

mental health over time. We also examined whether greater perceived gratitude buffers the negative relationships between role overload and health. We focused on 223 spousal caregivers of older adults without dementia from the 2015 and 2017 National Study of Caregiving. Autoregressive models revealed that spousal caregivers' higher role overload at baseline was associated with poorer self-rated health at follow-up ($b = -0.23$, $p < .05$), but not with depressive symptoms or anxiety. Spousal caregivers' greater perceived gratitude at baseline was associated with lower anxiety at follow-up ($b = -0.32$, $p < .01$). There were no moderating effects of perceived gratitude on the relationships between role overload and health. These findings suggest that spousal caregivers' role overload is a risk factor for their physical health, while their perception that the partner is grateful for their help serves as a protective factor for their mental health.

SPOUSAL ACTIVITY LIMITATIONS AND DEPRESSIVE SYMPTOMS: BENEFITS OF SPOUSAL CAREGIVING AND COSTS OF SPOUSAL PAIN

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Experiencing difficulties in performing basic activities of daily living poses significant challenges for older adults living with such limitations and also for their spouses. A growing body of evidence demonstrates cross-spousal linkages between activity limitations and depressive symptoms. However, under what conditions these linkages may be strengthened or weakened has received little attention in the literature. We addressed this gap by examining whether a) providing spousal caregiving and b) spousal pain moderated the link between spousal activity limitations and one's own depressive symptoms. We used seven waves of longitudinal household data from the Health and Retirement Study (2004-2016; $N=12,369$) to estimate within-person associations between spousal activity limitations and depressive symptoms, focusing on the moderating roles of caregiving behavior and spousal pain. In particular, asymmetric fixed effects models were used to estimate the unique effects of transitioning into a spousal caregiver role in the context of spousal activity limitations. Results from multi-level models were gendered. For wives (but not for husbands), transitioning into a caregiver role to provide spousal care alleviated depressive symptoms associated with spousal activity limitations, whereas depressive symptoms were increased when husbands with activity limitations also reported frequent, moderate to severe pain. Our findings indicate that the link between spousal activity limitations and depressive symptoms is not uniform, and that the cross-spousal association may best be understood when relevant contextual factors are considered. The findings are also in line with recent studies showing that caregiving may also lead to enhanced well-being and reduced mortality risk under some circumstances.

THE DYADIC EFFECTS OF PERCEIVED SUPPORT ON DEPRESSION IN SPOUSAL CARE PARTNERS

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Relationship quality is an important factor affecting care partners' health and wellbeing. Supportive marital relationships are associated with better physical and subjective health, whereas strain is associated with poorer health. Recent studies now indicate a dyadic effect of relationship quality on health outcomes, such that an individual's perceptions of their relationship also affects their partner's outcomes. Few studies have examined the dyadic effects of relationship quality on mental health among older cognitively intact caregiving couples. To address the lack of dyadic research about how perceived support from one's spouse related to experiences of depression for individuals and their care partners, we apply cross-sectional actor partner interdependence models (APIMs) to data from the Health and Retirement Study (HRS) ($N=490$ dyads). APIM regression models controlled for participant demographic characteristics, relationship length, and care recipient functional ability. Findings showed that positive perceived support from a spouse had a stronger negative association with one's own depression for care recipients than for caregivers. Similarly, greater negative perceived support from a partner was associated with higher levels of depression; whether the partner was the caregiver or care recipient did not make a difference in this model. Although there are hundreds of caregiver interventions to address caregivers' mental health, few have demonstrated improvement in care recipient outcomes. Observation of both actor and partner effects in this study suggests there may be opportunities to improve care recipient and caregiver mental health by targeting interventions to promote high quality relationships with caregivers or both members of the care dyad.

THE EFFECTS OF TRANSITIONS IN CAREGIVING AND CHANGES IN SOCIAL PARTICIPATION ON OLD ADULTS' DEPRESSIVE SYMPTOMS

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Objectives: This study aimed to investigate the effects of transitioning into spousal caregiving, changes in social participation, and their interactions on depressive symptoms among community dwelling old adults over time. **Methods:** The samples included old adults who were non-caregivers at 2011 baseline of China Health and Retirement Longitudinal Study (CHARLS) and joined the follow-up surveys in 2013 and 2015. Generalized estimating equations (GEE) was used to analyze the effects of caregiving transitions (transitioning into low-intensity or high-intensity caregivers versus the non-caregivers) and changes in social engagement on the depressive symptoms over time. **Results:** The results showed that old adults who transitioned into spousal caregiving over a 4-year period reported more depressive symptoms than those remained non-caregivers. Old adults who continued or increased social participation reported fewer depressive symptoms than those without social participation. Individuals who continued social participation during the transitions into high-intensity caregiving showed less severe elevated depressive symptoms than their counterparts who did not engage in social participation. **Conclusion:** The results highlighted that continuous social participation might