

and the social control (OR 1.06, 95% Confidence Interval (CI) 0.44, 2.56) and the physical activity intervention group and the usual care control (OR 1.51 95% CI 0.46, 4.94) at six months or at 12-months. However, more than 50% of caregivers in all three groups no longer had a GDS-15 score >4 at 6 months. Sub-group analysis revealed that after 6 months caregivers in the exercise group caring for someone with an MMSE ≥ 24 were significantly less depressed than those caring for someone with an MMSE score of <24 compared with social (p value <0.02) and usual care groups (p value < 0.02). A dyad exercise intervention may be beneficial for those caring for someone without cognitive decline.

DON'T WORRY, BE HAPPY NOW, PET OWNERS: THE RELATION BETWEEN PET OWNERSHIP AND ANXIETY AND DEPRESSION IN LATE LIFE

Courtney J. Bolstad,¹ Carolyn E. Adams-Price,¹ and Michael R. Nadorff¹, 1. *Mississippi State University, Mississippi State, Mississippi, United States*

Pets can provide older adults a means of social support, which can combat problems faced in later life including loneliness, anxiety, and depression. However, current research findings in this area are mixed. The current study explored the differences in anxiety and depression between pet owners and non-pet owners and how pet ownership was associated with these symptoms after accounting for other established correlates. We hypothesized pet owners would endorse fewer symptoms of anxiety and depression than non-pet owners and owning a pet would be associated with these symptoms even after accounting for other common correlates. Participants included 608 older adults aged 70 to 95 that were included in the University of Alabama at Birmingham Study of Aging. As hypothesized, results indicated that pet owners endorsed significantly fewer symptoms of anxiety and depression than non-pet owners. Hierarchical regressions indicated that owning a pet explained a significant amount of variance in anxiety symptoms even after controlling for depression, self-reported health, and demographics. However, owning a pet did not have a significant association with depressive symptoms after accounting for anxiety, self-reported health, and demographics. These results suggest that lower rates of anxiety and depression are related to owning a pet and that pet ownership is associated with fewer anxiety symptoms, but not depressive symptoms, independent of several established correlates of anxiety. Future research is needed to determine the specific mechanisms of pet ownership that comprise this relationship as well as whether pet ownership may longitudinally reduce or buffer against anxiety in late life.

LATENT PROFILE ANALYSIS OF ANXIETY, DEPRESSION, ANGER, AND ADHD IN OLDER ADULTS

Sarah M. Israel,¹ Erica Szody,¹ Michael R. Nadorff,¹ and Daniel L. Segal², 1. *Mississippi State University, Mississippi State, Mississippi, United States*, 2. *University of Colorado at Colorado Springs, Colorado Springs, Colorado, United States*

Older adults are generally happier, less likely to have depression or anxiety, and have better emotion regulation abilities than earlier in life. While older age predicts more hostile beliefs about others, older adults report less hostile behavior

and no difference in covert hostility, compared to other age groups. However, brain regions associated with executive function and emotion regulation are impacted by even normal aging. Using latent profile analysis (LPA) we aimed to better understand what factors contribute to a dysregulated profile in older adults and how age altered the dysregulation profile. The current archival study includes data from 518 older adults between the ages of 60 and 95 years ($M = 70.73$, $SD = 7.34$). Participants completed the Coolidge Axis II Inventory (CATI) database. The CATI is a 250-item psychopathology and neuropsychological inventory that assesses over 40 clinical and neuropsychological disorders utilizing official DSM-5 criteria. A Dysregulated Profile was identified using an LPA of diagnosis subscales (i.e., Anxiety, Depression, Anger, and ADHD) that have been previously associated with dysregulation in children and young adults. Results demonstrated that female participants reported more ADHD symptoms (more impairment in executive function) than men. Furthermore, the dysregulated profile (high on all subscales) and age interacted such that, as age increased, scores on the Depression and Anger subscales decreased. No significant differences were found for any other interactions. Our findings are consistent with existing literature. Even in the dysregulated profile, participants reported less anger and depression with older age.

OSTEOARTHRITIS AND DEPRESSION IN A MALE VA POPULATION

Christopher J. Burant,¹ Gregory Graham,² Denise M. Kresevic,³ Gary Deimling,¹ Said Ibrahim,⁴ and Kent Kwoh⁵, 1. *Case Western Reserve University, Cleveland, Ohio, United States*, 2. *Frances Payne Bolton School of Nursing, Case Western Reserve University, Cleveland, Ohio, United States*, 3. *Northeast Ohio VAMC, Cleveland, Ohio, United States*, 4. *Weill Cornell Medicine, New York, New York, United States*, 5. *University of Arizona Arthritis Center, Tucson, Arizona, United States*

Osteoarthritis (OA) is a leading cause of disability among older adults. By 2050, approximately 60 million will suffer from arthritis adding up to a total societal cost of \$65 billion. Chronic illnesses resulting in pain, and functional decline have been associated with depression in previous studies. The primary goal of this study is to investigate whether OA severity, as measured by the Western Ontario McMasters Arthritis Composite (WOMAC), impacts reported levels of depression and to what degree clinical and sociodemographic variables play a part. A causal model was developed and tested examining the antecedents of OA disease severity and depression. Information on clinical, demographic, socioeconomic, and psychosocial variables was collected on 596 male Veterans with moderate to severe symptomatic OA of the knee/hip. A Confirmatory Factor Analysis was conducted to determine the factor structure of the WOMAC. A 2nd order three factor solution (pain, stiffness, and function) fit the data well (TLI of .94, a CFI of .94 and a RMSEA of .058). The results of the Structural Equation Model reveal a final model that fit the data well (TLI of .95, a CFI of .97 and a RMSEA of .047). Depression was predicted by higher WOMAC scores ($\beta = .37$, $p < .01$); higher levels of comorbidity ($\beta = .11$, $p < .05$); younger age ($\beta = -.29$, $p < .01$); being white ($\beta = .11$, $p < .05$); lower levels of income ($\beta = -.12$, $p < .05$); lower