

collection, and was categorized based on the respondents' relationship with the deceased. Relationship was categorized as: immediate family, relative, and friend. Quality-of-sleep was measured using the Pittsburgh Sleep Quality scale. Results showed that the associations among loss, sleep, and HRV differed by gender. For women, losing an immediate family was associated with worse HRV and this did not differ by quality-of-sleep. For men, death of an immediate family was associated with worse HRV only among those with poorer quality sleep. These results suggest that low-quality sleep may indicate psychophysical vulnerability for men who experienced loss, which may relate to their lower capacity for physiological adaptation.

PATHWAYS TO A GOOD LIFE? MULTIPLE SOCIAL ROLES IN ADULTHOOD AND MENTAL WELL-BEING IN LATER LIFE IN EUROPE

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The connection between employment, family life and health is well documented. Job demands and family obligations are divergent responsibilities and can be a constant source of conflict. The resulting role strain can have a long lasting impact on mental health. Using data from SHARE and ELSA, we take a life course perspective and look at patterns of employment history from the age of 25 to 40 combined with partnership and fertility history of 17,189 men and 23,266 women in 22 European countries. Sequence analysis combined with cluster analysis shows a clear picture of five dominant states in our sample: Stable work and family, stable work without family, working single parent, working childless couples, and being non employed. This pattern is similar for men and women. We use path models to distinguish the impact of childhood conditions on such life course patterns and the direct and indirect impact of employment and family life on mental health. Women who did not combine work and family roles, (work without family, family without work) reported higher levels of depression in comparison with women who combined work and family. Non-working women and single mothers also experienced indirect effects on depression through their economic situation. Unemployed men or men without family reported higher levels of depression. Unemployment and being a single father also have an indirect impact on depression via economic conditions and health. Moreover, such results also differ between countries, with lower employment rates reducing role strain for women, but not so for men.

RELATIONSHIP BETWEEN CARE CHALLENGE TYPE AND PSYCHOSOCIAL OUTCOMES IN FAMILY CAREGIVERS OF PERSONS WITH DEMENTIA

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Enhancing dementia care is a public health priority and supporting family caregivers of persons living with dementia (PLWD) is a critical need. This poster reports the relationships between the types of care challenges reported by family caregivers and their scores on psychosocial measures. Family caregivers (N=83) participating in the FamTechCare clinical trial identified three top priority care challenges and completed a series of measures (i.e., burden, depression, sleep quality, and reaction to dementia behaviors) at baseline. Priority care challenges were classified using the 10-category Technology-supported Dementia Care Typology. Three of the categories (i.e., behavioral and psychological symptoms of dementia [BPSD], activities of daily living [ADL], and disease expectations [DE]) were reported by an adequate number of caregivers in order to test relationships with psychosocial measures using the Kruskal-Wallis Test. Caregivers reporting 2 or 3 BPSD challenges had higher burden ($p=.007$), more depression ($p=.022$) and worse sleep quality ($p=.020$) compared to those reporting 0 or 1 care challenges related to BPSD. In comparison, caregivers with 2 or 3 challenges related to DE (e.g., PLWD memory loss) had less burden ($p=.008$), less depression ($p=.030$), and better sleep quality ($p=.042$), compared to those reporting 0 or 1 challenge related to DE. Caregivers identifying 2 or 3 care challenges related to ADLs also reported higher levels of depression ($p=.036$). Dementia caregivers face vast caregiving responsibilities. Caregivers facing BPSD challenges report greater burden and depression. These results reinforce the need for tailored interventions to assist family caregivers in the managing varied care challenges.

IDENTIFYING SOCIAL MEDIA RESOURCES AVAILABLE TO CAREGIVERS OF ALS PATIENTS

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Background: Amyotrophic Lateral Sclerosis (ALS) is a progressive neurodegenerative disorder that causes muscle weakness, disability, and death, with survival of 3-5 years and affecting all populations including Hispanics. ALS patients are mostly cared for by family caregivers (FCG) who experience burden, psychological distress and impaired quality-of-life. Thus, FCG may not leave their homes to access resources. Social media might be a way to accessing support, but little is known about quality/quantity of AL-FCG resources. Research Objectives: To identify and categorize types of bilingual resources available to ALS-FCG in Facebook. Methods: We used Facebook both groups (public and closed groups) and pages and collected numbers-of-likes, organization type and resource provided. Bilingual search terms (Spanish) included ALS/ALS-caregiver. Results: 24 pages/31 groups in English vs. 37 pages/29 groups in Spanish. English resources had more likes/members (3510/790 vs.410/95;