

STELLA booklets. Six commonalities emerged. Three address the caregiver experience: Burden and living with complex behaviors; Difficulties in getting a diagnosis; and Barriers to participation. The other three reflect specific intervention adaptations: Make a Roadmap, STELLA-FTD Structure, and Booklet edits. The focus group findings offer practical suggestions to create a revised STELLA intervention to address the needs of families living with FTD. The suggestions are nested in the intense caregiving experience of living with complex behavioral symptoms, feeling burdened, isolated, and “living in darkness.” Both the investigators and caregivers appreciate the difficulty in crafting an intervention that meets the needs of all families living with FTD, but the caregivers encouraged the team to develop “something”: “...You won't be able to solve every problem or meet every need... [but] please, please do something.”

PLEIOTROPY OF ALZHEIMER'S DISEASE AND EDUCATIONAL ATTAINMENT: INSIGHTS FROM THE SUMMARY STATISTICS

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Epidemiological studies report beneficial associations of higher educational attainment (EDU) with Alzheimer's disease (AD). Prior genome-wide association studies (GWAS) also reported variants associated with AD and EDU separately. The analysis of pleiotropic predisposition to these phenotypes may shed light on EDU-related protection against AD. We examined pleiotropic predisposition to AD and EDU using Fisher's method and omnibus test applied to summary statistics for single nucleotide polymorphisms (SNPs) associated with AD and EDU in large-scale univariate GWAS at suggestive-effect (5×10^{-8})

PREDICTIVE ABILITY OF SELF COMPASSION IN PSYCHOSOCIAL OUTCOMES OF CAREGIVERS OF PERSONS WITH DEMENTIA

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Caregivers of Individuals with Dementia (IWDs) often face increased rates of depression, anxiety, and burden because of their role as caregiver. Self-compassion, a construct centered around self-kindness and understanding has not been well studied within the caregiving population. The present study was aimed at understanding the relationship between self-compassion and the psychosocial outcomes of burden, depression, and anxiety. Strong relationships between self-compassion and these outcomes have been established in other populations, but these relationships have not been studied with the dementia caregiving population. A diverse sample of dementia caregivers providing over 5 hours of care per week were recruited through CloudResearch and MTurk ($N = 99$). Participants were aged 18 to 69 years ($M = 38.61$) and 66.7% were female. 67.7% were White, 13.1% were Black, and 8.1% were Asian. 73% were children/in law or grandchildren/in law of the individual with dementia and 12% were a close friend of the individuals with dementia. The individuals with dementia had an average age

of 73.88 years. Results of multiple regression models showed that self-compassion was a significant predictor of depression ($\beta = -.25$, $p = .025$), anxiety ($\beta = -.36$, $p = .001$), and burden ($\beta = -.25$, $p = .023$) even while controlling for other constructs including self-esteem, types of coping, and IWD impairment level. Self-compassion will be discussed as a novel contribution to the caregiving literature in furthering our understanding of well-being predictors and how to target self-compassion as a modifiable factor for offsetting the negative impacts of caregiving.

PREDICTORS OF SLEEP AMONG SPOUSAL CARE DYADS LIVING WITH CHRONIC CONDITIONS

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Sleep health relates closely to physical health and well-being among older adults with chronic health conditions. However, little is known about the dyadic sleep patterns of these individuals and their spousal caregivers. Secondary analyses of the 2015 National Health and Aging Trends Study and National Study of Caregiving ($N = 62$ care dyads, mean age 78.59 years for care recipients and 75.77 years for caregivers) were completed to examine the sleep patterns, and related factors, of spousal dyads at both the individual and dyadic levels. Sleep measures included frequency in trouble falling back asleep and insomnia symptoms. Predictors included demographics, depressive symptoms, and positive affect for dyads and contextual factors such as dementia caregiving, care burden and support, neighborhood cohesion, and relationship quality. Multilevel dyadic and actor-partner interdependence models were used to complete analyses. Though intraclass correlation was poor (dementia care dyads $ICC = 0.123$, non-dementia care dyads $ICC = 0.043$), persons with dementia/spousal caregiver dyads ($n = 102$) had more similar sleep and insomnia patterns than dyads with other chronic conditions. Poor sleep among dyads was correlated with higher care burden ($\beta = -0.31$, $p < .0001$), however, better relationship quality marginally enhanced the association ($\beta = -0.23$, $p = .08$). Individual depressive symptoms negatively affected dyadic sleep patterns. However, positive affect only had an actor effect and was related to better individual sleep. Other contextual factors did not affect sleep patterns. These findings suggest the importance of both caregiver and care recipient characteristics on sleep at dyadic levels, particularly those with dementia.

PREFRONTAL ACTIVATION IS ASSOCIATED WITH GAIT QUALITY DURING AN ATTENTIONAL TASK IN OLDER ADULTS

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Prefrontal cortical activation varies by walking task and is a marker of attentional demand. We compared prefrontal activation by functional near-infrared spectroscopy (fNIRS) to accelerometry-derived gait quality. We hypothesized greater activation with lower gait quality (greater step-time coefficient-of-variation, decreased cadence, smoothness, regularity, and signal variability). Participants ($n=114$; age 74.4 ± 6.0 years, 59.6% female) were independently ambulating individuals >64 years. Attentional (reciting every-other alphabet letter) and physical (uneven surface) challenges mimicked community mobility and provided four 15m walking conditions: even, uneven, ABC-even, and ABC-uneven. fNIRS data were referenced to quiet standing and averaged within left and right hemispheres. Gait metrics from a tri-axial accelerometer at the lower-back included cadence (steps/min), step-time coefficient-of-variation, signal variability (standard deviation), smoothness (harmonic ratio), and regularity (entropy). Associations between fNIRS and gait were quantified using Pearson correlations ($\alpha=0.05$). Results were consistent across hemispheres, gait axes, and robust to adjustment for age and gait speed; we report unadjusted coefficients for left hemisphere and anterior-posterior gait direction. Greater prefrontal activation was associated with slower cadence ($r=-0.220$, $p=0.019$), lower signal variability ($r=-0.228$, $p=0.015$), and reduced smoothness ($r=-0.194$, $p=0.039$) during ABC-even. No relation was observed for step-time coefficient-of-variation or regularity. Results were similar for the ABC-uneven condition, except there was no association with gait smoothness but was with step-time coefficient-of-variation ($r=0.25$, $p=0.007$). Prefrontal activation was not correlated to gait quality in non-ABC conditions. Our findings support our hypothesis only during the ABC challenge, suggesting that older adults may rely on prefrontal activation to complete attentional but not physical challenges during gait.

PREVENTING ELDER MALTREATMENT: IDENTIFICATION OF HIGH RISK FACTORS FROM LTC ADMINISTRATIVE DATA

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Elder maltreatment is a serious problem endangering physical, emotional, and material well-being of older persons, especially those with physical and cognitive impairment. However, detecting the incident of elder maltreatment is difficult and its prevalence has been seriously underestimated. This study explores how LTC use relates to elder maltreatment report, using government LTC service records in Taiwan. A total of 88,633 reported cases in adult protection system in 2019 were merged with 443,952 valid cases in LTC service system. Descriptive statistics were firstly performed to

examine the proportion and characteristics of repeated cases in both systems. Linear probability modeling was then used for analyses. 1. In 2019, 3,413 elder maltreatment clients can be identified in LTC service system, accounting for 27.3% of the elder maltreatment cases. 2. Older persons who used LTC service first and being reported as elder maltreatment cases later had a higher prevalence of being discovered by social workers and care attendants. 3. These group of clients also had higher proportion of being reported as neglected by others, abandonment, and self-neglected. 4. Characteristics in LTC service system, such as being older, low severity of disability, high cognitive impairments, low income status, and with a LTC service use record, were related to high probability of being detected with elder maltreatment problems. Characteristics in LTC service system could be effective indicators in discovering potentially abusive situations of disabled older persons. Training and education are essential for LTC service providers to enhance their literacy and ability of assessing elder maltreatment.

PSYCHOACTIVE SUBSTANCE USE AMONG MIDDLE-AGED AND OLDER ADULTS WITH VISUAL IMPAIRMENT

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Older adults with visual impairment may be at risk for developing substance use disorder (SUD) as psychoactive substance use is often used to cope with the stressors of vision loss. This study estimates the national prevalence and risk of psychoactive substance use among older adults with visual impairment. We analyzed data of respondents age ≥ 50 from the 2015-2019 National Survey on Drug Use and Health, an annual cross-sectional survey of a nationally representative sample of non-institutionalized individuals in the U.S. ($N=43,886$). We estimated and compared prevalence of past-year use of cannabis, cocaine, misuse of prescription opioids, sedatives, stimulants/tranquilizers, alcohol use disorder (AUD), any SUD, and nicotine dependence between adults with visual impairment to those without. Comparisons were conducted using chi-square and we used multivariable generalized linear models using Poisson and log link to estimate adjusted prevalence ratios (aPRs) for adults with visual impairment relative to those without, controlling for demographics and diagnosis of ≥ 2 chronic diseases. An estimated 6.1% experienced visual impairment. Those with visual impairment had higher prevalence of AUD, nicotine dependence, misuse of prescription opioids, tranquilizers, and stimulants, and SUDs. In adjusted analyses, vision-impaired adults had higher risk of AUD (aPR=1.71, 95% CI: 1.40-2.09), nicotine dependence (aPR =1.53, 95% CI:1.35-1.73), opioid misuse (aPR =1.54, 95% CI:1.26-1.90), and SUD (aPR=1.67, 95% CI:1.40-2.01). Psychoactive substance use adds unique health risks for older adults with vision loss, who may suffer significant psychological stress and loss of independence. Screening for substance use among all older adults with visual impairment should be considered.