self-efficacy in discussing EOL care with family members and whether such an association differs by acculturation levels among older Chinese Americans. Data were collected from 207 Chinese Americans aged 65-102 in two metropolitan areas in 2017. Ordinary least squares regression was conducted to examine the association between family conflict, acculturation, and self-efficacy in discussing EOL care with family. Family conflict was negatively associated with older adults' self-efficacy in discussing EOL care with family. More specifically, the negative association between family conflict and self-efficacy in discussing EOL care with family members was more pronounced for those with higher levels of acculturation. Findings highlighted differential effects of family conflict on self-efficacy of EOL care plan discussion for older adults with different acculturation levels. Those with higher acculturation may be more independent in their EOL care planning and aware of the possible negative effects of family conflict in their EOL care planning discussions. Acculturation needs to be considered by geriatric health providers to develop family-centered interventions in improving end-of-life care planning for this population.

THE EFFECTS OF RELIGIOSITY ON DEPRESSION TRAJECTORIES BEFORE AND AFTER WIDOWHOOD

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Widowhood is associated with decreased emotional well-being, particularly increased depression. Religiosity may help improve mental health among widowed individuals. However, longitudinal studies exploring the role of religiosity on emotional well-being among widowed older adults is lacking, as are studies which examine this relationship using different dimensions of religiosity. This study analyzed data from the 2006-2016 waves of the nationally representative Health and Retirement Study (HRS). Trajectories of depression among older adults >50 years (N=5,486) were examined to explore patterns of depression among those entering widowhood and the potential impact of religiosity on depressive symptoms during widowhood. Ordinary least squares (OLS) regression analysis was used to examine the association between widowhood and depression as well as the role of religiosity as a moderator of this association. Older adults experienced an increase in depressive symptomology after the onset of widowhood, and although the levels of depressive symptomology decrease post-widowhood, they do not return to their pre-widowhood levels. Additionally, high religious service attendance and higher intrinsic religiosity were both associated with lower depressive symptomology. High religious service attendance moderated the relationship between widowhood and depression. The relationship between high religious service attendance and depression was stronger among widowed older adults living alone. This study highlights the long-term effects of widowhood on depressive symptomology among older adults. The findings also suggest that higher religious service attendance can lessen the effects of widowhood on depressive symptoms, especially for those living alone. These findings may inform intervention development around increased screening and treatment for depression.

Session 4550 (Paper)

Frailty Trajectories

8-YEAR CHANGES IN FRAILTY IN ADULTS: LINKS TO COGNITIVE AND PHYSICAL FUNCTION AND MORTALITY

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Deficit accumulation frailty indices are being evaluated as clinical markers of biological aging. In this context, it is to be expected that changes over time in such indices should be predictive of downstream changes in cognition, physical function, and mortality. We derived a frailty index (FI) based on deficit accumulation in 38 functional, behavioral, and clinical characteristics and examined associations between 8-year changes in FI and subsequent standardized measures of cognitive and physical function and mortality collected over years 8-18. We drew data from the Look AHEAD clinical trial of a multidomain intensive lifestyle intervention (ILI) in 3841 adults, aged 45-76 years at baseline with overweight/obesity and type 2 diabetes mellitus. Greater FI increases tended to occur among individuals who were older, non-Hispanic White, heavier, and who had greater baseline multimorbidity. Greater increases in FI were associated with subsequently worse levels of composite cognitive function and 400m walk speed (all $p<0.001$). Additionally, compared with the lowest tertile of FI change, hazard ratios [95% confidence intervals] for 10-year mortality for the middle and highest tertiles of FI change were 1.28 [1.03.1.58] and 1.56 [1.24,1.96], respectively. While assignment to ILI was associated with smaller 8-year increases in FI, this did not translate overall to better cognitive functioning compared to the Diabetes Support and Education control condition across years 8-18. Increase in FI over 8 years predicts subsequent reduced function and greater mortality. However, whether interventions generally targeting FI reduce risks for downstream outcomes remains to be seen.

ASSOCIATION OF FRAILTY AND SUICIDE IN ADULTS 65 YEARS AND OLDER

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