Considering the negative consequences of loneliness in older adults, knowing the factors that may protect older adults from loneliness is needed.

Research Objective: This study aimed to analyse whether sociodemographics, physical, mental or social characteristics act as protective factors against older adults' loneliness. Method: 274 Spanish people aged 65 and over completed an online survey that included sociodemographic information (sex, age), perceived health, quality of life, anxiety, depression, family functioning, gratitude, experiential avoidance, purpose of life, personal growth, and resilience. Loneliness was assessed using the Spanish version of the Three-Item Loneliness (Hughes et al., 2004). The average age was 70.46 (SD= 4.42) and 61.7% were women (N= 169) and 55.1% were married (N= 151). A regression model was tested.

**Results:** The results point out that women show higher scores on loneliness than men. The more loneliness, the lower perceived health, quality of life, family functioning, gratitude, life purpose, personal growth and resilience were. In contrast, the more loneliness the more experiential avoidance, anxiety, and depression. The regression model showed that depression ( $\beta = 0.202$ ;  $p \le .01$ ), family functioning ( $\beta = -0.385$ ;  $p \le .001$ ), experiential avoidance ( $\beta = 0.318$ ;  $p \le .001$ ) and personal growth ( $\beta = 0.152$ ;  $p \le .01$ ) were the best predictors of loneliness. This model explained 44.3% of variance.

**Conclusion:** Considering the Positive Psychology perspective when studying older adults' loneliness is needed. This perspective focuses on older adults' protective factors and not only on risk factors as a target for prevention and intervention programs that aim to reduce loneliness. Building a more resilient older adults group population may help them to cope with adversities like loneliness.

## FC29: Development of an Informant-Reported Lucidity Measure

**Authors:** Jeanne A. Teresi, Mildred Ramirez, Julie M. Ellis, Paloma Gonzalez-Lopez, Stephanie Silver, Katjia Ocepek-Welikson, Joseph P. Eimicke, Davangere P. Devanand, Jose A. Luchsinger

**Objective:** The aim was to develop a lucidity measure for use with front-line caregivers to describe lucidity episodes among individuals with dementia, neurological and other illnesses and identify associated individual and episodic event characteristics.

**Methods:** Qualitative: An external advisory board reviewed the clarity, breadth, and scope of the conceptual definition and item content. Modified focus groups were conducted with 20 staff and 10 family members who participated using a web-based survey. Data were extracted from Qualtrics for analysis using NVivo. Semi-structured cognitive interviews were conducted with10 health professionals working with older adults with cognitive impairment.

Quantitative: A combined exploratory and confirmatory factor analysis was performed to test for dimensionality. The explained common variance (ECV), calculated as the percent of observed variance was estimated. Estimates of internal consistency such as ordinal alpha and McDonald's omega were computed in R and Mplus.

**Results**: Data were collected from 50 staff informants on behalf of 302 residents, 25 with lucidity events. The majority (74%) of those interviewed were certified nursing assistants. Most (58%) of the sample of residents were White and 21% Black or African American. One fourth (25%) were Hispanic or Latino. Most (80% to 90%) of those with lucidity events were reported to have memory deficits and at least 70% required maximal assistance in performing basic tasks such as dressing. Most events (60%) were of short duration (10 minutes or less), and included showing facial expressions (83%) and making eye contact (88%). One half spoke multiple sentences. About half were reported to hold a conversation, and speak coherently to convey needs; 40% were able to remember and mention the name of relatives. Staff reactions were of surprise (60%) shock (52%) and happiness (50%).

Data for item modification derived from the focus groups and cognitive interviews resulted in the final lucidity measure. Internal consistency estimates were high, with most ranging from 0.76 to 0.98. The ECVs were high for most scales, indicative of essential unidimensionality.

**Discussion:** The dimensionality and reliability analyses results were strong, and supportive of unidimensional scales with high internal consistency. The feasibility of conducting assessments of lucidity events was established.

## FC30: The relationships between neuroticism, social connection and cognition

## **Authors:**

Jennifer Bethell, KITE Research Institute, Toronto Rehabilitation Institute – University Health Network, Toronto, Canada / Institute of Health Policy, Management and Evaluation, University of Toronto, Toronto, Canada Melissa K. Andrew, Division of Geriatric Medicine, Department of Medicine, and Canadian Center for Vaccinology, Dalhousie University, Halifax, Nova Scotia, Canada Sobhneek Hothi, University of Toronto, Ontario, Canada

**Paul Mick**, Department of Surgery, College of Medicine, University of Saskatchewan, Saskatoon, Canada **Debra Morgan**, Canadian Centre for Health and Safety in Agriculture, College of Medicine, University of Saskatchewan, Saskatchewan, Canada

Megan E. O'Connell, Department of Psychology, University of Saskatchewan, Saskatoon, Saskatchewan, Canada Natalie A. Phillips, Department of Psychology/Centre for Research in Human Development, Concordia University, Montréal, Québec, Canada

**Steven Stewart**, KITE Research Institute, Toronto Rehabilitation Institute – University Health Network, Toronto, ON, Canada

**Jennifer D. Walker**, Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Ontario, Canada

Walter Wittich, School of Optometry, Université de Montréal, Montréal, Québec, Canada.