

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 ( $\beta = -.22$ ,  $p < .05$ ) and agreeableness ( $\beta = .40$ ,  $p < .001$ ) 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