

from the China Health and Retirement Longitudinal Study (CHARLS) and constructed a multivariate linear regression using SAS 9.4 to examine the independent association of alcohol use (never, former, moderate, and at-risk drinkers) and depression with grip strength controlling for socio-economic factors and domestic partner status. Results: The study population consisted of 12,488 Chinese adults (mean age 59). The prevalence of ever drinking during lifetime and current at-risk drinking (>14 standard drinks [one standard drink contains 14 grams of pure alcohol] per week) in this population was 25.7% and 15.2% respectively. 28.4% of the study population had depression. Compared with never drinkers, moderate and at-risk alcohol use were independently associated with better grip strength ($P < 0.0001$). Depression was independently negatively associated with grip strength ($P < 0.0001$). Conclusions: We found that current alcohol use might be protective of grip strength while depression might be detrimental to grip strength among middle-aged adults. However, the underlying mechanism is unclear. Given the negative impact of alcohol and depression on adults' overall health, clinicians should assess alcohol use and depression in middle-aged and older patients using validated tools and provide resources. Clinicians should counsel patients that if depression is not managed, patients may suffer from depression associated health consequences such as declined grip strength.

INFLUENCE OF DEPRESSION AND PERSONALITY ON SOCIAL FUNCTIONING IN OLDER ADULTS

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Among older adults there is significant comorbidity between depression and personality pathology and both are associated with poorer social functioning. Personality pathology is associated with greater prevalence, poorer recovery, and a higher likelihood of recurrence of depression in older adults. This study is a secondary analysis examining the relationships between personality traits associated with personality pathology (i.e. high neuroticism and low agreeableness), depression, and social functioning across older adults surveyed in primary care and psychiatric inpatient settings ($N = 227$). Individual variable as well as interaction models were examined. Higher neuroticism ($F_{[1,217]} = 40.119$, $p < .001$), lower agreeableness ($F_{[1,217]} = 20.614$, $p < .001$), and clinical status (i.e. primary care vs. psychiatric inpatient) ($F_{[1,217]} = 19.817$, $p < .001$) were associated with poorer social functioning. Clinical status moderated the relationships between neuroticism and social functioning ($B = -.0147$, $p = .0341$) and between agreeableness and social functioning ($B = .0268$, $p = .0015$). Interaction effects were not observed between neuroticism and depression or agreeableness and depression as they relate to social functioning. However, depression

severity was observed to mediate the relationship between neuroticism and social functioning [Indirect effect = .0212, 95% CI = .0141, .0289]. These findings highlight the importance of accounting for depression and clinical status in the assessment and treatment of older adults with personality pathology. Findings warrant future research focused upon mechanisms through which personality pathology and depression influence functional status in older adults.

MOBILE INTERVENTION OUTCOMES COMPARED PRE AND POST-SHELTER-IN-PLACE FOR MIDDLE AGED AND OLDER ADULTS

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The Meru Health Program (MHP), a mobile app-based intervention targeting depressive symptoms, teaches mindfulness and cognitive behavioral skills through video lessons and practices. MHP includes integrated asynchronous therapist and peer support. Our aim was to examine whether using the MHP reduced loneliness and improved mental health quality of life (QoL) in middle-aged and older adults with depressive symptoms (Patient Health Questionnaire-9 [PHQ-9] ≥ 7). The timing of this study partially overlapped with the emergence of the SARS-CoV-2 (COVID-19) pandemic resulting in California's shelter-in-place (SIP) orders. Fifty participants (42 enrolled prior to SIP) completed baseline assessments with a mean age of 57.06 (SD = 11.26; Range: 40-81 years) exhibiting mild to moderate depression symptoms (PHQ-9: $M = 12.28$, $SD = 5.47$). Participants enrolled pre-SIP exhibited significant improvements in QoL, $F(1,38) = 12.61$, $p = .001$, $\eta^2 = .25$, and significant declines in loneliness, $F(1,38) = 5.42$, $p = .03$, $\eta^2 = .13$. Improvements in QoL were found for post-SIP participants as well, $F(1,44) = 6.02$, $p = .02$, $\eta^2 = .12$. In contrast, loneliness did not improve for the post-SIP cohort, perhaps alluding to the increased impact of social isolation during SIP. Our findings indicate MHP can improve QoL symptoms before and during SIP. It is possible that middle-aged and older individuals may require more individualized support during SIP to help alleviate loneliness when social connection is severely restricted. MHP remains a promising and scalable solution for those middle-aged and older adults struggling with mental health symptoms.

OLDER ADULTS' EXPERIENCES IN AN ONLINE INTERVENTION FOR MANAGING SUBJECTIVE DEPRESSIVE SYMPTOMS

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Background: Many older adults struggle with late-life depression, stress, and anxiety, especially when facing age-related transitions including retirement, relocation, and the death of a spouse. Given the consequences of depression among older adults, which include higher rates of suicide, timely interventions that help to manage depressive symptoms are essential. **Objective:** The primary purpose of this study was to explore the perceived efficacy of an online program in improving subjective depressive feelings. **Methods:** Older adult participants were recruited for semi-structured interviews ($n = 24$) in a web-based intervention that included interactive games and activities undergirded by a cognitive behavioral therapy (CBT) approach. Participants were asked to provide feedback about program features, including weekly module content, games, interactive activities and community interactions, and any perceived effects on their health behaviors and/or emotional well-being. Participants' responses were analyzed using qualitative content analysis. **Results:** Participants reported several gains, including developing the habit of forming ongoing, incremental goals, achieving wellness-related goals, and experiencing an overall positive shift in perspective. In addition, participants reported feeling greater gratitude, increased positivity, and improvement in mood. Featured games and activities helped to promote stress relief and entertainment, and mindfulness exercises were cited as the most helpful and/or enjoyable among participants. Participants expressed a preference for program content related to aging and aging-related transitions. **Conclusions:** This study demonstrated feasibility of an interactive web-based intervention for older adults with subjective depressive feelings, while also providing important findings about users' preferences for personalized, aging-related feedback.

PARENTING STRESS AND MENTAL HEALTH IN MIDLIFE ADULTS: EVALUATING THE ROLE OF GENDER

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Parenthood is a major source of stress in midlife that can have adverse consequences for long-term mental health trajectories. Yet, little research asks how parenting stress impacts mental health for both mothers and fathers in midlife. The current study examined (a) whether parenting stress was associated with parental depressive and anxiety symptoms and (b) whether these associations vary by gender. We utilized data from the ongoing Colorado Adoption/Twin Study of Lifespan behavioral development and cognitive aging (CATSLife); participants were aged 28 to 49 who reported having child(ren) ($N = 520$). Participants completed surveys that encompassed measures of demographics, relationships, health, and well-being. Overall, multilevel models accounting for non-independence among siblings and with relevant covariates (e.g., number of children, marital status) showed that higher levels of parenting stress were associated

with greater depressive ($b = .47 (.12)$, $p < .001$) and anxiety ($b = .27 (.09)$, $p < .05$) symptoms. An evaluation of the individual parenting stress items indicated that feeling less happy and more overwhelmed in the parental role were significantly associated with higher levels of anxiety and depressive symptoms. Parents who reported feeling less close to their children were also significantly more likely to report greater levels of depressive symptoms. These effects were consistent across mothers and fathers. Our study provides further insight into the negative associations between parenting stress and mental health among both mothers and fathers, and warrants further investigation into resources that may buffer these negative effects prior to late life.

PROTECTIVE EFFECTS OF PERCEIVED CONTROL ON PRESCRIPTION DRUG MISUSE 10-YEARS LATER IN THE MIDUS STUDY

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The current study examined if control beliefs predict prescription drug misuse (PDM) 10-years later and how problem drinking status moderates this relationship. PDM refers to taking medications without a prescription or in a manner not intended by the prescriber. Older adults are especially vulnerable to PDM due to drug sensitivity, comorbid health conditions, and high rates of polypharmacy. Participants were adults ($n=2162$, 56% female, mean age=54, range=30-84) who completed Waves 2 and 3 of the Midlife Development in the United States (MIDUS) study. At Wave 2, participants reported on two subscales of perceived control (personal mastery and constraints) and past 12-month problem drinking behaviors. At Wave 3, participants reported past 12-month PDM of five substances (painkillers, sedatives, stimulants, tranquilizers, and depression medications). Results indicated that at Wave 3, 10% of the sample reported misusing at least one prescription drug in the past year. Logistic Regression analysis revealed that problem drinking was associated with higher odds of PDM ($p < 0.001$), and perceived control was associated with lower odds of PDM ($p < 0.05$) after controlling for previous PDM and sociodemographic, health behavior, and health status covariates. However, there was an interaction effect such that perceived control was not protective for those individuals who engaged in problem drinking at Wave 2 ($p < 0.05$). Future analyses will explore the meaning of this interaction. Identifying psychosocial protective factors, such as perceived control, predicting PDM will be critical for designing interventions that prevent the adverse consequences of PDM among this population.

THE EFFECT OF COMPUTERIZED COGNITIVE TRAINING FOR ADULTS OVER 40 WITH DEMENTIA-RELATED ANXIETY

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Dementia-related anxiety (DRA) may occur when cognitive lapses are appraised as threatening. Individuals with DRA may seek activities to improve cognitive function, including popular computerized cognitive training programs like Lumosity®. We evaluated if DRA changed after eight