

CHANGES IN SOCIAL ENGAGEMENT FOR INCIDENT CAREGIVERS COMPARED TO CONTROLS

Chelsea Liu,¹ Marcela Blinka,² Chanee Fabius,³ and Virginia Howard,⁴ 1. *Johns Hopkins University, Baltimore, Maryland, United States*, 2. *Johns Hopkins University, School of Medicine, Baltimore, Maryland, United States*, 3. *Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States*, 4. *University of Alabama at Birmingham, Birmingham, Alabama, United States*

Maintaining social engagement is important for the health and well-being of older adults who become caregivers. We assessed the association between incident caregiving and leisure satisfaction as well as the 10-year change in social network size among 245 incident caregivers and 248 matched controls. Multiple linear regression analyses were used to adjust for age, gender, race, education level, income, and geographic region. Compared to controls, incident caregivers had significantly lower levels of leisure satisfaction ($p < 0.01$) and greater declines in total social network size ($p < 0.01$). Incident caregivers and controls did not differ on the change in the number of social network members contacted monthly. Among incident caregivers, dementia caregivers and spouse caregivers had lower leisure satisfaction compared to non-dementia caregivers and non-spouse caregivers, respectively, but no differences were found on social network measures. Future studies should further examine social engagement among caregivers and its influence on their health outcomes.

THE TRANSITION TO FAMILY CAREGIVING: DOES IT AFFECT BIOMARKERS OF AGING?

Shang-En Chung,¹ David Roth,¹ John Bentley,² and Jeremy Walston,¹ 1. *Johns Hopkins University, Baltimore, Maryland, United States*, 2. *University of Mississippi, Oxford, Mississippi, United States*

Blood samples were collected from participants in the REGARDS study on two separate occasions. No participants in the Caregiving Transitions Study were caregivers at the first blood draw, but 251 became caregivers before the second blood draw 9 years later. These caregivers were matched with 251 noncaregiving controls. Six circulating biomarkers of inflammation (e.g., CRP, IL-6, TNFR1) and a measure of cellular aging (leukocyte telomere length) were assessed at both blood draws. All biomarkers except CRP showed overall aging effects ($p < 0.001$). Caregivers had a small but significantly greater increase in TNFR1 levels ($p = 0.03$) than controls, but no significant differential changes were found on the other 5 inflammatory biomarkers or on telomere length. Preliminary findings from latent variable models indicated good model fit and found caregivers to be 0.27 SDs lower than controls on a latent construct of inhibitory, regulatory feedback of systemic inflammation ($p = 0.03$).

INDIVIDUAL DIFFERENCES IN CAREGIVING: APPLICATION OF A STRESS PROCESS MODEL

William Haley, and Joanne Elayoubi, *University of South Florida, Tampa, Florida, United States*

Stress process models propose individual differences in caregiver outcomes depending on background characteristics and primary caregiving stressors, and resilience

factors including stress appraisals, and internal and external resources. This paper will examine individual differences in the effects of the transition to caregiving on indicators of well-being and biomarkers of inflammation. Completed analyses show that, contrary to previous findings from cross-sectional studies, changes in well-being after caregiving generally do not differ by caregiver race, gender, age, or relationship category (spouse, adult child, others). Additional analyses examine the relationship of primary caregiving stressors (e.g. ADL and behavioral problems), stress appraisals (e.g., perceived stressfulness of ADL and IADL problems, perceived benefits of caregiving), and personality with changes in well-being and inflammation after the transition to caregiving. The lack of differences on most biomarker measures suggests that caregivers show substantial resilience in the face of significant, chronic caregiving stress.

SESSION 5935 (SYMPOSIUM)

LATE-LIFE COGNITION AND DEMENTIA IN INDIA: NEW INSIGHTS FROM LASI-DAD

Chair: Jinkook Lee

With more than 1.35 billion people, India, the second-most populous country in the world, is soon to experience rapid aging of its population. By 2050, India's older population is projected to reach 320 million (about the current size of the entire U.S. population). In this session we introduce the Longitudinal Aging Study in India – Diagnostic Assessment of Dementia (LASI-DAD), a new cohort study designed to advance dementia research to better understand late-life cognition, cognitive aging, cognitive impairment, and dementia, as well as their risk and protective factors. LASI is a prospective, multi-purpose population survey of older adults aged 45 and older, representative of the entire country and of each state ($N \sim 72,000$). LASI-DAD is an in-depth study of late-life cognition and dementia, drawing a sub-sample of older adults aged 60 and older from LASI ($N \sim 4,300$). It administered the Harmonized Cognitive Assessment Protocol (HCAP), which consists of a pair of in-person interviews, one with the target respondent and one with an informant nominated by the respondent. The respondent interview includes a neuropsychological test battery designed to measure a range of key cognitive domains affected by cognitive aging and Alzheimer's Diseases. We organize the session to showcase LASI-DAD. Specifically, the session consists of four papers, including: (1) the introduction of the design and methodology, (2) the latent structure of neuropsychological test results, (3) the investigation of the relationship between visual impairment and cognition, and (4) the examination of female disadvantage in dementia and its association with cross-state variations in gender inequality.

GENDER INEQUALITY AND LATE-LIFE COGNITION

Jinkook Lee,¹ Marco Angrisani,¹ and Urvashi Jain,² 1. *University of Southern California, Los Angeles, California, United States*, 2. *University of South Alabama, Mobile, Alabama, United States*

Indian women's disadvantage in cognition has been documented in several studies, additionally noting geographic variations. The gender gap in late-life cognition could be a