## EFFECT OF VISION AND HEARING IMPAIRMENT ON LIFE SPACE MOBILITY AMONG OLDER MEXICAN-AMERICANS

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Background: Poor vision and hearing can restrict an older adult's life space mobility (LSM). Our objective was to examine if poor vision and hearing differentially impact the decline in LSM over a 2-year period among older Mexican-Americans. Methods: Data came from waves 7 (2010/11) and 8 (2012/13) of the Hispanic EPESE. Our final sample included 452 participants aged >79 years. Participants who said they could not recognize a person across the street, room, or arms-length were classified as having poor vision. Participants who said they could not understand a normal voice in a quiet room were classified as having poor hearing. Participants who decreased >10 points on the Life-Space Assessment were classified as having a decline in LSM. Logistic regression was used to estimate the odds for a decline in LSM according to poor hearing and vision, controlling for baseline demographic and health characteristics. Results: Poor vision was associated with 2.70 (95% CI=1.37-5.62) greater odds for a decline in LSM. This association varied according to depressive symptoms. Poor vision was significantly associated with a decline in LSM for participants without high depressive symptoms (OR=5.04, 95% CI=2.00-15.5), but not for participants with depression (OR=0.63, 95% CI=0.12-3.13). The association between poor hearing and decline in LSM was not significant (OR=0.68, 95% CI=0.36-1.27). Conclusions: Poor vision is a risk factor for decline in LSM, especially for older Mexican-Americans who do not have high depressive symptoms. Poor hearing does not appear to be a risk factor for a decline in LSM for older Mexican-Americans.

## PERCEIVED PHYSICAL FATIGABILITY PREDICTS ALL-CAUSE MORTALITY: THE LONG LIFE FAMILY STUDY

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Fatigability, the likelihood of fatigue with lower versus higher levels of exertion, is associated with declines in physical function and disability and related to fitness. Thus, fatigability may be a good predictor of mortality. We examined this relationship in the Long Life Family Study (LLFS), an international family cohort enriched for longevity and their spousal controls. We measured perceived physical fatigability at Visit 2 (2014-2017) using the Pittsburgh Fatigability Scale (PFS, 0-50 with higher score=greater fatigability). We identified deaths by family members notifying field centers, reporting during annual phone follow-up, or finding an obituary when unable to reach. Otherwise, we censored participants at most recent contact date when confirmed alive. Covariates included age, sex, and self-reported physical activity using the Framingham Physical Activity Index. We adjusted all analyses for field center and family structure. Participants alive ≥60 years (range 60-108, mean 73.6±10.5) and completed the PFS (N=2,326) at Visit 2 were predominantly white (99.5%) and female (55.1%). Post-Visit 2, 195 (8.4%) died during mean 2.5±1.0 years of follow-up. Age-adjusted PFS score was 7.7 points greater (p<.0001) for those who died (19.8) compared to alive (12.1). Using Cox Proportional-Hazard modeling, each 5-point greater PFS score was associated with 31% (HR: 1.31, 95% CI 1.18,1.43) higher all-cause mortality rate adjusted for covariates listed above. Further adjustment for comorbidities did not attenuate association. PFS's perceived physical fatigability score may be a useful self-report clinical tool to predict higher risk of mortality among older adults when objective measures of fitness and function are unavailable.

## HOW DOES PARENT-CHILD RELATIONSHIP AFFECT CARE? FOCUSING ON MOTHER-DAUGHTER CAREGIVING

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OBJECTIVE: Long-term caregiver (child)/care-recipient (parent) relationships have both positive and negative effects on care. However, the mechanism of that impact is unclear. This study aimed to explore how parent–child relationships affect care and which aspects cause those effects. METHOD: Five hundred thirty-four adult children who were caring for or had cared for their parents at home completed the scales of parent–child psychological independence, the acceptance of care, care attitude, and care burden. Data were analyzed using a pass analysis with multiple group structural equation modeling to identify the relationship between parent–child psychological independence, acceptance of care, care attitude, and care burden, and the care dyad difference of the models. RESULT: 1) "Reliable relationship with parent" in parent–child psychological independence affected "resignation" and "understanding actively" in acceptance of care. 2) "Psychological individuation from the parent" in parent–child independence affected all subscales of care attitudes. 3) "Resistance" and "understanding actively" in acceptance of care and "auto-pilot" in care attitude affected care burden. 4) In mother–daughter caregiving, "resistance" and "resignation" had stronger effects on "auto-pilot" whereas "utilization of resource" and "flexible response" in care attitude and "resistance" had weaker effects on care burden. CONCLUSION: The relationship between long-term parent–child relationship and care were revealed. In some points, daughters who were caring for or had cared for their mothers had a different model from other care dyads. These results suggest that child caregivers should be supported mentally in accordance to their difficult points and dyads.

## USING ECHO TO SUPPORT DEMENTIA DIAGNOSIS IN THE PRIMARY CARE NETWORK

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