organisms from worms to mice, it has become apparent that often only one sex responds to the intervention. Even when both sexes respond, one sex often responds much more strongly than the other. Furthermore, there is no consistent pattern of the same sex experiencing the larger effect across studies. For pharmacological intervention, such patterns might plausibly be explained by sex differences in metabolism and clearance of the drug. However, in genetic manipulations, where for instance, the same gene is knocked out in both sexes, it is far from obvious why only one sex would be affected. In this talk, I will present an overview of sex-specific findings in this realm and introduce an experimental approach to investigating the mechanism(s) underlying these sex differences.

SEX DIFFERENCES IN BIOLOGICAL MARKERS OF HEALTH IN THE STUDY OF STRESS, AGING AND HEALTH IN RUSSIA
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Using previously collected data in the study of Stress, Aging, and Health in Russia the present study investigates whether men in Moscow are healthier than women at the level of biomarkers of health, and whether the associations between biomarkers and subjective health have sex-specific patterns.

Obesity and waist circumference were more prevalent and significantly related to lower physical functioning among women than among men. Major Q-wave abnormalities with high probabilities of myocardial infarction and atrial fibrillation/atrial flutter were more prevalent and significantly associated with physical functioning and self-rated health among men than among women.

The present study found some support for the hypothesis that women’s apparently worse health and men’s substantially higher mortality can be partially explained by pathophysiological changes which progress slowly and may lead to disability over years or by pathophysiological changes that possess acute health risks, respectively.

SESSION 960 (PAPER)

MENTAL HEALTH

MENTAL HEALTH LITERACY IN KOREAN OLDER ADULTS: IMPLICATIONS FOR MENTAL HEALTH PRACTICE AND POLICY
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Korea is experiencing rapid population aging, which has spurred an increased need for mental health services for the elderly. Recent studies reported that Korean older adults suffer from various mental health issues such as severe stress, depression, and suicidal ideation. Further, Korea has the highest rate of suicide among the 34 member countries of the Organization for Economic Co-operation and Development, and approximately one third of Korean older adults experience depressive symptoms or syndromes. Mental health literacy is an important component of promoting mental health, yet studies on the concept have been conducted in only a few countries. This study is the first to investigate mental health literacy among Korean older adults. Specifically, it examines the level of mental health literacy among Korean adults aged 65 and older, and identifies factors associated with their mental health literacy. A cross-sectional survey was conducted with 596 community dwelling Korean older adults, using a quota sampling strategy. Andersen’s Behavioral Model of Health Services Use framed the study. Findings revealed that, overall, participants displayed low levels of mental health literacy. They had difficulty recognizing their own mental health issues and had limited knowledge about self-help strategies. Mental health literacy was positively associated with education, social support, social network, and self-rated health status. This study highlights a need for efforts to increase mental health literacy among Korean older adults. Strategies that have the potential to empower this population to proactively attend to their mental health include community-based education and national mental health campaigns.

TOWARDS THE DEVELOPMENT OF A SCREENING TOOL TO ENHANCE THE DETECTION OF ELDER ABUSE AND NEGLECT
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Elder abuse and neglect (EA) are under-detected and under-reported in the United States. Although about 11% of older adults experience elder abuse each year, it’s estimated that as few as 1 in 14 cases of elder abuse are reported. The goal of the current study was to understand and address barriers to reporting EA for Emergency Medical Technicians (EMTs). We conducted a series of semi-structured focus group sessions with 23 EMTs and Adult Protective Services (APS) caseworkers. Using systematic procedures, including Grounded Theory, five general themes related to barriers to reporting EA were identified, including: (1) EMT apprehension towards violating older adults’ personal freedom; (2) EMT moral anxiety about the potential negative consequences (e.g., institutionalization) of an APS investigation; (3) time burden associated with reporting to APS; (4) potential inaccuracies in EMT’s ability to recall case details, and, (5) low confidence in EMT’s ability to correctly identify potential EA. Additionally, we found that EMTs expressed a need for a screening tool to help identify EA. The results from the focus groups suggest eight general domains that might be associated with EA cases, including: (1) conditions of the outside areas around the home; (2) conditions inside