

and learn more about why they smoke and how to quit. The program provided the structure, resources, and encouragement needed to start the process of quitting. Finally, they enjoyed having the game time as a distraction from smoking. Older adults with SMI need support, resources, and group-based exercise as they begin quitting and practice the skills needed to quit.

INCREASING MIXED-BERRY FLAVONOID INTAKE MAY REDUCE DEPRESSIVE SYMPTOMS IN OLDER ADULTS: FRAMINGHAM HEART STUDY

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Depression affects more than 250 million people worldwide. Although epidemiological studies have linked higher dietary flavonoids with depression prevention in older women, it is unknown if increasing dietary flavonoids could effectively reduce depression. Mixed berries (blueberry, blackberry, and raspberry) are a rich source of flavonoids, particularly anthocyanin, flavanol, and flavan-3-ol subclasses. Our aim was to determine the association of mixed-berry flavonoid intake with change in depressive symptoms over ~8 years in older adults from the Framingham Heart Study. This community-based prospective longitudinal study included 1,278 adults with assessments on diet (food frequency questionnaire) and depressive symptoms (Center for Epidemiologic Studies Depression, CES-D) at baseline (1998-2001) and follow-up (2005-2008). Absolute change in mixed-berry flavonoid intake (defined as sum of anthocyanin, flavanol, and flavan-3-ols, mg/day) and change in CES-D scores were calculated. Linear regression estimated beta and standard error (SE) for change in CES-D scores per 250 mg/day increase in mixed-berry flavonoids (obtained from ~3/4 cup of mixed berries), adjusting for baseline age, sex, energy-intake, current smoking, body mass index, physical activity, cardiovascular disease, and non-melanoma cancer. Mean age was 59±9 years (range: 33-81), 57% female and mean change in mixed-berry flavonoid intake was 15.0±72.8 mg/day over ~8 years. In adjusted models, each 250 mg/day increase in mixed-berry flavonoid intake was associated with a 1-point reduction in depressive symptoms (beta: -1.06, SE: 0.61, p=0.08) over ~8 years, although this was not statistically significant. These data highlight the need for randomized clinical trials of flavonoid-rich berries to target depressive symptoms in older adults.

MINIMALLY ADEQUATE MENTAL HEALTH TREATMENT AND MORTALITY IN PRIMARY CARE OLDER ADULTS WITH DEPRESSION AND ANXIETY

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Receipt of quality mental health (MH) care can influence mortality. Given the scarce literature on the topic, the aim was to assess the 3-year risk of mortality in older adults (OA) associated with receiving adequate MH treatment for depression/anxiety in an epidemiologic context. The study sample included 358 OA with depression/anxiety recruited

in primary care practices and followed prospectively for 3 years. Mortality was assessed from vital statistics data. Adequate care was based on receipt of pharmacotherapy, follow-up care and psychotherapy. Propensity score analysis was carried out where the inverse probability (IPW) of receiving adequate treatment was calculated. Time to event analyses with IPW was used to assess the effect of receipt of adequate MH treatment on the risk of mortality controlling for individual and health system factors. The results showed that receipt of adequate MH treatment reduced the risk of mortality (HR0.44; 95% CI: 0.22 – 0.99). Individual factors that increased mortality were male sex, being single, reduced functional status and cognitive functioning, # physical disorders, current smoking; while exercise reduced risk. Health system factors such as past # of hospitalizations increased the risk; while # of emergency department visits and continuity of care reduced mortality. Finally, treating depression/anxiety with minimal follow-up care and pharmacotherapy or psychotherapy has a significant impact on reducing mortality in OA. Primary care physicians should recognize the important potential impact of years of lives saved when providing quality MH care to OA.

SLEEP HEALTH, DEPRESSION, PAIN AND QUALITY OF LIFE AMONG OLDER ADULTS DURING THE FIRST MONTHS OF THE COVID-19 PANDEMIC

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To slow the spread of Covid-19, many states instituted restrictions on group size for religious services, exercise, and social engagement. We are beginning to understand the effect of these mandates on older adults. The purpose of this study was to examine the relationships between sleep health, depression, pain, and quality of life (QOL) among older adults during the initial months of the Covid-19 pandemic. Older adults completed an anonymous online survey to collect data including personal characteristics, behaviors, and health conditions during May-September 2020. Sleep Health was assessed with a survey of satisfaction, timing, efficiency, and duration of sleep along with daytime alertness. Pearson correlations were used to explore relationships between age, education, socioeconomic status, pain, depression, and QOL. Participants (N=509) were primarily female (n=392, 77%), white (n=466; 92%), college educated (n=471, 93%) and with a mean age of 75.6 years (SD=5.0; range 63-93 years). Mean Sleep Health score was 7.4 (SD=2.1; range 0-10). Higher (better) Sleep Health scores were associated with education (r=.15, p<.01) and socioeconomic status (r=.17, p<.01) and lower scores with depression (r= -.35, p<.01), pain (r= -.23, p<.01), and QOL (r= -.26, p<.01). Poorer Sleep Health among older adults during the initial months of the pandemic were associated with depression, pain, and reduced QOL. Sleep, depression, and pain have reciprocal relationships that may have lasting consequences on physical and mental health among older adults. These findings suggest that poor sleep health should be identified and treated to improve QOL among older adults.