acceptability and coherence of this approach. In phase 2, five dyads (person with AD and caregiver) will be implicated in the evaluation of the efficacy of this approach with an ABA multiple baseline across participants design. Medication management will be quantified using an observation chart and will also be filmed once a week to be rated by blinded evaluators. Phase 3 will involve five semi-structured interviews with the caregivers to understand their experience. This study could become a proof of concept that a rehabilitation approach, integrating evidence-based training strategies that engage people with mild AD and their caregivers in using technology, can improve task performance in a home environment.

SESSION 965 (POSTER)

DEMOGRAPHIC PERSPECTIVES ON AGING

WHAT ARE THE UNIQUE DEMOGRAPHIC TRENDS AND PATTERNS FOR GLOBAL AGING?

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While it is well known that the world population is aging, what may surprise some is the variation and diversity among world regions and countries. Using population estimates and projections data from the U.S. Census Bureau's International Data Base, this poster illustrates the unique demographic trends and patterns for global aging by region and country.

In the near future, the countries of Europe and North America will continue to lead the world in aging. However, Asia and Latin America are experiencing an unprecedented speed of aging due to rapid fertility decline in the past 30 years. In contrast, Africa will remain young through 2050.

This poster presents multiple indicators of aging, including size of older population, share of 65 and older in total population, speed of aging, dependency ratios, and median age. These data provide answers to multiple demographic questions: Which world region is the oldest now and in 2050? What are the differences in fertility levels among regions? What are the 25 oldest countries now and in 2050, and where does the United States rank? What is the speed of aging for countries, measured in doubling of percent 65 and older (or is it tripling)? How do the two population billionaires, China and India, differ in aging? How do the components of the dependency ratio change over time at the country, region, and world level? These data will inform researchers, health practitioners, policymakers, and families, allowing them to better understand and prepare for further global aging.

DIVERGENCE AND CONVERGENCE: HOW DO INCOME INEQUALITIES IN MORTALITY CHANGE OVER THE LIFE COURSE?

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Do inequalities in health increase or decrease with age? Evidence is not conclusive and competing theories arrive at different conclusions. This study aims to examine the income inequality in mortality in a synthetic cohort aged 30 to age 99 between the years 1990 to 2009, following each individual for 19 years. We use Swedish register data with 4 772 044

individual observations. We calculate the accumulated probability of death for age between 31 and 99. This approach takes into account selective mortality.

The largest relative difference in mortality between low income and high income is at age 55 (RR: 3.7). The largest absolute difference in mortality between low income and high income is at age 82 (10 % difference). Both measures decrease after their peak, with relative inequality converging at age 90 and the absolute inequality converging above age 95.

The results support the age-as-a-leveler theory as we see a closing of the mortality gap between high and low income at the oldest ages. The results also support the cumulative disadvantage theory; as absolute inequalities increase at younger ages. We find support for both theories but during different periods over the life course depending on what measure we look at.

The findings in this study highlight the need for careful consideration when choosing what measures we use to assess inequality. This choice can even be seen as a normative judgment by the researcher and need to be explicit.

WHO LIVES ALONE? TRENDS OVER TIME IN THE CHARACTERISTICS OF SWEDEN'S SOLITARY LIVING OLDER ADULTS

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Sweden maintains one of the world's highest rates of older adults who live alone, and the number of solitary living older adults in Sweden continues to rise. Given the potential health impact of living alone, it is critical that the factors which select individuals into the living alone arrangement be understood. While prior studies have examined the determinants of living alone among older adults, few have examined how these determinants may have changed over recent decades, as the overall rates of living alone during old age have stabilized and declined in Sweden. The purpose of this study is to assess how the associations between living alone and a variety of socioeconomic, social, behavioral, and functional factors have changed in successive cohorts of older adults in Sweden, from 1992 to 2014. Data come from the Swedish Panel Study of Living Conditions of the Oldest Old (SWEOLD), a nationally representative survey of adults aged 77 and older who are living in Sweden. Our findings suggest that today's population of older men who live alone in Sweden are more likely to be socioeconomically disadvantaged and functionally impaired compared to previous cohorts of solitary living older men in Sweden; similar patterns were found in women, but were not statistically significant. These findings indicate that while successive cohorts of the oldest old have generally seen improvements in socioeconomic status, health and functioning over recent decades, the cohorts of men who live alone have become increasingly disadvantaged.

MORTALITY TRENDS IN ELDERLY INDIVIDUALS IN A BRAZILIAN WESTERN AMAZON CAPITAL CITY

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