Session 3195 (Symposium)

DISRUPTION TO TRANSFORMATION: AGING IN THE NEW NORMAL: NIA SESSION FOR EARLY-CAREER RESEARCHERS
Chair: Melinda Kelley Discussant: Melinda Kelley

The National Institute on Aging (NIA) at the National Institutes of Health, Department of Health and Human Services, supports biomedical and behavioral research with a lifespan focus. NIA research seeks to understand the basic processes of aging, improve prevention and treatment of diseases in later life, improve the health of older persons, in addition to a focus on Alzheimer’s disease and related dementias. The NIA also supports the training and career development of scientists focusing on aging research and the development of research resources. This symposium, meant for junior faculty and emerging scholars, will provide an update on the latest research findings from the NIA followed by a segment on funding mechanisms and strategies. An opportunity will be provided to meet and consult with NIA extramural staff.

OVERVIEW OF NIA RESEARCH AND PRIORITIES
Richard Hodes, National Institute on Aging, Bethesda, Maryland, United States

Dr. Hodes will provide an overview of NIA’s structure and mission, in addition to discussing research foci from across the Institute’s scientific divisions.

HOW TO GET AN NIA GRANT
Kenneth Santora, National Institute on Aging, Bethesda, Maryland, United States

Dr. Santora will provide an overview of the NIA application process and will share information on relevant policy changes.

Session 3200 (Symposium)

EMERGING CONCEPTS IN DYADIC RESEARCH
Chair: Karen Lyons Discussant: Amy Rauer

This session includes four papers that explore and expand upon emerging concepts in dyadic research in health, illness, and end-of-life. First, Dr. Karen Lyons and colleagues examine the concept of dyadic mental health in mid-late life couples living with lung cancer. The paper examines the impact of having optimal versus poor dyadic mental health at diagnosis on the physical health of the couple over time, but also explores the ways we examine the concept of dyadic health in research and potential implications of these methods. Second, Dr. Lyndsey Miller and colleagues take a dyadic approach to understanding the roles of social activity and connectedness on depressive symptoms in a sample of community-dwelling older couples. The paper not only highlights important gender differences, but also the salient role of incongruent dyadic physical health. Third, Dr. Ranak Trivedi and colleagues describe the findings of a novel pilot intervention targeted at improving dyadic self-management in care dyads where one member is a Veteran with chronic conditions. The paper draws upon concepts of collaboration and dyadic coping to conceptualize self-management as a dyadic phenomenon. Finally, Dr. Buck and colleagues explore the novel concept of dyadic dissolution in a sample of family caregivers after the death of their care partner. The paper explores the concept as a cognitive and affective process with implications for how the surviving partner adapts over time. Speakers and Discussant, Dr. Amy Rauer, will focus on implications of these concepts for advancing dyadic science of health and illness across the lifespan.

THE ROLE OF OPTIMAL DYADIC MENTAL HEALTH IN COUPLES LIVING WITH LUNG CANCER: INTERDEPENDENCE, CONGRUENCE, OR BALANCE?
Lyndsey Miller,1 and Karen Lyons,2 1. School of Nursing, Oregon Health & Science University, Oregon, United States, 2. Boston College, Chestnut Hill, Massachusetts, United States

Optimizing dyadic health is a central goal of dyadic frameworks. Yet, research has focused on interdependent individual health or the transactional nature of health within dyads. Emerging research has explored dyadic health through the lens of congruence and balance. This longitudinal study examined dyadic mental health in 76 couples (M = 67.88 ± 11.54) during the first year of lung cancer. As expected, multilevel modeling found mental and physical health of couples were significantly associated at baseline (p < .05). Congruence in mental health was significantly associated with changes in physical health over time for survivors (p < .05) but not partners, whereas balanced mental health had differential effects on the physical health of survivors and partners (p < .01). Discussion will focus on the implications of congruent versus balanced dyadic health for the couple, evaluation of interventions, and propose ways to define optimal dyadic health.

DISTINCT INFLUENCES OF SOCIAL ACTIVITY AND SOCIAL CONNECTEDNESS ON DEPRESSIVE SYMPTOMS IN OLDER ADULT COUPLES
Joel Steele,1 Chao-Yi Wu,2 Hiroko Dodge,2 Jeffrey Kaye,2 Karen Lyons,3 and Lyndsey Miller,2 1. Portland State University, Portland, Oregon, United States, 2. Oregon Health & Science University, Portland, Oregon, United States, 3. Boston College, Chestnut Hill, Massachusetts, United States

This study aimed to simultaneously examine the associations between social activity and connectedness and depressive symptoms in older adult couples. Using SEM and data from 116 community-dwelling couples (age 76.18 ± 8.49), we found that engagement in social activities was associated with lower depressive symptoms in men (p = 0.014), whereas more close friendships were associated with lower depressive symptoms in women (p = 0.011).