PREVALENCE OF HEAVY ALCOHOL USE BY CAREGIVERS OF PERSONS WITH ALZHEIMER'S DISEASE OR RELATED DEMENTIA
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Some caregivers of persons with Alzheimer's Disease and related dementias (ADRD) are known to be under high levels of burden, which is associated with higher levels of anxiety, depression, and stress. Previous research has established anxiety, depression, and stress are associated with heavy alcohol use, but little research has examined heavy alcohol use among ADRD caregivers. Heavy alcohol use could influence the ability of ADRD caregivers to provide care. The purpose of this study was to explore the prevalence and prevalence correlates of heavy alcohol use among ADRD caregivers using the 2016 Behavior Risk Factor Surveillance Survey (BRFSS). We identified 2,028 persons among the 486,303 BRFSS respondents who were the primary informal caregivers of a person with ADRD. Among them, the prevalence of heavy alcohol use was 6.3 per 100 persons. Adult child caregiver relationship, positive smoking status, and fewer hours of providing care per day were all positively and significantly associated with heavy alcohol use. Notably, sex was not. Future research should examine if heavy alcohol use by ADRD caregivers is related to personally and clinically relevant outcomes of care provided to the persons with ADRD.

SELF-EFFICACY AMONG CAREGIVERS OF PEOPLE WITH DEMENTIA AND ITS IMPACT ON CAREGIVERS’ HEALTH
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Self-efficacy is construct which is associated with positive thinking. It has been examined in caregiving studies to alleviate caregivers’ negative health outcomes. However, little is known about Asian American caregivers’ self-efficacy on their psychological and physical outcomes, especially caregivers with people with dementia. Thus, the present study examined self-efficacy of caregivers as a potential mediator in the association between caregiving role captivity and depressive symptoms among older Korean Americans. Data were driven from a cross-sectional study of 175 community-dwelling Korean American older adults (aged 60 and older) in 2019. The direct significant relation between caregiving role captivity and depressive symptoms became insignificant after self-efficacy was introduced, which demonstrates a full mediation effect of self-efficacy. Results suggest that even in the presence of caregiving role captivity, mental well-being such as depression of caregivers can be maintained by having competence in self-management of their own health.

SHARED DECISION MAKING BETWEEN OLDER ADULT HOME HEALTH PATIENTS AND THEIR CAREGIVERS: A DYADIC COPING PERSPECTIVE
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Older adult Home health (HH) patients comprise a medically frail population with increased inpatient and emergency department utilization. Despite the need for advance care planning among this population, rates are suboptimal. Patients rely increasingly on caregivers to advocate and coordinate their care particularly at the end of life; however surrogate decision makers are often underprepared for their roles in end-of-life decision making. This study examined shared decision making processes among older adult HH patients and caregivers during a shared decision making intervention guided by the Developmental-Contextual Model of dyadic coping (DCM). Purposive recruitment of N=18 HH patient-caregiver dyads was conducted. Patients were 55 years and above and participated with a family or non-family caregiver they nominated to the study. A 10-41 minute long video-recorded advance care planning intervention was conducted in patients’ homes and analyzed for non-verbal and verbal interactions using Noldus Observer XT 14.0. Theoretically-derived codes were applied deductively in a content analysis to examine dyadic processes associated with interactions suggesting agreement (convergent interactions) and disagreement (divergent interactions). Convergent interactions demonstrated greater alignment in illness representations and shared appraisals, and processes involving support, negotiation, and confirmation of preferences were noted. Convergent interactions also facilitated joint planning for future decisions. Disagreement on illness representations and/or shared appraisals, and overriding another’s preference was observed with divergent interactions. This study builds the groundwork for intervention refinement to promote constructive decision making and address non-constructive decision making among patient and caregivers for advance care planning.

SPOUSAL CAREGIVING AND COGNITIVE TRAJECTORIES: DOES CARE RECIPIENT DEMENTIA STATUS MATTER?
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Caregiving is often considered stressful, even more so if the care recipient has been diagnosed with dementia. The current study examines the rate of cognitive decline of spousal caregivers of persons with dementia (CG-D) when compared to spousal caregivers of persons without dementia (CG) before and after the death of the care recipient. Health and Retirement Study (HRS) data from 1998-2016 were used to examine cognitive trajectories of CG-D (n=364) and CG (n=1,649) before and after the care recipient death. Cognition was measured through the HRS’s shortened Telephone Interview of Cognitive Status and separated into measures of total cognition and memory. Covariates included age, education, sex, race, ethnicity, care hours, frailty, socioeconomic status, nursing home placement of the recipient, and whether the death was expected. Piecewise mixed models were constructed to examine two two-year periods of decline leading up to the death of the care recipient, and two two-year periods of decline after the death of the care recipient. CG-D and CG declined at equivalent rates on measures of total cognition and memory (ps > .05). In all caregivers, total cognition and memory declined at a stable rate before the death of the care recipient. However, an accelerated decline was evident after the death of the care recipient (ps < .001). Our results suggest that cognitive decline is not differentially affected by care recipient dementia diagnosis. We find evidence
that the death of a spousal care recipient is accompanied by hastened cognitive decline in our population-based sample.

THE ASSOCIATION BETWEEN CAREGIVING BURDEN AND DEPRESSIVE SYMPTOMS AMONG U.S. CHINESE ADULT CHILDREN

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Existing research has showed the impact of caregiving burden on physical and psychological outcomes among adult children, but less have examined its association among Chinese immigrants in the US. This research will present the association between caregiving burden and depressive symptoms among U.S. Chinese adult children. Cross-sectional data were drawn from the PIETY study with 547 Chinese adult children aged over 21 years old in the greater Chicago area between 2012-2014. Caregiving burden was assessed by 24-item caregiver burden developed by Novak and Guest and is composed of five factors: time-dependence, developmental, physical, social, and emotional burden. Depressive symptoms were assessed by the nine-item Patient Health Questionnaire. Logistic regression analysis was conducted. In our sample, 241 (44%) adult children had depressive symptoms and 174 (72.2%) were female. In the result of multivariate analysis, after adjusting for covariates, developmental burden (Odds ratio [OR] 1.13 [1.05-1.21]), physical burden (OR 1.17 [1.06-1.28]), social burden (OR 1.20 [1.08-1.32]), and emotional burden (OR 1.22 [1.11-1.35]) were positively associated with reporting any depressive symptoms. However, the time-dependence burden was not associated with depressive symptoms. The findings highlight the potential impact of caregiving burden on depressive symptoms and how different domains of caregiving burden are associated with depressive symptoms among Chinese caregivers in the U.S. Future research should include multidimensional social supports or acculturation as underlying factors which might affect the relationship between caregiver burden and depressive symptoms across Chinese community in the US.

THE IMPACTS OF DISCRIMINATION AND FILIAL CAREGIVERS’ AGE ON ASPECTS OF PHYSICAL HEALTH

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Filial caregivers (e.g., individuals caring for a parent or parent-in-law) are a part of the growing number of family caregivers in midlife and late adulthood. The responsibilities that filial caregivers navigate in midlife and late adulthood may expose them to multiple types of discrimination that may decrease their physical health, though this relationship has been understudied. As numbers of family caregivers grow, it is important to examine the potential vulnerability of younger and older filial caregivers’ physical health in the context of discrimination. Informed by the life course perspective, this study compares the physical health of younger (aged 34-64) and older (aged 64-74) filial caregivers who experience discrimination. Filial caregivers (N=270; Mage=53; SD=9.37) from the Midlife in the United States (MIDUS-II) Survey reported on demographics, family caregiving, daily discrimination, self-rated physical health, and chronic conditions via questionnaires and phone interviews. Regression analyses showed no differences between younger and older adults’ self-rated physical health or average chronic conditions. However, moderation analyses revealed that younger filial caregivers who experienced greater discrimination reported poorer self-rated physical health than their older counterparts as well as younger and older filial caregivers who experienced less discrimination. Additionally, younger caregivers with greater discrimination exposure exhibited more number of chronic conditions as compared to other caregivers. The study results highlight the impact of the intersection between filial caregivers’ age and discrimination on physical health. Findings have the potential to inform programs that could promote the health of filial caregivers in the face of discrimination.

THE INFLUENCE OF DEMENTIA CAREGIVING STYLES ON CAREGIVER DISTRESS AND THE PERSON WITH DEMENTIA’S QUALITY OF LIFE

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Building vertically upon the Stress Process Model, dementia caregivers’ cognitive-behavioral management styles are an understudied area with implications for dyadic care outcomes and tailoring of care interventions. We consider whether membership in five previously classified caregiving styles (Externalizers, Individualists, Learners, Adapters, Nurturers- which vary in their adaptability, dementia understanding, and behavioral management practices) impacts caregivers’ experiences of care-related stress and the quality of life of the person with dementia (PWD). Participants included 100 primary family caregivers for PWDs who were 74% female, 18% non-White, and on average 64 years old. Utilizing linear regressions, each caregiving style was considered as a key predictor (reference: Externalizers- poor understanding, non-adaptable approach, and punitive behavioral strategies) of the Caregiver Assessment of Function and Upset (CAFU) upset score, Neuropsychiatric Inventory (NPI-C) distress scale, Zarit Burden Interview (ZBI), and PWD quality of life (QOL-AD) scale controlling for demographics, care duration, co-residency, and dementia severity. Relative to Externalizers, Nurturers (understanding, adaptable, positive engagements) had less CAFU upset (β=0.4, p<.01), less NPI-C distress (β=0.3, p<.05), and greater QOL-AD for the PWD (β=0.4, p<.01). Learners (recognize need to change care approach, attempting adaptability, trial-and-error behavioral care) also showed significantly lower NPI-C distress than Externalizers (β=0.5, p<.01). Thus caregiving styles with more dementia understanding, adaptability and positive behavioral strategies showed less distress and better PWD QOL. Corresponding with recent dementia care summits calling for identification of caregivers at greatest risk for poor outcomes, targeting and tailoring interventions based on caregiving styles may lead to great public health impact.