Thursday 10 September
Life Course: Later Life

OP71 COGNITIVE PERFORMANCE TRAJECTORIES AFTER AGE 50 BY RELIGIOUS AFFILIATION AND RELIGIOUS PRACTICE: RESULTS FROM THE IRISH LONGITUDINAL STUDY ON AGING

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Background Religious participation has been shown to be associated with a number of health outcomes in later life. Research into religion and cognitive decline has been inconclusive, although there is some evidence for a protective effect. There is a lack of evidence on mechanisms around this relationship, and what the implications are for those who are not religious. We aimed to assess whether religious affiliation or religious practice was associated with cognitive trajectories, and to test possible mechanisms for an association.

Methods Data came from the Irish Longitudinal Study on Ageing (TILDA), a nationally representative study of the over 50s population in Ireland. A total of 7,331 had available data on all measures of interest. We used Latent Growth Class Analysis (LGCA) to identify different latent trajectory classes for cognition using the Mini Mental State Examination (MMSE) measure. Five waves of data collection were used to identify latent class trajectories. We then used multinomial logistic regression to assess the likelihood of membership to each trajectory class by religious affiliation or non-affiliation, and by level of religious attendance. We tested three possible mediation pathways to explain observed relationships; depressive symptoms, social network and smoking.

Results Three MMSE trajectory classes were identified using LGCA. These included a ‘high steady’ class, a ‘medium declining’ class and a ‘low declining’ class. There were no differences in class membership by religious affiliation or non-affiliation. Women who attended religious services were less associated with the overall cognitive factor. However, the overall inflation was indirectly associated with overall cognition in later life, via a positive association with chronic conditions (β=0.39, SE=0.19, p=0.042), and depressive symptoms (β=0.08, SE=0.03, p=0.020).

Conclusion We found that education and specific psychosocial risk factors were directly associated with late-life cognition. In contrast, biological factors such as overall inflammation contributed indirectly via the development of chronic conditions and depressive symptoms. These findings support evidence for the psychosocial paradigm, which may be able to explain how life gets under the skin, influencing both physical and cognitive health in later life; indicating the imperative need to reduce socioeconomic inequalities.

OP73 SOCIOECONOMIC TRAJECTORIES OF EARLY ADULTHOOD AND THEIR CONTRIBUTION TO LATER LIFE CARDIOMETABOLIC HEALTH, 1970 BRITISH COHORT STUDY (BCS70)

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Background Cardiovascular health shows significant socioeconomic inequalities, however there is limited understanding of how these inequalities are generated across the life course. Early adulthood (age 16–24y) is an important period for development of cardiovascular risk factors such as obesity and atherosclerosis, as well as for changes in behavioural risk factors. In