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

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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