



FC28: Protective factors to older adult loneliness

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Background: Most studies about older adults' loneliness are related to risk factors that increase the probability of loneliness and its negative consequences. These issues are linked with the negative traditional perspective of aging that focuses on decline, illness, and dependency. Although the probability of these conditions increases with age, current older adults age in better conditions than years ago. Positive Psychology is a new perspective that focuses on people's strengths as protective factors of mental and physical health, including older people.

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 ($\beta = 0.202$; $p \leq .01$), family functioning ($\beta = -0.385$; $p \leq .001$), experiential avoidance ($\beta = 0.318$; $p \leq .001$) and personal growth ($\beta = 0.152$; $p \leq .01$) 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

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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 with 10 health professionals working with older adults with cognitive impairment.