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Background: Cognitively impaired older adults living in the community have been vulnerable to the effects of COVID-19 confinement. The current study's objectives were to examine the prevalence of loneliness in such adults along with impact of COVID-19 on neuropsychiatric symptoms and functional status. Methods: A cross-sectional study was conducted in community dwelling cognitively impaired older Veterans (N=41). Demographic data such as age, gender, race, and rurality were collected. Loneliness data were collected with the 3-item Loneliness Questionnaire. Cognition was assessed with the Tele-Montreal Cognitive Assessment (T-MoCA) and functional status of instrumental activities of daily living was assessed with the Functional Activities Questionnaire (FAQ). Neuropsychiatry symptoms including severity and distress were collected using the Neuropsychiatric Inventory (NPI), and change during COVID was also recorded for each symptom. Results: Demographic characteristics included: mean age of 71.9 (± 8.6) years, 95.1% male, 46.3% rural, 75.6% Caucasian, and 19.5% African American. Loneliness was prevalent in most participants (62.5%). T-MoCA and FAQ mean scores were 15.1 (± 4.5) and 10.0 (± 8.6), respectively. Mean NPI total severity and total distress were 8.4 (± 5.9) and 11.4 (± 8.5), respectively. Irritability was most frequently reported symptom (65%), followed by agitation (57.5%), anxiety (55%), depression (50%), and night-time behavior (50%). A majority of the participants reported worsening of neuropsychiatric symptoms during COVID (71.1%). Among those that reported worsening neuropsychiatric symptoms, 70.4% noted an increase in \geq two symptoms. Conclusion: Older adults with pre-existent cognitive impairment may be at high risk for loneliness and worsening of neuropsychiatric symptoms during the COVID pandemic.

LONELINESS BEFORE AND DURING THE COVID-19 PANDEMIC: ASSOCIATIONS WITH CHRONIC ILLNESSES AND RELATIONSHIP QUALITY

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While self-reported loneliness generally declines after age 65, the likelihood of experiencing chronic illnesses increases. During the Covid-19 pandemic, social isolation measures have changed the social context of many people. We address three research questions: 1) What is the predictive strength of chronic illnesses, relationship quality, and their interaction on loneliness? 2) Has Covid-19 altered experienced loneliness relative to pre-pandemic? 3) Was loneliness during Covid-19 associated with the number of prior chronic illnesses in 2016? To answer these questions, we have analyzed data from participants in the Health and Retirement Study (HRS) included in the early 2020 release who also completed the 2016 wave (N = 1106). On average, in 2016, these participants were age 74.64 (SD = 6.66) and reported 2.57 (SD = 1.39) chronic illnesses. In 2016, unadjusted multiple regression models revealed that chronic illnesses ($\beta = .38$) and relationship quality ($\beta = -.41$) were associated with loneliness ($R^2 = .28$). When covariates were added, these values were attenuated but remained statistically significant. In 2020 during the pandemic, 8% of these participants reported they often felt lonely and

26% reported feeling lonelier since the start of the Covid-19 pandemic. People who had more chronic illnesses in 2016 reported feeling lonelier in 2020 as did people whose relationships were poorer quality ($p < .05$). Further analyses with final data from HRS are needed to confirm these trends. These findings highlight the importance of having longitudinal information to identify individuals at high risk and most likely to benefit from interventions.

LONELINESS DURING COVID-19 AND MODES OF SOCIAL CONTACT USE AMONG OLDER ADULTS

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Due to social distancing and isolation recommendations, COVID-19 resulted in older adults' greater reliance on technology to contact friends and families. While the mental health of older adults during COVID-19 has been well explored, less is known about how changes in modes and frequency of social contact is associated with loneliness. Using the National Health and Aging Trends Study COVID-19 data, this study assessed how the frequency of varying modes of contact (e.g., phone/email/text, in-person visits, videocalls) during the pandemic was associated with feelings of loneliness during COVID-19 among community-dwelling Medicare beneficiaries (n = 2149). Participants were asked if they felt lonely "more often," "less often," or "about the same" compared to before the outbreak started. Multinomial regression analyses indicated that, compared to those who reported daily in-person visits, the odds of having more feelings of loneliness as compared to about the same as pre-COVID-19 was significantly higher among those who reported having in-person visits a few times (OR=2.17, CI=1.08-4.36), at least once (OR=2.37, CI=1.11-5.04), and never/less than once a week (OR=3.37, CI=1.59-7.16) while controlling for demographics, household, and social network size. Compared to daily use, use of phone/email/text at least once (OR=0.44, CI=0.201-0.965) or a few times (OR=0.76, CI=0.58-0.99) a week was associated with lower odds of reporting more feelings of loneliness versus about the same. Results suggest that greater use of technology that promote social engagement improves social connectedness and decreases COVID-19 related loneliness among older adults, and highlights the importance of older adults' access to technology, including reliable internet.

OLDER ADULTS' WORRY ABOUT COVID-19: ASSOCIATIONS WITH EXPERIENCES OF COVID-19 AMONG SOCIAL CONNECTIONS

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The COVID-19 pandemic has challenged the physical and mental health of older adults, yet it is unknown how much older adults worry about their own exposure. As older adults are at increased risk for severe complications from COVID-19, understanding patterns of worry may inform public health guidelines and interventions for this age group. We investigated older adults' worry about COVID-19 in the early months of the pandemic and associations with familial/

friend's diagnosis or disease symptoms. Data comes from the baseline (April/May 2020), one-month, and two-month follow-up surveys from the COVID-19 Coping Study, a national longitudinal cohort study of US adults aged ≥ 55 . We used linear regression models to investigate the association between self-reported familial/friend diagnosis or symptoms with pandemic worry, accounting for demographic factors and individual diagnosis or experience of COVID-19 symptoms. Participants (Baseline=4379, 1 month= 2553, 2 month=2682) were 67 years old on average, 72% were female, 5.7% were non-White, and 80.5% had a college degree. At baseline, 26.6% of participants had friends or family who had been diagnosed or experienced symptoms of COVID-19. Having friends or family diagnosed or with symptoms of COVID-19 ($B=0.08$, $SE=0.04$, $p<.05$), being female ($B=0.42$, $SE=0.03$, $p<.001$), and having higher educational attainment ($B=0.06$, $SE=0.02$, $p<.001$) were significantly associated with greater worry about COVID-19. These associations were consistent over 3 months. Understanding if worry about the pandemic correlates with following public health guidelines is a key next step so intervention strategies can prioritize older adults and their social networks.

PREVALENCE OF SOCIAL ISOLATION BEFORE AND DURING THE COVID-19 PANDEMIC: A NATIONWIDE WEB-BASED SURVEY IN JAPAN

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The coronavirus disease 2019 (COVID-19) pandemic is assumed to have increased the number of socially isolated older adults. Public health researchers and policymakers are concerned about the deleterious effects of social isolation on individuals' health. However, there is only limited evidence on the prevalence of social isolation. This study investigated the change in prevalence of social isolation caused by the spread of COVID-19 and examined various associated factors. Accordingly, data from the JACSIS study, a nationwide cross-sectional web-based questionnaire survey ($N=28,000$, age: 15–79 years) conducted in August–September 2020 (during the pandemic) were analyzed. The respondents who contacted family members, friends, or neighbors less than once a week were considered socially isolated. We examined individuals' frequencies of contact, including meeting in person, e-mail/text message, voice call, and video call, in January (before the pandemic; recall question) and August 2020. The weighted prevalence values of social isolation were 26.8% (26.0%–27.5%) in men and 15.8% (15.1%–16.4%) in women before the pandemic and increased to 34.4% (33.6%–35.2%) and 21.4% (20.7%–22.1%), respectively, during the pandemic. Further, compared to the younger age group, the increase in prevalence during the pandemic was greater for the older age group for both genders. Multinomial logistic regression analysis revealed that those who came to be socially isolated during the pandemic possessed a greater fear of COVID-19 than those who were not continuously socially isolated. These findings suggest the necessity of developing immediate measures for social isolation and risk communication regarding COVID-19.

SOCIAL ISOLATION IN OLDER WOMEN DURING THE COVID-19 PANDEMIC: THE IMPACT ON QUALITY OF LIFE AND MENTAL HEALTH

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To mitigate the spread of COVID-19, countries worldwide enacted quarantines, particularly for older adults, as mortality from COVID-19 is inequitably distributed among this group. Notably, social isolation in older adults is associated with a heightened risk of cardiovascular, autoimmune, and mental health problems (e.g., depression, anxiety). Furthermore, the mental health of women in particular has been greatly impacted by the pandemic. Although previous research indicates that social isolation among older adults is a "serious public health concern", less is known about the extent to which the COVID-19 pandemic has exacerbated this issue. The primary objective is to investigate the effects of social isolation on mental health indices and health-related quality of life (HRQOL) in older women in the context of the COVID-19 pandemic. Participants include 77 postmenopausal women (aged 60+) who completed self-report measures online during the COVID-19 pandemic. Controlling for education and annual household income in all analyses, we used linear regression models to investigate the effects of social isolation on depression, anxiety, alcohol use, binge eating, and the 8 domains of the SF-36. Results indicate that, when controlling for education and income, social isolation significantly predicted depression, binge eating, and poorer HRQOL in all 8 domains of the SF-36 (all $p's < .01$). Social isolation did not predict anxiety and alcohol consumption when controlling for these sociodemographic variables. Enrollment is ongoing; this poster will report updated results. Results indicate the continued need for creative avenues to improve social connectedness during the COVID-19 pandemic.

SOCIAL SUPPORT IS ASSOCIATED WITH BETTER HEALTH IN THE FACE OF COVID-19

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The COVID-19 pandemic has the potential to influence the health of the nation, both directly and indirectly, though increased stress. As with other stressful crises, social support may buffer against the deleterious effects of the stress surrounding COVID-19 (Cohen & Wills, 1985). We were interested in how self-reported health changed during the first year of the COVID-19 pandemic in the United States and whether age or positive social exchanges influenced this potential change. We tested a latent growth curve model of change in SF12 scores over 4 points of measurement during the first year of the pandemic. Data from 237 adults (Mean age 40.7 yrs) were used to test whether SF12 scores changed over the 11 month period and whether age and initial positive social exchanges influenced both the intercept and trajectory