

SELF-REPORTED VISION IMPAIRMENT, VISION CORRECTION, AND DEPRESSION AMONG MIDDLE-AGED AND OLDER CHINESE

Beibei Xu,¹ Gui-Ying Cao,² Shan-Shan Yao,² zi-shuo Chen,² and Zi-Ting Huang², 1. *Peking University Medical Informatics Center, Beijing, China*, 2. *Department of Epidemiology and bio-statistics School of Public Health, Peking University, Beijing, China*

This study utilized data from the China Health and Retirement Longitudinal Study (CHARLS) to investigate the associations between vision impairment (VI), vision correction (VC) and depression among middle-aged and older Chinese. Near or distance vision and VC were reported via questionnaires. For this study, participants were divided into four categories: no VI, distance vision impairment (DVI), near vision impairment (NVI), or both distance and near vision impairment (DNVI). Participants were also divided into four groups: no VI with VC (VI(-)/VC(+)), no VI without VC (VI(-)/VC(-)), VI with VC (VI(+)/VC(+)) and VI without VC (VI(+)/VC(-)). Depression was evaluated by Center for Epidemiological Studies Depression Scale (CES-D-10). Of 16,159 individuals aged 45 years and older included, the mean (SE) age was 58.5 (0.1) years and 52% of participants were women. Compared with no VI, DVI only (OR=1.92; 95% CI: 1.69, 2.19), NVI only (OR=1.34; 95% CI: 1.17, 1.53) and DNVI (OR=2.23; 95% CI: 1.86, 2.66) were associated with higher odds of depression at baseline after full adjustment with covariates. Only DNVI was significantly associated with higher odds of onset of depression two (OR=1.41; 95% CI: 1.12, 1.78) and four (OR=1.30; 95% CI: 1.02, 1.66) years later after full adjustment. Compared with VI(-)/VC(+), VI(-)/VC(-) (OR=1.36; 95% CI: 1.03, 1.81) and VI(+)/VC(-) (OR=1.55; 95% CI: 1.15, 2.10) were associated with higher odds of onset of depression four years later after full adjustment. VC might be a protective factor for preventing depression among those middle-aged and older individuals with VI or potential vision decline.

MEANING IN LIFE AND REASONS FOR LIVING IN OLDER ADULTS WITH SUICIDAL IDEATION: AN INTEGRATIVE REVIEW

Atami Sagna¹, 1. *The University of Texas at Austin, Austin, Texas, United States*

Suicide has ranked as the 10th leading cause of death for all ages in the United States. Although Healthy People 2020's target is to reduce suicide rates by 10.2 per 100,000 by 2020, it remains that suicide rates continue to increase, with suicide in older adults contributing substantially to this rise. Older adults have a higher risk for suicide, yet research in the area on positive psychological factors such as meaning in life and reasons for living is lacking. The purpose of this review is to investigate the associations among meaning in life, reasons for living and suicidal ideation in older adults (55+ years). Based on PRISMA guidelines, the PubMed, PsycINFO, PsycARTICLES, and CINAHL databases were systematically searched for relevant publications without date restrictions. Nine studies, qualitative and quantitative, are included in the review, showing a relationship among meaning in life, reasons for living and suicidal ideation in older adults. All the studies found that meaning in life and reasons for living were negatively associated

with suicidal ideation in older adults. The findings of this review highlight the importance of including positive psychological factors in assessing suicide risk in older adults and in planning preventative measures and services for this high-risk group.

SOCIAL TIES AND SUICIDAL IDEATION AMONG OLDER ADULTS REFERRED FOR A BEHAVIORAL HEALTH EVALUATION

Shahzad Mavandadi,¹ Erin Ingram,¹ Johanna Klaus,¹ and David Oslin¹, 1. *Corporal Michael J Crescenz VA Medical Center, Philadelphia, Pennsylvania, United States*

The association between the quality and nature of social relationships and suicidal outcomes across the lifespan is well established. However, social ties are rarely assessed in primary care and other clinical settings where older adults at high risk for suicide-related outcomes are seen. This study examined the unique associations between three indices of social ties (i.e., perceived social support, frequency of negative social exchanges, and degree of social integration) and death/suicidal ideation among 3,261 older veterans (aged 65+) who completed a clinical mental health/substance use (MH/SU) assessment upon referral to a Primary Care-Mental Health Integration (PCMHI) program. Data on sociodemographics, MH/SU conditions (e.g., depression, anxiety, and substance use), perceived health, the three indices of social ties, and death/suicidal ideation were extracted from clinical interviews. Veterans were on average 70.8 years old (+6.5 years) and primarily male. Approximately half were married and 60.3% were non-Hispanic white. Forty percent reported death ideation or suicidal ideation, as measured by the Paykel Suicide Scale. Logistic regression analyses revealed that, adjusting for covariates, while perceived social support was associated with a greater risk of reporting death ideation relative to no ideation, both social support and frequency of negative exchanges were uniquely associated with greater risk of reporting suicidal ideation relative to no ideation. Social integration was unrelated to odds of death or suicidal ideation. Findings underscore the value of integrating assessments of multiple aspects of social ties into routine PCMHI practice, as doing so has the potential to enhance suicide screening and intervention efforts.

MESSAGE FRAMING AND ENGAGEMENT IN MENTAL HEALTH CARE: THE MODERATING ROLE OF AGE

Shahzad Mavandadi,¹ Erin Wright,¹ Johanna Klaus,¹ and David Oslin¹, 1. *Corporal Michael J Crescenz VA Medical Center, Philadelphia, Pennsylvania, United States*

Engagement rates in specialty mental health (MH) care for depression are suboptimal across the lifespan, prompting various efforts to promote treatment engagement. This study examined the extent to which age moderates the impact of message framing on appointment attendance among patients referred to specialty MH care. The study employed a randomized, prospective, experimental design. Patients meeting criteria for major depression and referred to specialty MH care at a Veterans Affairs Medical Center (n=360) were randomized to receive either a routine, neutrally worded patient reminder letter prior to their scheduled specialty MH care appointment or a letter that included one of two messages (gain-framed or loss-framed) that were added to the routine