

income, education, chronic conditions, and marital satisfaction, showed that for wives only, more meals eaten in a day were associated with lower depressive symptoms (actor effect). Additionally, more snacks eaten by the wife and more meals eaten alone by the wife were associated with higher depressive symptoms for the husband (partner effects). Findings suggest that wives' dietary behavior is particularly important, not only for their own but also their husbands' mental health in late-life marriage.

EFFECTS OF PAIN AND DEPRESSION ON ADL DISABILITY OVER 6 YEARS OF FOLLOW-UP AMONG OLDER ADULT AMERICANS

Jaspreet Sodhi, and Soham Al Snih, *The University of Texas Medical Branch at Galveston, Galveston, Texas, United States*

The objective of this study was to examine the effect of co-occurring pain and depression on ADL disability over 6-years of follow-up among older adult Americans. We studied 5,236 participants aged 65 years and older from the National Health and Aging Trends Study (2011-2017). The primary outcome was ADL disability defined as any limitation in ADLs (eating, bathing, transferring, dressing, moving inside, and out of bed). The independent predictors were self-reported pain and depression. Covariates included socio-demographics (age, gender, marital status, race/ethnicity and years of formal education), body mass index, and comorbidities. Participants were categorized into four groups according to pain and depression: no pain and no depression, pain only, depression only, and depression and pain. Generalized Estimation Equation model was used to estimate the odds of ADL disability as a function of pain and depression. All variables were analyzed as time-varying except for age, race/ethnicity, and education. The odds of ADL disability as a function of pain only and depression only was 1.62 (95% CI 1.38-1.91) and 2.13 (95% CI 1.54-2.95), respectively. The odds of ADL disability as a function of pain and depression were 3.92 (95% CI 3.13-4.92). Older age, being married, Hispanics, and comorbid conditions were also predictive factors of ADL disability over time. Female participants and those with higher levels of education were less likely to report ADL disability over time. The findings suggest that both pain and depression significantly increased the risk of ADL disability in this population over 6-years.

EFFECTS OF TREATMENT PREFERENCE ON ADHERENCE, ATTRITION, AND PROCESS MEASURES AMONG OLDER ADULT WORRIERS

Gretchen Brenes,¹ Heidi Munger Clary,¹ Michael Miller,¹ Jasmin Divers,² Andrea Anderson,¹ Gena Hargis,¹ and Suzanne Danhauer¹ 1. *Wake Forest School of Medicine, Winston-Salem, North Carolina, United States*, 2. *NYU Winthrop Hospital, New York, United States*

Patient preference may be related to treatment outcomes through decreased rates of attrition and higher rates of adherence and patient satisfaction. We present findings from a 2-stage randomized preference trial of cognitive-behavioral therapy (CBT) and yoga for the treatment of late-life worry. We examine rates of preference for CBT and yoga, as well as

the stability of these preferences over time. We also examine the impact of preference on adherence, attrition, and process measures (satisfaction, treatment expectancies, and working alliance). Five hundred participants were randomized to either the randomized controlled trial (RCT; N=250) or the preference trial (participants chose the treatment; N=250). All participants received 10 weeks of an intervention. Among those in the preference trial, 48% chose CBT and 52% chose yoga ($p>.05$). Strength of preference was similar between the groups; 73.3% and 76.2% reported a strong preference for CBT and yoga, respectively ($p>.05$). Fourteen percent of those who preferred CBT at baseline preferred yoga upon completion of the intervention, while 12.2% of those who preferred yoga at baseline preferred CBT upon completion of the intervention ($p>.05$). There were no significant differences between participants in the RCT and preference trial on intervention adherence, attrition, satisfaction, or working alliance ($p's>.05$). Treatment expectancies were higher for the preferred intervention ($p's<.0001$). Results suggest that older adults prefer CBT and yoga at similar rates, and these preferences are stable. Receiving a preferred treatment had no effect on adherence, attrition, satisfaction, or working alliance.

GRANDPARENTING AND WELL-BEING OF HONG KONG OLDER ADULTS: THE MEDIATING ROLE OF INTERGENERATIONAL RELATIONSHIPS

Daniel W. L. Lai, Jessica J. Li, and Vincent Lee, *The Hong Kong Polytechnic University, Kowloon, China*

Grandparenting and intergenerational relationship play important roles in some older adults' later life, especially older people of Chinese culture. This study investigated the relationship between grandparenting activities, intergenerational relationship, and psychosocial well-being of Hong Kong Chinese older adults. A representative sample of 507 grandparents (aged 55+) were telephone surveyed in June to July 2019. Level of involvement in grandparenting activities was measured. Resilience and happiness were measured by Connor-Davidson Resilience Scale and Subjective Happiness Scale. Two single-item instruments were adapted to capture the relationships between older adults and adult children, and between grandparents and grandchildren, respectively. A series of linear regressions and mediation tests with bootstrap approach were performed to examine the relationships between grandparenting activities, intergenerational relationship, and resilience and happiness. After controlling for socio-demographics, the frequency of grandparenting activities correlated positively with resilience and happiness. The relationship was partially mediated by inter-generational relationships including the relationships with adult children and grandchildren. The findings have concluded that grandparenting involvement and satisfactory intergenerational relationship are protective factors of health and wellbeing. Future healthy aging policy-making or programming should expand the scope from focusing on individual older adults to strategies of achieving the family-friendly goal so that intergenerational relationships could be better nurtured, benefiting not just the family as a functional unit but also the older adults' healthy aging.