

Studies suggest that depression is closely linked to hearing impairment, which is highly prevalent among older adults in the United States. There is evidence that social engagement may be impacted by hearing impairment in older adults. However, there is relatively little research on these associations among Chinese older adults. This study examines the relationships between hearing impairment, social activities, and depressive symptoms among older adults in China. Using nationally representative data from the China Health and Retirement Longitudinal Study 2011, we conducted cross-sectional analysis on adults age 60 years and older ($n=10,994$). Depressive symptoms were assessed by the 10-item Center for Epidemiologic Studies Depression scale and we considered self-reported hearing status (if participants wear a hearing aid and how they would rate their hearing), and social activities (i.e., volunteering, dancing, attending courses, etc.). Models were controlled for age, gender, education, and other covariates. Descriptive analysis showed that 9% of older adults experienced hearing impairment. Multiple linear regression analyses revealed that hearing impairment was positively associated with depressive symptoms among older Chinese adults ($\beta=1.32$, $p<.001$). Social activities were found to partially mediate the relationship between hearing status and depressive symptoms. Respondents with hearing impairment were less likely to engage in social activities ($OR=.78$, $p<.01$) and those who did not participate in social activities reported more depressive symptoms ($\beta=1.28$, $p<.001$). These findings suggest that Chinese older adults experiencing hearing loss are at greater risk of depression and that social activities play an important role in the relationship between hearing status and depression.

DEPRESSION SEVERITY AND OBSTRUCTIVE SLEEP APNEA IN OLDER ADULTS

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Objective: The connection between obstructive sleep apnea and depression in older adults is well documented; however, to date the relationship between severity of these depressive symptoms in this population remains under-explored. As such, the current analysis examined a potential relationship between varying levels of depression severity among older adults with sleep apnea. **Participants and Methods:** Data was derived from a de-identified database of older adults ($age\geq 65$) from the National Alzheimer's Coordinating Center (NACC). The sample ($N=90$; 50% female; 97.8% Caucasian; $Age=77$ years; $SDage=10.4$ years) was sorted into three groups using the Neuropsychiatric Inventory Questionnaire (NPI-Q): 1) Mild Depression [$n=56$], 2) Moderate Depression [$n=29$], and 3) Severe Depression [$n=5$]. **Results:** A univariate analysis revealed an overall significant omnibus effect between sleep apnea and depression severity ($F[2,4041]=16.231$, $p<.001$), while controlling for age, race, and sex. Post-hoc comparison found that those with severe depression had significantly higher levels of sleep apnea compared to those with mild ($Mdif = -.499$, $p = .029$) and moderate ($Mdif = -.597$, $p = .009$). **Conclusions:** These

data support the possible association between depression severity and obstructive sleep apnea. Results may be attributable to two different theories: that low serotonin levels may simultaneously influence depression, respiratory muscle tone, and sleep disturbance, and that intermittent hypoxia may create a cascade effect of neurovascular pathology resulting in depressive symptoms. Implications of the current findings suggest it may prove beneficial to keep in mind the risks associated with sleep apnea, and more severe depression, should an individual present with either.

SESSION 920 (POSTER)

PHYSICAL ACTIVITY, EXERCISE, AND REHABILITATIVE CARE

WHEN AND HOW I WANT: FEASIBILITY AND EFFECTS OF EMBEDDING PHYSICAL ACTIVITY INTO NURSING HOME CARE

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Physical activity (PA) is essential to maintaining health into older age. However, older adults living in nursing homes (NHs) remain highly inactive. This study tested the feasibility of a PA programme embedded into NH care and its potential effects on older adults' function and quality of life (QOL). A cluster-randomised controlled pilot feasibility study, including qualitative and economic components, was conducted. Intervention participants ($n=18$) performed Morning Movement (morning-time walking and sit-to-stand exercises) and Activity Bursts (bouts of activity throughout the day in standing), 3 times weekly for 12-weeks. Participants in the control NH ($n=16$) received usual care. At baseline and 12-weeks, feasibility and economic data were collected, function was measured using the Timed Up and Go (TUG) and 10-Metre Walk Test (10MWT) and QOL was measured with the Nottingham Health Profile (NHP) and Investigating Choice Experiments for the Preferences of Older People-CAPability (ICECAP-O). Semi-structured interviews were conducted with staff and participants at mid- and post-intervention and analysed thematically. The PA programme was acceptable to staff and participants and study procedures were feasible. Mean TUG improved by 10.2 (± 21.6) seconds in the intervention group and was unchanged -0.2 (9.5) seconds in the control group (95% confidence interval of between-group difference in improvement -2.5 to 23.3 seconds). 10MWT scores stayed stable in the intervention group and disimproved in the control group. ICECAP-O and NHP scores were unchanged. While this study contained a small sample, it demonstrated a feasible, acceptable and potentially effective NH PA intervention and provides guidance for a definitive trial.

CLINICAL FACTORS ASSOCIATED WITH INCREASED SEDENTARY TIME IN VERY ACTIVE OLDER ADULTS

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