

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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Care of adults with Autism Spectrum Disorder (ASD) is a public health priority and costs are projected to be 549 billion US dollars by 2025. Middle and older adult FCGs of adults with ASD often provide lifelong care, experience chronic stress, consequently, are at risk of poor mental health and QOL. An integrative review examined factors associated with resilience in studies of middle and older adult FCGs of adults with ASD. A comprehensive literature search found 10 reports of 8 studies published in peer-reviewed scholarly journals before October 13, 2020. Studies and/or reports of factors associated with resilience in middle and older adult FCGs of adults with ASD were examined using PRISMA, and quality checklists. Some 340 articles met search criteria, 14 were fully reviewed, and 10 were included. Findings suggest FCGs of adults with ASD show capacity for resilience consistent with research on FCGs of children with ASD significant chronic stress. A broad range of resilience factors were studied, and resilience was associated with positive social support, higher QOL, self-efficacy, and problem and meaning-focused coping styles. There is a dearth of research on middle and older adult FCGs of adults with ASD. Increased reporting of social determinants of health and participation of underrepresented groups is needed. Future

research must address FGC heterogeneity and specify theoretically grounded conceptual and operational definitions of resilience. Identifying resilience factors is necessary for intervention studies to enhance resilience.

SLEEP QUALITY IN FAMILY CAREGIVERS AND MATCHED NON-CAREGIVING CONTROLS: THE REGARDS STUDY

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The high levels of stress experienced by family caregivers may affect their physical and psychological health, including their sleep quality. However, there are few population-based studies comparing sleep between family caregivers and carefully-matched controls. We evaluated differences in sleep and identified predictors of poorer sleep among the caregivers, in a comparison of 251 incident caregivers and carefully matched non-caregiving controls, recruited from the national REasons for Geographic and Racial Differences in Stroke (REGARDS) Study. Incident caregivers and controls were matched on up to seven demographic and health factors (age, sex, race, education level, marital status, self-rated health, and self-reported serious cardiovascular disease history). Sleep characteristics were self-reported and included total sleep time, sleep onset latency, wake after sleep onset, time in bed, and sleep efficiency. Family caregivers reported significantly longer sleep onset latency, before and after adjusting for potential confounders, compared to non-caregiving controls ($p < 0.05$). Depressive symptoms in caregivers predicted longer sleep onset latency, greater wake after sleep onset, and lower sleep efficiency. Longer total sleep time in caregivers was predicted by employment status, living with the care recipient, and number of caregiver hours. Employed caregivers and caregivers who did not live with the care recipient had shorter total sleep time and spent less time in bed than non-employed caregivers. Additional research is needed to evaluate whether sleep disturbances contributes to health problems among caregivers.

TELOMERE LENGTH AND THE TRANSITION TO FAMILY CAREGIVING IN THE REGARDS STUDY

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