

sleep problems and higher daytime negative affect for CG. Yesterday's ADS use buffered the negative impact of shorter total time in bed on CG daytime fatigue; it also buffered the association between nighttime sleep problems and lowered CG daytime positive affect. Regular ADS use may protect against the adverse impact of sleep disturbances on daytime functioning and well-being for dementia care dyads.

FAMILY CAREGIVERS' FEELINGS OF PREPAREDNESS FOR THE TRANSITION TO END-OF-LIFE CAREGIVING

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Family caregivers are vulnerable to emotional, psychological, physical, and financial stress during their care receiver's end-of-life (EOL), and often do not have the knowledge or skills to provide the care needed at EOL. Yet, few studies have examined how prepared caregivers feel for making the transition to EOL care. The purpose of this exploratory study was to investigate how family caregivers perceive their preparedness for the transition to providing EOL care, and factors that may be associated with feelings of preparedness. Family caregivers (N = 252) providing care to an adult family member for more than six months were recruited to complete an online, self-report survey. An exploratory factor analysis was conducted to break down the construct of caregiver preparedness. One-way ANOVAs and a multiple regression were conducted to examine factors associated with preparedness. Most caregivers feel less prepared for the transition to EOL care (M = 2.67, SD = 1.17) than for general caregiving responsibilities (M = 3.42, SD = 0.90). Factors associated with preparedness for EOL caregiving included the familial relationship between the family caregiver and care receiver, hours per week providing care, perceived burden of caregiving, and family conversations completed about advance care planning, legal and financial matters, and EOL wishes. Future studies should explore how to help family caregivers recognize the importance of seeking support from family members and community services and discussing EOL care wishes and plans with aging family members so they can provide effective care and protect their own well-being.

GENDER-SPECIFIC PREDICTORS OF POOR SLEEP QUALITY AND INSOMNIA AMONG CAREGIVERS OF PERSONS LIVING WITH DEMENTIA

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Caregiving for a person living with dementia (PLwD) may influence sleep patterns. Gaps exist about whether caregiver and PLwD factors impact sleep differentially based on caregivers' gender. The aim of this secondary data analysis was to identify predictors of sleep quality and insomnia in a sample of caregivers, stratified by gender, participating in a randomized controlled trial of a psychoeducational intervention. Outcome measures were sleep quality (Pittsburgh Sleep

Quality Index, PSQI) and insomnia (Insomnia Severity Index, ISI). Participants (n=261) also completed measures about caregivers' perceived stress, burden, depression, and self-care, and PLwD's behaviors (i.e., apathy, sleep disorders). Linear regression modeling was used to identify the overall predictors of poor sleep quality (PSQI > 5; 52% of the sample) and insomnia (ISI > 7; 41% of the sample). Caregivers were primarily female (70.5%), White (73.6%), mean age of 64.6 (± 11.2) years, and typically caring for a spouse (65.9%). For male caregivers, predictors of poor sleep quality were assisting the PLwD with instrumental activities of daily living and PLwD neuropsychiatric symptoms (F=4.45, p<.001); while caregiver self-care and PLwD neuropsychiatric symptoms predicted insomnia (F=4.49, p<.001). For female caregivers, the predictors of poor sleep quality were caregiver depressive symptoms and burden, and frequency of PLwD behavioral problems (F=4.46, p<.001); however, only perceived stress predicted insomnia (F=4.32, p<.001). Various factors related to caregiving appear to be more important than others in predicting sleep outcomes of male/female caregivers. Health care professionals should acknowledge gender differences when designing and implementing programs and interventions to improve sleep.

PARENTING STYLE IN CHILDHOOD AND MENTAL HEALTH OUTCOMES OF CAREGIVING IN MIDDLE AND LATER ADULTHOOD

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Objectives. This study examined the association between remembered parenting style of both mothers and fathers in childhood and mental health outcomes of caregiving in middle and later adulthood. Methods. Data were from the Midlife in the United States (MIDUS) study, a national survey that included 7,108 participants aged 24 to 75 years at baseline. The sample analyzed in the current study included 244 MIDUS participants who had given personal care to their mothers or fathers for one month or more during the last 12 months in the second and third waves. Parenting style variables, which included maternal/paternal affection and maternal/paternal discipline, were from the first wave; mental health outcome variables, which included emotional distress, depressive symptoms, and life satisfaction, were from the second and third waves. Multiple regression and multilevel modeling were applied using R. Results. Maternal affection was negatively associated with emotional distress. Paternal affection was negatively associated with depressive symptoms. The associations between maternal/paternal discipline and mental health outcomes were not significant. Among the caregivers who provided care for parents, those who had mothers with high affection in childhood experienced a lower level of emotional distress, those who had fathers with high affection experienced a lower level of depressive symptoms in middle and later adulthood. Discussion. Our findings have advanced the understanding of the long-term consequences of parenting style in childhood on mental health outcomes among family caregivers in later life. The results have implications in the development of interventions focusing on mental health outcomes among family caregivers.