

improved in decisional uncertainty at posttest. However, these findings suggest that for some dyads, interpersonal factors can negatively affect patients' decisional certainty. Future research is needed to verify this finding with a larger sample.

FAMILY PROXIMITY AS A MODERATOR OF SPOUSAL ASSOCIATIONS OF DEPRESSION AMONG MEXICAN OLDER ADULTS

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Depression among older adults is a public health issue, and a large literature highlights the importance of close relationships as both a risk and protective factor for depression. Research in U.S. samples suggests that one spouse's depressive symptoms can increase their partner's depressive symptoms, especially for women (Kouros & Cummings, 2010; Tower & Kasl, 1996). Little is known about interpersonal associations in depression, mitigating factors, and the role of gender among older couples in Mexico. This study examined (1) the effects of an individual's depressive symptoms on their spouse's symptoms and 2) whether living close to family buffered depression associations using data from the Mexican Health and Aging Study (n=4,071 dyads, age 50+ at initial interview). Depressive symptoms were measured in 2001, 2003, 2012, 2015, and 2018 using a modified 8-item version of the Center for Epidemiologic Studies-Depression Scale. Multilevel modeling was used to fit a dual-intercept growth model (centered at 2012) of husbands' and wives' depressive symptoms over time, controlling for age and education. Results showed a partner effect for husbands and wives, such that having a spouse with greater depressive symptoms in 2001 was associated with greater subsequent depressive symptoms, but not with rate of change in symptoms, in 2012. There was also a moderation effect such that the deleterious effect of husbands' depressive symptoms on wives' symptoms, as well as rate of increase in symptoms, was higher when family lived nearby, suggesting family may potentially exacerbate depression associations among spouses rather than a buffering them as hypothesized.

NOT SEEING DOUBLE: DISCORDANCE IN DISEASE, FUNCTION, AND THEIR LONGITUDINAL ASSOCIATIONS IN MONOZYGOTIC TWINS

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Prior research on the causality and directionality between disease and functional limitations is ambiguous. The current study used longitudinal monozygotic twin data to test both directions linking disease burden and functional limitations in middle-aged and older adults, controlling for genetic and

familial factors. We also examined potential moderation by psychological well-being. The Twins sub-sample from the first two waves of the longitudinal Midlife in the United States (MIDUS) study was used (Wave 1: 1995-1996, Wave 2: 2004-2006). Only monozygotic twins (N = 713) were included in analyses. In separate multi-level models, we examined disease burden at MIDUS 2 predicted by functional limitations at MIDUS 1 and MIDUS 2 functional limitations predicted by disease burden at MIDUS 1. Disease burden and functional limitations at MIDUS 2 varied substantially within families. There was no within-family association of earlier functional limitations with change in later disease burden ($b = .40$, $p = .39$), but there was a within-family association such that the twin with higher baseline disease burden had a greater increase in functional limitations than his/her co-twin ($b = .06$, $p = .02$). Well-being was not a moderator in either model. We found support for a potentially causal association between earlier disease burden and later increases in functional limitations, consistent with the Disablement Process Model. Sensitivity analyses confirm the detected within-family effect. Possible mechanisms linking disease burden and functional limitations are discussed as potential targets for future research.

RELATIONSHIP FUNCTIONING AND GUT MICROBIOTA COMPOSITION AMONG OLDER ADULT COUPLES: FEASIBILITY OF DATA COLLECTION

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An emerging area of research extends work on couple functioning and physical health to gut health, a critical marker of general health and known to diminish with age. As a foray into this area, we conducted a pilot study to determine feasibility of data collection (questionnaires and a stool sample) among older adult couples. Participants were recruited from the community using a variety of methods including social media. Among 41 persons responding with interest across recruitment sources, 32 were contacted for screening. Inclusion criteria were: age 60+, marriage or cohabiting partnership, and English speaking/understanding. Exclusion criteria were a gastrointestinal disorder, receiving enteric nutrition, use of antibiotics (past month), cancer treatment (past 6 months), and a +COVID-19 diagnosis (past 2 months). Among 31 eligible couples, 30 consented. All 60 participants completed questionnaires and provided a stool sample using DNAGenotek's OMR-200 collection kit, chosen for its ease and because samples can be stored at room temperature for 60 days. Sample characteristics were: M (SD) age = 66.57 (4.78); 53.3% female; 91.7% White; 1.7% Latinx; and 78.3% college-educated. 2 couples were same-sex. 43% reported at least one health condition and 25% reported use of a proton pump inhibitor (which can affect the gut microbiome), though none daily. Relational well-being was moderate-high on average per measures of