WHY OLDER ADULTS RECALL AUTOBIOGRAPHICAL MEMORIES FROM THEIR YOUTH

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When older adults are asked to remember their lives, they recall disproportionally more events from their youth (e.g., Rubin, Rahhal, & Poon, 1998). This phenomenon, called the reminiscence bump, is one of the most robust findings in autobiographical memory research. Whereas most explanatory accounts have focused on differential encoding and retention of memories experienced during one's youth (e.g., Rubin et al., 1998), recent research also puts emphasis on the retrieval of memories (e.g., Glück & Bluck, 2009; Rubin & Berntsen, 2003). In the present study, we take a functional perspective on the reminiscence bump and examine why older adults recall memories from their past. Participants (age 57-89; N = 112) reported memories in response to 30 emotionally neutral cue-words and self-rated each memory for serving directive, social-bonding, self-continuity, and mood-enhancing functions (Wolf & Demiray, 2019). The age distribution shows an early reminiscence bump located between the ages of 6 and 20 years. Compared to memories from later life periods, memories from the reminiscence bump more frequently serve self-continuity and less frequently directive and mood-enhancing functions. No differences were found regarding the use of memories for social-bonding. The results strengthen the assumption that experiences from one's youth serve to maintain a sense of self-continuity throughout the lifespan (e.g., Rathbone et al., 2008). To cope with current problems or emotions, however, older adults are more likely to draw on experiences from their adult life – probably because these experiences are more similar to what they are experiencing now.

SESSION 2947 (POSTER)

DEPRESSION AND ANXIETY

A SYSTEMATIC REVIEW OF THE PSYCHOMETRIC PROPERTIES OF THE GERIATRIC ANXIETY INVENTORY

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The Geriatric Anxiety Inventory (GAI) is a widely used self-report measure of anxiety symptoms in older adults. Although much research has been conducted on the psychometric properties of the GAI, previous reviews have examined only a small proportion of studies and have not evaluated the methodological quality of this work. In view of this, we conducted a systematic review of the psychometric properties of the GAI and it's short form (GAI-SF). Relevant studies (N = 31) were retrieved through a search of electronic databases (Pubmed, PsycINFO, CINAHL, EMBASE and Google Scholar) and a hand search. The methodological quality of the included studies was assessed by two independent reviewers using the "COnsensus-based Standards for the selection of health status Measurement INstruments" (COSMIN) checklist. Based on the COSMIN

checklist, internal consistency and test reliability were mostly rated as poorly assessed (63% and 72.7% of studies, respectively) and quality of studies examining structural validity was mostly fair (60% of studies). Both the GAI and GAI-SF showed adequate internal consistency and test-retest reliability. Convergent validity indices were highest with measures of generalized anxiety and lowest with instruments that include somatic symptoms. Substantial overlap with measures of depression was reported. While there is no consensus on the factorial structure of the GAI, the short version was found to be unidimensional. Our review therefore suggests that the GAI and GAI-SF have satisfactory psychometric properties while indicating that future efforts should aim to achieve a higher degree of methodological quality.

CLINICAL DEPRESSION, DEPRESSIVE SYMPTOMS, AND DEPRESSED COGNITION IN CAREGIVING GRANDMOTHERS

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Grandmothers living with or raising grandchildren have elevated levels of depressive symptoms compared to grandmothers who do not provide care. While the CES-D measures the somatic, positive and negative affect, and interpersonal strain symptoms experienced with depression, the Depressive Cognitions Scale captures the change in cognitive thinking that often precedes clinical depression. Our aim was to compare depressive symptoms and depressed cognitions between grandmother caregivers with a diagnosis of depression and those without in a nationwide sample of 342 grandmother caregivers. In the questionnaire, participants were asked whether they had a diagnosis of depression amongst other health conditions and also completed the CES-D and the Depressed Cognitions Scale. A score of 16 or greater on the CESD or a score above 7 on the Depressed Cognitions Scale can be used to identify individuals who may be at risk for depression. Grandmothers who had a diagnosis of depression were more likely to have CES-D scores 16 and above (79.7 %) as compared to those who were not (39.2%) (Chi Square=54.55, p<.001); and more likely to have higher depressed cognition scores 7 and above (71.3 %) as compared to those who did not (42.9%) (Chi Square=26.68, p<.001). Additionally, grandmothers who had depressed cognitions were more likely to have CES-D scores 16 and above (74.1 %) as compared to those who were not (33.1%) (Chi Square=57.56, p<.001). The elevated scores in participants who already have a diagnosis of depression indicates the need for potential interventions to further address depressive symptoms in grandmother caregivers.

CONFIRMATORY FACTOR ANALYSIS OF THE GERIATRIC DEPRESSION SCALE TO MEASURE APATHY IN OLDER ADULTS

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