higher odds of having a lifetime suicide attempt (aOR=4.34; 95% CI=2.64, 7.14). In conclusion, ACEs may expose older adults to an increased risk for mood disorders and suicide attempts, even over long periods of time as seen in this sample. Reducing ACEs is an important public health goal that may yield long-term benefits.

CHRONIC CONDITIONS, FUNCTIONAL LIMITATIONS, AND DEPRESSION IN OLDER ADULTS: ANALYSIS OF A LONGITUDINAL STUDY

Jyotsana Parajuli,[1] Diane Berish,[2] and Ying-Ling Jao[2], *1. The Pennsylvania State University, College of Nursing, State College, Pennsylvania, United States, 2. Pennsylvania State University, University Park, Pennsylvania, United States*

Background: Chronic conditions, functional limitations, and depression are highly prevalent in older adults. Evidence suggests the links between chronic conditions, functional limitations, and depressive symptoms separately. However, few studies have considered these three conditions together longitudinally. This study examined the longitudinal relationship between chronic conditions and depressive symptoms and evaluated the mediation effect of functional limitations on the relationship between chronic conditions and depressive symptoms in older adults. Methods: This study analyzed longitudinal data from the Health and Retirement Study collected in 2012 and 2014. Mediation analysis was used to examine the direct and indirect effects of chronic conditions and functional limitations measured at the year 2012 on depressive symptoms measured at the year 2014 controlling for demographics. Results: Results revealed that chronic conditions predicted depressive symptoms. Specifically, one additional chronic condition in 2012 corresponded to an increase of 0.35 in depressive symptoms in 2014 ($p<.001$). After adding functional limitations as a mediator, the direct effect was reduced to 0.26 and the indirect effect was .088 ($p<.001$). In other words, functional limitations explained approximately 25% of the direct effect of chronic diseases on depression. Discussion: Findings reveal the longitudinal impact of chronic conditions and functional limitations on depressive symptoms in older adults. Findings help identify the high-risk population of depressive symptoms and intervene early.

GENDER DIFFERENCES IN DEPRESSIVE SYMPTOMS OF PATIENTS WITH END-STAGE LIVER DISEASE

Shirin O. Hiatt,[1] John Lee,[2] and Lissi Hansen[1], *1. Oregon Health & Science University School of Nursing, Portland, Oregon, United States, 2. Oregon Health & Science University, Portland, Oregon, United States*

Background/aims: Similar to many chronic diseases, depression is common in patients with end-stage liver disease (ESLD), although gender differences are less known. Understanding the burden of depression in this population may help identify at-risk patients who would benefit from early intervention. The purpose of this work, therefore, is to describe gender differences in depressive symptoms in patients with ESLD. Methods: Patient data were collected as part of a larger study (NINR: 1R01NR016017-01). Patients (≥ 21 years) diagnosed with ESLD from the outpatient hepatology clinics of two healthcare systems in Pacific Northwest completed Patient Health Questionnaire (PHQ-9). Survey data were analyzed using descriptive statistics. Results: Sample included 154 participants, 101 males (65.6%), average age 57 years (SD=10.92), and 53 females (34.4%), average age 55 years (SD=11.28). More than 75% of the sample (78% females and 77% males) reported at least mild depression (PHQ score ≥ 5); mean PHQ-9 scores were higher for males (M=9.26±5.86) than females (M=9.10±5.07), but were not statistically different (U=2396, p=0.99). There was no significant relationship between depression severity and gender [X2 (4, N=147)=1.90, p=0.594]. Conclusion: Our study showed a high prevalence of depression in patients. A higher percentage of females reported mild to moderate depression and had higher clinically significant levels of depression (PHQ-9 score ≥ 10) than males, indicating females may be at a greater risk for depression. Females may, therefore, gain greater benefit from interventions to improve depressive symptoms. Future studies should examine the benefit of interventions on depression severity in this patient population.

STRENGTHENING LATE-LIFE DEPRESSION COLLABORATIVE CARE THROUGH COMMUNITY ENGAGEMENT: CARE PARTNERS INITIATIVE

Ladson Hinton,[1] Theresa J. Hoeft,[2] Stuart Henderson,[1] Melissa M. Gosdin,[1] Laura Rath,[3] and Jurgen Unutzer[2], *1. University of California Davis, Sacramento, California, United States, 2. University of Washington, Seattle, Washington, United States, 3. Archstone Foundation, Long Beach, California, United States*

Despite the availability of effective treatments for late life depression, many older adults with depression either do not access or fully engage in treatment. The goal of this study was to examine the feasibility and two-year outcomes from an Archstone Foundation funded Care Partners Initiative to strengthen depression care for adults 65 years of age and older. Seven sites throughout California implemented evidence-based collaborative care through partnerships between primary care organizations, community-based organizations (CBOs), and families of older adults with depression. Evaluation used a mixed-methods approach incorporating both qualitative and quantitative data. Of the seven sites, six formed partnerships between primary care clinics and CBOs and one site only focused on engaging family members in treatment. In the first two years, 274 patients were enrolled and rates of depression improvement were comparable to prior depression care effectiveness trials. Overall, 49% of patients at CBO sites interacted 3+ times with CBO staff/clinicians, while at the family site, 79% of patients had 3+ contacts including a family member. Using data from key informant interviews, focus groups, and site progress documents, seven core components were identified that facilitated successful implementation and delivery of partnered collaborative care, including three foundational components: strong stakeholder buy-in, effective patient engagement, and the promotion of depression treatment as a core value across organizations. Multiple complexities of partnering between primary care clinics and CBOs or families were identified. Challenges and lessons learned from this initiative will also be discussed.