FACTORS

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We often assume that when people report how old they feel (subjective age), they summarize all aspects of themselves (i.e., physical, mental, social) in a single number. But do people consider different aspects equally, and do they even consider each of these aspects? In a preregistered study (osf.io/xtceh), 200 adults aged 50–75 (mean 58 years; 121 females; 73% had at least some college) completed an online survey. They were asked to provide their subjective age, then describe how they constructed it. Participants answered an open-ended question to describe their thoughts, then two follow-up questions to probe these thoughts on domains (cognitive, physical, social), reference points (self, others, older, younger), and comparison context (better than, worse than). As expected, we found that on average participants reported feeling younger than their actual age. Participants reported considering an average of about 4 factors. Participants were more likely to report considering physical factors (mean 0.98 factors) than cognitive (0.73), and least likely to consider social factors (0.40). They were also more likely to consider their own status (mean 2.11 factors) than compare themselves to others (1.21), and more likely to consider their abilities (mean 1.32 factors) than their declines (0.79). There was no difference in relative weight for cognitive (41.3%)