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Little is known about the relationship between sleep duration and activities of daily living (ADLs) in those with mild dementia. We sought to examine the independent relationship between objective and subjective sleep duration and ADLs in community-dwelling older adults with mild dementia. Analyses were conducted on baseline data from participants enrolled in the Healthy Patterns Clinical Trial (Hodgson; R01NR015226). Measures included 24-hour wrist actigraphy for objective sleep duration, proxy-reported Pittsburgh Sleep Quality Index (sleep duration subscale) for subjective sleep duration and the Barthel Index for performance of ADLs. We used Spearman's correlation and multivariate linear regression. A total of 30 individuals (56.7% male) aged 74.6 (SD 7.4) with mean Clinical Dementia Rating (CDR) scores of 1 (SD 0.5) were enrolled. Objective sleep duration ranged from 2.7 to 11.5 with mean 6.7 (SD 2.4) hours; subjective sleep duration ranged from 4 to 13.5 with mean 7.9 (SD 2.4) hours. Longer objective and subjective sleep duration were significantly associated with worse ADL scores ($r = -0.48$, $p = 0.03$; $r = -0.59$, $p=0.007$, respectively) in bivariate analyses. After controlling for age, CDR, and depression, subjective sleep duration was independently associated with ADLs ($\beta = -1.90$, $p =0.03$) and objective sleep duration trended toward significance ($\beta = -1.47$, $p =0.10$). These preliminary results suggest self-reported longer sleep could be indicative of declines in ADLs in older adults with mild dementia. Further prospective studies are necessary to determine the independent association between objectively assessed sleep duration and ADLs in patients with mild dementia.

COHORT DIFFERENCES IN SLEEP ENVIRONMENT, BEHAVIORS, AND CONCERNS: DESCRIPTIVE ANALYSES USING MY SLEEP SCRIPT APP

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Behavioral and environmental factors influence sleep outcomes. However, we understand little about how enviro-behavioral sleep hygiene practices and related sleep concerns vary across age cohorts. Using data from My Sleep Script, an app-based diagnostic checklist for identifying at risk patients, we described cohort differences in sleep hygiene and new sleep disturbances. 323 adults (46.6% female, 63.9% Caucasian) reported basic demographic, health, sleep, as well as enviro-behavioral data using the Epworth Sleepiness Scale (ESS), Pittsburg Sleep Quality Index (PSQI), and the Johns Hopkins Sleep Environment Instrument. We partitioned participants into four cohorts corresponding to birth year: The Silent Generation (N = 48, 14.9%), Baby Boomers (N = 124, 38.4%), Generation Xers (n = 109, 33.7%), and Millennials (N = 42, 13.0%). Spearman correlations described linkages among environment, behaviors, and sleep outcomes; a chi-square analysis, cohort differences in new sleep concerns. Having weapons, music players, lights, pets, and a disruptive sleep surface in the environment correlated with worse sleep quality. Eating, exercising, working, and sexual activity one hour before bed also correlated with worse sleep quality. Sleeping with pets, electronics, and on a disruptive surface correlated with lower sleep duration. Regarding cohort, we observed significant generational differences in new snoring and sleepiness complaints. Results confirm associations of suboptimal sleep hygiene with poor sleep outcomes and provide insights into their generational differences, warranting additional investigation.

SESSION 2425 (POSTER)

SOCIAL ISOLATION AND LONELINESS

THE ISOLATION OF OLDER ADULTS: A COMPARISON OF JAPANESE GENDERS AND HOUSEHOLDS

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As the aging population increases, large changes have occurred among household structures in Japan. Half of older adults lived with their children's families in 1980. Now around 60 percent of them live by themselves: 27% in single households and 31% as older couples alone. Older adults in single households are said to be at higher risk of social isolation. A Japanese white paper reported that they had scanty of social interactions compared to other types of households. This study examines differences in the social relationships and health statuses among household types by gender and explores the risk factors of social isolation. Nationally representative 2012 Japanese Social Survey data were used for analyses; a subsample comprised participants aged 60 to 74 years. A series of ANCOVAs were conducted. The distribution of the gender and household types were single male 105 (10.0%), married male 387 (36.8%), single female 180 (17.1%), and married female 381 (36.2%); the main effects were being female and married. An interaction effect between them (single males were less happy than married males) was observed. Neighborhood relationships were better among females and married participants. Married participants were more active in community meetings, social participation, and volunteering. However, no difference was observed in social network size. Thus, network size alone was not related to social isolation, but being active in social relationships and the quality of relationships influenced social isolation and well-being. Being married and female may facilitate higher quality relationships and may lead to activity and buffer social isolation.

IMPACT OF SOCIALIZATION IN LOW-INCOME URBAN ELDERLY COMMUNITIES

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