ABSTRACTS

The Gerontological Society of America
66th Annual Scientific Meeting
November 20–24, 2013
New Orleans, LA

Abstracts are arranged numerically by session and in the order of presentation within each session.

SESSION 5 (SYMPOSIUM)

"I WANT TO CONTINUE TO CARE FOR HER AS LONG AS I CAN": LESSONS LEARNED FROM AFRICAN AMERICAN AND WHITE CAREGIVERS IN THE SOUTH CAROLINA ALZHEIMER'S DISEASE REGISTRY

Chair: *S. Spencer, University of South Carolina, Columbia, South Carolina*
Discussant: *T. McCallum, Case Western Reserve University, Cleveland, Ohio*

In 2012, the Alzheimer's Association estimated that caring for the 5.4 million people in the U.S. who are living with Alzheimer's disease (AD) totaled $200 billion in direct costs alone. It is unclear how the long-term care system is going to cope in 2050 when the number of individuals with AD is expected to increase to 16 million. What is certain is that there is a critical need to support family caregivers who provide supervision and personal care to their loved ones at home, and research is needed to better understand the factors which can delay or prevent the transition of persons with AD from the community into long-term care facilities. The purpose of this symposium is to explore the factors which contribute to caregiver distress and affect the long-term care decisions of African American and White caregivers. The South Carolina Alzheimer's Disease Registry is a population-based, statewide registry of residents diagnosed with AD or related disorders. Each of the presentations in this symposium used data from this registry, which is the most comprehensive registry of its kind in the U.S. These data presented the unique opportunity to explore issues of caregiver health and decision-making using a sample of African American and White caregivers who either placed their family members with AD in a long-term care facility or continued providing care at home. Understanding the factors which play into long-term care transitions can be used to support caregivers and the vital role that they play in the long-term care system.

CAREGIVERS' PERSPECTIVES ON THE ROLE OF BEHAVIOR DISTURBANCES ON NURSING HOME ADMISSION OF PERSONS WITH ALZHEIMER'S DISEASE

C.N. Porter, M.C. Miller, S. Spencer, *University of South Carolina, Columbia, South Carolina*

Objective: To evaluate use of the Neuropsychiatric Inventory (NPI) to identify behavioral disturbances associated with nursing home (NH) admissions of persons with Alzheimer's disease (AD), while accounting for caregiver factors. Methods: Study participants included 705 older adults from the SC AD Registry who were eligible for NH care and had a caregiver. Cases entered a NH within 6 months of study initiation; controls resided in the community. Registry data combined with prospective data collected via survey of caregivers was analyzed using conditional logistic regression. Results: A 10% increase in NPI score implied a 30% increase in odds of NH admission. Key individual behavior disturbances were predictive of NH admission, along with having married and male caregivers. Discussion: Few studies have characterized and quantified symptom severity in relation to actual NH admission for persons with AD. Results indicate behavioral disturbances are predictive of NH admission, but key caregiver factors are influential.

THE INFLUENCE OF SUBJECTIVE U.S. AND COMMUNITY SOCIAL STATUS ON DEPRESSIVE SYMPTOMATOLOGY AMONG AFRICAN AMERICAN AND WHITE CAREGIVERS

S. Spencer[1], C.N. Porter[2], M.C. Miller[2], *1. University of South Carolina, Columbia, South Carolina, 2. Office for the Study of Aging, Columbia, South Carolina*

Subjective social status (SSS) has been associated with psychological functioning and health-related outcomes, yet little is known about how different measures of SSS might operate in the caregiving context. Data from 271 African American and 283 White caregivers (M age = 59.5 years) were analyzed to determine whether racial variations exist in the association between SSS and depressive symptomatology. SSS was measured using both the U.S. and Community SSS ladders, and depressive symptomatology was measured using the Center for Epidemiologic Studies Depression Scale (CES-D). Results of a linear regression indicated that racial differences emerged for specific caregiver-related factors. Higher caregiver competency and higher Community-SSS were significantly associated with depressive symptomatology among African American caregivers, while among White caregivers, higher U.S.-SSS was associated with depressive symptomatology. These findings suggest that different measures of SSS might be more relevant to the psychological health of African American compared with White caregivers.

CARING FOR INDIVIDUALS WITH ALZHEIMER'S DISEASE AT HOME: A MIXED METHODS STUDY OF CAREGIVERS AND CARE RECIPIENTS

M.C. Miller, C.N. Porter, S. Spencer, *Epidemiology and Biostatistics, University of South Carolina, Columbia, South Carolina*

A mixed methods study was conducted to examine reasons why caregivers of individuals with Alzheimer's disease (AD), enrolled in the South Carolina AD Registry, decide to care for their loved one at home (n=316) rather than place them in a nursing home (n=389). A quantitative analysis using logistic regression indicated that the strongest predictors of providing care at home were: caregiver education (odds ratio [OR] = 1.84; 95% confidence interval [CI], 1.14–2.95), employment (OR = 0.56; CI, 0.36–0.87), spousal relationship (OR = 2.29; CI, 1.45–3.63), care recipient's bowel continence (OR = 2.89; CI, 1.77–4.69) and household size (OR = 1.36; CI, 1.10–1.69). The main qualitative themes identified were: sense of obligation (n=161), belief of better care at home (n=53), and opportunity to provide care (n=27). These results provide both quantitative and qualitative insight into the decision-making process of caregivers of persons with AD.

ferences in risk factors and experiences of pain that can be addressed in individualized care planning.

QUALITY OF LIFE VALUES AND GOALS AMONG VETERANS WITH ORAL-DIGESTIVE CANCERS

M.J. Karel[1,2], L.A. Martin[3,4], E.A. Mulligan[1,2], A. Walder[3,4], J. Moye[1,2], A.D. Naik[3,4], *1. Mental Health, VA Boston Healthcare System, Brockton, Massachusetts, 2. Harvard Medical School, Boston, Massachusetts, 3. HSR&D, Michael E. DeBakey VAMC, Houston, Texas, 4. Baylor College of Medicine, Houston, Texas*

Patient-centered care entails dialogue about patient values and goals regarding health and the impact of treatment options on life goals. One year after cancer diagnosis, Veterans rated 16 basic life abilities on (1) importance to quality of life and (2) achievement. On average, most important abilities (rated 1-4) were to: make own life decisions (M = 3.4), control bodily functions (3.2), have relationships with family/friends (3.2), and avoid being a burden (3.2). On average, most achieved abilities (rated 1-5) were to: live at home (4.9), take care of self (4.7), walk/move around by self (4.7), and make own life decisions (4.7). Age did not correlate with importance ratings; older adults had higher ability achievement ratings. In exploratory factor analysis, a model with 3 correlated factors provided good fit: Self-Sufficiency, Comfort/Enjoyment, and Connection (RMSEA = .05; RMSR = .04). Patients' expressed life values/goals after cancer treatment can tailor subsequent care.

STRESS-RELATED GROWTH AMONG OLDER VETERANS WITH CANCER

R. Norris-Bell[1,2], J. Moye[1,2], E.A. Mulligan[1,2], L. Herman[3,4], A.D. Naik[3,4], *1. VA Boston Healthcare System, Brockton, Massachusetts, 2. Department of Psychiatry, Harvard Medical School, Cambridge, Massachusetts, 3. HSR&D Center of Excellence, Michael E. DeBakey VAMC, Houston, Texas, 4. Baylor College of Medicine, Houston, Texas*

Stress related growth (SRG) – or the perception of positive life changes following a stressful experience – is thought to arise out of meaning making and may provide a roadmap for recovery from life events such as cancer. Few studies have examined cancer-related SRG in the context of aging. In this study, a modified version of a SRG measure was used to assess SRG trait scores ("this describes me") and SRG change scores ("change since cancer") six months after cancer diagnosis. Older age was positively correlated with SRG trait total score ($r=.24$, $p<.01$) and negatively correlated with depressive symptoms ($r=-.31$, $p<.01$). Both age and SRG trait total score uniquely predicted lower depressive symptoms in a multivariate regression analysis ($\beta=-.24$ and $-.33$, $p<.01$, respectively). Findings suggest that older veterans with cancer report pre-existing trait factors independent of their cancer experience that may contribute to cancer-related resiliency.

SESSION 1905 (SYMPOSIUM)

REMINISCENCE AND LIFE REVIEW INTERVENTIONS FOR OPTIMAL AGING IN DIFFERENT RISK GROUPS

Chair: *G.J. Westerhof, Psychology, Technology and Health, University Twente, Enschede, Netherlands*
Co-Chair: *E. Bohlmeijer, Psychology, Technology and Health, University Twente, Enschede, Netherlands*
Discussant: *P. Cappeliez, University of Ottawa, Ottawa, Ontario, Canada*

This year celebrates the 50th anniversary of Robert Butler's seminal article on reminiscence and life review among older persons. It has by now been well established that a constructive autobiographical reflection of the past can contribute to optimal aging. Many studies have shown that interventions developed from this perspective can be effective in alleviating symptoms of mental illness and promoting mental well-being. This symposium brings together researchers from different countries who developed innovative interventions for specific groups: older persons with depressive symptoms, patients in palliative cancer care, older persons with dementia, and trans-gender identified older persons. The specific challenges and requirements in developing interventions for these groups as well as results from empirical studies will be discussed.

EFFECTIVENESS OF A GUIDED SELF-HELP LIFE-REVIEW COURSE FOR OLDER PEOPLE WITH DEPRESSIVE SYMPTOMS

S. Lamers, G.J. Westerhof, J. Korte, E.T. Bohlmeijer, *Psychology, Technology and Health, University Twente, Enschede, Netherlands*

Although there is substantial evidence for the effectiveness of life-review as an early treatment of depression in later life, most trials evaluated group interventions. Therefore, this presentation focuses on a large randomized controlled trial (N=174) that evaluated life-review therapy as a self-help intervention with e-mail counseling. The guided self-help intervention was compared with care-as-usual and a minimal intervention including expressive writing. Effects were examined directly, three months, and nine months after the intervention. Results showed that the intervention alleviates depressive symptoms and is effective in strengthening positive mental health. These effects remained three months and nine months after the intervention. Besides, moderator analyses showed that the intervention is broadly applicable. These results indicate that life-review therapy can also be successfully implemented as a guided self-help intervention. The next step will be to evaluate whether a self-help life-review intervention can be implemented successfully as online intervention.

LIFE-REVIEW IN PALLIATIVE CARE OF CANCER PATIENTS

G. Kleijn[1], I. Verdonck - de Leeuw[1,2], E.T. Bohlmeijer[3], *1. Clinical Psychology, VU University Amsterdam, Amsterdam, Netherlands, 2. VU Medical Center, Amsterdam, Netherlands, 3. University of Twente, Enschede, Netherlands*

Incurable ill cancer patients often experience emotional distress and reduced quality of life. In clinical practice there is an urgent need for evidence based interventions for this population. The aim of this study is to assess efficacy of structured life review therapy in palliative cancer patients and their partners. In total 122 palliative cancer patients will be randomized into the intervention group (4 sessions of Life Review Therapy (LRT) at their residence) or the control group (waiting list). Additional to the RCT, qualitative interviews will be conducted to obtain insight into how patients experience and evaluate LRT. As the RCT will be completed at the end of this year, the presentation will focus on preliminary observations. Problems encountered conducting the study and experiences of patients who have received the program will be discussed.

GROUP REMINISCENCE LED BY CAREGIVERS TO REDUCE PSYCHOLOGICAL SYMPTOMS OF DEMENTIA IN LONG-TERM CARE

N. Caza[1,2], G.C. Ciquier[1,2], C. Fournier[1], C. Lagrange[1], L. Descôteaux[1], *1. Centre de recherche, Institut universitaire de gériatrie de Montréal, Montréal, Quebec, Canada, 2. Université de Montréal, Montréal, Quebec, Canada*

Most institutionalized persons with dementia experience psychological symptoms of dementia (PSD), like anxiety and depression. The goals of this study were to a) examine the effects of reminiscence in reducing PSD in dementia, and b) assess acceptability and appropriateness of reminiscence intervention in formal caregivers (trained to lead the intervention) and in family members (accompanying the person with dementia). Seven caregivers led eight reminiscence sessions for eight persons with dementia and six family members. Patients were tested before and after intervention on measures of anxiety, apathy, and