

POLICIES AND PERSPECTIVES AROUND SEXUAL ACTIVITIES AMONG RESIDENTS WITH COGNITIVE IMPAIRMENT OR DEMENTIA IN LTC

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Many older adults remain sexually interested and active in later life. However, little is known about how sexual policies and practices in skilled-nursing facilities (SNF) address sexual activities of residents with cognitive impairment and dementia. This study seeks to identify the current sexual policies and staff's perspectives related to residents with cognitive impairment or dementia in SNFs in Kansas. Online surveys and mailed surveys were distributed to administrators from all 364 SNFs in Kansas in June 2020. 60 long-term care facilities (16.5%) answered the survey. Of 60 survey respondents, 22 facilities (36.7%) have a policy addressing sexual expression and 19 of those policies (94.7%) address issues related to cognitive impairment, competency, or dementia. 77.4% had trained their staff on the impact on sexual expression for those with cognitive impairment or dementia once or more than once during the past year. 73.3% of administrators stated that their staff would respond differently to sexual expression among individuals with dementia or cognitive impairment compared to other residents, often noting issues related to consent and capacity. 55.2% reported any sexual expression among residents with dementia within the past year. Findings indicated that there is a lack of overall sexual policies, but those that exist are likely to address residents with cognitive impairment or dementia. Although there is evidence of training and attention to issues related to sexual expression in individuals with dementia or cognitive impairment, there is a need for further efforts to establish practice norms and policies around more complex or nuanced situations.

SESSION 6080 (POSTER)

BIOBEHAVIORAL HEALTH

PSYCHOLOGICAL DISORDERS LINKED TO OSTEOPOROSIS IN A POPULATION-BASED COHORT STUDY

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Psychosocial disorders can stem from or have profound effects on one's health, having been linked to many negative health outcomes. In this study, we hypothesize psychological disorders are associated with a higher risk osteoporosis diagnosis. Self-reported information from years 2012-2016 of the public-use, longitudinal cohort-based Health and Retirement Study, was evaluated from 11,716 American respondents aged 50-90 years old. The odds of scores on the Center for Epidemiological Studies Depression (CESD) scale, and broader psychological disorders (emotional, nervous, psychiatric) on osteoporosis diagnosis (outcome), were estimated with a logistic regression using survey weights, while controlling for sex, logged age, education level, race/ethnicity, family structure during childhood (number of adults), having thyroid disease, allostatic load, and body weight. A McFadden's R2 (0.18) shows the model fits relatively

well. The results demonstrate that as CESD score goes up, there is a 10% increase in odds (OR = 1.1, $P < 0.001$) of an osteoporosis diagnosis. Similarly, if a respondent reported a doctor told them they had other psychological disorders, the odds of an osteoporosis diagnosis increased by 52% (OR = 1.52, $P < 0.001$). It is unknown whether the components of broader psychological disorders are caused by decreased quality of life and/or other limitations from osteoporosis or if they contribute to bone health changes in this sample, or both. However, as CESD is a short-term measure (reflecting on the week prior) it is deduced to be as a result of a decreased quality of life associated with some cases of osteoporosis.

SYMPTOMS CONTRIBUTING TO SLEEP PROBLEMS IN OLDER ADULTS WITH TYPE 2 DIABETES

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Sleep problems are common in older adults. Those with diabetes are more vulnerable to sleep disorders since diabetes-specific symptoms can interfere with sleep quality. Yet little is known which diabetes symptoms most strongly affect sleep in older adults. This study aimed to examine the associations between diabetes symptoms and sleep and to identify the symptoms that most strongly disrupt sleep in older adults in the United States. Diabetes symptoms were assessed using the Diabetes Symptom Checklist-Revised. Sleep impairment and sleep disturbance were self-reported using The Patient-Reported Outcomes Measurement Information System. Demographic (age, sex, race/ethnicity) and other variables (body mass index, depressive symptoms, diabetes duration, glycemic control) were also assessed. Multivariate regression analyses were used with standardized coefficients. A total of 82 adults aged ≥ 60 years were included (mean age = 68.32 ± 5.29 years, White 76.83%, female 56.1%). After controlling for demographic and other variables, increased hypoglycemia ($\beta = .35$), hyperglycemia ($\beta = .38$), fatigue ($\beta = .65$), cognitive ($\beta = .48$), and ophthalmologic ($\beta = .25$) symptoms and neurological pain ($\beta = .42$) significantly increased sleep impairment. Of these, fatigue was the strongest contributor to sleep impairment. Similarly, increased hyperglycemia symptoms ($\beta = .30$), fatigue ($\beta = .34$), and neurological pain ($\beta = .37$) significantly increased sleep disturbance while neurological pain was the strongest contributor. To improve sleep quality of older adults with diabetes, their diabetes symptoms should be comprehensively assessed, and potential contributor to poor sleep such as increased fatigue and neurological pain should be addressed.

EXERCISE BEHAVIOR IS DETERMINED BY PANDEMIC DISTRESS AND TASK BURDEN AMONG CAREGIVERS OF OLDER ADULTS

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Background: Caregivers who have dependents with dementia are at a much higher risk of heart disease and mental illnesses compared with non-dementia caregivers. Consequently, these outcomes have been exacerbated by societal barriers that resulted from the pandemic. Engaging in regular physical activity