to the risk of depression. The current study describes the prevalence and compares the independent and joint associations of these limitations with depression in a nationally representative sample of adults aged 51 and older in the US. Analyses are based on a sample of 17,044 repeated observations on 6,636 unique primary respondents from three waves of pooled data from the Health and Retirement Study. We estimate linear and logistic multivariate regression models investigating the association between ADL limitations (any limitation on Katz ADL scale), cognitive impairment (<12 on the TICS-27 scale), and depressive symptoms (8-item CES-D), controlling for a standard set of socioeconomic and health factors. First, we find that 66% of respondents report no limitations, 16% report only cognitive impairment, 11% report only ADL limitations, and 7% report both types of limitations. Multivariate analyses suggest that ADL limitations have a much stronger association with depression compared to cognitive impairment, and this association is robust across alternative specifications. In next steps, we will take advantage of the longitudinal nature of these data to estimate changes in these characteristics over time and within individuals and explore heterogeneity in associations across relevant groups.

DEPRESSIVE AND ANXIETY DISORDERS IN ALCOHOL USE AND RELATED PROBLEMS AMONG OLDER AFRICAN AMERICANS

The older African American (AA) population is expected to triple by 2050; however, research on depression, anxiety, and alcohol use among older AAs is lacking. Current mental health and substance use studies involving older AAs often focus on between-race differences, frequently comparing AAs to Whites, without addressing within-group variation in the former. As such, little is known about the associations between depression, anxiety, alcohol use and related disorders in this population. The present study used data from 2016-2017 Midlife in the United States (MIDUS) Milwaukee 2 to examine whether depressive and anxiety symptoms and disorders are associated with alcohol use and related problems among 274 African Americans aged 50 to 93 (62.8% women). Of the sample, 9.5%, 3.6%, and 6.6% met criteria for depression, generalized anxiety (GAD), and panic disorders, respectively. About 8.1% had drank heavily and 18.5% binge drank in the past month with 10.2% reporting alcohol problems in the past year. Those with depression and those with panic disorder were more likely to be heavy drinkers; while only those with panic disorder were more likely to be binge drinkers. Meeting criteria for depression or panic disorder but not GAD disorder were both more likely to have had alcohol-related problems than those not meeting criteria. Only panic disorder was associated with increased likelihood of drinking more than intended in the past year. Preliminary exploratory findings suggest that the associations between depressive symptoms, type of anxiety disorder, alcohol use, and problems varied by gender.

DEPRESSIVE SYMPTOMS MEDIATE THE INFLUENCE OF FIBROMyalGIA STATUS ON PHYSICAL PERFORMANCE AND BMI IN AGING ADULTS

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Fibromyalgia is a chronic pain condition that is frequently accompanied by comorbid conditions, including depression. Depression is associated with reduced physical functioning and health disproportionally affecting middle-aged and older adults with fibromyalgia. This study examined depressive symptoms as a mechanism through which FM status is associated with BMI and physical performance among adults in mid-to-late-life. Participants included 250 community-dwelling middle-aged and older adults (82% female) with (59%) or without (41%) fibromyalgia (M age = 64.44, SD = 9.16). Depressive symptoms were measured using the Beck Depression Inventory-II, BMI was objectively assessed, and physical performance was measured using the Fullerton Advanced Balance scale, 6-Minute Walk Test, 30-Second Chair Stand, and 8-Foot Up and Go Test. Physical performance measure analyses were adjusted for age. Asymptotic mediation analyses revealed that fibromyalgia status was indirectly associated with higher BMI (95% CI [.18, 16.74]), and poorer performance in the Fullerton Advanced Balance scale (CI [-2.93, -1.24]), 6-Minute Walk Test (CI [-7.73.75, -3.53]), 30-Second Chair Stand (CI [-2.45, -1.16]), and 8-Foot Up and Go test (CI [.35, .92]) via depressive symptoms. Participants with fibromyalgia reported greater depressive symptoms which was subsequently associated with greater BMI and reduced physical performance. Findings support depressive symptoms as one factor through which fibromyalgia status is associated with higher obesity risk and reduced physical function in middle-aged and older adults with fibromyalgia. This study supports fibromyalgia status as a critical consideration when evaluating the health and disability risk of aging adults.

DIFFERENT STATISTICAL APPROACHES TO DEVELOP A GUIDELINE FOR IMPROVEMENT OF CAREGIVER’S MENTAL HEALTH

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Caregiver burden is common, and improvement of caregivers’ mental health could lead to better quality of care and well-being for both caregivers and care recipients. We investigate ways to develop a guideline to enhance caregiver’s mental well-being by applying and comparing regression tree and ensemble tree models. Data comes from the 2017 National Health and Aging Trends Study and National Study of Caregiving. Dementia caregivers’ (n=945) aspects of caregiving, care activities, support environment, and participation along with basic demographics and health are considered. First, insignificant predictors are preselected using linear regression with backward selection, which will not be included in the tree models. Using the predetermined predictors that are not excluded in the backward selection
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%; x²(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 (F=2.91; p=0.04) and during confinement (F=2.91; p=0.49). 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 (F=2.91; p=0.49). Profile 3 lower levels of depression (x̄3=98.00) 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