method, regression tree and ensemble tree models are generated to predict emotional difficulty of caregivers. The regression tree with the preselected predictors predicts caregivers with low to moderate levels of overload and high levels of joy being with their care recipient associated with the lowest level of emotional difficulty. On the other hand, if caregivers have high levels of overload and low to moderately high levels of positive affect, this is linked with the highest level of emotional difficulty. Ensemble tree models showed similar results with lower error measures. Using tree-based methods can help determine the most important predictors of caregiver mental health. Easily interpretable results with applicable decision rules can provide a guideline for intervention developers.

EFFECTIVE RECRUITMENT STRATEGIES FOR HOME-LIVING VULNERABLE OLDER ADULTS WITH DEPRESSION INTO A PSYCHOTHERAPY RCT

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Objectives: Vulnerable older adults, such as physically impaired or care-dependent individuals, are vastly underrepresented in psychotherapy research. Improving their inclusion in randomized controlled trials is necessary to determine the effectiveness of psychotherapy in this population. This study is the first to systematically evaluate strategies to recruit home-living vulnerable older adults with clinically significant depression into a large randomized controlled psychotherapy trial. Potential participants were approached directly (self-referral) or via cooperation with gatekeepers (gatekeeper-referral).

Methods: The initiator of the first contact with the study team and successful recruitment strategies were recorded. Referral strategies were compared with respect to number of inquiries and inclusion rates; study personnel’s time investment; and participant characteristics (sociodemographics, functional and cognitive status, depression and anxiety scores).

Results: Most of the N=197 participants were included via gatekeeper-referral (80.5%, 95%CI=[74.9%,86.1%]), but time investment for gatekeeper-referrals was five times higher than for self-referral by media reports. Clinical psychologists and medical practitioners referred the largest proportion of participants (32.3% each) and referral by medical practitioners led to highest inclusion rates (55.6%; χ²(3)=8.964, p<.05). Most participants were referred from a hospital setting (50.3%), whereas referral numbers by medical practices were low (15.9%). Participants who initiated the first contact themselves had higher inclusion rates and were less functionally and cognitively impaired.

Conclusions: Including home-living vulnerable older adults into psychotherapy trials requires simultaneous implementation of diverse recruitment strategies. Medical practitioners and psychologists, especially in hospitals, are the most effective recruitment strategy, but self-referral via media is most cost-efficient in terms of time investment.

EMOTION REGULATION PROFILES OF DEVELOPMENT OF DEPRESSIVE SYMPTOMATOLOGY: A LONGITUDINAL STUDY

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Introduction: COVID-19 pandemic has had a psychological impact on the eldest population. The aim is to analyse whether there are differences depending on the emotional regulation profile shown by a group of older people 6 months before the pandemic and the depressive symptomatology of these people at the same time, during home confinement and 8 months later.

Method: Longitudinal study, sample of people over 65, three evaluation measures: WAVE1 (6 months before COVID-19;N=305;M=73.63;58.9% women), WAVE2 (house confinement;N=151;M=73.14;59.6% women) and WAVE3 (8 months later;N=91;M=72.62;64.70% women). We measured depressive symptomatology (CES-D; Radloff, 1977) and nine emotional regulation strategies (CERQ-S; Garnefski et al., 2001; Carvajal et al., 2020), with which 3 clusters were preset (after dendogram inspection and K means analysis). Three mean difference analyses (one-factor ANOVA) were performed taking as factor profiles and as outcomes variables depression in each wave.

Results: profile 1, people use adaptive cognitive-emotional regulation strategies; profile 2, those with low levels of strategies (adaptive and maladaptive); profile 3, high scores in maladaptive strategies. Statistically significant differences between profiles 1 and 3, in the pre-confinement depression variable (F²,91=6.18;p=.00) and during confinement (F²,91=4.02;p=.02). Profile 3 higher depressive symptomatology (x̄1=17.16;x̄2=16.80) than 1 (x̄1=8.41;x̄2=9.65). Differences between profile 1 and 2 and 3 in depression 8 months after confinement (F²,91=4.02;p=.02). Profile 1 lower levels of depression (x̄3=97.00) than 2 (x̄3=15.78) and 3 (x̄3=14.20). Profiles explain 12.3%, 8.4% and 12.5% of the depression variance in each wave.

Conclusions: a “protected profile” (1), a “medium-term vulnerable profile” (2) and a “vulnerable profile” (3) to the development of depressive symptomatology.

EMPIRICALLY EVALUATED SUICIDE PREVENTION PROGRAM APPROACHES FOR OLDER ADULTS: A SYSTEMATIC REVIEW

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Suicide is a serious public health concern, particularly for individuals in later life. Studies suggest that greater attention to suicide prevention programs for older adults is needed as well as continued research related to interventions with older adults at risk of attempting suicide. A systematic review of the literature on suicide prevention treatment and effectiveness is fundamental to assessing existing services and developing new programs and practice standards. This systematic review of the literature extends an earlier and
well-cited systematic review (1966-2009) by examining articles published between 2009 and 2021 with a focus on what types of empirically evaluated suicide prevention programs effectively prevent and reduce suicidality in older adults. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines were used to gather the appropriate extant research and improve reporting accuracy. A three-stage review guided the selection of the articles. At stage one, titles were screened, which excluded 284 articles based on the inclusion criteria. Second, after a full review of each abstract, a final 14 articles remained for full-text review. Lastly, three independent researchers reviewed each of the full-text articles, and six articles were excluded. The final sample includes eight articles (N=8). The articles were categorized into three types of programs: 1) primary and home health care, 2) community-based outreach, and 3) counseling. Following a description of the articles, the authors assessed each study using the GRADE rating system. Findings underscore the critical need for evidence-based suicide prevention programs for older adults. Implications for future research are offered.

EXAMINING MEASUREMENT INVARiance OF DEPRESSION AMONG MALE AND FEMALE IN CHINESE OLDER ADULTS

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Depression of older adults is an important public health concern. With the increasing popularity of cross-cultural research and comparison studies, researchers are facing a difficult problem: responses to the depression scales obtained from different population groups may not always be comparable. This study examines the measurement invariance of the 10-item version of the Center for Epidemiological Studies Depression (CES-D) Scale across male and female in Chinese older adults. Data are drawn from the baseline wave of the China Health and Retirement Survey (CHARLS), a national survey conducted biennially with a sample of the Chinese population who are 45 years of age or older. The final sample size includes 15,977 respondents; 53.2% of whom are female. The mean age for the sample is 58.3 (SD = 10.2). Measurement invariance (MI) tests based on Multiple Group Categorical Confirmatory Factor Analyses (MGCCFA) was performed. Results show that full scalar model was not supported, and question items invariant across groups were identified. These results indicate that any mean comparisons of CES-D across Chinese male and female older adults not accounting for the noninvariance in the items could be biased, highlighting the importance of performing MI tests before conducting mean comparisons across groups.

HOW DO ALCOHOL USE AND DEPRESSION PREDICT GRIP STRENGTH AMONG MIDDLE-AGED AND OLDER ADULTS?

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Background: Physical performance is an important indicator that reflects current and predicts future health. In this study, we examined the association of alcohol use and depression with grip strength a national sample of middle aged and older Chinese adults.

Methods: We used the baseline data from the China Health and Retirement Longitudinal Study (CHARLS) and constructed a multivariate linear regression using SAS 9.4 to examine the independent association of alcohol use (never, former, moderate, and at-risk drinkers) and depression with grip strength controlling for socio-economic factors and domestic partner status.

Results: The study population consisted of 12,488 Chinese adults (mean age 59). The prevalence of ever drinking during lifetime and current at-risk drinking (>14 standard drinks [one standard drink contains 14 grams of pure alcohol] per week) in this population was 25.7% and 15.2% respectively. 28.4% of the study population had depression. Compared with never drinkers, moderate and at-risk alcohol use were independently associated with better grip strength (P<0.0001). Depression was independently negatively associated with grip strength (P<0.0001).

Conclusions: We found that current alcohol use might be protective of grip strength while depression might be detrimental to grip strength among middle-aged adults. However, the underlying mechanism is unclear. Given the negative impact of alcohol and depression on adults’ overall health, clinicians should assess alcohol use and depression in middle-aged and older patients using validated tools and provide resources. Clinicians should counsel patients that if depression is not managed, patients may suffer from depression associated health consequences such as declined grip strength.

INFLUENCE OF DEPRESSION AND PERSONALITY ON SOCIAL FUNCTIONING IN OLDER ADULTS

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Among older adults there is significant comorbidity between depression and personality pathology and both are associated with poorer social functioning. Personality pathology is associated with greater prevalence, poorer recovery, and a higher likelihood of recurrence of depression in older adults. This study is a secondary analysis examining the relationships between personality traits associated with personality pathology (i.e. high neuroticism and low agreeableness), depression, and social functioning across older adults surveyed in primary care and psychiatric inpatient settings (N = 227). Individual variable as well as interaction models were examined. Higher neuroticism (FChange [1,217] = 40.119, p < .001), lower agreeableness (FChange [1,217] = 20.614, p <