

that the death of a spousal care recipient is accompanied by hastened cognitive decline in our population-based sample.

THE ASSOCIATION BETWEEN CAREGIVING BURDEN AND DEPRESSIVE SYMPTOMS AMONG U.S. CHINESE ADULT CHILDREN

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Existing research has showed the impact of caregiving burden on physical and psychological outcomes among adult children, but less have examined its association among Chinese immigrants in the US. This research will present the association between caregiving burden and depressive symptoms among U.S. Chinese adult children. Cross-sectional data were drawn from the PIETY study with 547 Chinese adult children aged over 21 years old in the greater Chicago area between 2012-2014. Caregiving burden was assessed by 24-item caregiver burden developed by Novak and Guest and is composed of five factors: time-dependence, developmental, physical, social, and emotional burden. Depressive symptoms were assessed by the nine-item Patient Health Questionnaire. Logistic regression analysis was conducted. In our sample, 241 (44%) adult children had depressive symptoms and 174 (72.2%) were female. In the result of multivariate analysis, after adjusting for covariates, developmental burden (Odds ratio [OR] 1.13 [1.05-1.21]), physical burden (OR 1.17 [1.06-1.28]), social burden (OR 1.20 [1.08-1.32]), and emotional burden (OR 1.22 [1.11-1.35]) were positively associated with reporting any depressive symptoms. However, the time-dependence burden was not associated with depressive symptoms. The findings highlight the potential impact of caregiving burden on depressive symptoms and how different domains of caregiving burden are associated with depressive symptoms among Chinese caregivers in the U.S. Future research should include multidimensional social supports or acculturation as underlying factors which might affect the relationship between caregiver burden and depressive symptoms across Chinese community in the US.

THE IMPACTS OF DISCRIMINATION AND FILIAL CAREGIVERS' AGE ON ASPECTS OF PHYSICAL HEALTH

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Filial caregivers (e.g., individuals caring for a parent or parent-in-law) are a part of the growing number of family caregivers in midlife and late adulthood. The responsibilities that filial caregivers navigate in midlife and late adulthood may expose them to multiple types of discrimination that may decrease their physical health, though this relationship has been understudied. As numbers of family caregivers grow, it is important to examine the potential vulnerability of younger and older filial caregivers' physical health in the context of discrimination. Informed by the life course perspective, this study compares the physical health of younger (aged 34-64) and older (aged 64-74) filial caregivers who experience discrimination. Filial caregivers (N=270; Mage=53; SD=9.37) from the Midlife in the United States (MIDUS-II) Survey reported on demographics, family caregiving, daily

discrimination, self-rated physical health, and chronic conditions via questionnaires and phone interviews. Regression analyses showed no differences between younger and older adults' self-rated physical health or average chronic conditions. However, moderation analyses revealed that younger filial caregivers who experienced greater discrimination reported poorer self-rated physical health than their older counterparts as well as younger and older filial caregivers who experienced less discrimination. Additionally, younger caregivers with greater discrimination exposure exhibited more number of chronic conditions as compared to other caregivers. The study results highlight the impact of the intersection between filial caregivers' age and discrimination on physical health. Findings have the potential to inform programs that could promote the health of filial caregivers in the face of discrimination.

THE INFLUENCE OF DEMENTIA CAREGIVING STYLES ON CAREGIVER DISTRESS AND THE PERSON WITH DEMENTIA'S QUALITY OF LIFE

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Building vertically upon the Stress Process Model, dementia caregivers' cognitive-behavioral management styles are an understudied area with implications for dyadic care outcomes and tailoring of care interventions. We consider whether membership in five previously classified caregiving styles (Externalizers, Individualists, Learners, Adapters, Nurturers- which vary in their adaptability, dementia understanding, and behavioral management practices) impacts caregivers' experiences of care-related stress and the quality of life of the person with dementia (PWD). Participants included 100 primary family caregivers for PWDs who were 74% female, 18% non-White, and on average 64 years old. Utilizing linear regressions, each caregiving style was considered as a key predictor (reference: Externalizers- poor understanding, non-adaptable approach, and punitive behavioral strategies) of the Caregiver Assessment of Function and Upset (CAFU) upset score, Neuropsychiatric Inventory (NPI-C) distress scale, Zarit Burden Interview (ZBI), and PWD quality of life (QOL-AD) scale controlling for demographics, care duration, co-residency, and dementia severity. Relative to Externalizers, Nurturers (understanding, adaptability, positive engagements) had less CAFU upset ($\beta=-0.4$, $p<.01$), less NPI-C distress ($\beta=-0.3$, $p<.05$), and greater QOL-AD for the PWD ($\beta=0.4$, $p<.01$). Learners (recognize need to change care approach, attempting adaptability, trial-and-error behavioral care) also showed significantly lower NPI-C distress than Externalizers ($\beta=-0.5$, $p<.01$). Thus caregiving styles with more dementia understanding, adaptability and positive behavioral strategies showed less distress and better PWD QOL. Corresponding with recent dementia care summits calling for identification of caregivers at greatest risk for poor outcomes, targeting and tailoring interventions based on caregiving styles may lead to great public health impact.