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This work examines associations of brain grey matter volumes (GMV) with physical and mental fatigability in older adults from a subsample ($n=29$; age= 77.2 ± 5.5 ; 86% female) of LIFE Study participants. GMV for a priori identified brain regions were normalized to intracranial volume. Physical and mental fatigability were measured using the Pittsburgh Fatigability Scale and higher (HF) or lower (LF) fatigability were defined using established cut-points (Range: 0–50; HF physical: ≥ 15 (65.5%); HF mental: ≥ 13 (65.5%)). We used an exploratory alpha level of $p < 0.1$. For physical fatigability, right hippocampal volumes/ICV were smaller in HF compared to LF (0.261 ± 0.039 vs. 0.273 ± 0.022 , $p=0.07$); associations were similar for right putamen and bilateral thalamus. Mental fatigability was significantly associated with right hippocampus, thalamus, and posterior cingulum and bilateral amygdala. Analyses suggest that physical and mental fatigability in older adults are related to the basal ganglia and limbic system and indicate possible mechanisms for exploration.

PERCEIVED PHYSICAL FATIGABILITY INCREASES PROSPECTIVE FALL RISK: THE OSTEOPOROTIC FRACTURES IN MEN STUDY (MROS)

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Falls occur in 25% of adults aged ≥ 65 years. The number of fall-related injuries is increasing, highlighting the need to identify modifiable risk factors. We examined the role of perceived physical and mental fatigability on prospective fall risk

in 2,113 men aged 77–101 years (mean= 84.6 ± 4.3) in MrOS. The Pittsburgh Fatigability Scale (0–50 score) was completed in 2014–16; established cutpoints classified higher physical (≥ 15 , 57%) and higher mental (≥ 13 , 26.1%) fatigability. Prospective falls were captured by triannual questionnaire post-fatigability assessment. After 12 months, 25.3% with higher vs. 16.7% with lower physical fatigability had a fall; 29.1% with higher vs. 19% with lower mental fatigability had a fall. Using GEE, higher physical fatigability increased prospective fall risk by 20% (RR: 1.20, 95%CI: 1.01, 1.44) independent of mental fatigability, and adjusted for demographics, medical history, medications, depression, and physical and cognitive function. Higher physical fatigability may indicate a high-risk group for fall risk interventions.

THE EMOTIONAL SIDE OF FATIGABILITY: FINDINGS FROM THE BLSA

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Emotional vitality, a high sense of personal mastery and happiness and low depressive symptomatology and anxiety, has been associated with lower risk of incident walking limitation as has fatigability. Whether emotional vitality is associated with fatigability is unknown. Among nearly 600 BLSA participants aged 60 years and older (47% men), 54% exhibited emotional vitality and had lower age- and sex-adjusted mean physical (12.2 v. 15.1; $p < .0001$) and mental (7.7 v. 10.1; $p < .0001$) fatigability even after adjustment for walking speed (12.3 v. 14.9; $p < .0001$ and 7.8 v. 9.9; $p < .0001$, respectively). Likewise, persons with emotional vitality were protected from higher physical and mental fatigability (OR=.46 95%CI(.32-.66) and .58(.38-.87), respectively). Over an average follow-up of 2.1 years, persons with emotional vitality, in adjusted analyses, had a lower increase in mental fatigability ($p=.023$) than those without emotional vitality. Findings suggest that modifying emotional health may favorably impact fatigability and possibly diminish its negative consequences.

SESSION 1015 (SYMPOSIUM)

LONG-DISTANCE CAREGIVING: UNIQUE CHALLENGES AND SERVICE NEEDS

Chair: A. Horowitz, *Fordham University, New York, New York*

Co-Chair: V. Cimarolli, *Research Institute on Aging, The New Jewish Home, New York, NY, New York, New York*

Discussant: R.A. Pruchno, *Rowan University School of Osteopathic Medicine, Stratford, New Jersey*

Several decades of caregiving research has produced a rich knowledge base on the processes and consequences of caregiving, particularly as relevant to primary, geographically proximate caregivers. However, in our increasingly

mobile society, long-distance caregiving (LDC) is a growing phenomenon. As many as 11% of family caregivers in the US live more than two hours distance from the care receiver (CR), half of whom are primary caregivers, and little is known about their unique experiences. This symposium presents initial findings from the Fordham Long-Distance Caregiving Study funded by NIA (R21AG050018). The study goal was to better understand how long-distance caregivers (LDCs) deal with the structural constraint of distance and identify subgroup differences based on characteristics of care receivers and LDCs. We analyzed data of 286 LDCs, collected data via tape-recorded telephone interviews, and apply a mixed-method design with open and structured parts of the interview. Horowitz presents the study background, characteristics of the sample, and the many challenges of sample recruitment. Cimarolli discusses data on mental health consequences of LDC and variation by key characteristics of LDCs. Hicks presents our qualitative data on the specific challenges of LDC related to distance (e.g., the physical and financial toll of traveling). Last, Minahan examines service use and service needs and findings highlight discrepancies between service use and needs among LDCs. Pruchno brings her extensive experience in caregiving research to discuss study findings. The symposium provides insights into a study field effort involving LDCs and the unique experiences of LDCs.

THE FORDHAM LONG-DISTANCE CAREGIVING (LDC) STUDY: RECRUITMENT EXPERIENCES AND SAMPLE CHARACTERISTICS

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This paper presents recruitment experiences and sample information from the Fordham LDC Study (N=286). We initially planned to recruit LDCs from primary contacts of elders receiving residential or home care services. However, low recruitment rates lead us to research matching services, list serves, and participant and personal referrals. As a result, 46% of the sample were recruited from service agencies and 54% from non-affiliated sources. However, among the latter group, 27% of the elders were in residential care, and of those living at home, 38% were receiving home care services. LDCs were typical in being 72% women; while we found our LDCs to be highly educated (74% with college or more) and somewhat younger (mean = 57 years). While 72% were caring for parents, 28% were caring for more distant relatives and friends, suggesting that for many, LDCs step in when proximate and/or closer relatives are not available.

STRESSORS AND CONSEQUENCES OF LONG-DISTANCE CAREGIVING: SUB-GROUP COMPARISONS

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The purpose of this study was to examine Long-Distance Caregiving (LDC) stressors (i.e., work and family conflict, caregiver [CG] burden) and mental health consequences (i.e., depression and anxiety), and to identify subgroup difference (i.e., by ethnicity, income adequacy, and gender). We analyzed data from the Fordham Long Distance Caregiving Study (N=286). Results showed that Blacks when compared to Whites and Latinos reported significantly lower levels of caregiving interference with other family responsibilities. Blacks when compared to Whites had significantly lower levels of CG burden. Female LDCs had significantly higher levels of depression and anxiety when compared to men. Finally, there were significant associations between lower income adequacy and higher levels of CG burden, more interference with work and family responsibilities, and higher depression and anxiety. This study paints a complex picture of stressors and consequences of LDC and highlights which LDC sub-groups may be vulnerable to stressors and negative consequences.

UNIQUE CHALLENGES REPORTED BY LONG-DISTANCE CAREGIVERS

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The purpose of this study was to examine the specific types of challenges related to distance that were reported by caregivers who participated in the Fordham Long Distance Caregiving (LDC) Study. We coded 60 open-ended responses to a question that asked about the challenges caregivers face in providing care to an older adult who lives at least two hours travel distance away. More than half of respondents reported challenges relating to distance from the care recipient (CR). The main distance-related themes that emerged included general difficulty taking care of things from afar (n=8), difficulty communicating with the CR (n=5), spending time away from family members (n=5), the toll of traveling (n=4), making time to travel to visit the CR (n=4), difficulty knowing what's going on with the CR (n=4), and emotional strain (n=4). This study provides insight into the unique challenges that LDCs face in providing care to loved ones.

SERVICE USE AND NEEDS AMONG LONG-DISTANCE CAREGIVERS

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