cognition, low income, and being African American were associated with higher scores on driving avoidance. Cognition explained 30.44% of the racial difference in driving avoidance. Findings from this study will help identify individuals who are at-risk for reduced mobility and identify those who may need to be intervened upon to support a better quality of life.

Session 9200 (Poster)

Dyadic Research (BSS Poster)

A DYADIC STUDY OF DEPRESSION, CAPITALIZATION PATTERNS, AND LEISURE ACTIVITIES IN RETIREMENT

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Late-life relationships, and specifically spousal relations, are increasingly recognized as an important factor shaping the wellbeing, health, social and emotional health of older people. Therefore, a better understanding of the health and well-being trajectories of older adults requires considering the characteristics of their spouses and couple dynamics. This study focused on the actual problem of engagement of recently retired older adults in the community and various leisure activities and examined how both older adults' and spouses' depression level influence their activities. We also consider the quality of relationships in a couple: how a partner generally responds when the participant discloses good news (capitalization). Fifty-three Israeli couples participated in the current study with one member of the couple 60 or older and retired within the last five years. Recently retired spouses rated their engagement in leisure activities, both spouses reported their level of depression, and partners of retired persons completed the Perceived Responses to Capitalization Attempts Scale. Results show that depression level of recently retired spouses had a direct negative effect (b(SE)=-7.8(3.38), CI(-14.65,-1.04), p=0.02) on their engagement in leisure activities, while the level of their partners' depression had no significant direct effect on retired persons' leisure activities. However, partners' depression associated (p=0.001) with negative capitalization patterns and mediation analysis showed an indirect effect of partners' depression via the capitalization (b(SE)=-2.77(1.7), CI(-6.41,-0.04), p=0.03). These results indicate that in encouraging newly retired people to participate in leisure activities it is important to consider both spouses' depression level and capitalization patterns in the couple.

"I'M GETTING OLDER TOO": CHALLENGES AND BENEFITS EXPERIENCED BY VERY OLD PARENTS AND THEIR CHILDREN

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Very old parents and their "old" children are a growing group in industrialized countries worldwide. Since most very old persons have outlived spouses and friends, their children, many of whom have reached old age themselves, are likely to become their primary social contact and to shoulder the care provision role. However, virtually nothing is known about the nature and implications of this relationship constellation. To fill this gap, the present study explored the challenges and rewards of the very old parent-child relationship. In-depth interviews were conducted with 114 parent-child dyads (parent age ≥ 90; child age ≥ 65). Narrative interview data on challenges and rewards were audiotaped, transcribed, and then systematically reviewed and coded, identifying recurrent themes and defining categories that reflected these themes. While both challenges and rewards were present, more rewards than challenges were reported overall. However, comparing parent and child perspectives revealed that the balance of challenges and rewards was less favorable for children. Narrative data further showed that the sense of burdening their children heavily weighed on at least a fourth of parents, reflecting this as a serious concern not only for children but also for parents. Challenges reported by children were often characterized by references to children's own advanced age and health problems, and the prolonged caregiving involvement due to their parents' longevity. Healthcare professionals, policy makers, and families should be made aware of this increasingly common phenomenon, and specific services and policies will be needed to adequately support very old adults and their families.

CHARACTERISTICS OF OLDER ADULTS WHO RECEIVE ASSISTANCE WITH MANAGEMENT OF MULTIDRUG REGIMENS

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Many older adults manage multiple chronic conditions requiring adherence to multidrug regimens, yet half are nonadherent, increasing their risk of hospitalization for poorly controlled chronic conditions. Few studies have investigated whether caregivers support medication-related behaviors of community-dwelling older adults. We interviewed 97 patient-caregiver dyads participating in a cognitive aging cohort study to identify factors associated with caregiver assistance in managing multidrug regimens. Patients completed a neuropsychological battery covering five cognitive domains. Health literacy and patient activation were measured using the Newest Vital Sign and Consumer Health Activation Index, respectively. Caregivers reported their medication-related involvement. Predictors of involvement in medication-related tasks were examined using logistic regression models. Patients were on average 71 years old, managing 4 comorbidities and prescribed 5 medications. The majority were female (73%) and identified as Black (46%) or White (47%). Caregivers' mean age was 65 years; half were female (53%), were predominantly spouses (57%) or