These challenging circumstances have driven caregivers to quickly adapt as they continue to manage their personal lives and caregiving responsibilities. Utilizing three waves of survey data from the MIT AgeLab Caregiver Panel, this presentation will examine the attitudes, experiences and worries of family caregivers at several time points along the course of the COVID-19 pandemic, as well as caregivers’ preparations and coping behaviors along the way. Differences between caregiving situations will also be discussed.

Session 2195 (Paper)

Chronic Disease Management (HS Paper)

ENERGY DECLINE MAY PREDICT MILD PARKINSONIAN SIGNS IN COMMUNITY-DWELLING OLDER ADULTS
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Mild Parkinsonian Signs (MPS) are common in older adults without overt neurological disease. MPS are often progressive and predict disability and dementia, yet little is known about predictors for MPS. Low self-reported energy is associated with mobility impairment, which is a hallmark of MPS. Yet whether self-reported energy relates to MPS is unknown. We explored the association of changes in self-reported energy with MPS in 293 participants (aged 83 ± 2.8 years, 58% women, 61% White) free of dementia and Parkinson’s Disease in the Health, Aging and Body Composition Study. Self-reported energy was assessed on a 0-10 scale annually between Year 2 and Year 10 (mean follow-up: 8 years) and its slope was estimated via linear mixed effects models. MPS were evaluated at Year 10 based on the Unified Parkinson Disease Rating Scale motor component. On average, self-reported energy declined 0.06 points per year. In a linear regression model adjusted for age, fatigue, and comorbidities, those with MPS had steeper SEL decline (β [Standard Error] = -0.358 [0.119]) in the prior eight years than those without MPS. Thus, declining self-reported energy may be a risk factor for MPS. Self-reported energy is easily evaluated in routine clinic visits, and may be a modifiable risk factor that can be targeted to reduce the incidence of MPS.

IMPLEMENTATION OF A SHARED DECISION-MAKING TOOL FOR OSTEOARTHRITIS TREATMENT TO REDUCE DECISIONAL CONFLICT
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Shared decision making is a key component of patient centered care where clinical evidence and the patient’s preference and values are considered. Physical activity and weight loss are often recommendations in the treatment plan, especially in mild to moderate stage of osteoarthritis (OA). Movement is Life (MIL) created an innovative SDM tool to provide a framework for patient-centered discussions. The tool leverages an underlying Markov Model and represents the likely pain, activity levels, and lost productivity at three future time points. By comparing the patient’s likely progression depending on treatment choices compared to doing nothing, the patient has an illustration of future state. A pilot of N=108 women, ages 45-64, with chronic knee pain for at least three months and at least one co-morbidity (obesity, hypertension, diabetes) were randomized to a control (n=54) or intervention (n=54) arm of the study at eight centers across the United States. Results showed the demographic profiles were similar between the groups. At one-month, n=47 control and n=50