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Hoarding disorder in late life has been associated with increased risk for medical conditions and decreased ability to perform activities of daily living in the home; however, no studies have yet examined the relationship between geriatric hoarding and sleep. This study represents a secondary data analysis of older adults who received 26 sessions of group behavioral treatment for hoarding disorder ($n = 41$; mean age 64, range 55-85). Baseline sleep disturbance was significantly associated with hoarding severity, even when controlling for inability to sleep in a bed due to household clutter level. However, no significant change in sleep disturbance was reported following completion of treatment and baseline sleep disturbance was not significantly predictive of change in hoarding symptom severity. Findings suggest that disturbed sleep quality is associated with greater hoarding symptom severity but does not preclude positive symptom change in treatment.

DOES IMPROVING SLEEP IMPROVE COGNITION IN OLDER INDIVIDUALS WITH INSOMNIA?

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Late life insomnia is associated with worse cognitive performance. Behavioral/cognitive behavioral treatments for insomnia (BBT-I, CBT-I) improve sleep in older adults, but findings are mixed for cognition. This presentation examines the effects BBT-I and CBT-I on sleep and cognition across three RCTs involving older individuals (community-dwelling [$N=62$, $Mage=69.45(SD=7.71)$], chronic pain [$N=64$, $Mage=53.2 (SD=13.7)$], dementia caregiving [$N=36$, $Mage=62.32 (SD=6.71)$]). Sleep was assessed using daily diaries and actigraphy for 1-2 weeks prior to randomization to treatment or control. Cognition was measured using standardized executive functioning, memory, and attention measures. Multiple regressions revealed improved executive functioning following treatment (caregivers), associations between improved executive performance and greater pain/sleep improvements (chronic pain), and associations between improved attention and processing speed and improved sleep 9-months following treatment (community-dwelling). BBT-I/CBT-I hold promise for improving cognition in older aged individuals with insomnia. Research is needed to determine what factors influence/which patients are most likely to experience cognitive benefits.

THE EARLY BIRD GETS THE WORM, NOT ANXIETY OR DEPRESSION: HOW INSOMNIA SYMPTOMS PREDICT ANXIETY AND DEPRESSION

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Symptoms of insomnia are associated with symptoms of depression and anxiety in older adults, yet less is known about the impact of specific forms of insomnia (i.e. onset, maintenance, and terminal insomnia). We explored how insomnia type predicted symptoms of anxiety and depression in older adults ($n = 133$; mean age 69, range 65-89). We hypothesized that onset and maintenance insomnia would have

stronger relations to depression and anxiety than terminal insomnia. Regression analyses indicated that onset insomnia was the only significant predictor of anxiety symptoms, and maintenance was the only significant predictor of depressive symptoms. Thus, our findings suggest that despite overlap between depression and anxiety, insomnia may have different mechanisms of affecting each disorder. Implications for the treatment of anxiety and depressive symptoms by addressing insomnia problems will be discussed.

SLOW WAVE SLEEP AND PAIN AFTER BEHAVIORAL INSOMNIA TREATMENT IN ADULTS OVER AGE 50 WITH KNEE OSTEOARTHRITIS

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Sleep disturbance can aggravate pain, and we recently found that insomnia treatment improved osteoarthritis (OA) pain, lowered inflammation, and improved quality of life in middle-to-older aged adults. Inadequate slow wave sleep (SWS), known as deep or restorative sleep, can decline with aging and is linked to pain and inflammation. We examined how insomnia treatment affects SWS, and the relationship between SWS and pain. In a pilot trial, 33 adults, ages 51 to 74 years with OA-related knee pain and insomnia, were randomized to 6-session CBTi ($n=16$) or a weekly phone contact control group ($n=17$). The CBT-I group showed significantly more laboratory-measured SWS across a study night than controls after controlling for baseline SWS. Greater SWS intensity was associated with lower OA-related pain among the CBT-I group, but not among controls. These preliminary data suggest that behavioral sleep treatment may strengthen the beneficial influence of restorative sleep on pain.

CHANGES OVER TIME IN DAYTIME SLEEPINESS AMONG OLDER ADULTS RECEIVING LONG-TERM SERVICES AND SUPPORTS

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The purpose of this study was to examine the predictors of excessive daytime sleepiness (EDS) over the first two years of long-term services and supports (LTSS) for 470 older adults in assisted living communities (ALCs), nursing homes (NHs), or their homes. Mixed effects linear regression modeling using a backward elimination process was used to build a final multivariable model. In the final model, being female ($p<0.001$) and fewer functional deficits ($p<0.001$) at baseline were associated with decreases in EDS, while higher baseline measures of BMI ($p=0.004$) and number of symptoms ($p<0.001$) were associated with higher EDS. Compared to older adults living in the community and receiving LTSS, those in NHs and ALCs had higher EDS ($p<0.001$). Greater feelings of belonging and depressive symptoms at baseline