

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

Ksenya Shulyaev,¹ Dikla Segel-Karpas,² and Nurit Gur-Yaish,³ 1. *Faculty of Social Welfare and Health Science, University of Haifa, Haifa, Hefa, Israel*, 2. *University of Haifa, Haifa, Hefa, Israel*, 3. *Oranim Academic College of Education, Haifa, HaZafon, Israel*

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

Kathrin Boerner,¹ Yijung K. Kim,² Elizabeth Gallagher,³ Kyungmin Kim,⁴ and Daniela Jopp,⁵ 1. *University of Massachusetts Boston, Boston, Massachusetts, United States*, 2. *The University of Texas at Austin, Austin, Texas, United States*, 3. *University of Massachusetts Boston, Boston, MA*,

Massachusetts, United States, 4. *Seoul National University, Seoul, Seoul-t'ukpyolsi, Republic of Korea*, 5. *University of Lausanne, Lausanne, Vaud, Switzerland*

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

Rachel O'Connor,¹ Julia Yoshino Benavente,¹ Mogan Eifler,¹ Lauren Opsasnick,¹ Laura Curtis,¹ Lee Lindquist,² and Michael Wolf,¹ 1. *Northwestern University, Chicago, Illinois, United States*, 2. *Northwestern University Feinberg School of Medicine, Chicago, Illinois, United States*

Many older adults manage multiple chronic conditions requiring adherence to multidrug regimens, yet half are non-adherent, 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

children (26%), and lived with the patient (61%). 31% of caregivers ordered patients' prescribed medications, 40% helped manage their medications, and 50% spoke with the patient's clinician about their clinical care. Cognitive impairment (OR 2.60, 95% CI 1.08-6.25), limited health literacy (OR 2.97, 95% CI 1.26-6.97), and ≥ 3 comorbidities (OR 2.14, 95% CI 1.06-9.30) were associated with medication management assistance. Patient activation, gender, cohabitation, or relationship were not associated. These findings suggest that caregivers are assisting with older adults' medication management and should be included in clinical discussions about medication management, especially among patients with cognitive impairment, low health literacy or multimorbidities.

DYADIC LONELINESS AND HbA1C LEVELS AMONG OLDER MARRIED COUPLES: EVIDENCE FROM THE IRISH LONGITUDINAL STUDY ON AGEING

Jeffrey Stokes,¹ and Adrita Barooah,² 1. *University of Massachusetts Boston, Boston, Massachusetts, United States*, 2. *UMass Boston, Boston, Massachusetts, United States*

Loneliness is an important determinant of health and mortality among the aging population, including for cardiometabolic health. Yet research has largely focused on individual experiences of loneliness, rather than taking intimate relationships into account. However, recent studies have highlighted that the psychosocial well-being of one's partner may impact one's own health as well. Indeed, the stress generation hypothesis anticipates that loneliness in one partner may lead to more stressful interactions within relationships, and thus to worse health outcomes for both spouses. This is particularly true among older couples, as life events and shifting time horizons (e.g., retirement, socioemotional selectivity, reduced social networks) lead older persons to focus more time and energy on their closest relationships. Life events such as retirement may make adults' intimate relationships – and the experiences of their partner – more salient than ever before. In this study, we use dyadic structural equation modeling to examine associations between loneliness and HbA1c levels among 1,331 older married couples from The Irish Longitudinal Study on Ageing. Further, we test whether any such associations vary by age or employment status. Results indicate that one's own loneliness was not significantly linked with elevated HbA1c, irrespective of age or employment status. However, loneliness of a dyadic partner was significantly associated with elevated HbA1c among retired persons only. Further, this effect was not due to age, but rather to employment status itself. These findings suggest that relationship context is crucial when considering the dyadic health implications of loneliness among the older population.

DYADIC SUCCESSFUL AGING AND THE LIMITS OF AGENCY

Markus Klingel, *TU Dortmund University, Germany*), *Dortmund, Nordrhein-Westfalen, Germany*

With increasing life expectancy, late life has become a longer, crucial part of the individual and dyadic life course. New opportunities, tasks and decisions emerged. Successful aging norms emphasize agency and autonomy. This can be

activating, but also alienating. With increasing constraints, agency is limited and ideals of autonomy become dysfunctional. This challenges also relationships. Aging, functional losses and approaching death threaten dyadic satisfaction and functionality. Potentially, successful aging norms could erode dyadic solidarity when needed the most: in late life. This mixed-methods longitudinal study combines interviews and questionnaires at three observations across five years. Its focus lies on change over time and findings at observation three. The sample consists of eight German couples (78-86 years old, 50-65 years married, high relationship satisfaction, white, urban). What does aging mean for individualized actors? How do aging couples negotiate, decide and act on aging, autonomy and death? How do successful aging norms modulate dyadic aging? Overall, actors have internalized successful aging and benefit by influencing their health positively. However, this has become ambivalent. Actors increasingly perceive their future as limited and beyond individual control. Acceptance of losses that challenge the self is difficult, autonomy ideals burdensome and death salient. As individual agency is constrained, the dyad is still a functional stronghold against aging. Yet, it has to adapt as well to – potentially differential – individual aging. Losses can and do threaten couples' functional and emotional unity. Four patterns of self-dyad dynamics emerged and exemplify tensions between individualized and dyadic successful aging.

EXPLORING COLLABORATION ENJOYMENT AND DECISIONAL UNCERTAINTY: ACTOR-PARTNER EFFECTS IN ADVANCED CARE PLANNING

Shirin Hiatt,¹ Jia-Wen Guo,² Lee Ellington,² and Djin Tay,² 1. *Oregon Health & Science University, Portland, Oregon, United States*, 2. *University of Utah, Salt Lake City, Utah, United States*

Caregivers are often engaged in decision making with and for patients. However, the role of patient-caregiver interpersonal processes on decisions about advance care planning (ACP) are not well known. This secondary data analysis examined the effects of patient-caregiver enjoyment about collaboration regarding choices for life-sustaining treatment on patients' and caregivers' decisional uncertainty following a dyadic ACP intervention. A purposive sample of 18 adult home health patients and their informal caregivers (N=36) participated in a one-group pretest posttest study. The Interpersonal Enjoyment subscale of the Perceptions of Collaboration Questionnaire and the Decisional Uncertainty subscale of the Decisional Conflict Scale were administered using parallel questionnaires. The Actor-Partner Interdependence Model (APIM) was used to examine actor and partner effects of patients and caregivers' interpersonal enjoyment on their uncertainty in decisions about ACP before and after the intervention. The mean age was 68.2±9.6 years for patients and 61.3±13.6 years for caregivers. The majority of patients (61.1%) and caregivers (72.2%) were female and married (55.6% and 66.7%, respectively). Almost all were non-Hispanic White (97.0%). Patients' and caregivers' interpersonal enjoyment and uncertainty scores were similar before the intervention. A significant partner effect between greater interpersonal enjoyment among caregivers at pretest and greater patient uncertainty at posttest ($\beta=0.44$, $p=.037$) was found. Previous analyses found that overall patients