SESSION 2245 (SYMPOSIUM)

THE CANNABIS AND OLDER PERSONS STUDY: EXPANDING OUR MINDS THROUGH INTERDISCIPLINARY RESEARCH
Chair: Brian Kaskie Discussant: Benjamin Han
The Cannabis and Older Persons Study has examined the increasing use of cannabis among Americans over 60 years old since 2016. This year’s symposium presents varied methodological approaches researchers have used to better understand the harms and benefits associated with cannabis use among older Americans. Divya Bhagianadh examines the association between cannabis legalization policies across the United States and corresponding use of end of life programs and services. Julie Bobitt analyzes interviews provided by older adults in Illinois and defines how attitudes held by medical doctors and other clinical care providers are critical to shaping cannabis use among older adults. Brian Kaskie considers the role of cannabis policy clusters. Jacobo Mintzer reviews findings from a controlled trial providing two cannabinoids to treat agitation among persons with Alzheimer’s in hospice. Thorsten Rudroff examines cannabis use among a sample of older persons at risk for falls. These studies reflect how cannabis use among older persons continues to grow and diversify, and how researchers have used different approaches to advance scientific understanding of determinants and outcomes, both desirable and undesirable, associated with cannabis use among older adults. This symposium offers policy makers and health care leaders a balanced perspective. On one side, we discuss how prevention and treatment efforts for substance use disorder, including cannabis use disorder, must increase proportionally to the increasing number of older cannabis users. On the other side, we consider how more than 5 million older Americans, especially those with pain, find some benefit in using cannabis.

OLDER ADULTS’ PERCEPTIONS OF CANNABIS AND OPIOIDS USE
Julie Bobitt, University of Illinois at Chicago, Chicago, Illinois, United States
Older adults in the U.S. are increasingly using cannabis as a method to manage pain. Some studies have linked increased cannabis use with an increase in prescription opioid use while others have suggested that older adults may be using cannabis as a way reduce/replace opioids. From April 2018 - January 2019 we conducted 12 focus groups throughout Illinois with 82 cannabis users aged 60+. To examine the relationship between cannabis and opioid use we used an inductive thematic analysis to code and theme the focus group transcripts. We found three themes 1) medical culture around opioids influences cannabis use; 2) past negative experiences with opioids influences cannabis use, and 3) aversion to ever trying opioids out of fear of an anticipated harm that may be brought about by opioid use such as overdose. In this session we present these findings and discuss cannabis use relative to opioids by older adults.

MEDICAL MARIJUANA LAWS AND OUT OF POCKET EXPENSES AT END OF LIFE
Divya Bhagianadh, and Kanika Arora, University of Iowa, Iowa City, Iowa, United States
Resource intensive and costly End-of-Life (EOL) care is a significant healthcare policy concern in the U.S. In addition to the high Medicare spending, out of pocket (OOP) expenses are also high during EOL adding considerable stress during terminal days. The Medical Marijuana Laws (MMLS) is a significant policy in this context. Previous studies have shown increased use of MM among older adults, better pain management, influence on site of death as well as evidence of reduction in Medicare expenditure on drugs in states with MMLs. In this study, we explore the association between MML and OOP expenses during EOL using data from the Health and Retirement Study exit and core interviews from 1995 to 2018. We use a difference in differences (DD) and event study models to examine this question. We find evidence of increased OOP expenses on drugs and doctor visits with the effects concentrated among the early implementing states, among decedents who are White and among cancer patients. Despite its growing acceptance in palliative medicine, affordability of MM could pose a significant hurdle to terminally ill patients especially since MM and related costs are not covered by insurance.

CANNABIS USE AND RISK OF FALLING IN OLDER ADULTS
Thorsten Rudroff, University of Iowa, Iowa City, Iowa, United States
The prevalence of cannabis use has significantly increased among US adults ≥ 50 years. However, the effect of chronic cannabis use on fall risk in older adults is unclear. A series of investigations were conducted to examine the intersection between cannabis use and fall risk in older adults. The findings indicated that: 1) Older (≥ 50 years) chronic cannabis users have a higher fall risk and walking impairments, 2) cannabis users might have a discrepancy between perceptual and physiological fall risk, and 3) chronic use of Δ-9-tetrahydrocannabinol (THC) might have negative influences on inhibitory control and brain activity. Future mechanistic (e.g., neuroimaging) investigations of the short- and long-term effects a variety of cannabis products (e.g., THC/CBD ratios, routes of administration) on cognitive/motor function, and fall incidence in older adults are suggested.

POTENTIAL BENEFITS OF THC AND CBD IN THE TREATMENT OF HOSPICE-ELIGIBLE DEMENTED AND AGITATED PATIENTS
Jacobo Mintzer, University of South Carolina, Columbia, South Carolina, United States
Today, half of the patients suffering from Alzheimer’s disease (AD) will use hospice care in the last days of their life. Most of them will present with moderate to severe agitation. In the absence of evidence-based guidelines, Hospice care eligible patients with Agitation and Alzheimer’s disease (AD) or other types of Dementia (HAD) are treated with a combination of antipsychotics, benzodiazepines, and opiates, which generate a variety of side effects. Two cannabinoids, tetrahydrocannabinol (THC) and cannabidiol (CBD), appear to be promising therapies for agitation in HAD with minimal side effects. Specifically, we suggest that a combination of THC and CBD oils have enhanced synergistic effects while maintaining a low side effect profile that the combination...
may provide. The evidence for this hypothesis will be discussed during the symposium.

SESSION 2250 (PAPER)

CAREGIVING

A DUTY TO CARE: MALE PERSPECTIVES ON THE CAREGIVER ROLE FOR PERSONS WITH ALZHEIMER’S OR RELATED DEMENTIA

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The population of family caregivers (FCGs) of persons with Alzheimer’s Disease and related Dementias (ADRD) is growing, as is the proportion of males taking on this traditionally female role. Most caregiving research has mainly focused on females. Although female caregivers have reported more negative outcomes, men still report significant levels of burden. With the aging population and increased need for caregivers, there is a gap in knowledge exploring the male caregiving experience. Understanding male caregiving experiences can inform clinicians on developing future strategies to tailor support for this underrepresented group. The purpose of this qualitative descriptive study was to explore the experiences of male FCGs of people with ADRD. The Caregiver Identity Theory (CIT) was used to guide the study exploring participants’ perception of self-identity within their caregiving relationship and self-identity as a male. Eleven male caregivers, recruited through social media and community resources, were interviewed by telephone or Zoom. Interviews were recorded, transcribed, and analyzed using thematic analysis. Four major themes emerged highlighting males’ struggles with the unfamiliar caregiving role and changing identity; their acknowledgement of personal growth and discovery through caregiving, challenges in finding the “right” kind of support, and perceived reshaping of masculinity through the caregiving role. Male caregivers express unique experiences as FCGs suggesting future research is needed to explain gender differences in caregiving and identify additional factors that influence male caregivers’ experiences. Furthermore, findings indicate clinicians should tailor support strategies for male FCGs’ as they fulfill this potentially unfamiliar role.

CAREGIVER STRAIN AMONG AFRICAN AMERICAN AND HISPANIC MALE CAREGIVERS WITH CHRONIC CONDITIONS

Matthew Smith¹, Chung Lin Kew¹, Tiffany Washington², Caroline Bergeron³, Ashley Merianos⁴, Ledric Sherman¹, and Kirby Goidel⁵, 1. Texas A&M University, College Station, Texas, United States, 2. University of Georgia, Athens, Georgia, United States, 3. University of Ottawa, Ottawa, Ontario, Canada, 4. University of Cincinnati, Cincinnati, Ohio, United States

Caregiving strain often stems from caregivers’ unmet needs and is a risk factor for physical and psychological ill-health. This study aims to identify factors associated with caregiver strain among middle-aged and older African American and Hispanic male caregivers living with one or more chronic conditions. Data were collected from 431 male caregivers using a web-based survey (55% African American, 45% Hispanic). Linear regression models were fitted to assess factors associated with caregiver strain, which was measured using caregiving difficulty items from Behavioral Risk Factor Surveillance System. On average, participants were age 54.9(±9.51) years, they self-reported chronic conditions were 3.74(±2.62), and their caregiver strain was 14.7(±7.30).

Among African American caregivers, higher caregiver strain was positively associated with living with children below age 18 (β=0.14, P=0.045) and feelings of social disconnectedness (β=0.16, P=0.018) and depression (β=0.15, P=0.035). Conversely, caregiver strain was negatively associated with having insurance coverage (β=1.34, P=0.028) and disease self-management efficacy (β=2.26, P=< 0.001). Among Hispanic caregivers, higher caregiver strain was negatively associated with age (β=0.28, P=< 0.001) and positively associated with feelings of social disconnectedness (β=0.16, P=0.041). Findings suggest African American and Hispanic males with chronic conditions have differing caregiving experiences. Compared to Hispanic men, contributors to caregiving strain among African American men were multifaceted and associated with financial resources, household dynamics, mental health, and the ability to self-manage their chronic conditions. While bolstering social connectedness may offset caregiver strain, tailored mental health and disease-management programming are needed to meet the specific needs of African American and Hispanic male caregivers.

CONTEXTUAL FACTORS ASSOCIATED WITH DECREASED DAILY DEPRESSION AND ANXIETY AMONG DEMENTIA CAREGIVERS

Frank Puga, Abigail Poe, Meghan Rafford, Danny Wang, and Carolyn Pickering, The University of Alabama at Birmingham, Birmingham, Alabama, United States

Family caregivers of individuals with dementia (IWDs) have an increased risk of developing depression and anxiety. Little is known about daily protective factors that mitigate this risk. The purpose of this study was to identify everyday coping strategies used by family caregivers that reduce the daily odds of experiencing depression and anxiety-related symptoms. Daily diaries were used to examine whether pleasant non-care activities with the IWD, social connection, and exercise were associated with a decrease in depression and anxiety-related symptoms. A national sample of ADRD caregivers (N=165) completed diaries over 21-days (n=2,841). Participants were asked about their daily experiences as caregivers, coping strategies, and mental health. Data were analyzed using mixed-level modeling. Depression and anxiety symptoms were endorsed by 141 (85.45%) and 155 (93.94%) participants, respectively. Social connection was associated with a decrease in the daily odds of depression (OR: 0.74, CI: 0.56 – 0.97, p=0.032) and anxiety symptoms (OR: 0.74, CI: 0.56 – 0.97, p=0.032). Caregivers were also less likely to endorse depression-related symptoms on days when engaging in a pleasant non-care activity with the IWD was reported (OR: 0.70, CI: 0.52 – 0.93, p=0.015). Finally, anxiety-related symptoms were less likely to be endorsed on days when caregivers reported engaging in exercise (OR: 0.65, CI: 0.49 – 0.86, p=0.003). The results from this study help elucidate coping strategies that may mitigate the risk