system. The purpose of this study was to identify medication classes prescribed within 30 days prior to the injury that were associated with fall-related injuries in older adults. This population-based, case-control study used secondary administrative health care data in Ontario, Canada. The cases were older adults, aged 66 years and older, who visited an emergency department for a fall-related injury. Controls were extracted from the Registered Person Database, and matched by same age, sex and residence area. Medication classes prescribed to both groups were recorded and logistic regression was conducted to examine the association between medications and fall-related injury. The case group included 255,270 older adults who experienced a fall-related injury over the five-year period (2010-2014). After adjustment for sex, age group, residence area, income level and number of medications prescribed, psychotropic medications (i.e., opioids, anti-epileptics, anti-Parkinson’s drugs, and antidepressants), drugs for treatment of constipation, infection and benign prostatic hyperplasia, antithrombotic agents, statins and bronchodilators were identified to be related to increased risk of fall-related injuries. In addition to medications already on the list of fall-risk increasing drugs or FRIDs, this study uncovered that drugs for benign prostatic hyperplasia, cephalosporins, bisphosphates and bronchodilators increased the risk of fall-related injury in older adults. Well-designed prospective cohort studies considering prescription indication and drug-drug interactions are needed to provide more convincing evidence on medications that may be associated with increased risks of fall-related injury in older adults.

FALL-RELATED INJURY IN OLDER ADULT HOME CARE RECIPIENTS: A DESCRIPTIVE POPULATION STUDY

Danilla Xing,1 Aleksandra Zecevic,1 Nicolette Lappan,2 and Yu Ming,2 1. Western University, London, Ontario, Canada, 2. University of Western Ontario, University of Western Ontario, Ontario, Canada

Canada is experiencing a growing aging population leading to an increase in the number of individuals receiving home care. More needs to be known about home care clients who experience fall-related injuries. The purpose of this study was to describe the characteristics of Ontario home care recipients (65 and older) who experienced fall-related injury, and the characteristics of those injuries. We conducted a population-based descriptive study using secondary data from the IC/ES data repository for the period of 2010-2014. Person-level characteristics were extracted from the Resident Assessment Instrument - Home Care and injury characteristics from ICD-10 CA codes for falls (W00-W19) in combination with injuries (S00-S99 or T00-T14), available from the NACRS database. Descriptive statistics and rates were calculated using R. Results show the population (N=88,731) was primarily female (67.0%), the largest age group was 85-89 years old (25.5%) and hypertension was the most prevalent (83.0%) chronic condition. Clinical Assessment Protocols (CAPs) indicated need for support in management of IADLs (75.4%), falls (72.3%) and pain (70.3%). Most patients (55.8%) used nine or more medications. In 90 days prior to home care assessment, 39.6% experienced no falls, 32.4% fell once, and 26.1% fell two or more times. Injuries primarily took place within the home (38.2%). Factures were the predominant injury type (40.8%), followed by superficial injuries (19.7%). These findings create a foundation for fall-related injury prevention in home care and further research on risk identification, the efficacy of CAPs, and home environment adjustments.

SENSORY IMPAIRMENT IS ASSOCIATED WITH RECURRENT FALLS: STUDY OF WOMEN’S HEALTH ACROSS THE NATION

Carrie Karvonen-Gutierrez,1 Michelle Hood,1 Joshua Ehrlich,2 Richard Neitzel,1 and Kelly Ylitalo,4 1. University of Michigan, Ann Arbor, Michigan, United States, 2. University of Michigan, University of Michigan, Michigan, United States, 3. University of Michigan School of Public Health, Ann Arbor, Michigan, United States, 4. Baylor University, Waco, Texas, United States

This study evaluated the relationship between individual and combined sensory impairments (vision, hearing, peripheral nerve (PN)) with recurrent falls in the past year among 1951 women (mean age 65.6 years) from the Study of Women’s Health Across the Nation. Sensory impairments were defined as self-reported vision difficulty, hearing loss, or ≥4 on the Michigan Neuropathy Screening Instrument. Recurrent falls were defined as ≥2 self-reported falls. Hearing was the most commonly reported impairment (39.2%), followed by vision (22.1%) and PN (16.0%). Among those with any impairments, 7.0% of women reported impairments in all domains. Recurrent falls were more common among women with vision (19.4%), hearing (17.3%), or PN impairments (24.7%) as compared to women without sensory impairments (7.0%). The greatest burden of recurrent falls was among women with all three sensory impairments; one-third (34.6%) of women with vision, hearing and PN impairment were recurrent fallers. In an adjusted logistic regression model, vision, hearing, and PN impairments were associated with statistically significantly higher odds of recurrent falls in the past year (odds ratio (OR) = 1.58, 1.76, 2.11, respectively; all p<0.01), after adjustment for age, race/ethnicity, economic strain, and depressive symptoms. The presence of all three sensory impairments was associated with nearly 6-fold increased odds of recurrent falls (OR=5.65, 95% CI 3.25, 9.82) compared to women with no impairments. Sensory impairments often onset during middle and early late adulthood. This work demonstrates that these impairments are associated with falls and that women with impairments across multiple sensory domains are at greatest risk.

Session 9260 (Poster)

FAMILY AND INTERGENERATIONAL RELATIONSHIPS

ADULT CHILDREN’S MONITORING, KNOWLEDGE, AND INTERGENERATIONAL AMBIVALENCE

Noriko Toyokawa,1 Nancy Darling,2 and Teru Toyokawa,1 1. Southern Oregon University, Ashland, Oregon, United States, 2. Oberlin College and Conservatory, Oberlin, Ohio, United States, 3. California State University San Marcos, San Marcos, California, United States
Monitoring aging parents’ daily life is an essential task for adult children to ensure their parents’ health and safety. The current study examined domains of parents’ lives that adult children monitored as caregivers. Based on social domain theory (Smetana, 1999), we hypothesized that adult children would monitor parents’ health and safety issues as respecting parents’ autonomy in other issues. The study also examined how adult children’s belief in need for monitoring and their perception of having actual knowledge of their parents’ behaviors and thoughts would relate to the intensity of their intergenerational ambivalence. Adults who had at least one living parent (N=398, Mage=60, SD=7.7, range 45-77) participated in online surveys. Issues of parents’ lives that adult children monitored were categorized into four domains by factor analysis: parents’ financial safety, health and physical safety, substance use, and plans with other adult children. A series of regression analyses revealed that adult children’s sense of need to know about parents’ financial safety was associated with lower ambivalence, B=-.60, SE=.18, β=-.23, p=.001, whereas parents’ physical safety was associated with greater ambivalence, B=.42, SE=.19, β=.17, p=.03. Adult children’s perception of their knowledge about parents’ financial safety was positively associated with their ambivalence, B=.58, SE=.20, β=.22, p=.004, whereas adult children’s perception of parents’ physical safety was negatively associated with their ambivalence, B=-.42, SE=.21, β=-.14, p=.05. Different meanings of different types of parents’ safety issues for adult children as their caregivers and suggestions for future research will be discussed.

AGREE TO DISAGREE: GENERATIONAL DIFFERENCES INIDEOLOGICAL VALUES AND THE IMPACT ON DEPRESSIVE SYMPTOMS

Rachel Scott,1 Accacia Lopez,2 and Danielle Nadorff,3, 1. Mississippi State University, Starkville, Mississippi, United States, 2. Mississippi State University, Starkville, Mississippi, United States, 3. Mississippi State University, Starkville, Mississippi, United States

Family Systems Theory states that values are transmitted between generations within families and, while many of these values are similar between immediate generations, there may be more differentiation in values between generation gaps. Ideological differences between generations may potentially cause subsequent tension and fluctuations in well-being. The current study sought to examine the moderating effect of generation on the relation between ideological values (political and religious) and depressive symptoms. Participants included 419 grandparents (age: M = 76, SD = 5.18) and 638 adult grandchildren (age: M = 29, SD = 5.57) from the 8th wave of the Longitudinal Study of Generations (LSOG) data set, collected in 2005. While violations in assumptions for the testing of religious ideology prevented additional analyses with that variable, significant mean differences were found between grandparents and grandchildren in political ideology scores, with grandparents expressing more conservative views. Generation also moderated the relation between political ideology levels and depressive symptoms. These relations trended in opposite directions for each generation (with non-significant conditional effects), such that when grandparents endorsed more conservative values, depressive symptoms decreased. Conversely, when grandchildren endorsed more conservative values, depressive symptoms increased. These findings indicate that while the older generation found a conservative viewpoint to be a protective factor for mental health, this was not true of younger generations, and indicates a need for age-specific cultural factors to be included in clinical intervention plans. Further implications for these findings will be discussed.

AMBIVALENCE AMONG INTERGENERATIONAL RELATIONSHIPS IN OLD AGE

Sofia von Humboldt, Andrea Costa, Sara Silva, and Isabel Leal, Instituto Superior de Psicologia Aplicada (ISPA), Lisboa, Lisboa, Portugal

Objective: This study aims to analyze the perspectives of intergenerational relationships between older adults and adult children. For this purpose, a qualitative research was carried out, which analyzes these relations at a cross-national level.

Methods: Four hundred and twenty four older participants aged 65-97 years, were interviewed. Participants were of three different nationalities and lived in the community. All the interviews went through the process of verbatim transcription and subsequent content analysis.

Results: Two dimensions of generational ambivalence were revealed from the study; support and the conflict dimensions. Findings of content analysis produced six themes, which represent intergenerational relations between older adults and adult children: older adults-adult children interaction quality; family integration; care and support; definition of limits; distance and alienation; and communication difficulties.

Conclusions: This study highlighted the diversity of experiences in old age, in relation to intergenerational relationships and underlined the conflicting expectations from older adults in relation to their adult children.

Keywords: Adult children, ambivalence; conflict; intergenerational relationships; older adults; support.

DEPRESSIVE COGNITIONS IMPACT ON A LATENT GROWTH CURVE MODEL OF DEPRESSIVE SYMPTOMS IN CAREGIVING GRANDMOTHERS

Christopher Burant, Carol Musil, Jaclene Zauszniewski, and Alexandra Jeanblanc, Case Western Reserve University, Cleveland, Ohio, United States

Grandmothers caring for grandchildren have elevated levels of depressive symptoms compared to grandparents who do not provide care. While the CES-D measures the somatic, positive and negative affect, and interpersonal strain symptoms experienced with depression, the Depressive CognitionScale © captures the change in cognitive thinking that often precedes depression. Depressive symptoms, on the other hand, are state like in nature and describe depressive symptoms that have happened recently. While depressive cognitions, according to Beck’s theory of depression, are the first negative thought processes to appear, these typically lead to other, more serious symptoms of depression. Specifically, depressive cognitions reflect negative thinking patterns and not depression. Data were collected on 343 participants in a longitudinal nationwide online research study of caregiving grandmothers. A latent growth curve model was used to track the trajectory of depressive symptoms at