

USE OF HOMECARE NURSING AND SENSE OF SECURITY AMONG FAMILY CAREGIVERS OF OLDER ADULTS

Ayumi Igarashi, Madoka Katayama, Mariko Sakka, Maiko Noguchi-Watanabe, Chie Fukui, Asa Inagaki, Satomi Kitamura, and Noriko Yamamoto-Mitani, *The University of Tokyo, Tokyo, Japan*

Having a sense of security for living at home is essential to continue living at home and it is important to develop a community care system that enables high sense of security. Because frail to dependent older adults often accompany various conditions that require medical attention, receiving homecare nursing might allow the family caregiver to feel safe in living at home. Therefore we examined whether receiving homecare nursing service contributes to a higher family caregiver sense of security. We conducted a questionnaire survey regarding older adults who were 75 years and older with at least some sort of community care services, and their family caregivers (n=776). Family sense of security was measured using 5 items (e.g., "I feel secure about my relative living at home with help of available services"), rated on 5-point Likert scales. Characteristics of older adults were obtained from their nurses or care managers. The mean age of the older adults was 85.8 years, 58% female, and 8 % living alone. The mean total family sense of security was 20.6 (standard deviation = 3.7) out of 25. In multiple regression analysis, the family sense of security was positively associated with the use of homecare nursing ($\beta = 0.09$, $p = 0.020$), adjusting for participants' age, stability of their medical conditions, level of activities of daily living, use of medical procedures, living arrangements, and house call physician services. Homecare provided by nurses could contribute to longer staying at home among older adults by way of the higher family sense of security.

SESSION 2883 (POSTER)

COGNITIVE IMPAIRMENT AND COGNITION

ALCOHOL CONSUMPTION AND COGNITIVE

FUNCTION IN AN OLDER POPULATION IN CHINA

Anying Bai,¹ Bo Hou,² Junsong Chen,¹ and Boming Fu,¹
 1. *Peking University, Beijing, China*, 2. *Bradford Teaching Hospitals NHS Foundation Trust, Bradford, England, United Kingdom*

The relationship between alcohol consumption and cognitive function has only been studied to a limited extent in China. This paper examines this relationship using the China Health and Retirement Longitudinal Study (CHARLS), a nationally representative dataset of the Chinese population aged over 45. Alcohol consumption was measured by drinking status (never, former, moderate, excessive drinkers) based on number of standard drinks per week. Mental status and episodic memory function were used as measures of cognitive function. Lagged dependent variable models were used to examine independent associations between alcohol consumption and cognitive function. Our models controlled for demographic factors, socioeconomic factors, baseline

cognitive functioning and an indicator for lifestyle. We also tested for an inverted J shaped relationship between alcohol consumption and cognitive functioning. A total of 10404 nondrinkers (60.09%), 2450 former drinkers (14.15%), 1599 moderate drinkers (9.24%) and 1525 excessive drinkers (8.81%) were included. Compared to never drinkers, there were no statistically significant difference between this group and moderate drinking group. While, excessive drinkers were consistently associated with on average 0.13-point decrease in episodic memory scores ($p = 0.031$). For mental intactness, there were no statistically significant differences between never drinkers and other groups. Furthermore, we did not find evidence to support an inverted J-shaped association between standard drinks per week and measures of cognitive functioning. Excessively drinking was associated with greater decline in episodic memory function, but not in mental intactness in elder Chinese population. There is no significant association between moderate drinking and cognitive functioning measures.

AN ECOLOGICAL MODEL OF CARE FOR OLDER ADULTS WITH COGNITIVE IMPAIRMENT

Elizabeth Rhodus,¹ Graham Rowles,² Shani Bardach,² Elizabeth Hunter,³ and Gregory Jicha,²
 1. *University of Kentucky, Richmond, Kentucky, United States*, 2. *University of Kentucky, Lexington, Kentucky, United States*, 3. *University of Kentucky, University of Kentucky, United States*

Living with dementia causes increasing dependence on the surrounding physical and social environment. There is limited information on environmental interactions of persons with cognitive impairment. Based on participant observation and repeated interviews with both members of nine dyads (primary care partner and person with cognitive impairment) in situ in their homes, a theoretical model depicting environmental interaction was developed. The model illustrates parallel and interwoven environmental experiences of each member of the dyad as they negotiate progressive cognitive impairment. Evolution of the dyad is situated within nested layers of the physical and contextual environment including physical structures, social norms, and political environments. Experiential elements for each member of the dyad are described. Elements include cognitive status, trial and error associated with care provision, adverse behavior linked with onset of caregiver burden, onset of a significant event leading to altered living situations, and maximum dependence on environmental factors prior to end of life. Evidence collected suggests that both persons of the dyad become increasingly susceptible to environmental influences with progression of the disorder. Implication of these findings offer a theoretical framework describing dyadic experiences of environmental interactions when living with dementia. This theoretical model provides a basis for clinical and social intervention to enhance the well-being of both members of the dyad. Interventions associated with environmental interactions may slow socially discordant behavioral manifestations associated with dementia and significantly improve quality of life for both members of the dyad.