grip strength <30kg, decline in life satisfaction, and additional functional limitations. Discussion. The study demonstrates the utility of machine learning approaches in large surveys to simultaneously process multiple predictors without boundaries of traditional linear modeling, being useful to inform clinical and policy decisionmaking.

DISENTANGLING THE MECHANISMS OF RETIREMENT ADJUSTMENT: DETERMINANTS AND CONSEQUENCES OF SUBJECTIVE WELL-BEING

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Retirement from work is a major life event and a process of adaptation to new life circumstances. The resource-based dynamic model of retirement adjustment suggests that well-being will change due to changes in individual resources. In the present study we test this hypothesis by investigating longitudinal associations between life satisfaction and six types of resources (i.e., self-esteem, autonomy, social support, self-rated physical health, self-rated cognitive ability, and financial satisfaction) measured over a three year period in the transition from work to retirement. Our sample included annual assessments of 614 older adults (aged 60–66) from the population-based HEalth, Ageing, and Retirement Transitions in Sweden (HEARTS) study. Findings from bivariate latent change score models revealed that self-esteem, social support, physical health, cognitive ability, and total resource capability were associated with changes in life satisfaction. But life satisfaction was also related to changes in self-esteem, autonomy, physical health, cognitive ability, and financial satisfaction. Our findings suggest that individual resources are important for changes in life satisfaction during the retirement transition, but at the same time may life satisfaction influence the ability to build and actually maintain resources after retirement.

EFFECTS OF RECIPIENT COGNITIVE STATUS ON PERCEPTIONS OF MISTREATMENT WHILE IN CARE

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Research has shown older adults with dementia are at a greater risk for mistreatment while in care compared to cognitively healthy older adults (VandeWeerd & Paveza, 2006). While the focus in literature has been to implicate caregiver burden, our research has examined the impact of dementia stereotypes (see Runac, Kwong See, & Choy, 2017). We found that when a care recipient was described as being in care because of Alzheimer's dementia (cognitively unhealthy) compared to diabetes (cognitively healthy), viewers of a video tape depicting an abusive exchange perceived cognitive and physical competence as lower when the care recipient had dementia. The caregiver responsible for the abusive care was perceived as more respectful, nurturing, competent, and benevolent when the care recipient had dementia compared to diabetes. This study added another cognitively healthy comparison (broken hip) to examine if the stereotype of enhanced physical ability within a dementia status would emerge. As we had found previously, a care recipient with dementia was perceived as lower in cognitive and physical competence compared to cognitively healthy conditions

(broken hip, diabetes), as behaving more respectful compared to diabetes, and more satisfied compared to the broken hip condition. The caregiver was generally perceived more positively in the dementia condition. Our research illustrates how dementia stereotypes may lead to the abuse of a person with dementia being perceived more leniently.

EFFECTS ON COGNITIVE FUNCTION AND CONTINUATION RATE OF A COGNITIVE INTERVENTION PROGRAM USING GO GAME

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This study investigated the effect of the GO game on cognitive function in community-dwelling older adults and evaluated whether social interactions in the program influences the intervention effects. Seventy-two participants were randomly assigned to the following three groups: 1) The face-to-face (FF) group who attended twelve GO classes held once a week, 2) the tablet (TB) group who individually attended the same program as the FF group but using a tablet, and 3) the active control (AC) group who attended lectures on health. Cognitive tests were conducted before and after the intervention. We also investigated the continuation rate of GO six months after the end of the program. Analysis of covariance indicated that there were significant interactions between groups and times in both the total score of the Visual Memory Span Test (VMST) ($p < .05$) and the backward score (VMSB) ($p < .05$). Both the FF group and the TB group significantly improved in VMST ($p < .05$). Furthermore, the score of VMST in the FF group was significantly higher than the AC group after the intervention ($p < .05$), whereas there were no significant differences between the TB group and the AC group. A chi-squared test showed that the GO continuation rate of the FF group was significantly higher than the TB group ($p < .05$). These results suggested that this program may improve visual working memory of community-dwelling older adults. Therefore, playing games face-to-face could be more effective for cognitive function and could give more continuous motivation to play the games than playing alone.

EMPIRICAL ISSUES IN THE STUDY OF COGNITIVE AGING THROUGH POPULATION-BASED STUDIES

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From a public health perspective, the measurement of cognitive function using representative population-based samples has gained increasing relevance in aging studies. However when doing so, several issues have to be considered. The purpose of this presentation is to provide a summary of these issues and illustrate the points with empirical results using longitudinal population-based surveys. The following aspects will be discussed: Valid definitions and methodological approaches need to be applied within a conceptual model that guides the analysis so that reliable and valid measures are used and population patterns can be identified. In addition, the use of direct and proxy assessments of cognitive function is common, and appropriate treatment of the two assessments is needed to establish population-based