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The extent to which food insecurity impacts changes in mental health outcomes over time in the context of Covid-19 remains unknown. Using longitudinal data from a nationally representative survey, the objectives of the present study were to: (1) assess the prevalence of food insecurity among U.S. adults amid the Covid-19 pandemic; and (2) investigate the relationships between food insecurity statuses and changes in mental health outcomes over time as the pandemic unfolds. Longitudinal data from the Internet-based Understanding Coronavirus in America survey collected bi-weekly between April and December 2020 were used ($n=4,068$, 15 repeated measures). Adult respondents (aged ≥ 18) were asked about their food insecurity experiences and stress/anxiety/depressive symptoms. Linear mixed-effect models examined changes in mental health outcomes over time among groups with various food insecurity statuses. Overall prevalence of food insecurity was 8%. Food insecurity was consistently associated with higher levels of stress/anxiety/depressive symptoms ($p < 0.001$). Stress/anxiety/depressive symptoms declined over time among food-secured U.S. adults. However, mental health trajectories of respondents with various food insecurity categories, including food insecurity status, persistent food insecurity, and food insecurity of higher severity and longer duration, remained stable or worsened over time. Moreover, the mental health gap between food-secured and food-unsecured participants widened over time. Food insecurity represents a pressing public health problem during the Covid-19 pandemic with substantial mental health implications. Persistent and severe food insecurity may contribute to mental health disparity in the long term. Food insecurity reduction interventions may alleviate the estimated alarming mental health burden as the pandemic unfolds.

GLOBAL RISE OF DEPRESSION PREVALENCE AMID THE COVID-19 PANDEMIC

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The immense burden of depressive disorders is on the rise, with global prevalence estimates in 2017 ranging from 4% to 13%. The novel coronavirus SARS-CoV-2 is likely to impact the established risk factors for depressive disorders. Thus, a rapid increase in depression prevalence can be expected amid the COVID-19 pandemic. Using epidemiologic data ($N=111,225$) derived from an extant online survey "Measuring Worldwide COVID-19 Attitudes and Beliefs" (launched by Fetzer and colleagues, March-April 2020) in 178 countries, we examined age-dependent global prevalence of depression and assessed the impact of social factors caused by the COVID-19 pandemic on depressive symptomatology. Point prevalence of depression was measured using

the PHQ8 standard cut-off score (i.e., ≥ 10). Correlates of depressive symptoms were analyzed with hierarchical regression modeling separately in three age groups, i.e., 18-34, 35-54 and 55+ years. We found that nearly 20% of individuals globally revealed significant symptoms of depression, including 27% of young, 15% middle-aged, 9% adults aged 55+. These data suggest that the prevalence of depression is 2-5 times higher than global estimates preceding the COVID-19 pandemic. Regression modeling explained approx. 50% variability in depressive symptoms across the three age groups. Increased risk of depression was found in females, single or divorced individuals, and those who presented poorer health and higher anxiety. Social restrictions amid the COVID-19 pandemic were marginal risks for depression. Together, this study highlights the impact of the COVID-19 pandemic on the mental health of people of different ages and urges the development of increased access to psychological interventions.

MENTAL HEALTH AND WELL-BEING AMONG INDIVIDUALS WITH A SENSORY LOSS DURING COVID-19 LOCKDOWN MEASURES

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Hearing and vision impairment are highly prevalent chronic conditions and are associated with poorer mental health and well-being. Mental health problems may be exacerbated by COVID-19-related lockdown measures and limitations of in-person contacts may affect those with sensory impairments more severely. We aimed to determine whether hearing and/or visual impairment were associated with worse mental health and psychological well-being during lockdown measures in Spring/Summer 2020 in Wisconsin. We included 1341 (64% women, aged 20-92 years) Survey of the Health of Wisconsin participants of a COVID-19 survey (May-June, 2020). We assessed self-reported current mental health and psychological well-being and vision and hearing impairment. Logistic regression models with vision and hearing impairments as determinants and multiple mental health and well-being outcomes were used and adjusted for age, gender, race, education, heart disease, hypertension, hyperlipidemia and diabetes. In preliminary analyses, we found associations of vision impairment with increased odds of generalized anxiety disorder (odds ratio=2.10; 95% confidence interval=1.32-3.29) and depression (2.57; 1.58-4.11). Individuals with a vision impairment were more likely to be taking medication for depression (1.75; 1.13-2.68), report being lonely (1.65; 1.00-2.64) and report hopelessness (1.45; 1.01-2.08). Individuals with a hearing impairment were more likely to be taking depression medications (1.72; 1.07-2.73) and to report being lonely (1.80; 1.05-2.98). Sensory impairment was not associated with stress levels or sense of purpose in life. Individuals with sensory impairment may represent a particularly vulnerable population during the COVID-19 pandemic. Future research should determine underlying reasons and interventions to mitigate this populations' disadvantages.