FEASIBILITY OF CARRES MODULES TO REDUCE POTENTIALLY AVOIDABLE HOSPITALIZATIONS IN PERSONS WITH COGNITIVE DEFICITS

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Family caregiving is an essential, yet understudied, factor that can hasten, delay, or prevent hospital readmissions in individuals with cognitive deficits. This 3-month feasibility study examined 18 Internet-based educational CARReS (Communicate, Assist, Recognize & Report Events) Modules for family caregivers that address care recipients’ potentially avoidable hospitalization (PAH) conditions, e.g., UTI. This study determined: 1) caregivers’ perceptions about the use of the CARReS Modules, 2) caregivers’ self-reported value of the Modules, and 3) potential outcomes for caregivers and care recipients. Community-dwelling family caregivers were recruited from local support/education programs and assigned 6-8 Modules based on their care recipients’ needs. Links to online surveys were emailed at baseline, and 30 and 90 days post-enrollment. Descriptive statistics were performed on these data. Twenty potential subjects were screened but five were ineligible and three refused to participate. The remaining 12 subjects were primarily White females caring for a husband or parent. Subjects completed all the Modules they were assigned and did not experience any difficulties answering the survey questions. Subjects reported completing the Modules at least moderately increased their knowledge (67%), not being burdened by completing the Modules (67%), and very likely to participate again (58%). Many subjects stated the Modules taught them new things about preventing hospital readmissions in their care recipient (75%) and improved their well-being as a caregiver (83%). In collaboration with a home care agency, the investigators plan to implement and test a sustainable, “real-world” educational intervention incorporating the CARReS Modules that reaches a wide audience of family caregivers.

RESULTS FROM RESEARCH ON A HEALTH-COACHED WALKING PROGRAM IN FAMILY CAREGIVERS OF PERSONS WITH DEMENTIA

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Caregivers of persons with dementia demonstrate increased levels of stress, anxiety and depression, placing...
QUALITY OF LIFE OF GRANDPARENTS RAISING GRANDCHILDREN IN NIGERIA
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This article examined the personal and household characteristics influencing the quality of life (QoL) of grandparents caring for grandchildren in Skipped Generation Households in Nigeria with a sample of 2, 144 grandparents in Imo, Lagos and Kano. Chi square and multinomial logistic regression were employed to understand the relationship between the dependent variable (QoL) and independent variables (personal and household characteristics). The level of the QoL of the grandparents almost spread evenly among low (34.3%), average (34.3%) and high (31.4%). Five domains of QoL were examined including level of independence (LI), psychological well-being (PW), social relation (SR), physical health (PH), environment (ENV) and engagement in income generating activities (IGA). Personal characteristics including; state of residence was significantly associated with all the domains except LI and PW, age was associated with IGA, LI and ENV, sex was associated with SR and ENV and level of education was associated with all the domains except IGA and ENV while religious affiliation was associated with IGA. Household characteristics including; sex of household head was significantly associated with PH, SR and ENV, age of household head was associated with IGA and LI and wealth index was associated with all the domains while the number of household members was significantly associated with ENV. The regression analysis shows that only state of residence and wealth index significantly influence the QoL of the grandparents (P<0.05). The state of residence and wealth index are therefore important in any policy intervention for this category of elderly persons in Nigeria.

SUPPORTING FAMILY CAREGIVERS: HOW DOES RELATIONSHIP STRAIN OCCUR IN CAREGIVING DYADS? A QUALITATIVE STUDY
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Family members and spouses are usually the primary caregivers for older adults. Providing direct care can be stressful, strenuous, and time-consuming for caregivers, potentially leading to frustration and anger towards care recipients. This can be detrimental to the relationship quality of the caregiving dyad. Though caregiver strain and burden have been extensively studied, there is limited information on the development of relationship strain. To explore how relationship strain occurs between caregivers and care recipients, 8 focus groups (N=62) and 8 semi-structured telephone interviews were conducted with caregivers in Los Angeles, inquiring about relationship quality with their care recipients and when frustration and anger occurs. Inductive coding was used to create coding schemas. Findings showed that most caregivers reported relationship strain occurring after taking on the caregiving role, and frustration and anger arose when providing ADLs, especially during bathing and toileting. Although these caregivers had initially experienced strain in their relationships, a recurring theme that emerged was that they developed strategies to decrease frustration and anger and improve the quality of their relationships with their care recipients. Direct communication with caregivers is important in designing a structured and effective intervention. These findings help inform an intervention for new caregivers to help them identify what can lead to relationship strain, as well as teach them reliable strategies to manage frustration and anger towards their care recipients.