levels of religiosity (beta= 11, p<.05). Clinicians should be aware of the impact of disease severity when treating OA patients with depression.

DIRECTIONALITY BETWEEN COGNITION AND DEPRESSIVE SYMPTOMS: A LONGITUDINAL CROSS-LAGGED PANEL ANALYSIS

Randolph Chan,¹ Jennifer Y.M. Tang,² Tianyin Liu,³ and Gloria H.Y. Wong, ¹. 1. The Education University of Hong Kong, Hong Kong, Hong Kong, 2. Sau Po Centre on Ageing, The University of Hong Kong, Pok Fu Lam, Hong Kong, 3. The University of Hong Kong, Hong Kong, Hong Kong

Background and Objectives: The relationship between objective and subjective cognitive function and depressive symptoms is complex and potentially multidirectional. This longitudinal prospective study examined the directionality of their relationship among a community sample of older people with no known diagnosis or treatment for dementia or depression. Research Design and Methods: We examined the temporal relationship between objective cognitive functioning, subjective cognitive complaints, and depressive symptoms in 1,814 community-dwelling older people at baseline and one-year follow-up using regression and two-wave cross-lagged panel analyses, after controlling for demographic and health confounders. Results: Cross-lagged analysis showed that depressive symptoms at follow-up were directly predicted by baseline subjective cognitive complaints, but not baseline objective cognitive functioning. The effect differed across objective cognitive functioning levels. In people with clinically significant cognitive impairment at baseline, objective cognitive decline but not baseline subjective cognitive complaints predicted depressive symptoms. In people with mild objective cognitive impairment at baseline, baseline subjective cognitive complaints but not objective cognitive decline predicted depressive symptoms. Discussion and Implications: The effects of objective and subjective cognitive decline on depressive symptoms varied across older people with different levels of cognitive impairment. Awareness and insight of one's cognitive status may contribute to the development/progression in depressive symptom in people with mild cognitive impairment. Mechanisms unrelated to appraisal may be involved in increased depressive symptoms among older persons with significant objective cognitive impairment.

SELF-RATED HEALTH AS A PREDICTOR OF DEPRESSION AND ANXIETY IN OLDER ADULT INMATES

Carlyn E. Vogel,¹ and Lisa C. Barry². 1. University of South Florida, Tampa, Florida, United States, 2. University of Connecticut School of Medicine, Farmington, Connecticut, United States

Inmates age ≥50 years (older inmates) are a rapidly growing population within the U.S. correctional system with the highest suicide rate among adult prisoners. Although depression and anxiety are strong predictors of subsequent suicide, little is known regarding factors associated with these outcomes in older inmates. To inform suicide prevention efforts in this high-risk population, we evaluated the role of older inmates’ self-rated health (SRH) in relation to depression and anxiety. We utilized data from the ongoing Aging Inmates Suicidal Ideation and Depression study (Aging INSIDE). Participants (N=175) included men age ≥50 (M=56.5, SD=6.3, range=50-79 years) from eight correctional facilities in Connecticut who completed face-to-face interviews. The outcomes, depression and anxiety, were assessed using the PHQ-9 (range 0-27) and GAD-7 (range 0-21); higher scores on each scale indicated worsened severity. SRH, operationalized as a pseudo-continuous variable (1=excellent; 5=Poor), was correlated with depression (r=0.379; p <.001) and anxiety (r=0.260; p =.001) in unadjusted analyses. Two linear regression models were conducted to determine if SRH was associated with depression and/or anxiety after controlling for age, race (white versus non-white), years of education, visitors (yes versus no), and number of chronic conditions. Increasingly worse SRH was significantly associated with more depressive symptoms (β=1.92, SE=.43, p <.001) and higher anxiety scores (β=1.41, SE=.41, p=.001). SRH explained 10.0% and 6.2% of the variance in depression and anxiety scores, respectively. SRH may be useful for identifying older inmates who are more likely to have depression or anxiety, and thus may be at higher risk for suicide.

NEGATIVE SOCIAL SUPPORTS AND DEPRESSIVE SYMPTOMS AMONG OLDER ADULTS: A CROSS-LAGGED ANALYSIS

Nicholas Cone,¹ Gina Lee,¹ and Peter Martin². 1. Iowa State University, Ames, Iowa, United States

The purpose of the study was to examine how negative social supports and depressive symptoms affect older adults over time. A subsample of participants (N = 3,084) from the Health and Retirement Study was used in this study. Summary scores for each negative social supports (spouse, children, family members, and friends) and the Center for Epidemiologic Studies Depression Scale (CES-D) were used to conduct two cross-lagged regression analyses for each negative social support type from waves 2010 and 2014. Covariate variables for this study included gender, years of education, self-report of health, and age. Results were computed for two age groups (i.e., 65 to 79, and 80+). Results from both age groups indicated high stability for negative social supports and depressive symptoms from waves 1 to 2. The younger age group showed no significant cross-lag or interaction effects when stabilities were included or excluded in the analyses. However, in the older group, wave 2 negative child and family member social support was predicted by wave 1 depression scores. Moreover, the older age group showed significant interaction effects of age by CESD scores on negative child and family member social supports. In conclusion, initial depressive symptoms predict higher negative social supports in children and family members at a second time point in the older age group. Future research could examine whether depressive symptoms continue to predict negative social supports in new waves. In addition, other factors, such as loneliness, or anxiety, may provide further understanding into older adults’ negative social supports.

HEARING IMPAIRMENT, DEPRESSION, AND THE ROLE OF SOCIAL ACTIVITY AMONG CHINESE OLDER ADULTS

Shu Xu,¹ Haowei Wang,¹ and Caitlin Connelly¹. 1. University of Massachusetts Boston, Boston, Massachusetts, United States
Studies suggest that depression is closely linked to hearing impairment, which is highly prevalent among older adults in the United States. There is evidence that social engagement may be impacted by hearing impairment in older adults. However, there is relatively little research on these associations among Chinese older adults. This study examines the relationships between hearing impairment, social activities, and depressive symptoms among older adults in China. Using nationally representative data from the China Health and Retirement Longitudinal Study 2011, we conducted cross-sectional analysis on adults age 60 years and older (n=10,994). Depressive symptoms were assessed by the 10-item Center for Epidemiologic Studies Depression scale and we considered self-reported hearing status (if participants wear a hearing aid and how they would rate their hearing), and social activities (i.e., volunteering, dancing, attending courses, etc.). Models were controlled for age, gender, education, and other covariates. Descriptive analysis showed that 9% of older adults experienced hearing impairment. Multiple linear regression analyses revealed that hearing impairment was positively associated with depressive symptoms among older Chinese adults (β=1.32, p<.001). Social activities were found to partially mediate the relationship between hearing status and depressive symptoms. Respondents with hearing impairment were less likely to engage in social activities (OR=.78, p<.01) and those who did not participate in social activities reported more depressive symptoms (β=1.28, p<.001). These findings suggest that Chinese older adults experiencing hearing loss are at greater risk of depression and that social activities play an important role in the relationship between hearing status and depression.

DEPRESSION SEVERITY AND OBSTRUCTIVE SLEEP APNEA IN OLDER ADULTS
Nicholas C. Boston,1 Ryan Bennett,1 Nikolas Cirillo,1 Andrew Solow,2 Nicole Fornalski,1 and Ashely M. Stripling3.
1. Nova Southeastern University, Davie, Florida, United States, 2. Nova Southeastern University, Fort Lauderdale, Florida, United States, 3. Nova Southeastern University, Fort Lauderdale, United States

Objective: The connection between obstructive sleep apnea and depression in older adults is well documented; however, to date the relationship between severity of these depressive symptoms in this population remains underexplored. As such, the current analysis examined a potential relationship between varying levels of depression severity among older adults with sleep apnea. Participants and Methods: Data was derived from a de-identified database of older adults (ages=65) from the National Alzheimer’s Coordinating Center (NACC). The sample (N=90; 50% female; 97.8% Caucasian; Mage=77 years; SDage=10.4 years) was sorted into three groups using the Neuropsychiatric Inventory Questionnaire (NPI-Q): 1) Mild Depression [n=56], 2) Moderate Depression [n=29], and 3) Severe Depression [n=5]. Results: A univariate analysis revealed an overall significant omnibus effect between sleep apnea and depression severity (F(2,4041)=16.231, p<.001), while controlling for age, race, and sex. Post-hoc comparison found that those with severe depression had significantly higher levels of sleep apnea compared to those with mild (Mdif =-.499, p = .029) and moderate (Mdif = .597, p = .009). Conclusions: These data support the possible association between depression severity and obstructive sleep apnea. Results may be attributable to two different theories: that low serotonin levels may simultaneously influence depression, respiratory musculature, and sleep disturbance, and that intermittent hypoxia may create a cascade effect of neurovascular pathology resulting in depressive symptoms. Implications of the current findings suggest it may prove beneficial to keep in mind the risks associated with sleep apnea, and more severe depression, should an individual present with either.

SESSION 920 (POSTER)

PHYSICAL ACTIVITY, EXERCISE, AND REHABILITATIVE CARE

WHEN AND HOW I WANT FEASIBILITY AND EFFECTS OF EMBEDDING PHYSICAL ACTIVITY INTO NURSING HOME CARE
Eva Barrett,1 Paddy Gillespie,1 John Newell,1 and Dympna Casey4, 1. National University of Ireland Galway, Galway, Ireland

Physical activity (PA) is essential to maintaining health into older age. However, older adults living in nursing homes (NHs) remain highly inactive. This study tested the feasibility of a PA programme embedded into NH care and its potential effects on older adults’ function and quality of life (QOL). A cluster-randomised controlled pilot feasibility study, including qualitative and economic components, was conducted. Intervention participants (n=18) performed Morning Movement (morning-time walking and sit-to-stand exercises) and Activity Bursts (bouts of activity throughout the day in standing), 3 times weekly for 12-weeks. Participants in the control NH (n=16) received usual care. At baseline and 12-weeks, feasibility and economic data were collected, function was measured using the Timed Up and Go (TUG) and 10-Metre Walk Test (10MWT) and QOL was measured with the Nottingham Health Profile (NHP) and Investigating Choice Experiments for the Preferences of Older People-CAPability (ICECAP-O). Semi-structured interviews were conducted with staff and participants at mid- and post-intervention and analysed thematically. The PA programme was acceptable to staff and participants and study procedures were feasible. Mean TUG improved by 10.2 (±21.6) seconds in the intervention group and was unchanged -0.2 (9.5) seconds in the control group (95% confidence interval of between-group difference in improvement -2.5 to 23.3 seconds). 10MWT scores stayed stable in the intervention group and disimproved in the control group. ICECAP-O and NHP scores were unchanged. While this study contained a small sample, it demonstrated a feasible, acceptable and potentially effective NH PA intervention and provides guidance for a definitive trial.

CLINICAL FACTORS ASSOCIATED WITH INCREASED SEDENTARY TIME IN VERY ACTIVE OLDER ADULTS
Kenneth Madden,1 and Jocelyn Chase2. 1. Gerontology and Diabetes Laboratory, University of British Columbia, Vancouver, British Columbia, Canada, 2. Division of Geriatric Medicine, University of British Columbia, Vancouver, British Columbia, Canada