

barriers and opportunities for increasing AA engagement in brain aging research.

REDUCING ANTIPSYCHOTIC USE IN LONG-TERM CARE: CONSIDERING THE ROLE OF CULTURE OF CARE AND INFORMAL COMMUNICATION

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Persons living with dementia-related disorders (PwD) can experience challenging behavioural and psychological symptoms (BPSD) as their illness progresses. There is a continued reliance on antipsychotic drugs (APD) in long-term care to manage this issue despite the well-documented risks of adverse events and increased morbidity and mortality. This study examines the role of culture of care in relation to efforts at reducing inappropriate APD use in managing BPSD within long-term care. Culture of care consists of shared norms, beliefs, and cognitive frames which guide clinical practice and inform the development and implementation of care strategies. Findings were obtained from three Canadian long-term care facilities working on reducing inappropriate use of APD. Data came from interviews with 6 nurses, 18 licenced practical nurses, 14 health care assistants, 4 activity leaders, 4 directors of care, 1 chaplain, and 10 physicians. We found that direct care providers initially varied in their perceived ability to develop and use alternate care strategies with health care assistants being most concerned about safety and exposure to violence. Change involved detective work and innovative thinking in assessing possible causes of BPSD beyond psychosis, including pain and feelings of confusion. Informal reciprocal patterns of communication emerged among health care assistants to identify effective non-pharmaceutical strategies to manage BPSD. Overall, the study shows how shared beliefs in the need for and value of alternate care practices among direct care providers along with the existence of effective informal communication can contribute to successful reduction in APD use when managing BPSD in PwD.

SYSTEMATIC REVIEW AND META-ANALYSIS OF RACIAL AND ETHNIC DIFFERENCES IN DEMENTIA CAREGIVER WELL-BEING

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Studies comparing racial/ethnic differences on psychological and physical outcomes of dementia caregivers have often reported differences in well-being for minority groups compared to Whites. However, due to issues with enrolling minorities into studies, recruitment methods often differ for minority and White participants and may lead to biased comparisons. We conducted a systematic review and meta-analysis to examine racial/ethnic differences in dementia caregiver outcomes and to determine whether any differences vary among studies with population-based samples

compared to convenience samples. We systematically reviewed articles with primary data from PubMed, Google Scholar and PsycINFO, and included studies comparing either African American (AA) or Hispanic/Latino dementia caregivers to White caregivers on measures of psychological health (e.g. depression, anxiety, burden) and physical health (e.g. self-rated health, cardiovascular measures, stress biomarkers). Reviewers screened titles and abstracts, reviewed full texts and conducted risk-of-bias assessments. A total of 207 effects were extracted from 40 studies. Random-effects models showed that Hispanics/Latinos reported significantly lower levels of well-being than Whites ($ps < .05$) for both psychological outcomes (37 effects) and physical outcomes (15 effects), while AAs were not significantly different from Whites in either domain. No differences were observed for population-based studies ($N=3$; 23 effects) or convenience-sample studies ($N=37$; 184 effects). Although some previous studies with convenience samples found better psychological well-being in AA caregivers, that pattern was not confirmed in our meta-analysis. Additional analyses for the different indicators of well-being and the relationship of quality ratings to effect sizes will be discussed along with implications for future research.

SESSION 2275 (SYMPOSIUM)

PHYSIOLOGY OF SUCCESSFUL AGING: IMPLICATIONS FOR HEALTH AND WELL-BEING

Chair: Konstantinos Mantantzis, *Humboldt University of Berlin, Berlin, Germany*

Co-Chair: Denis Gerstorf, *Humboldt University Berlin, Berlin, Germany*

Discussant: Thomas M. Hess, *North Carolina State University, Raleigh, North Carolina, United States*

Research into peripheral physiology and its association with cognition, emotionality, and social/physical functioning has received considerable attention over the years. However, many of the underlying mechanisms are not well understood. In this symposium, we have compiled a set of four empirical projects that showcase current and future endeavors to address some of the long-standing questions about when, how, and why physiology shapes and is shaped by key psychosocial resources. Hawkey et al. make use of data from the NSHAP and HRS longitudinal studies to investigate whether social relationships such as number of friends predicts risk of diabetes among older adults. Wilson et al. use dyadic data from young and middle-aged couples to examine cardiometabolic similarity among spouses, and how such concordance is shaped by key relationship factors such as emotional closeness. Pauly et al. use data from two daily-life studies of older couples to investigate how physiological synchrony in cortisol is modulated by partner interactions, empathy, and empathic accuracy. Finally, Mantantzis et al. make use of multi-year longitudinal data from the Berlin Aging Study II to examine the role of glucose regulation capacity for trajectories of subjective well-being among older adults. Thomas Hess will discuss the importance of these papers, discuss strengths and weaknesses of the approaches chosen, and consider implications for future research.