SESSION 7030 (POSTER)

DEPRESSION AND ANXIETY

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A LONGITUDINAL EXAMINATION OF THE EFFECT OF RESILIENCE AGAINST ANXIETY DURING COVID-19
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This longitudinal study of community dwelling older adults (N = 453) examined consequences of COVID-related worries on changes in anxiety symptoms before relative to during the pandemic. We further evaluated if pre-COVID psychological resilience (PR) buffered the impact of COVID-related worry. Pre-COVID data were collected in September 2018. COVID-related worry and COVID anxiety symptoms were collected in October 2020 (Wave 2). Controlling for pre-COVID anxiety symptoms, we examined if COVID-related worries (e.g., I’m worried that I might die from COVID-19) were associated with increased anxiety symptoms, and whether pre-COVID PR moderated the association between COVID-related worries and prospective increases in anxiety symptoms. COVID-related worries were associated with increased anxiety symptoms (β = 0.005, p < .01), whereas pre-COVID PR was associated with a decrease in anxiety symptoms (β = -0.029, p < .05). PR moderated the association; COVID-related worries were associated with greater increases in anxiety symptoms among those with low pre-COVID PR (Model η2 = 0.35). Thus, the extent to which COVID-related worries influenced psychological health was dependent on pre-COVID levels of PR. We conclude the combined vulnerabilities of low pre-COVID PR and high COVID-related worries significantly increased the psychological consequences of COVID-19 for our sample of older adults.
lower equalized annual income, women, those with lower levels in older adults: the ‘rapidly rising’ type and the ‘steadily rising’ type were those with the onset of COVID-19. While previous studies have examined depression levels in older adults, this study aims to complement those studies by providing a longitudinal perspective. This study used data from the Korea Welfare Innovation in Aging.

GUIDED BY LAY PROVIDERS FOR GENERALIZED ANXIETY DISORDER IN OLDER ADULTS: EFFICACY AND LONG-TERM OUTCOMES

Participants (≥ 60 years) with threshold or subthreshold GAD for generalized anxiety disorder (GAD) in older adults. The study was a randomized controlled trial with a wait-list control group (n = 75). Intervention group participants used a manual presenting readings and exercises based on principles of cognitive-behavioral therapy and received weekly support calls by LPs. Groups were similar in terms of sociodemographic characteristics and initially did not differ significantly on outcomes. At post-treatment, the intervention group showed higher remission rates than the wait-list group (79% to 16% vs 74% to 53%).

However, there is less discussion about how changes in participation in productive activities (PSAs) affect depression in later life. This study examined associations between changes in PSAs and depression in older adults. The relationship between changes in PSAs and T2 depression was tested through six regression models. Results indicated that: 1. Older adults who dropped out from work engagement in PSAs tend to have lower levels of depression over time. Employment and volunteering appear to predict depression. It is worth noting that while informal caregiving is also considered a PSA, people who stopped providing care experienced higher levels of T2 depression compared to those who continuously engaged in volunteering. 3. Engaging in informal caregiving (PSAs) affect depression in later life. This study examined how informal caregiving associated with lower levels of depression among older adults. Overall, this study provides important insights into the long-term trends in depression levels in older adults and highlights the importance of addressing this issue in response to the ongoing COVID-19 pandemic.