

of improving the experience of this historically underserved population in mental healthcare treatment.

### COGNITIVE CHANGES IN OLDER ADULTS FOLLOWING A STEPPED CARE INTERVENTION FOR LATE-LIFE DEPRESSION

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Older adults with depression may manifest cognitive decline and treating depression may maintain or improve cognition. However, cognitive outcomes could be overlooked in non-pharmacological interventions for depression. This analysis investigated cognitive changes in a stepped-care intervention (Clinical Trial ID: NCT03593889) and the potential association with individual depressive symptom change. The community-dwelling older adults at risk of or with depressive symptoms without significant cognitive impairment (n=802) were assigned to intervention group (n=644) and control group (n=138). Depressive symptoms and cognitive functions were measured using Patient Health Questionnaire-9 and Cognitive Montreal Assessment-5 minutes protocol, respectively. Paired-t-Test showed significant improvements in overall cognition and attention in both intervention and control groups, but the improvements of language fluency (Intervention: MD=-0.51 p<0.01; control: MD=0.14, p=0.500) and orientation (Intervention: MD=-0.22 p<0.05; control: MD=-0.11, p=0.229) only displayed in intervention group. As control group had better cognition at baseline, linear mixed-effects model analysis was used to compare between-group difference. Intervention group had no significant cognitive improvement after adjusting the covariates but a potential improvement in language fluency (Coef. =0.442, SE=0.247, p=0.074). A linear regression analysis in intervention group indicated that reduction of concentration problem ( $\beta=0.106$ , p<0.05) and retardedness ( $\beta=0.117$ , p<0.01) under the symptomatology of depression were associated with the improvement of language fluency. In this group of older persons without significant cognitive impairment, there is no clear evidence of global cognitive benefits in a stepped care depression intervention, although there may be improvements in certain cognitive domains, which may be related to improvements in cognitive aspects of depression.

### COMPARING COGNITIVE AND PHYSICAL LIMITATIONS AS PREDICTORS OF DEPRESSION AMONG OLDER ADULTS

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Depression in older adults is associated with loss of functioning and increased mortality. While many factors contribute to depression among this population, activities of daily living (ADL) limitations and cognitive impairment have been identified as key risk factors. However, no study, to our knowledge, has examined the extent to which physical and cognitive limitations independently and jointly contribute 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

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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 alcohol 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 drunk 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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