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 ($\chi2$ (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, β = 0.84, SE = 13.31, p ≤ .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