Previous literature has shown age-related increases in prosociality (i.e., the tendency to engage in behaviors that benefit others). Can such age-related differences be observed during the COVID-19 pandemic, or would young adults’ higher levels of COVID-19-related stress alter the relation between age and prosociality given the prior findings that stress may promote prosocial behaviors? Can empathy, one of the factors highly related to prosociality, explain any observed age-related differences? The current study examined the above questions, as well as whether age differences exist in target of prosocial behaviors (i.e., distant- versus close-others). To this end, participants (aged 18-89) enrolled in an ongoing study examining their experiences during the COVID-19 pandemic. They were asked to complete a series of surveys on dispositional empathy and prosocial behaviors during the pandemic. In the present analyses, the data were used from 330 participants from the USA who completed all of the surveys. Compared to younger adults, results indicate that older adults showed greater prosocial behaviors during the pandemic despite their higher risk of physical-health complications from COVID-19. Unexpectedly, empathy did not explain such age-related increases in prosocial behaviors even though it was positively related to individuals’ prosociality. Interestingly, older adults reported increased prosocial behaviors towards close-others (i.e., family, friends) compared to young adults, suggesting that older adults seem to devote more resources into emotionally meaningful relationships. The current study contributes to our understanding of how prosociality differs with age during the stressful period of need that marks the COVID-19 pandemic.

COVID-19 CONCERNS, DEPRESSION AND LONELINESS IN MIDDLE-AGE AND OLDER ADULTS
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The coronavirus pandemic forced many people to restrict their activities and social interactions out of fear and due to local health regulations. This study examined whether one’s self-reported level of concern related to COVID-19 was associated with loneliness and depressive symptoms. Using early release 2020 data from the Health and Retirement Study (N=2,759 adults over age 50), we conducted ordinary least-squares and logistic regressions, controlling for age, gender, education, marital status, self-rated health, and exercise. Higher levels of self-reported concern about the coronavirus pandemic were associated with more depressive symptoms (β=.05, p<.01) and increased odds of being lonely (OR=1.05, p<.01). Female sex, lower education, not being married, worse self-rated health, and lack of exercise were associated with more depressive symptoms and higher odds of being lonely, while older age was associated with lower depression but higher odds of loneliness. These results suggest that mental health assessments should include measures specifically asking about COVID-19 concerns and experiences (e.g., COVID-19 diagnosis, death of close friends or family due to COVID-19, unable to attend important events). The pandemic has raised public awareness of the negative consequences of social isolation and acted to destigmatize mental illness, and this could encourage middle-aged and older adults to seek professional help for depression.

LONELINESS AND NEUROPSYCHIATRIC SYMPTOMS IN COGNITIVELY IMPAIRED OLDER ADULTS DURING COVID-19 PANDEMIC
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Background: Cognitively impaired older adults living in the community have been vulnerable to the effects of COVID-19 confinement. The current study’s objectives were to examine the prevalence of loneliness in such adults along with impact of COVID-19 on neuropsychiatric symptoms and functional status.

Methods: A cross-sectional study was conducted in community dwelling cognitively impaired older Veterans (N=41). Demographic data such as age, gender, race, and rurality were collected. Loneliness data were collected with the 3-item Loneliness Questionnaire. Cognition was assessed with the Tele-Montreal Cognitive Assessment (T-MoCA) and functional status of instrumental activities of daily living was assessed with the Functional Activities Questionnaire (FAQ). Neuropsychiatry symptoms including severity and distress were collected using the Neuropsychiatric Inventory (NPI), and change during COVID was also recorded for each symptom.

Results: Demographic characteristics included: mean age of 71.9 (±8.6) years, 95.1% male, 46.3% rural, 75.6% Caucasian, and 19.5% African American. Loneliness was prevalent in most participants (62.5%). T-MoCA and FAQ mean scores were 15.1 (±4.5) and 10.0 (±8.6), respectively. Mean NPI total severity and total distress were 8.4 (±5.9) and 11.4 (±8.5), respectively. Irritability was most frequently reported symptom (65%), followed by agitation (57.5%), anxiety (55%), depression (50%), and night-time behavior (50%). A majority of the participants reported worsening of neuropsychiatric symptoms during COVID (71.1%). Among those that reported worsening neuropsychiatric symptoms, 70.4% noted an increase in ≥ two symptoms.

Conclusion: Older adults with pre-existent cognitive impairment may be at high risk for loneliness and worsening of neuropsychiatric symptoms during the COVID pandemic.

LONELINESS BEFORE AND DURING THE COVID-19 PANDEMIC: ASSOCIATIONS WITH CHRONIC ILLNESSES AND RELATIONSHIP QUALITY
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While self-reported loneliness generally declines after age 65, the likelihood of experiencing chronic illnesses increases. During the Covid-19 pandemic, social isolation measures have changed the social context of many people. We address three research questions: 1) What is the predictive strength of chronic illnesses, relationship quality, and their interaction on loneliness? 2) Has Covid-19 altered experienced loneliness...