*UCLA, Los Angeles, California, United States, 2. VA Greater Los Angeles Healthcare System, Los Angeles, California, United States, 3. Virginia Commonwealth University, Richmond, Virginia, United States, 4. VA Greater Los Angeles Healthcare System, North Hills, California, United States*

Cognitive behavioral therapy for insomnia (CBTI) is recommended as first-line treatment in older adults. Changing dysfunctional beliefs and attitudes about sleep is an important component of CBTI, but the long-term impact of these changes are unknown, particularly in older adults. Methods involved secondary analyses of data from a large randomized controlled trial comparing CBTI (provided in 5 weekly sessions) to sleep education control, among older veterans with insomnia (N=159, mean age 72.2 years, 97% male, 79% non-Hispanic white). The purpose was to examine whether changes in a validated scale of Dysfunctional Beliefs and Attitudes about Sleep (DBAS) with CBTI treatment (baseline to post-treatment) was associated with later changes in self-reported sleep (post-treatment to 6 months follow-up). Sleep measures included Pittsburgh Sleep Quality Index (PSQI), Insomnia Severity Index (ISI), Epworth Sleepiness Scale (ESS) and 7-day sleep diary measures. Analyses compared the slope of change in DBAS (baseline to post-treatment) between CBTI and control with respect to the slope of change in sleep outcomes (post-treatment to 6-months). Compared to controls, the CBTI group had stronger associations between DBAS improvement (baseline to post-treatment) and subsequent PSQI improvement (post-treatment to 6-months) (difference in slopes=1.3, 95% CI=[.52,2.1], p=0.001). This pattern of significant results was also found for ISI (difference in slopes=1.8, 95% CI=[.58,3.0], p=0.004) and ESS (difference in slopes=1.0, 95% CI=[.25,1.7], p=0.009). Slopes were not different for sleep diary measures. These findings suggest that changing dysfunctional beliefs and attitudes may continue to confer sleep benefits well after completion of CBT-I in older adults.

## RELIGIOUS ATTENDANCE AND SLEEP DISTURBANCE IN OLDER MEXICAN AMERICANS

Terrence D. Hill,[1] Christopher Ellison,[2] and Lauren Hale[3], *1. University of Arizona, Tucson, Arizona, United States, 2. University of Texas at San Antonio, San Antonio, Texas, United States, 3. Stony Brook University, Stony Brook, New York, United States*

Although numerous studies have shown that religious involvement is associated with better health across the life course, researchers have virtually ignored possible links between religious involvement and sleep-related outcomes. Building on previous work, we tested whether religious attendance was inversely associated with sleep disturbance among older Mexican Americans. We also assessed whether depressive symptoms could mediate or explain any of the inverse association between religious attendance and sleep disturbance. Relevant hypotheses were tested using ordinary least squares regression and conditional process mediation analysis of cross-sectional data collected from the original cohort of the Hispanic Established Population for the Epidemiologic Study of the Elderly (H-EPESE). The baseline H-EPESE (1993-1994) included a probability sample of 3,050 Mexican Americans ages 65 and older. Due to missing data on our focal variables, our final analytic sample included 2,323 respondents. Regression models show that religious attendance is inversely associated with depressive symptoms and sleep disturbance, even with adjustments for smoking, drinking, body mass, chronic disease, mobility, marital status, living arrangements, family engagement, secular group participation, social support, age, gender, immigrant status, language proficiency, education, household income, and religious affiliation. Mediation analyses also indicate that depressive symptoms fully mediate the association between religious attendance and sleep disturbance. These findings contribute to previous work by showing that regular religious attendance may protect against sleep disturbance by promoting mental health in an understudied population of older Mexican Americans. The importance of religious involvement is supported by the fact that secular group participation was unrelated to sleep disturbance.

## RUMINATION, DEPRESSIVE SYMPTOMS, AND SLEEP QUALITY: SOCIAL SUPPORT AS A BUFFER

Christina M. Marini,[1] Stephanie J. Wilson,[2] and Lynn Martire[3], *1. The Center for Healthy Aging at The Pennsylvania State University, University Park, Pennsylvania, United States, 2. The Ohio State University College of Medicine, Columbus, Ohio, United States, 3. The Pennsylvania State University, University Park, Pennsylvania, United States*

Rumination, the act of dwelling on negative, unwanted thoughts, can stoke depression and disrupt sleep, both of which may threaten older adults' well-being. In line with a support buffering hypothesis, a previous study of younger and middle-aged adults found that social support mitigated the positive association between rumination and negative mood. To extend this research, we distinguished between spousal and family/friend support as moderators of rumination's links both to depressive symptoms and sleep quality among older adults. Data came from a sample of 128 adults who were, on average, 77 years old at study onset. Rumination was measured via the Rumination-Reflection Questionnaire. Perceived support was measured by items utilized in multiple nationally representative studies of older adults. Depressive symptoms were measured via the NIH PROMIS measure, and sleep quality was measured via items from the Pittsburgh Sleep Quality Index. Results indicated that support from family/friends (but not spouses) buffered the positive association between rumination and depressive symptoms, even after controlling for depressive symptoms six months prior. Conversely, when sleep quality served as the outcome, support from spouses (but not family/friends) buffered the negative association between rumination and sleep quality, even after controlling for sleep quality six months prior. Findings highlight the potential for specific sources of social support to buffer different consequences of rumination on older adults' health and well-being.

## OBJECTIVE AND SUBJECTIVE SLEEP DURATION AND ACTIVITY LEVEL IN OLDER ADULTS WITH MILD DEMENTIA

Miranda V. McPhillips,[1] Jinyoung Kim,[1] Darina V. Petrovsky,[1] Junxin Li,[2] Sonia Talwar,[1] Laurel Caffeé,[3] and Nancy Hodgson[1], *1. University of*