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

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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

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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

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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

levels of religiosity (beta= 11, p<.05). Clinicians should be aware of the impact of disease severity when treating OA patients with depression.

DIRECTIONALITY BETWEEN COGNITION AND DEPRESSIVE SYMPTOMS: A LONGITUDINAL CROSS-LAGGED PANEL ANALYSIS

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Background and Objectives: The relationship between objective and subjective cognitive function and depressive symptoms is complex and potentially multidirectional. This longitudinal prospective study examined the directionality of their relationship among a community sample of older people with no known diagnosis or treatment for dementia or depression. Research Design and Methods: We examined the temporal relationship between objective cognitive functioning, subjective cognitive complaints, and depressive symptoms in 1,814 community-dwelling older people at baseline and one-year follow-up using regression and two-wave cross-lagged panel analyses, after controlling for demographic and health confounders. Results: Cross-lagged analysis showed that depressive symptoms at follow-up were directly predicted by baseline subjective cognitive complaints, but not baseline objective cognitive functioning. The effect differed across objective cognitive functioning levels. In people with clinically significant cognitive impairment at baseline, objective cognitive decline but not baseline subjective cognitive complaints predicted depressive symptoms. In people with mild objective cognitive impairment at baseline, baseline subjective complaints but not objective cognitive decline predicted depressive symptoms. Discussion and Implications: The effects of objective and subjective cognitive decline on depressive symptoms varied across older people with different levels of cognitive impairment. Awareness and insight of one's cognitive status may contribute to the development/progression in depressive symptom in people with mild cognitive impairment. Mechanisms unrelated to appraisal may be involved in increased depressive symptoms among older persons with significant objective cognitive impairment.

SELF-RATED HEALTH AS A PREDICTOR OF DEPRESSION AND ANXIETY IN OLDER ADULT INMATES

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Inmates age ≥50 years (older inmates) are a rapidly growing population within the U.S. correctional system with the highest suicide rate among adult prisoners. Although depression and anxiety are strong precursors of subsequent suicide, little is known regarding factors associated with these outcomes in older inmates. To inform suicide prevention efforts in this high-risk population, we evaluated the role of older inmates' self-rated health (SRH) in relation to depression and anxiety. We utilized data from the ongoing Aging Inmates Suicidal Ideation and Depression study (Aging INSIDE). Participants (N=175) included men age ≥50 (M=56.5, SD=6.3, range=50-79 years) from eight correctional facilities in Connecticut who completed face-to-face interviews. The outcomes, depression and anxiety, were assessed using the PHQ-9 (range 0-27) and GAD-7 (range 0-21); higher scores on each scale indicated worsening severity. SRH, operationalized as a pseudo-continuous variable (1=excellent; 5=Poor), was correlated with depression (r=0.379; p <.001) and anxiety (r=0.260; p =.001) in unadjusted analyses. Two linear regression models were conducted to determine if SRH was associated with depression and/or anxiety after controlling for age, race (white versus non-white), years of education, visitors (yes versus no), and number of chronic conditions. Increasingly worse SRH was significantly associated with more depressive symptoms (β=1.92, SE=.43, p <.001) and higher anxiety scores (β=1.41, SE=.41, p=.001). SRH explained 10.0% and 6.2% of the variance in depression and anxiety scores, respectively. SRH may be useful for identifying older inmates who are more likely to have depression or anxiety, and thus may be at higher risk for suicide.

NEGATIVE SOCIAL SUPPORTS AND DEPRESSIVE SYMPTOMS AMONG OLDER ADULTS: A CROSS-LAGGED ANALYSIS

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The purpose of the study was to examine how negative social supports and depressive symptoms affect older adults over time. A subsample of participants (N = 3,084) from the Health and Retirement Study was used in this study. Summary scores for each negative social supports (spouse, children, family members, and friends) and the Center for Epidemiologic Studies Depression Scale (CES-D) were used to conduct two cross-lagged regression analyses for each negative social support type from waves 2010 and 2014. Covariate variables for this study included gender, years of education, self-report of health, and age. Results were computed for two age groups (i.e., 65 to 79, and 80+). Results from both age groups indicated high stability for negative social supports and depressive symptoms from waves 1 to 2. The younger age group showed no significant cross-lag or interaction effects when stabilities were included or excluded in the analyses. However, in the older group, wave 2 negative child and family member social support was predicted by wave 1 depression scores. Moreover, the older age group showed significant interaction effects of age by CESD scores on negative child and family member social supports. In conclusion, initial depressive symptoms predict higher negative social supports in children and family members at a second time point in the older age group. Future research could examine whether depressive symptoms continue to predict negative social supports in new waves. In addition, other factors, such as loneliness, or anxiety, may provide further understanding into older adults' negative social supports.

HEARING IMPAIRMENT, DEPRESSION, AND THE ROLE OF SOCIAL ACTIVITY AMONG CHINESE OLDER ADULTS

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