letter. Appointment/attendance data were extracted from the computerized patient record system. Logistic regression was used to determine the potential moderating effect of age on the association between message frame and appointment attendance. The sample (mean age = 51.5 (SD=13.5)) was primarily male (85%), non-white (62%), and reported an average depressive symptom score of 19.3 (SD=3.8, range=9-27). Age moderated the impact of message frame on the odds of attending the MH appointment: while younger adults were more likely to attend after receiving a gain-framed message, older adults' engagement rates did not differ significantly across conditions. Findings suggest that overtly highlighting the benefits of attending an initial specialty MH care appointment, even if in writing, can impact engagement rates among younger adults. Potential alternative, targeted approaches utilizing message framing that may be more effective among older adults should be explored.

ANTIDEPRESSANT USE AND MORTALITY RISK IN OLDER ADULTS WITH HISTORY OF STROKE

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The American Stroke Association reports stroke as the fourth leading cause of death in the United States, with 66% of hospitalized cases being older adults. Recovery from stroke is a public health issue, as post-stroke depression (PSD) is a significant concern. Approximately 20-23% of stroke survivors identified co-occurring diagnoses, which are associated with physical, functional, and cognitive limitations and increased mortality risk. Antidepressant use has exhibited its efficacy in treating PSD. This study explores the association between antidepressant use and mortality risk in older adults with history of stroke. Older adults aged 65 and older (N=3631, 55.4% female, 72.6% Caucasian, Mage=79.64 years, SDage=7.29 years, MEd=14.55 years, SDEd=8.269 years) with history of stroke were selected from the National Alzheimer's Coordinating Center database to explore the association between antidepressant use and mortality. A chi-squared test of independence was calculated comparing antidepressant use and mortality rates. A significant association was found ($\chi 2$ (1) = 15.933, $p < .001$) between current antidepressant use and mortality. Findings suggest antidepressant use is associated with lower mortality rates in subjects with a history of stroke. Implications include highlighting the role psychologists play in the early identification of PSD and early antidepressant intervention post-stroke to increase life longevity. Although findings only infer association, they demonstrate evidence for the link between PSD, antidepressant use, and lower mortality rates. Future directions include exploring other forms of depression treatment and mechanisms of antidepressant use. Limitations include examining potential moderators (e.g., gender, SES, type of stroke), and substance use within this population.

EVALUATING THE ASSOCIATION BETWEEN SLEEP AND MEMORY IN OLDER VETERANS WITH PTSD

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Sleep disturbances are core symptoms of posttraumatic stress disorder (PTSD), and recent studies also suggest a link between PTSD and cognitive impairment. There is some evidence of an association between sleep disturbances and cognitive abilities, such as memory, though few studies have focused on older adults and fewer still among those with mental health conditions. This study examined the association between subjective memory complaints and sleep (quality and quantity) in older veterans with PTSD. Fifty-four veterans with PTSD (M age=67.4, 85.2% African American, 90.7% men) participated in the study. Sleep was assessed using the Pittsburgh Sleep Quality Inventory (PSQI) and the PSQI Addendum for PTSD (PSQI-A). Memory was assessed using the Frequency of Forgetting Scale (FOF) derived from the Memory Functioning Questionnaire. The relationship between sleep quality parameters and FOF were examined using bivariate correlations and independent samples t test. Over 60% of participants met military-specific criteria for poor sleep (PSQI≥10; PSQI-A>5). Overall sleep quality on the PSQI-A was significantly associated with worse memory ($r=-0.38$, $p<.01$). Among specific sleep parameters (e.g., sleep latency, sleep duration), greater daytime dysfunction due to sleepiness was significantly associated with worse memory ($r=-0.44$, $p<.01$). Between-group analyses comparing memory complaints across participants classified as 'poor' versus 'good' sleepers on the PSQI-A approached significance ($t(52)=1.93$, $p=.06$). This study suggests that poor sleep may be a correlate of memory complaints among older adults with PTSD. Future studies are needed to determine whether poor sleep is an underlying factor in the link between PTSD and cognitive impairment.

BACK TO BASICS: HOPELESSNESS AS THE MEDIATING FACTOR FOR COMPLETED SUICIDE AMONG OLDER ADULTS

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Individuals 65 years and older are at high risk for completing suicide. Though risk factors have been established in the literature, the dominant atheoretical approach has left the field at an impasse. The present study aimed to integrate core risk factors of hopelessness, depression, physical illness, and social isolation by proposing a biopsychosocial framework of older adult suicide. A psychological autopsy was used to compare individuals 65 years and older who died either by suicide (n = 32) or natural causes (n = 45). Structural equation modeling results suggested that hopelessness was the only factor directly associated with suicide ($B = .01$, $\beta = 0.84$, $SE = 13.31$, $p \leq .001$), fully mediating the relationships between suicide and social isolation, negative attitudes about physical health, and depression. The proposed model adequately fit the data, explaining 71% of the variance in cause of death. Advanced age (75+ years) moderately increased social isolation, which weakly increased hopelessness, contributing to suicide in a smaller magnitude than expected. Though individuals in the advanced age group had a wider range of physical illnesses, this did not increase risk. Rather, negative perceptions of health increased risk for all individuals 65 years and

older via depression and hopelessness, irrespective of the presence of impairing physical illness. Findings support the claim that hopelessness plays a pivotal role in the progression from suicidal ideation to completion among older adults. Directly targeting hopelessness could help prevent at-risk older adults from acting on their thoughts of suicide.

MIND-BASED AND MOVEMENT-BASED MIND-BODY INTERVENTION FOR CHINESE OLDER PEOPLE WITH DEPRESSION

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Mind-body intervention has been well established as an alternative psychosocial intervention for managing depression. Mindfulness-based intervention (MBI) and health qigong (HQ) are two common forms of mind-body intervention which share the common focus on breathing. However, they may represent two distinct approaches with different mechanisms. MBI focuses more on mind-based practices whereas HQ may focus predominantly on body-based movement practices. Thus, a large research gap in comparing the unique therapeutic effects of mind-based and movement-based health practices on alleviating depression among older people is worthy of further investigation. A total of 45 community-dwelling Chinese older adults aged 60 or above with symptoms of clinical depression were recruited. They were randomly assigned to three different groups, including an MBI group, a HQ group, and a waitlist control (WLC) group. Comparisons were made before and after 8-week interventions. Regarding the primary outcome, the effect sizes between the MBI and WLC groups, as well as between the HQ and WLC groups, were reasonably large (Hedges' g = 1.338 and 0.725, respectively), yet the effect size between the MBI and HQ groups was moderate (Hedges' g = 0.325). Specifically, participants in the MBI group showed more improvements on perceived stress, self-efficacy, and mental health, whereas participants in the HQ group showed relatively better performance regarding interoception and physical mobility. Findings from this research demonstrate the unique therapeutic effects of mind-based and movement-based interventions on alleviating depression among older people. The application of two distinct forms of mind-body intervention in a Chinese context is discussed.

THE COURSE OF DEPRESSIVE SYMPTOMS IN OLDER ADULTS RECEIVING IN-HOME CARE

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The aim of the study was to describe the prevalence, incidence and persistence of depressive symptoms over a 36-month follow-up period among older people receiving in-home care, and to explore the association between cognitive function and the course of depressive symptoms. In all, 1001 older people (≥ 70 years) receiving in-home care were included in a longitudinal study over 36 months. Depressive symptoms, cognitive function, general medical health, activities of daily living, neuropsychiatric symptoms and use psychotropic drugs were assessed at three assessments. Dementia and mild cognitive impairment were diagnosed at all assessments. Baseline demographic characteristics and information on nursing home residency at follow-up were recorded. Linear mixed models were estimated. We found the prevalence and cumulative incidence of individual depressive symptoms to be higher in those with dementia at baseline than in those without. The persistence of depressive symptoms did not differ between those with or without dementia at baseline. The severity of cognitive decline and mean depressive symptom score assessed simultaneously were positively associated, but the strength of the association changed over time and was not significant at the last assessment. In conclusion: The differences in prevalence and cumulative incidence of depressive symptoms in those with and without dementia at baseline, and the association found between degree of cognitive decline and depressive symptoms over time shows that depression and dementia are interconnected. Nurses and clinicians should pay attention to cognitive status when observing or evaluating depression among older people receiving in-home care.

BODY TYPES AND ASSOCIATION WITH DEPRESSIVE SYMPTOMS AMONG OLDER ADULTS: FINDINGS FROM NHANES 2013-2016

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Older Americans are increasingly affected by overweight and obesity now as compared to previous decades. We examine the prevalence rates and association of Depressive Symptoms (DS) across body types created using the National Heart, Lung, Blood Institute recommended body mass index /waist circumference (WC) anthropometric cut off values among older Americans. 3,132 participants, 50 years and older from the National Health and Nutrition Examination Survey (NHANES) 2013-2016 was used for this analysis. Six body types were created using the anthropometric cut off values- normal weight with normal WC, overweight with normal WC, obese with normal WC, normal weight with high WC, overweight with high WC, and obese with high WC. The PHQ-9 score was used to create DS categories (1-4, 5-9, 10-14, 15-19, ≥20). The relationship of body types to DS categories was assessed using weighted multinomial logistic regression. The mean (SD) sample age was 63.4 (9.2). Approximately 12.9% of participants had a PHQ-9 score of at least 10. After adjusting for age, gender, race/ethnicity and poverty-income ratio, overweight with high WC (OR 7.61, 95% CI 2.37-24.48) had high odds of moderately severe DS. Obese with high WC had high odds of mild DS (OR 1.76, 95% CI 1.22-2.52), moderate DS (OR 2.14, 95% CI 1.09-4.20) and moderately severe DS (OR 5.59, 95% CI 2.75-11.39) compared to normal weight with normal WC. We demonstrate an association of body types with DS in an aging American population and these findings would not be identified if anthropometric measures were examined separately.