between Big 5 personality traits and loneliness among 154 centenarians residing in Oklahoma. Basic descriptive and multivariate regression analyses were conducted. Analyses of covariance (ANCOVA) indicated that mean level of loneliness was higher among centenarians possessing higher levels of extraversion, agreeableness, conscientiousness, and lower level of neuroticism compared to their counterparts. After controlling for demographic characteristics, physical health and cognitive functioning, neuroticism (β=-.22, p<.05) and agreeableness (β=.40, p<.001) were significantly associated with loneliness. It appears that experiencing emotional instability and being agreeable contributes to greater feelings of loneliness among centenarians. This has implications relative to further investigating how personality may uniquely contribute to loneliness after age 100.

I MAY BE ALONE BUT I DON'T FEEL LONELY: INSIGHTS FROM THE ORAL NARRATIVES OF CHILDLESS CENTENARIANS

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Oral history narratives of nine childless centenarians (7 women, 2 men) from the Oklahoma 100 Year Life Project were reviewed to investigate loneliness. Oral history narratives were assessed qualitatively, using content analysis to determine themes. We predicted that childless centenarians would feel lonely due to "elder orphanhood." Findings revealed little indication of loneliness. Centenarians admitted they voluntarily chose to remain childless due to raising siblings earlier in life or delaying marriage. However, most remained socially well-adjusted and connected to extended family, particularly nieces. When confronted by social network losses due to death or relocation, most adapted by actively seeking and forming new relationships. In some cases, childless centenarians remained gainfully employed and working. Childlessness does not appear to make centenarians lonely. Rather, purposeful pursuit of intrapersonal and interpersonal sources of lifelong emotional contentment may render childless centenarians immune from conditions of loneliness.

REMAINING SOCIALLY CONNECTED AT 100 AND BEYOND REDUCES IMPACT OF LONELINESS ON NUTRITIONAL STATUS

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Understanding factors influencing centenarians' nutritional status can offer insight into effective nutrition interventions to improve quality of life among this population. This cross-sectional study was conducted to evaluate the moderating role of social support in the relationship between loneliness and nutritional status among Oklahoma centenarians (n=140). Nutritional status was assessed with the Mini Nutrition Assessment (MNA). Perceived social support was assessed with the 24-item Social Provisions Scale. Loneliness was examined with the 10-item UCLA loneliness scale. Ordinal logistic regression revealed that those who lacked social support were more likely to be at risk for malnutrition (OR=2.28, p<.05). Further, the interactive model revealed that centenarians who reported lack of support and loneliness were almost 2.8 times as likely to be at risk for malnutrition compared to their socially embedded counterparts (p<.01). Findings suggest that nutrition interventions offering centenarians opportunities to feel socially connected could improve their nutritional well-being.

SESSION 650 (SYMPOSIUM)

LONELINESS, ISOLATION, AND LIVING ALONE AMONG PEOPLE WITH DEMENTIA AND THEIR CARERS: INSIGHTS FROM THE IDEAL STUDY

Chair: Christina Victor, *Brunel University London, Uxbridge, Middlesex, United Kingdom*
Discussant: Elizabeth B. Fauth, *Utah State University, Logan, Utah, United States*

The IDEAL research programme is national nine-year (2014-2022) ESRC/NIHR/Alzheimer's Society UK funded longitudinal cohort study of 1547 people with mild to moderate dementia and 1283 family members or friends who provide support and aims to identify what promotes (or inhibits) people living well with dementia and their carers and how these change longitudinally. Loneliness and/or isolation are key indicators of quality of life and living well is posited as a factor which compromises wellbeing. Loneliness was measured using both the six-item de Jong Gierveld (DJG) scale (range 0-6) and isolation by the six-item Lubben social network scale (range 0 to 30). The three presentations in this symposium use data from the baseline assessment. Clare focuses upon the 18.5% of our participants who live alone and compares them with those living with others and suggests that there are few systematic differences in terms of cognition, psychological factors and well-being between these groups. Using a score of 5+ on the DJG scale, Victor reports that for people with dementia 5 % were severely lonely, which approximates to the national norm, compared with 17% for caregivers. For social isolation people with dementia had smaller social networks (mean =15.1) and higher levels of isolation as measured by a score of 12 or less on the Lubben scale (35%) compared with caregivers (mean network size=17.1 and 18% isolated). Victor and Clare use dyad data for 1089 pairs for loneliness and 1204 for isolation demonstrating congruence of 43% for loneliness and 68% for isolation

HOW LONELY AND ISOLATED ARE OLDER PEOPLE WITH DEMENTIA AND THEIR CARERS: A DYADIC ANALYSIS

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Studies of loneliness and isolation have rarely explored is how these experiences are reported within couples or the wider households. The IDEAL study has collected details

of loneliness, as measured by the de Jong Gierveld (DJG) scale (range 0-6) and a single-item self-report measure, and isolation, using the six-item Lubben social network scale (range 0-30) from both people with dementia and carers. Loneliness is classified into three groups: not lonely (score 0-2), moderately lonely (3-4) and severely lonely (5+) and isolation into two: not isolated (score of 13+) or isolated (12 or less). Of the 1547 people with dementia and 1283 carers interviewed at baseline we have 1089 dyads who provided complete data on loneliness and 1204 for social isolation. Loneliness ratings are congruent between 43.1% of dyads and for 67.8% for isolation highlighting the subjective evaluative nature of loneliness as compared with more objectively measured isolation.

LIVING ALONE WITH DEMENTIA: FINDINGS FROM THE IDEAL COHORT

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We aimed to better understand the profile of people living alone with mild-to-moderate dementia in the UK and to identify any systematic differences between those living alone and those living with others. We analysed cross-sectional data from 1541 people with mild-to-moderate dementia participating in the IDEAL cohort at the first wave of assessment. There were 285 participants (18.5%) living alone and 1256 (81.5%) living with others, usually a spouse/partner. Among those living alone, 145 (50.9%) had no care partner participating in the study, and 56 (19%) had received no help from a relative or friend in the past week. People living alone were older on average than those living with others, reported fewer functional difficulties, had slightly smaller social networks, engaged in fewer cultural activities, and experienced slightly more loneliness. People living alone had lower satisfaction with life scores, but quality of life scores did not differ between the groups.

PREVALENCE OF LONELINESS AND ISOLATION AMONG PEOPLE WITH DEMENTIA AND THEIR CARERS

Isla Rippon[1] Catherine Quinn[2] Anthony Martyr[3]
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People with dementia and carers may be vulnerable to loneliness and isolation. The IDEAL study includes two loneliness measures: 6 item de Jong Gierveld (DJG) scale (range 0-6) and a single-item self-report measure and the six-item Lubben social network scale (range 0-30). Full data are available for 1533 people with dementia for self-rated loneliness and for 1455 for the DJG scale and 1232 and 1195 carers respectively. For isolation complete data are available for 1489 people with dementia and 1252 carers. The prevalence of severe loneliness for people with dementia were 10% (self-rated) and 5% (DJG score 5+), approximately the population norm, and 15% and 18% respectively for carers. Most people with dementia or carers did not rate themselves as lonely ((79% and 71%) compared with 65% and 39% using the DJG scale. One third, 35%, of people with dementia were at risk of isolation compared with 18% of carers.

SESSION 655 (PAPER)

MEMORY: BIOLOGICAL, PSYCHOSOCIAL, AND GENETIC FACTORS

EXAMINING PSYCHOSOCIAL FACTORS, HEALTH BEHAVIORS, AND WHITE MATTER LESIONS IN OLDER ADULTS

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Prior to the onset of dementia, subclinical indices of brain pathology may reliably predict cognitive decline, even among older adults with high cognitive reserve. Evidence suggests that positive psychosocial experiences and healthy behaviors buffer cognitive decline. However, their relationship with brain outcomes in cognitively intact older adults is not well understood. Therefore, the current study examined the cross-sectional association between perceived social support, generalized anxiety, psychosocial stress, physical activity, sleep quality, and magnetic resonance imaging (MRI)-assessed white matter lesions (WML), among a diverse sample of older adults. We also examined sex and race as effect modifiers. Data were analyzed from 129 participants (mean age=67.40y, 69% female, 43% African American) enrolled in the Healthy Heart & Mind Study. Participants completed psychosocial and health behavior measures and MRI-assessed periventricular and deep WML were ascertained. Multiple regression analyses assessed relations of psychosocial responses and physical activity to WML, adjusting for known covariates. Significant general anxiety x sex interactions on deep WML ($p<.05$), significant physical activity x race interactions on total WML, frontal lobe WML and deep WML, respectively, and total sleep quality x race interactions on deep WML, were observed ($p<.05$). Conditional effects showed greater physical activity and sleep quality were associated with lower WML in African-American women; greater social belonging was associated with lower WML in American-American men; and lower anxiety was associated with lower WML in African-American women and White men. Results suggest positive psychosocial factors and health behaviors may influence subclinical brain pathology via unique pathways.

INVESTIGATING MODERATORS OF THE RELATIONSHIP BETWEEN SUBJECTIVE AND OBJECTIVE MEMORY

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Subjective memory complaints (SMC) among older adults have been explored as an indicator of decline in objective