

IMPACT OF COVID-19 PANDEMIC ON MENTAL HEALTH IN OLDER ADULTS: COMPARISON BETWEEN 2020 AND 2022

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The COVID-19 pandemic had a major impact on older adults' mental health, but less is known about its longer-term effect. We examined changes in depressive and anxiety symptoms among older adults between the onset and two years into the pandemic. Data were drawn from two cross-sectional telephone surveys conducted with older adults aged ≥ 60 years in Hong Kong in 2020 and 2022. Respondents were screened for depression and anxiety using Patient Health Questionnaire-2 (PHQ-2) and General Anxiety Disorders-2 (GAD-2) and, if screened positive (i.e. scoring ≥ 3 in PHQ-2 or GAD-2), evaluated with PHQ-9 and GAD-7 for symptom severity. After case-control matching baseline age, gender, living districts, and pre-existing mental health conditions based on the respondent ratio between the two surveys (i.e. 2:1 ratio), 4095 and 2099 respondents from the 2020 and 2022 surveys were included in the analysis. Respondents' average baseline age was 75 years old, 77% were female, and 13% had a pre-existing mental health condition. There were significant increases in the proportion of older adults screened positive for depression (8.3% to 13.5%) and anxiety (6.9% to 11.4%) and a significant increase in depressive symptom severity (4.63 to 7.72) between 2020 and 2022 ($p < .001$). Logistic regression suggested that, over two years, older adults with pre-existing mental health conditions were 1.59 times more likely to screen positive for depression than those without such conditions. Linear regression suggested that males were associated with increased depressive ($B = -2.42$, $p = .004$) and anxiety ($B = -2.49$, $p = .021$) symptom severity than females over the years.

HOW DOES THE COVID-19 PANDEMIC AFFECT LATE WORKING LIFE? EUROPEAN EMPLOYMENT TRAJECTORIES FROM 2011 TO 2021

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Background: One of the immediate impacts of the pandemic was the increase in unemployment and the reduction of working hours - especially among women, those with lower job security and in countries with a weaker social welfare system. The aging society is at further risk, which is already challenged by a growing shortage of workers and the rising costs of pensions. To understand the long-term consequences of COVID-19 for the aging workforce, this paper advances existing research by exploring from a life-course perspective how employment after the COVID-19 outbreak is anchored in larger employment histories (2011–2021). Methods: Sequence-analyses are applied using retrospective life history data combined with both COVID-19 Surveys (2020–2021) from SHARE including respondents aged 50+. Using cluster-analyses, the resulting sequences are classified into six groups. By applying descriptive-analyses,

I examine how these groups differ by gender, work quality, and country. Results: Older workers – especially men – with continuous full-time employment histories are less frequently affected by unemployment and fewer working hours during COVID-19. Whereas those – especially women – with disruptive employment and part-time work histories are more frequently affected by unemployment after the outbreak of COVID-19. Respondents in countries characterized by social democratic welfare compared to liberal welfare regimes are less likely affected by unemployment during the pandemic. Discussion: The pandemic particularly puts older workers with disruptive employment histories at additional risk of labor market exit. Therefore policymakers need to address inequalities in earlier life to prevent long-term consequences of social inequality caused by the pandemic.

HALF OF OLDER ADULTS HOSPITALIZED WITH COVID-19 EXPERIENCE SYMPTOMS ONE YEAR LATER

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Older adults hospitalized with severe COVID-19 are at higher risk of experiencing serious in-hospital outcomes and long-term health consequences following discharge. Declines in health and functional ability post-hospitalization are important infection-related outcomes. This study's aim was to examine functional recovery one year following COVID-19 hospitalization. Twenty-one adults ≥ 60 years of age hospitalized with confirmed COVID-19 infection between 3/2020–5/2020 in Southeast Michigan completed a survey 9–15 months post-discharge including items from the Fried Frailty score, Short Form 36 Physical Assessment, PROMIS Dyspnea Scale, and the World Health Organization Disability Assessment Schedule. Mean age at hospital admission was 69 (standard deviation 7). Half of participants (52%) indicated they had too little energy to do the things they wanted to do, 52% ($n = 11$) indicated moderate to severe shortness of breath when walking up two flights of stairs, and 43% ($n = 9$) indicated they were limited a lot in walking several blocks. Additionally, 57% ($n = 12$) indicated they were severely or extremely emotionally affected by their health due to their COVID-19 infection. Results were similar in only those ≥ 70 years ($n = 7$). Our survey indicates that half of patients hospitalized with severe COVID-19 from the first infection wave in Southeast Michigan are significantly affected up to a year or more after their initial infection, and may benefit from long-term outpatient care. More research is needed to inform development of effective treatments for the long-term emotional and physical impacts of severe COVID-19.