INVESTIGATION INTO THE PREDICTORS OF HELP-SEEKING BEHAVIOR IN OLDER ADULTS

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Early help seeking (HS) among patients with emerging Alzheimer’s disease and related dementias (AD/ADDR) can have considerable implications for treatment course, access to clinical trials, lifestyle, and future quality of life. Previous studies in older adults suggest cognitive impairment itself does not lead people to seek help; rather, HS appears to be driven by Subjective Cognitive Decline (SCD), personality, and mood. It is possible, however, that tests used to measure objective cognition were not sensitive to detect subtle cognitive impairments that may influence HS behavior. In this study of 142 cognitively healthy older adults, we examined if utilizing cognitive tasks sensitive to preclinical AD (i.e., short term memory binding, associative memory, and susceptibility to semantic interference) revealed an independent association between objective cognition and HS, or if SCD continued to be a primary driver. Participants were assessed for HS, SCD severity, personality traits (conscientiousness and neuroticism), depressive symptoms, and demographics (age, gender, education). Partially and fully adjusted regression models were conducted to examine the association between cognitive tests and HS whilst adjusting for demographics, personality, depressive symptoms, and SCD. Associative memory was the only cognitive marker significantly worse in those who help seek (B=-0.07, SE=0.03, p=.031); however, it did not withstand adjustment for SCD. Only increased SCD (B=0.06, SE=0.02, p=.005) and educational attainment (B=0.42, SE=0.15, p=.005) had independent associations with HS. Ongoing work is establishing possible moderators of these associations to unravel the multifaceted influences on HS and to guide strategies to increase HS in older adults with SCD.

PATTERNS OF HEAVY ALCOHOL USE AMONG OLDER MARRIED AND COHABITING COUPLES

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Heavy drinking has increased among older adults in recent years. Research suggests romantic partners influence each other’s alcohol use, but this influence may vary by partnership type and relationship quality. Heavy drinkers are more likely to form cohabiting versus marital unions and, relative to marriage, cohabitation is linked with a higher risk of heavy episodic drinking. Although some studies have explored older married couples’ alcohol consumption, we lack research on older cohabiters despite the substantial growth in this form of partnership during later life. We use data from the 2014-2018 waves of the Health and Retirement Study to examine drinking behavior among a sample of older married and cohabiting couples (n=1,876) using Actor-Partner Interdependence Models (APIM). Heavy drinking is measured as consuming more than 3 drinks on a given day or 7 drinks per week for women, or 4 drinks on a given day or 14 per week for men (NIAAA, 2021). Compared to first marriages, being in a cohabiting union is associated with significantly higher odds of one (OR=5.22) or both (OR=3.82) partners becoming heavy drinkers over the observation period, but there are no significant differences between those in first marriages and remarriages. Relationship quality is also a significant correlate of heavy drinking risk, with male partners’ negative relationship quality and female partners’ positive relationship quality associated with a higher risk of heavy drinking over time. Results suggest the importance of accounting for partnership type and relationship quality in understanding partners’ drinking behavior.

DEVELOPMENT OF A BEHAVIORAL FRAMEWORK FOR DEMENTIA CARE PARTNERS’ FALL RISK MANAGEMENT

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Although older adults living with dementia (OLWD) are at high risk for falls, few strategies that effectively reduce falls among OLWD have been identified. Dementia care partners may have a critical role in fall risk management (FRM). However, little is known in what ways care partners behave that may be relevant to FRM and how to effectively engage them in FRM. Semi-structured, in-depth interviews were conducted with 14 primary care partners (Age: 48-87; 79% women; 50% spouses/partners; 64% college-educated; 21% people of color) of community-dwelling OLWD to ascertain their own behaviors and those of care partners who were secondary in the caring role. The analysis of interview data suggested a novel behavioral framework consisting of eight domains of FRM behaviors adopted across four stages. The domains were 1. functional mobility assistance, 2. assessing and addressing health conditions, 3. health promotion support, 4. safety supervision, 5. modification of the physical environment, 6. receiving, seeking, and coordinating care, 7. learning, and 8. self-adjustment. Four stages of FRM included 1. supporting before dementia onset, 2. preventing falls, 3. preparing to respond to falls, and 4. responding to falls. FRM behaviors varied by the care partners’ caring role. Primary care partners engaged in behaviors from all eight domains. Secondary care partners were reported to assist in health promotion support, safety supervision, modification of the physical environment, and receiving, seeking, and coordinating care. This multi-domain and multi-stage framework will inform intervention development to engage care partners in managing fall risk for community-dwelling OLWD.

LONGITUDINAL ASSOCIATIONS OF SOCIAL CONNECTEDNESS, SOCIAL CONTRIBUTION, SOCIAL ENGAGEMENT, AND LATE-LIFE DRUG USE

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We examined the longitudinal associations of social connectedness, social contribution, social engagement, and late-life drug use among older adults. Using data from the Health and Retirement Study, we found that higher levels of social connectedness were associated with lower odds of drug use over time. Additionally, higher levels of social contribution and engagement were associated with lower odds of drug use at later time points. These findings highlight the importance of social relationships in promoting healthier behaviors among older adults.