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The COVID-19 pandemic and related social distancing measures have posed a significant threat to the mental health of older adults, particularly those living alone. Accordingly, the World Health Organization implemented the #HealthyAtHome program, encouraging people to keep in regular contact with loved ones, stay physically active, and keep a regular routine. The current study aims to examine a micro-longitudinal link between positive coping strategies (e.g., exercise, meditation, relaxation, and virtual social contacts) and depressive symptoms among older adults who live alone during the COVID-19 pandemic. We used 21 biweekly waves of longitudinal data from the Understanding America Study (UAS) collected between April 2020 and February 2021 (N=839, observation=16,256). The multilevel models with correlated random effects were estimated to examine lagged effects of coping strategies (t-1) on depressive symptoms (t). The analysis used the xthybrid command with clustered standard errors in Stata 15.1. The results show that exercise (b=-.10, p=0.02), relaxation (b=-.02, p=0.01), and virtual social contacts (b=-.01, p=0.01) were predictive of lower depressive symptoms even after controlling for time-invariant and time-varying covariates. Meditation, however, was associated with higher depressive symptoms (b=.01, p=0.02). The results show that modifiable lifestyle factors, such as taking time to exercise or relax, may enhance mental health and well-being for older adults living alone. Virtual social contacts such as video calls could be an effective way to keep older adults socially connected and emotionally healthy.

SOCIAL ISOLATION AND COVID-19 MITIGATION: PERSPECTIVES OF KEY INFORMANTS IN THE UNITED STATES AND JAPAN

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The deleterious health effects of social isolation and loneliness among older adults have been well-established and were exacerbated by the forced separation for those at health risk of contracting the COVID-19 virus. Both the United States and Japan are experiencing phenomenal growth of the older adult population; Japan is considered a “super-aged” society, with the highest proportion of people aged 65 and older in the world. This study examined how COVID-19 and mitigation measures may have affected services for older adults. We conducted key informant interviews with specialists in aging and older adult care in both Japan (n=5) and the United States (n=14). All interviews were conducted over Zoom and lasted 30-60 minutes. The research team transcribed and checked the interviews for accuracy and conducted multiple coding sessions to identify, sort, and consolidate the codes using Atlas.ti. Key themes in both countries that emerged included the many cracks in the system of programs and services for older adults, the inaccessibility to technology and the internet, and the particular difficulties of socioeconomic inequities, especially for those living alone. Older adults were motivated to become more technologically proficient and local communities came forward to help provide support. One key informant from

the U.S. noted that their organization experienced a 600% increase in interest among volunteers as a result of the pandemic. Despite the many challenges of the pandemic, many silver linings emerged. One participant poetically stated, “I think that’s human nature – when you have no other choice, you find a way.”

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Depression and Outcomes

ANTIDEPRESSANT USE AND RISK OF SUICIDAL BEHAVIOR IN OLDER PERSONS WITH DEPRESSION: A COHORT STUDY IN HONG KONG

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Background: Depression is highly prevalent in older adults and requires treatment. However, debate persists on whether antidepressant use is associated with an elevated risk of suicidal behavior. This study aims to examine the short- and long-term risk of suicidal behavior by various classes of antidepressants in older persons with depression. Methods: Persons aged 40 years and above and received a clinical diagnosis of depression between January 1, 2001, and December 31, 2016 were identified from the Clinical Data Analysis and Reporting System in Hong Kong. The risk of suicidal behavior in persons who were prescribed antidepressants was compared with persons who were not prescribed any antidepressant drugs. Antidepressants were classified as tricyclic and related antidepressant drugs (TCAs), selective serotonin reuptake inhibitors (SSRIs), noradrenergic and specific serotonergic antidepressants (NaSSAs), serotonin-norepinephrine reuptake inhibitors (SNRIs) and others. Incidence and adjusted hazard ratio (aHR) of subsequent self-harm and suicide within one-year and the whole study period were estimated by age groups. Results: A total of 34,927 persons aged 40-64 years, and 19,300 persons aged 65+ years were included. In the younger age group, the highest short-term and long-term risks were found in others (aHR, 2.33; 1.02-5.34) and NaSSAs (2.88; 2.15-3.86), respectively. In the older age group, no significant association was observed between antidepressant use and suicidal behavior across all antidepressant classes. Conclusion: The self-harm and suicide associated risks vary across antidepressant classes and age groups. Cautions are always needed for antidepressant prescriptions.

ASSOCIATION OF EARLY-LIFE FAMILY AND NEIGHBORHOOD CIRCUMSTANCES WITH DEPRESSIVE SYMPTOMS IN CHINESE OLDER ADULTS

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A growing body of literature suggests that early life circumstances can influence mental health throughout the