strain, and social support. Multivariable logistic regression models were fitted for each technology and for testing effect modification by care- recipient CI status. All models were adjusted for total caregiving hours and caregiver age, sex, race/ethnicity, financial status, and residence. Almost half (47%) reported their care-recipient was diagnosed with CI. Caregivers for those with CI were more likely to use e-readers (adjusted odds ratio (AOR) = 1.55, p=.040), wearable activity trackers (AOR=1.77, p=.013), and medication alerts/trackers (AOR=2.59, p<.001). Generally, greater caregiving strain and social support were positively associated with use of multiple technologies (p<.05). No effect modification of caregiving strain and social support by CI status was observed (p>.05). Technology use differences among caregivers of persons with CI may be driven by care recipients' unique situations and demands. Future research should identify technology use benefits on caregiver health-related quality of life.

SESSION 2987 (PAPER)

SLEEP CONSIDERATIONS, DISTURBANCES, AND DISORDERS AMONG OLDER ADULTS

ARE DIFFERENCES IN BEDTIMES BAD FOR RELATIONSHIPS? ASSOCIATIONS WITH ATTACHMENT AND CONFLICT IN MIDDLE-AGED COUPLES

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A robust body of literature has found birdirectional associations between sleep quality and marital quality in couple relationships (Hasler & Troxel, 2010; Pearlin, 2010). Additionally, dyadic research shows that differences in couples' bed time routines and habits is associated with mental health outcomes (Chen, 2018), however the literature has not connected them with other marital processes that are mutable and clinically relevant. Attachment theory provides a clinically relevant framework that captures both interpersonal marital processes such as relationship conflict as well intrapersonal processes of individual emotional safety—essentially individuals' personal strategies to balance closeness and distance in a relationship (Feeney, 2002; Rhodes et al., 2001). The two main attachment styles related to sleep processes are attachment avoidance and attachment anxiety (Collins et al., 2002; Gun, 2015; Troxel, 2007). Utilizing data from 234 couple dyads, we investigated if differences in partners' bed times is associated with conflict frequency and attachment avoidance using a structural equation modeling approach. We controlled for a number of important factors and tested our hypothesized model against two plausible alternative models. Results revealed that greater difference in partners' bed times was associated with higher conflict frequency for both husbands and wives through higher men's attachment avoidance. Our findings highlight previous research on matched vs. unmatched couples on sleep routines, habits, and chronotypes (both morning or night vs. different; Larson et al., 1991) but highlight mutable and clinically relevant constructs for intervention. Implications for health promotion and marital therapy will be discussed.

ASSISTIVE RELAXATION THERAPY FOR OLDER ADULTS WITH INSOMNIA AND MILD COGNITIVE IMPAIRMENT: A PILOT STUDY

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Insomnia symptoms are prevalent in older adults with mild cognitive impairment (MCI) and can pose treatment challenges. Our objective was to test the preliminary efficacy of tablet-based assistive relaxation therapy (ART) to improve insomnia symptoms in community-dwelling older adults with MCI. ART involves breath-based relaxation techniques coupled with a physical anchoring task to redirect thoughts and disengage from pre-sleep anxiety-provoking cognitions. Using a pilot randomized controlled non-crossover design, 20 participants recruited from one urban adult day center were allocated in a 1:1 ratio to intervention or education only control group for a treatment period of two weeks. Our final sample (n=20) was balanced on all demographic and clinical variables and consisted of Black (100%), female (75%), older adults (mean age 68.85 ± 7.29) with mean Montreal Cognitive Assessment scores of 21.2 ± 2.48. All participants at baseline had insomnia symptoms (mean Insomnia Severity Index (ISI) score 15.8 ± 3.78) and poor sleep quality (mean Pittsburgh Sleep Quality Index (PSQI) score 12.95 ± 0.70); half had daytime sleepiness (Epworth Sleepiness Scale (ESS) score 10.15 ± 1.07). Compared to baseline, participants improved on ISI (9.83 ± 1.32; p=0.0002), PSQI (9.11 ± 1.02; p=0.0016) and ESS (8.17 ± 0.86; p=0.08). The intervention group had statistically significant mean change scores on ISI compared to the control (-7.5 ± 1.37 vs. -3.88 ± 1.48; p=.0461). There were no statistically significant between group differences on PSQI or ESS. Our preliminary results suggest ART therapy is an effective treatment for insomnia symptoms in older adults with MCI.

POLYSOMNOGRAPHIC SLEEP IS ASSOCIATED WITH TIME TO DEVELOP DEMENTIA: A STUDY USING 19-YEAR VA NATIONAL EHR DATA

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Few studies have longitudinally investigated the association between objectively measured sleep and time to develop dementia. This study leverages polysomnography (PSG) sleep data extracted from the VA national electronic health records (VA-EHR) to assess the association between sleep and time to develop dementia. We identified 61,165 PSG reports from the VA-EHR from 2000 to 2019 using CPT codes. Patients