physical and/or cognitive deterioration in oneself or one’s partner, which are associated with increased depression and loneliness. Understanding the mechanisms and identifying effective measures that strengthen their capacities to cope are therefore very important. Extensive research has suggested that active music-making with others has many psychosocial benefits for older adults. This study explored in detail the musical experiences drawn from different settings of Japanese and Hong Kong music communities. Semi-structured group interviews were conducted for members of music-making groups in Japan and Hong Kong who regularly practised, rehearsed, and performed their instruments together in community settings. A phenomenological approach was used to capture and analyse their lived experiences. A needs satisfaction theoretical framework was adopted to shed light on links between their musical engagement and wellbeing outcomes. Active musical engagement was found to be an important source of support for older musicians’ psychological needs. It was central to their positive identity development and sense of purpose in old age. The presentation will further elaborate on underlying mechanisms that linked social, emotional, and artistic experiences of active musical engagement to wellbeing. This study identified active musical engagement as an effective agent in healthy ageing. Differential manifestations of need-supportive practices in musically and culturally distinct communities in Japan and Hong Kong were also described, giving evidence for the positive value of community music groups for promoting mental health and wellbeing.

QUALITY OF LIFE IN OLDER ADULTS RECEIVING IMMUNE CHECKPOINT INHIBITOR THERAPY
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Immune checkpoint inhibitors (ICIs) have generated significant excitement for their ability to extend survival in patients with lung, head, and neck, and other cancers. In older adults with cancer, emerging research suggests that ICIs improve overall and progression-free survival, but few studies have reported on quality of life (QOL). The goal of this study was to examine changes in QOL over time in older adults (65+ years) vs. younger (<65 years) lung and head and neck cancer patients. Eligible participants scheduled to begin ICI therapy were described, giving evidence for the positive value of community music groups for promoting mental health and wellbeing.

PSYCHOSOCIAL FACTORS INFLUENCING DEPRESSIVE SYMPTOMS AMONG OLDER ADULTS FROM NORTHERN INDIA
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Global data show a significant increase in the number of adults 65+ years of age in India. Despite this increase, there is a dearth of available resources to adequately service their mental health needs. Data indicate that residents in Northern India, in particular, report poorer mental health outcomes than those in the South. The prevalence and impact of neuropsychiatric disorders and depression remain particularly significant, but largely unexplored. The aim of this study was to examine possible psychosocial and health factors affecting depressive symptoms in North India. Data were taken from the Longitudinal Ageing Study in India (LASI). Participants included adults aged 45 years and above (n=792), from the states of Rajasthan and Punjab. A multiple linear regression model was calculated to determine the influence of identified demographic and psychosocial factors (e.g., financial and social support, life satisfaction) on depressive symptoms. Data show that low life satisfaction (β=-0.19, p<0.001), poorer self-reported health (β=0.15, p<0.01), and being a care provider (β=-0.12, p<0.01) were significant predictors of depressive symptoms. These results indicate an increased need for care-giver mental health support along with policy aimed at awareness about caregiver burnout, health care access, and economic instrumental support services. A magnified view of the impact of life satisfaction on depression will be of immense value for understanding the unique needs and challenges of working with this population.

THE IMPACT OF SUBJECTIVE WELL-BEING ON LONGEVITY AMONG OLDER ADULTS
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Objectives: People tend to believe happier people live longer. However, relatively few empirical studies have examined the influence of subjective well-being (SWB) on longevity among older adults. Thus, our study investigated the impact of SWB on longevity among older adult using national representative longitudinal data in the U.S. Methods: Drawn from the National Health and Aging Trends Study, 6,757 older adults aged 65 or older with completed information of SWB from 2011 were selected and followed until 2017 annually. The Kaplan-Meier estimator was used to estimate the survival time between different levels of SWB without covariates. In addition, the Cox Proportional Hazards Model was used to investigate the impact of SWB on longevity while adjusting the influences of covariates. Results: We found that a higher level of SWB predicted longer survival times...
among older adults. The impact of SWB on survival times remained to be significant, but weaker, after adjusting the influences of age, educational attainment, household income, gender, marital status, number of health insurances, self-rated health, chronic medical illness, and mental health. Conclusion: Findings suggest that happier older adults live longer. Recognizing the importance of SWB on longevity, healthcare providers should develop programs promoting higher SWB to prolong life for older adults.

THE ASSOCIATION BETWEEN MULTIPLE CHRONIC CONDITIONS AND DEPRESSIVE SYMPTOMS: DISTINCTIONS BY RACE, GENDER, AND AGE

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Multiple chronic conditions (MCC)—the co-occurrence of two or more chronic diseases—is a serious concern due to its high prevalence among middle-age and older-adults, and its association with increased disability, mortality risk, and healthcare costs. A growing body of work has shown that chronic physical conditions are associated with depressive symptoms. While MCC and depression affect a substantial proportion of older adults in general, there are important status variations in disease burden along the dimensions of race, gender, and age. This study employs an intersectional and multi-hierarchical approach to assess how these status characteristics (race, gender, and age) may condition the MCC-depression association. We use data from the 1994-2014 waves of the Health and Retirement Study (HRS), a nationally representative data source providing a longitudinal survey of U.S. adults over the age of 50 biennially. Results revealed that MCC was positively associated with depression in general. However, Black Americans, women, and younger adults were more likely to experience depression relative to their White, male, and older counterparts, respectively. The findings suggest that the lived experience of MCC differs by social status, and is perhaps due (in part) to status differences in access to social resources to counteract the potentially deleterious psychological effects of MCC. This research has also has practical implications: given the strong MCC-depression association, older adults with MCC should be offered psychological services to decrease the likelihood of developing mental health problems due to the stress associated with having multiple chronic conditions.

THE EFFECT OF OLDER ADULTS’ STRESS AND COPING ON LIFE SATISFACTION

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Older adults experience stressors in everyday life, which can be acute or chronic stressors. When people are stressed, coping abilities and social support are important factors for increasing their life satisfaction. Using Pearlin et al.’s (1990) stress process model, this study compared whether acute or chronic stressors were more stressful. Additionally, the effectiveness of emotional, informational and instrumental support on life satisfaction were compared. This study used the 3rd and 5th addition wave of KReIS (Korean Retirement and Income Studies) which were collected in 2009 and 2014 respectively. For socio economic status, 3rd wave data was used. Independent and dependent variables were derived from 5th addition wave data. The sample size of this study was 4,072 older adults who were 65+. Daily hassles were used to indicate acute stressors, and physical and economic strain were used to indicate chronic stressors. For coping resources, social support and coping were used. Life satisfaction was used for dependent variable. Since the stress model is a process model, hierarchical multiple regression was used. Both acute and chronic stressors had a significant effect on reducing life satisfaction. Coping and social support both had significant positive effects on life satisfaction. In regard to social support, emotional and instrumental social support had significant effects on life satisfaction. These results implied that chronic stressors were more stressful than acute stressors. In addition, instrumental social support was found to be better than emotional social support for increasing life satisfaction for Korean older adults.

HIGH RISK OF NEW PSYCHIATRIC DISORDERS AND SUICIDAL BEHAVIOR IN DEMENTIA

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Occurrence of new mental health (MH) disorders in patients with dementia is neglected, with next to nothing known. We examined association between dementia diagnosis and risk of new psychiatric disorders and suicide, and MH services use. We merged four national databases from US Department of Veterans Affairs. Sample included 2,529,181 patients (≥50 years) in fiscal years (FY) 2012-2013 with no MH disorders. Dementia, psychiatric disorders (mood, anxiety, substance), suicidal behavior (ideation, plan, attempt, death by suicide) were identified by ICD-9/10 codes and national suicide databases. Hazard ratios (HR) were estimated using Cox proportional hazard models, with time-to-event defined as age at first diagnosis of MH disorder during FY 2014-2016. Analyses adjusted for medical/sociodemographic factors. Compared to those without dementia, dementia patients showed roughly 2-fold increased risk of new mood (HR: 2.19, 95% Wald CI: 2.15-2.24, p<.001) or anxiety (HR: 1.56, 95% CI: 1.50-1.63, p<.001) disorders. Recent dementia diagnosis was associated with highest risk of these disorders than prior or no diagnosis; for example, patients with recent diagnosis showed 72% greater risk of anxiety disorders (HR: 1.72, 95% CI: 1.63-1.81, p<.001). Although patients with prior dementia diagnosis had lower risk of suicidal behavior, risk increased with recent dementia diagnosis. However, dementia patients with new MH disorders showed little MH services use (<20%). Patients with dementia have increased risk of new MH disorders, especially recent dementia diagnosis. Furthermore, MH services are underutilized, highlighting critical need for integration of such services in caring for dementia patients.

INCREMENTAL VALIDITY OF OPTIMISM AND PURPOSE FOR PREDICTING OLDER ADULTS’ DEPRESSIVE SYMPTOMS

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