

PREVALENCE OF HEAVY ALCOHOL USE BY CAREGIVERS OF PERSONS WITH ALZHEIMER'S DISEASE OR RELATED DEMENTIA

Zachary Kunicki, and Richard Jones, *Brown University, Providence, Rhode Island, United States*

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

Soyeon Cho, *City University of New York/CityTech, Brooklyn, New York, United States*

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

Djin Tay, Lee Ellington, Gail Towsley, Katherine Supiano, and Cynthia Berg, *University of Utah, Salt Lake City, Utah, United States*

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?

Taylor Atkinson, Dylan Jester, and William Haley, *University of South Florida, Tampa, Florida, United States*

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