and the percent of patients with ≥1 behavioral health visit within 30 days increased from 3% to 8% (p<0.01, respectively). The adjusted odds ratio of receiving treatment (AOR: 4.13, 95% CI: 2.84-6.01) and having a behavioral health visit (AOR: 3.12, 95% CI: 2.31-4.24) was significantly higher in the post-implementation period. In conclusion, implementation of BHSWs was associated with increased treatment for older patients with depression.

**LITHIUM RECEIPT AND RISK OF DEMENTIA IN OLDER VETERANS WITH BIPOLAR DISORDER IN THE VA HEALTH SYSTEM**

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Older adults with bipolar disorder are at increased risk of developing dementia. The literature suggests lithium treatment may reduce the incidence of dementia. This study sought to inform clinical practice in the Veterans Affairs (VA) health system by estimating the effect of past year lithium receipt on dementia incidence among Veterans with bipolar disorder. Divalproex receipt was used as a comparison. Using VA medical records, 121,094 Veterans aged 50 and older with a diagnosis of bipolar disorder but no dementia diagnosis were identified in fiscal years 2005-2019. Follow-up continued until dementia diagnosis, 36 months from the index date, death, or the end of fiscal year 2020, whichever came first. 4347 (3.6%) were diagnosed with dementia during follow-up. Time-varying indicators of receipt of lithium and divalproex in the prior 365 days were calculated for each day, categorized as 301-365, 61-300, 1-60, or 0 days of receipt. Unadjusted Cox proportional hazards regression analyses indicated reduced dementia incidence with 301-365 (HR=0.86, 95% Confidence Interval [95% CI] 0.75-0.99) and 61-300 (HR=0.75, 95% CI 0.65-0.87) days of lithium receipt, compared to 0 days. For divalproex, 301-365 (HR=1.34, 95% CI 1.23-1.47) and 61-300 (HR=1.13, 95% CI 1.03-1.23) days of receipt were each associated with increased dementia incidence. Lithium effects were not statistically significant after adjusting for age, sex, race, ethnicity, medical comorbidities, and antidepressant, antipsychotic, and anxiolytic medication receipt. Divalproex effects remained statistically significant. Past year divalproex, but not lithium, receipt was significantly associated with dementia incidence among VA patients with bipolar disorder when adjusting for demographics and medical comorbidities.

**MENTAL AND PHYSICAL HEALTH IN SWISS OLDER SURVIVORS OF ENFORCED CHILD WELFARE PRACTICES**

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It is the purpose of child welfare practices to provide a protective environment for minors. However, welfare practices for children and adolescents have also been linked to a higher risk for maltreatment, trauma, and deprivation. Due to such early-life adversity, affected individuals often report a life course depicted by further trauma, socio-economic disadvantage, mental and physical ill-health. Examination of the long-term health correlates of enforced child welfare practices, as well as potential mediators, have previously been neglected in later life. It was therefore the purpose of these studies to examine the long-term correlates of enforced child welfare practices; the associated maltreatment, trauma, and deprivation; and the physical and mental health outcomes in Swiss older survivors (n=132, MAGE=71 years) and an age-matched control group (n=125). These studies further examined the mediating role of socio-economic factors (e.g., education, income), self-esteem, and self-compassion. Mental health was assessed with a structured clinical interview; physical health, self-esteem, and self-compassion with psychometric instruments. Survivors reported significantly more types and severity of childhood maltreatment, trauma, and deprivation than the control group. They also reported significantly more lifetime and current mental health disorders and more physical illnesses. Socio-economic factors and self-esteem, but not self-compassion, acted as significant mediators. Exposure to maltreatment, trauma, and deprivation in childhood and adolescence is linked to poorer mental and physical health in later life. Potential targets for intervention and health-protective measures include socio-economic factors and self-esteem, which were found to diminish the detrimental long-term impact of early-life adversity and disadvantage into later life.

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**PHYSICAL FUNCTIONING**

**ASSOCIATIONS OF PHYSICAL FUNCTION AND PHYSICAL ACTIVITY WITH COVID-19-LIKE SYMPTOMS**


Physical function and physical activity have been associated with health outcomes related to the cardiopulmonary and immune systems, but the extent to which they are related to the risk of developing COVID-19-like symptoms remains unclear. We aimed to explore these associations among Swedish older adults. We analyzed data from 904 individuals aged ≥68 years from the population-based Swedish National study on Aging and Care in Kungsholmen. COVID-19-like symptoms were assessed by phone interview (March-June 2020).