

QoL outcomes varied by the type of relationship. Recipients cared for by adult-child caregivers or multiple caregivers experienced higher functional limitation than those cared for by spousal caregivers ($\beta=.79$, CI [.39, 1.19]; $\beta=.50$, CI [.17, .82], respectively). "Other" caregivers, such as siblings, friends, etc., had lower odds of experiencing negative emotional burden than spousal caregivers (OR=.26, CI [.13, .52]; OR=.53, CI [.35, .81], respectively). "Other" caregivers were also 51% less likely to experience social strain than spousal caregivers. Lower odds of experiencing negative emotional burdens were also found with multiple caregivers. The association between adult-child caregivers and social strain was explained by the recipients' cognitive function. Conclusions: Care-recipient relationship type impacts the QoL in both recipients and their informal caregivers. This association appears to be affected by care recipients' cognitive function level.

EGG CONSUMPTION AND 4-YEAR CHANGE IN COGNITIVE FUNCTION: THE RANCHO BERNARDO STUDY

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The role of dietary cholesterol in cognitive decline is unclear. Eggs are a rich source of nutrients and dietary cholesterol. This study examines the association of egg consumption with 4-year change in cognitive function in 890 older, community-dwelling adults. Participants were 357 men and 533 women aged ≥ 55 y (means=70.1 \pm 8.4 and 71.5 \pm 8.8, respectively, $p=0.016$), from the Rancho Bernardo Cohort who attended a 1988-91 clinic visit. Egg intake was obtained with a food frequency questionnaire. Cognitive function was assessed with the Mini-Mental Status Exam (MMSE), Trails B and category fluency, and reassessed in 1992-96. In this sample, rates of egg consumption ranged from never (14.0% of men, 16.5% of women) to ≥ 5 /week (7.0% of men, 3.8% of women; $p=0.0013$). Mean 1988-91 cognitive function scores for men vs. women were 27.5 vs. 27.7 on the MMSE ($p=0.08$), 105.9 vs. 121.6 on Trails B ($p<0.0001$), and 20.2 vs. 18.2 on category fluency ($p<0.0001$). Sex-specific regression analyses examined associations of egg consumption with change in cognitive function. In women, after adjustment for age and education, egg intake was associated with less decline over time in category fluency (beta=-.10, $p=0.01$), which remained significant after adjustment for smoking, alcohol, exercise, cholesterol, calorie intake, and protein intake ($p=0.02$). No other associations were found in women, and no associations were observed in men before and after adjustment for covariates. Results suggest that while high in dietary cholesterol, egg consumption is not associated with decline in cognitive function. For women, there may be a small beneficial effect for verbal memory.

ERECTILE FUNCTION, SEXUAL SATISFACTION, AND COGNITIVE DECLINE IN MEN FROM MIDLIFE TO OLD AGE

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We investigated how changes in erectile function and sexual satisfaction relate to cognitive decline in men from midlife into early old age. This is a major transitional period for increased incidence of erectile function and for cognitive decline. We examined 833 men from the Vietnam Era Twin Study of Aging whose mean ages were 56, 61, and 68 at the time of assessment. Erectile function and sexual satisfaction were measured using scores from the International Index of Erectile Function. Individuals with erectile dysfunction at baseline were excluded. Cognitive performance was measured using factor scores for separate domains of episodic memory, executive function, and processing speed. We tested linear mixed models hierarchically adjusted for demographics, sexual activity, as well as physical and mental health confounders to examine how changes in erectile function and sexual satisfaction related to changes in cognitive function. Declines in erectile function were associated with declines in episodic memory ($p=.004$, $d=.25$), while declines in sexual satisfaction were associated with declines in processing speed ($p=.006$, $d=.19$). Decreasing erectile function and sexual satisfaction may be indicative of individuals also likely to be facing cognitive decline. Possible mechanisms accounting for these changes may include white matter microvascular disease and/or various lifestyle influences. Discussing and tracking sexual health with middle aged men may be a crucial step in identifying those likely to face cognitive decline.

EXAMINING THE IMPACT OF COVID-19 ON LONELINESS AND SOCIAL ISOLATION AMONG AFFORDABLE HOUSING RESIDENTS

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Loneliness and social isolation are serious public health concerns associated with higher risks of clinical depression, suicidal ideation, coronary artery disease, stroke, functional decline, an increased risk of developing dementia and cancer mortality. Recent reports indicate the prevalence and dangers of loneliness and social isolation have increased as a result of the COVID-19 pandemic, especially among older populations. In order to address these concerns among residents living at Northgate II (NGII), a 302-unit affordable housing development in Camden, NJ, Fair Share Support Services, Inc. (FSSS), the non-profit arm of Fair Share Housing Development, collaborated with the New Jersey Institute for Successful Aging (NJISA) and the DHHS-funded Geriatric Workforce Enhancement Program (GWEP) to develop a loneliness/social isolation survey using two evidenced-based tools, the UCLA Loneliness Scale and the Steptoe Social Isolation Index. FSSS piloted the loneliness and social isolation survey with 192 low-income minority older adults residing at NGII. Results indicate that 49% of the NGII residents surveyed fall into 5 "at-risk" categories: 1) lonely and isolated (9%), 2) lonely/somewhat isolated (8%), 3) lonely/not isolated (9%), 4) isolated/somewhat lonely (9%), and 5) isolated/not lonely (14%). FSSS will utilize survey results and follow-up interviews to tailor social service/other interventions to meet the needs and preferences of residents with