

MENTAL AND PHYSICAL HEALTH IN SWISS OLDER SURVIVORS OF ENFORCED CHILD WELFARE PRACTICES

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It is the purpose of child welfare practices to provide a protective environment for minors. However, welfare practices for children and adolescents have also been linked to a higher risk for maltreatment, trauma, and deprivation. Due to such early-life adversity, affected individuals often report a life course depicted by further trauma, socio-economic disadvantage, mental and physical ill-health. Examination of the long-term health correlates of enforced child welfare practices, as well as potential mediators, have previously been neglected in later life. It was therefore the purpose of these studies to examine the long-term correlates of enforced child welfare practices; the associated maltreatment, trauma, and deprivation; and the physical and mental health outcomes in Swiss older survivors (n=132, MAGE=71 years) and an age-matched control group (n=125). These studies further examined the mediating role of socio-economic factors (e.g., education, income), self-esteem, and self-compassion. Mental health was assessed with a structured clinical interview; physical health, self-esteem, and self-compassion with psychometric instruments. Survivors reported significantly more types and severity of childhood maltreatment, trauma, and deprivation than the control group. They also reported significantly more lifetime and current mental health disorders and more physical illnesses. Socio-economic factors and self-esteem, but not self-compassion, acted as significant mediators. Exposure to maltreatment, trauma, and deprivation in childhood and adolescence is linked to poorer mental and physical health in later life. Potential targets for intervention and health-protective measures include socio-economic factors and self-esteem, which were found to diminish the detrimental long-term impact of early-life adversity and disadvantage into later life.

Physical Functioning

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ASSOCIATIONS OF PHYSICAL FUNCTION AND PHYSICAL ACTIVITY WITH COVID-19-LIKE SYMPTOMS

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Physical function and physical activity have been associated with health outcomes related to the cardiopulmonary

and immune systems, but the extent to which they are related to the risk of developing COVID-19-like symptoms remains unclear. We aimed to explore these associations among Swedish older adults. We analyzed data from 904 individuals aged ≥ 68 years from the population-based Swedish National study on Aging and Care in Kungsholmen. COVID-19-like symptoms were assessed by phone interview (March-June 2020) and included fever, cough, sore throat and/or a cold, headache, pain in muscles, legs and joints, loss of taste and/or odour, breathing difficulties, chest pain, gastrointestinal symptoms and eye inflammation. Muscle strength, mobility, and physical activity were objectively examined in 2016-2018. Data were analyzed using logistic regression models and stratifying by age. During the first outbreak of the pandemic, 325 (36%) individuals from our sample developed COVID-19-like symptoms. Those with longer time to perform the chair stand test had an odds ratio (OR) of 1.5 (95% confidence interval [CI] 1.1-2.1) for presenting with COVID-19-like symptoms compared to those with a faster time to perform the test, after adjusting for potential confounders. The risk was even higher among people aged ≥ 80 years (OR: 2.6; 95% CI 1.5-4.7). No significant associations were found for walking speed or moderate-to-vigorous physical activity. A weaker muscle strength, especially among the oldest-old adults, may contribute to higher odds of developing COVID-19-like symptoms, emphasizing the need to maintain sufficient levels of muscle strength in old age.

BACK TO LIFE, BACK TO REALITY: PARTICIPATION AND FUNCTION AFTER ACUTE HOSPITALIZATION IN OLDER ADULTS

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This study aims to describe and compare functional trajectories (i.e., participation versus basic daily function) from pre-hospitalization period to one and three-months post-discharge, among older adults hospitalized for acute medical illness, of two age groups: ages 65-75, n=39, >75, n=38. A Prospective longitudinal study was conducted, starting during hospitalization in internal ward and followed by home visits (1 month) and telephone interviews (3 months). Participation was measured by the Activity Card Sort (ACS) that queries about instrumental (e.g. shopping), leisure (e.g. physical activity), and social activities. Basic daily function was measured by the Modified Barthel Index (mBI). Wilcoxon test was used to compare between the ACS and mBI total retained scores within age groups. A mixed model repeated measures ANCOVA was used to compare time by group effects in ACS total scores. The results showed that basic function in both age groups was preserved, and both groups experienced a significantly greater decrease in participation level compared with basic function at one month (z=-4.1, p=.001, z=-4.5, p=.001) and at three months (z=-4.1, p=.001, z=-4.1, p=.001) in the "younger" and "older" groups, respectively. Participation trajectories were similar among age groups, however, the "older" group experienced a significantly greater decrease in participation (F(1)=(4.3),