

older via depression and hopelessness, irrespective of the presence of impairing physical illness. Findings support the claim that hopelessness plays a pivotal role in the progression from suicidal ideation to completion among older adults. Directly targeting hopelessness could help prevent at-risk older adults from acting on their thoughts of suicide.

MIND-BASED AND MOVEMENT-BASED MIND-BODY INTERVENTION FOR CHINESE OLDER PEOPLE WITH DEPRESSION

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Mind-body intervention has been well established as an alternative psychosocial intervention for managing depression. Mindfulness-based intervention (MBI) and health qigong (HQ) are two common forms of mind-body intervention which share the common focus on breathing. However, they may represent two distinct approaches with different mechanisms. MBI focuses more on mind-based practices whereas HQ may focus predominantly on body-based movement practices. Thus, a large research gap in comparing the unique therapeutic effects of mind-based and movement-based health practices on alleviating depression among older people is worthy of further investigation. A total of 45 community-dwelling Chinese older adults aged 60 or above with symptoms of clinical depression were recruited. They were randomly assigned to three different groups, including an MBI group, a HQ group, and a waitlist control (WLC) group. Comparisons were made before and after 8-week interventions. Regarding the primary outcome, the effect sizes between the MBI and WLC groups, as well as between the HQ and WLC groups, were reasonably large (Hedges' $g = 1.338$ and 0.725 , respectively), yet the effect size between the MBI and HQ groups was moderate (Hedges' $g = 0.325$). Specifically, participants in the MBI group showed more improvements on perceived stress, self-efficacy, and mental health, whereas participants in the HQ group showed relatively better performance regarding interoception and physical mobility. Findings from this research demonstrate the unique therapeutic effects of mind-based and movement-based interventions on alleviating depression among older people. The application of two distinct forms of mind-body intervention in a Chinese context is discussed.

THE COURSE OF DEPRESSIVE SYMPTOMS IN OLDER ADULTS RECEIVING IN-HOME CARE

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The aim of the study was to describe the prevalence, incidence and persistence of depressive symptoms over a 36-month follow-up period among older people receiving in-home care, and to explore the association between cognitive function and the course of depressive symptoms. In all, 1001 older people (≥ 70 years) receiving in-home care were included in a longitudinal study over 36 months. Depressive

symptoms, cognitive function, general medical health, activities of daily living, neuropsychiatric symptoms and use of psychotropic drugs were assessed at three assessments. Dementia and mild cognitive impairment were diagnosed at all assessments. Baseline demographic characteristics and information on nursing home residency at follow-up were recorded. Linear mixed models were estimated. We found the prevalence and cumulative incidence of individual depressive symptoms to be higher in those with dementia at baseline than in those without. The persistence of depressive symptoms did not differ between those with or without dementia at baseline. The severity of cognitive decline and mean depressive symptom score assessed simultaneously were positively associated, but the strength of the association changed over time and was not significant at the last assessment. In conclusion: The differences in prevalence and cumulative incidence of depressive symptoms in those with and without dementia at baseline, and the association found between degree of cognitive decline and depressive symptoms over time shows that depression and dementia are interconnected. Nurses and clinicians should pay attention to cognitive status when observing or evaluating depression among older people receiving in-home care.

BODY TYPES AND ASSOCIATION WITH DEPRESSIVE SYMPTOMS AMONG OLDER ADULTS: FINDINGS FROM NHANES 2013-2016

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Older Americans are increasingly affected by overweight and obesity now as compared to previous decades. We examine the prevalence rates and association of Depressive Symptoms (DS) across body types created using the National Heart, Lung, Blood Institute recommended body mass index /waist circumference (WC) anthropometric cut off values among older Americans. 3,132 participants, 50 years and older from the National Health and Nutrition Examination Survey (NHANES) 2013-2016 was used for this analysis. Six body types were created using the anthropometric cut off values- normal weight with normal WC, overweight with normal WC, obese with normal WC, normal weight with high WC, overweight with high WC, and obese with high WC. The PHQ-9 score was used to create DS categories (1-4, 5-9, 10-14, 15-19, ≥ 20). The relationship of body types to DS categories was assessed using weighted multinomial logistic regression. The mean (SD) sample age was 63.4 (9.2). Approximately 12.9% of participants had a PHQ-9 score of at least 10. After adjusting for age, gender, race/ethnicity and poverty-income ratio, overweight with high WC (OR 7.61, 95% CI 2.37-24.48) had high odds of moderately severe DS. Obese with high WC had high odds of mild DS (OR 1.76, 95% CI 1.22-2.52), moderate DS (OR 2.14, 95% CI 1.09-4.20) and moderately severe DS (OR 5.59, 95% CI 2.75-11.39) compared to normal weight with normal WC. We demonstrate an association of body types with DS in an aging American population and these findings would not be identified if anthropometric measures were examined separately.