self-efficacy for managing pain may be beneficial for couples coping with knee OA.

LONG-TERM OUTCOMES OF THE BENEFIT-FINDING GROUP INTERVENTION FOR ALZHEIMER'S FAMILY CAREGIVERS: A DOUBLE-BLIND RCT

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This study examines the long-term effects of benefit-finding on caregivers' depressive symptoms (primary outcome), and global burden, role overload, and psychological well-being (secondary outcomes). 96 Hong Kong Chinese caregivers of relatives with Alzheimer's disease were randomly assigned to receive the benefit-finding intervention (BFT) or one of two control conditions, namely, simplified psychoeducation (lectures only; SIM-PE) or standard psychoeducation (STD-PE). Caregivers received four biweekly one-to-one interventions of three hours each at their own homes. Participants and raters were blind to experimental assignment. We focused on outcomes measured at 4- and 10-month follow-ups. The trajectories of intervention effects were modeled by BFT x time and BFT x time2 interaction terms. Mixed-effects regression showed significant BFT x time2 interaction effects on depressive symptoms against both control conditions, suggesting diminishing BFT effects over time. Z tests showed that, compared with controls, BFT participants reported substantial reductions in depressive symptoms at 4-month follow-up (d = -0.85 and -0.75 vs. SIM-PE and STD-PE respectively). At 10-month follow-up, BFT was indistinguishable from STD-PE whereas a moderate effect was observed in the comparison with SIM-PE (d = -0.52). In addition, some inconsistent effects on role overload were observed but no effect was found for the other outcome variables. It is concluded that benefit-finding is an efficacious intervention for depressive symptoms in Alzheimer caregivers, with strong effects in the medium-term post-intervention and possible moderate effects in the long-term.

THE MODERATING EFFECT OF RAISING ONE'S GRANDCHILDREN ON THE RELATION BETWEEN SLEEP AND DEPRESSION

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Recent evidence has shown that poor quality sleep is associated with depression, particularly among older individuals (Bao et al., 2017; Nadorff, Fiske, Sperry, & Petts, 2012). Moreover, given the high prevalence of depressive symptoms among older adults, it is important to identify possible risk factors of poor sleep quality. One possible risk factor is being a custodial grandparent (raising one's grandchildren), as increased caregiving responsivies are associated with increased depressive symptoms (Brand-Winterstein, Edelstein, & Bachner, 2018). Based upon these previous findings, the current study examines the effect of custodial status on the relation between sleep quality and depressive symptoms. The sample (N = 466) was a subset of individuals recruited in the second wave of the MIDUS biomarkers project completed in 2009 who answered the sleep, caregiving, and depressive symptoms variables of interest. Measures included the Center for Epidemiological Studies Depression Scale (CESD), the Pittsburgh Sleep Quality Index (PSQI), and a question regarding custodial grandparent status. The current study aimed to examine whether poor sleep quality might serve as a risk factor for experiencing depressive symptoms and how custodial grandparents might differ from other older adults. Moderation analyses were conducted using SPSS' Process macro on the sample. The interaction between global sleep quality and custodial grandparent status was significant in predicting depressive symptoms, t (1, 465) = 3.90, p = .04, such that custodial grandparents reported a stronger positive correlation between greater global sleep problems and depressive symptoms than non-custodial grandparents. Implications, future directions, and limitations are discussed.

VALIDATION OF THE CAREGIVER REACTION SCALE IN A SAMPLE OF NON-HELP-SEEKING CAREGIVERS

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The Caregiver Reaction Scale (CRS) is a comprehensive measure of the family caregiving experience that assesses burden, family strains and positive aspects of caregiving (PAC). The CRS has been validated in sample of older adult help-seeking caregivers, but its validity and reliability in a non-help-seeking sample of caregivers was unknown. This study aimed to explore how well the CRS assesses the full caregiving experience in a younger non-help-seeking sample of family caregivers and to further evaluate the validity of the PAC subscales. A sample of non-help-seeking caregivers (N =452; Mage = 48.56, SD = 17.15) completed online questionnaires of burden, positive aspects of caregiving, and psychological well-being. All subscales of the CRS demonstrated very good internal consistency reliability (α ≤ .88). The PAC subscales of the CRS demonstrated medium to large positive correlations with a measure of positive aspects of caregiving (r ≥ .44) and small to medium positive correlations with psychological well-being (.25 ≥ r ≤ .42). Burden subscales of the CRS had large positive correlations with another measure of burden (r ≥ .66). Medium positive correlations were also found between family and job conflict subscales of the CRS and the burden measure (r ≥ .35). CRS PAC subscales were negatively correlated with the burden measure (r ≤ -.13). The CRS is a valid and reliable measure of the caregiving experience as evidenced by convergent and discriminant validity of CRS subscales and well validated measures of burden and positive aspects of caregiving.

GRANDPARENT CAREGIVERS: THE RELATION BETWEEN SOCIAL NETWORKS AND RESILIENCE

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Grandparents raising grandchildren experience multiple challenges as they take on the unexpected role of caring for their grandchildren, which usually occurs under stressful and stigmatizing conditions. Many of the challenges grandparents experience are well documented in the research. Less attention is given to understanding how a grandparent

caregiver's social network changes when s/he becomes a caregiver and how her/his social network influences resilience. Thus, the purpose of this study was to use social network analysis (SNA) to examine the relation between social networks and resilience in grandparents raising their grandchildren. This was done by conducting face-to-face interviews with twenty grandparents raising grandchildren after they completed a survey measuring social support, social isolation, and resilience. The interview protocol included questions related to participants' social network, social support, and services. Prior to the interviews, using data from the surveys participants were identified as representing one of four resilience quadrants: resilient, maladaptive, competent, and vulnerable. Qualitative analysis of grandparent's social networks across groups indicated resilient grandparent caregivers' networks were structured in a way that provided more opportunities for the inflow of new information and resources. Whereas the proportion of professionals in maladaptive grandparent caregivers' networks tended to be less than for other networks. This could suggest that for grandparent caregivers, having professionals in one's network can be beneficial. Findings from the current study provide opportunities for future research such as identifying ways to help grandparent caregivers structure their social networks to promote resilience.

IMPROVING SUPPORT FOR CAREGIVERS OF SERIOUSLY ILL OLDER VETERANS: STEPS TOWARD LAY NAVIGATION

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This session will discuss mid-stage findings from a five-year, federally-funded study to develop lay navigation supporting informal caregivers, often family/friends, of older Veterans with advanced stage illness. Caregivers of Veterans report numerous burdens in their caregiver role related to food, clothing, shelter, utilities, and transportation. Current programs focus on Veterans' needs rather than caregivers' needs. Few programs focus on practical needs that can be met with VA and community-based supports. Lay navigator programs may be used to support caregivers' social/practical needs. Lay navigation is used with patient populations, but models focused on caregivers do not readily exist. Dr. Boucher will discuss establishment of and input from the study's Stakeholder Advisory Board and data from sample of caregiver and Veteran interviews informing a lay navigation training curriculum and pilot intervention. Feedback from audience members will be encouraged in this session exploring quality improvements in caregiver support applicable to multiple health systems.

SESSION 3325 (POSTER)

FRAILTY AND SARCOPENIA

PRESCRIPTION DRUG USE FOR PAIN AND FOR SLEEP AND INCIDENT FRAILTY IN OLDER ADULTS

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There is emerging evidence for association of polypharmacy with incident frailty. We performed a longitudinal study within the Health and Retirement Study (HRS) to address whether self-reported prescription drug use for pain and/or sleep (co-use or single use for pain or for sleep) influences incident frailty. We utilized data from the 2006–2014 waves of core and family member exit files in HRS to assign self-reported prescription drug use and sociodemographic and other drug use behavior variables as covariates and construct a Burden Model of frailty (≥ 0.2 ratio of positive/total indicators). We performed unadjusted and adjusted competing risk hazard model analysis with death as a competing risk. In a sample of 7,201 unique non-frail (at baseline) individuals (mean[SD] age 72[6.5] years, 54% female, 85% White, 12% African American, 7.3% Hispanic), prevalences of co-use and single-drug use for pain or for sleep were 2.2%, 14.9%, and 5.6%, respectively. Of 7,201 respondents, 2,723 (37.8%) became frail over the follow-up period and 713 (9.9%) died in non-frail state. The adjusted competing risk hazard model suggest that co-use and single use for pain or for sleep were associated with an increase in the risk of frailty by 92%, 58%, and 31%, respectively ($p < .001$), with statistically significant differences between all risk strata. Adjustment for baseline frailty score and selected chronic disease resulted in modest reductions in effect size with retention of significance. Validation of these initial findings should be undertaken with provider and pharmacy data to identify drug-, dosage-, and duration-specific risks.

SCREENING FOR LOW SHORT PHYSICAL PERFORMANCE BATTERY SCORES: CAN GRIP STRENGTH AND SINGLE CHAIR STAND BE USEFUL?

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The clinical value of low Short Physical Performance Battery (SPPB) scores for identification of older adults at-disability-risk who may benefit from structured intervention is well-established. Feasibility concerns – e.g., time, space constraints – are factors that often preclude SPPB implementation in clinical settings. We assessed whether grip strength (GS) and/or single chair stand (SCS), simple and highly feasible tests, could be useful for clinical identification of older adults with poor SPPB performance. Cross-sectional study using most recent data (Round 7) from the National Health and Aging Trends Study, which enrolled a large U.S. representative sample of Medicare beneficiaries 65 years and older (baseline round: 2011; yearly follow-ups). Nursing home residents were excluded. Sample size was 4,612. Outcome: poor SPPB performance (score <8). Low GS: <20 Kg (women) or <30 Kg (men), and able to do a SCS without use of arm (yes/no) were predictors. Logistic regression, areas under the curves (AUC), and accuracy statistics were computed. AUC for low GS was 0.66, and SCS inability was 0.68; when both tests were considered together, AUC increased significantly: 0.76. Among those SCS-unable (n=752), 95.6% had SPPB<8. A two-stage screening approach; i.e., detection of SCS inability first, followed by low GS in those SCS-able resulted