

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.

PREVALENCE OF BINGE DRINKING BY CAREGIVERS OF PERSONS WITH ALZHEIMER'S DISEASE OR RELATED DEMENTIA

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Some caregivers of persons with Alzheimer's Disease and related dementias (ADRD) are known to be under high levels of burden, which is associated with higher levels of anxiety, depression, and stress. Previous research has established anxiety, depression, and stress are associated with binge drinking, but little research has examined binge drinking rates among ADRD caregivers. Binge drinking could influence the ability of ADRD caregivers to provide care. The purpose of this study was to explore the prevalence and prevalence correlates of binge drinking among ADRD caregivers using the 2019 Behavior Risk Factor Surveillance Survey (BRFSS). We identified N = 1,642 persons who were the primary informal caregivers of a person with ADRD. Among them, the prevalence of binge drinking was 14 per 100 persons. Bivariable analyses suggested male caregivers and caregivers with 14 or more days of poor mental health in the past 30 days had the highest prevalence of binge drinking at 18 per 100 persons. Caregivers who were 65 or older or had the lowest prevalence at 3 per 100 persons. Caregiving characteristics revealed providing 20 to 39 hours of care per week had the highest prevalence of binge drinking (17 per 100) whereas spousal caregivers (9 per 100) had the lowest prevalence. Smoking status and hours per week providing care were associated with higher odds of binge drinking in multivariable analyses. Future research should examine if binge drinking by ADRD caregivers is related caregiver burden and the quality of care provided to the persons with ADRD.

RESILIENCE IN FAMILY CAREGIVERS OF ADULTS WITH AUTISM SPECTRUM DISORDER: AN INTEGRATIVE REVIEW OF THE LITERATURE

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