sometimes negligible from the discussion. This study aims to investigate the link of social participation in voluntary activity and community regular meeting to depressive symptom among the elderly in Indonesia. Separated analysis based on gender is also conducted to examine the extent to which social activities could explain the depressive symptom disparity between male and female elderly. Data from Indonesia Family Life Survey 2007 and 2014 were analyzed using logistic regression. Sample of 2994 and 2917 respondents aged 60 and over in 2007 and 2014 respectively are combined as pooled cross-sectional data instead of panel data to deal with the large reduction of sample size due to mortality. To minimize the potential endogeneity, covariates are included in the model such as residence location, living arrangement, socio-economic status, and health condition. The results indicate that economic condition, chronic disease, and difficulty on instrumental activity daily living (IADL) play a significant role in depressive symptom among Indonesian elderly, regardless of the gender. Surprisingly, social participation that is widely believed in strengthening mental health is statistically significant for female sample only. Moreover, the contrast sign of voluntary participation and community regular meeting coefficients indicate a special behavior between these two activities.

WHAT DOES MY PERSONALITY SAYS ABOUT MY FRIENDSHIPS IN LATER LIFE?

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Personality traits, such as those identified in the Big Five Personality Model (i.e., openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism), may be associated with different aspects of friendship among older adults. Additionally, men and women form and maintain their friendships differently, which may result in gender differences in their friendships. This study examined the relationship between specific personality traits and friendship characteristics, including friendship quantity, frequency of social interactions with friends, positive and negative friendship quality. The study also explored whether gender moderates the relationship between personality traits and friendships in later life. This study used data from 7,250 community-dwelling older adults, aged 65 years and above (M=75.4 years old, SD=6.91), who participated in 2012 and 2014 Leave-Behind Questionnaire of the Health and Retirement Study. Results from the linear regression analysis indicated significant main effects for the different personality traits and friendship quantity, quality and social interaction frequency, but no main effect for gender was found. However, the moderating effect of gender was significant for the relationship between specific personality traits (i.e. openness to experience, agreeableness and extraversion) and social interaction with friends, as well as for positive and negative friendship quality. For example, older women who scored high on openness to experience reported significantly lower social contact frequency with friends (B=-.16, p<.05) and higher negative friendship quality (B=.08, p<.05) than men who scored high on openness to experience. Study results provide insights for understanding better how personality traits and gender play a role in friendships in later life.

ASSOCIATION BETWEEN SOCIAL SUPPORT AND ANXIETY IN OLDER ADULTS NEW TO LONG-TERM SERVICES AND SUPPORTS

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Anxiety symptoms are common among older adults and are often associated with adverse outcomes. Thus, it is important to examine modifiable factors and manage anxiety symptoms in this population. While many biological and psychological factors related to anxiety symptoms in older adults have been found, little is known about social factors which are essential in one's mental health. The purpose of this study was to examine the prevalence of anxiety symptoms among older adults new to long-term services and supports (LTSS) and to investigate the relationship between social support and presence of anxiety. This was a secondary data analysis from a study funded to examine health related quality of life in older adults new to LTSS. Anxiety was assessed using a single item, "Recently, how often have you felt anxious?" and the answers were dichotomized into "anxiety" (ratings: 'very often', 'often', 'sometimes', and 'seldom') and "no anxiety" (rating: 'never'). Social support was measured by Medical Outcomes Study Social Support Scale. Prevalence of anxiety symptoms in this sample was 82.7% (n=225). In multivariate logistic regression, adjusting for age, gender, LTSS type, cognitive status, physical and emotional health, and depressive symptoms, older adults with more tangible social supports had lower odds of having anxiety symptoms (Odds ratio=0.515; 95% CI: 0.289-0.919, p=0.025). Improving access to tangible social supports for older adults at the start of LTSS may impact anxiety in older adults. Implications for future research and intervention development to provide tangible social support to older adults in LTSS will be discussed.

IMPROVING MOOD THROUGH PHYSICAL ACTIVITY FOR CARERS AND CARE RECIPIENTS TRIAL (IMPACCT): RESULTS OF A RCT

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The aim of this Australian study was to investigate effects on depression of a 6-month individually tailored home-based exercise program for caregivers, designed to be done with the person they care for. Ninety-one caregiver-care recipient dyads and 30 caregiver-only participants (caregivers scoring ≥4 on the 15 item Geriatric Depression Scale (GDS-15)) were randomized into one of three groups: exercise intervention (n=50, 34 dyads and 16 caregiver only), social support control (n= 50, 42 dyads and 8 caregiver only) or usual care control (n= 21, 15 dyads and 6 caregiver only). The exercise group completed an individualised program based on the Otago-plus. The primary outcome was the proportion of participants with GDS-15 ≤4. Outcome assessors were blinded to group assignment. There were no significant difference in depression between the physical activity intervention group

and the social control (OR 1.06, 95% Confidence Interval (CI) 0.44, 2.56) and the physical activity intervention group and the usual care control (OR 1.51 95% CI 0.46, 4.94) at six months or at 12-months. However, more than 50% of caregivers in all three groups no longer had a GDS-15 score >4 at 6 months. Sub-group analysis revealed that after 6 months caregivers in the exercise group caring for someone with an MMSE ≥24 were significantly less depressed than those caring for someone with an MMSE score of <24 compared with social (p value <0.02) and usual care groups (p value < 0.02). A dyad exercise intervention may be beneficial for those caring for someone without cognitive decline.

DON'T WORRY, BE HAPPY NOW, PET OWNERS: THE RELATION BETWEEN PET OWNERSHIP AND ANXIETY AND DEPRESSION IN LATE LIFE

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Pets can provide older adults a means of social support, which can combat problems faced in later life including loneliness, anxiety, and depression. However, current research findings in this area are mixed. The current study explored the differences in anxiety and depression between pet owners and non-pet owners and how pet ownership was associated with these symptoms after accounting for other established correlates. We hypothesized pet owners would endorse fewer symptoms of anxiety and depression than non-pet owners and owning a pet would be associated with these symptoms even after accounting for other common correlates. Participants included 608 older adults aged 70 to 95 that were included in the University of Alabama at Birmingham Study of Aging. As hypothesized, results indicated that pet owners endorsed significantly fewer symptoms of anxiety and depression than non-pet owners. Hierarchical regressions indicated that owning a pet explained a significant amount of variance in anxiety symptoms even after controlling for depression, self-reported health, and demographics. However, owning a pet did not have a significant association with depressive symptoms after accounting for anxiety, self-reported health, and demographics. These results suggest that lower rates of anxiety and depression are related to owning a pet and that pet ownership is associated with fewer anxiety symptoms, but not depressive symptoms, independent of several established correlates of anxiety. Future research is needed to determine the specific mechanisms of pet ownership that comprise this relationship as well as whether pet ownership may longitudinally reduce or buffer against anxiety in late life.

LATENT PROFILE ANALYSIS OF ANXIETY, DEPRESSION, ANGER, AND ADHD IN OLDER ADULTS

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Older adults are generally happier, less likely to have depression or anxiety, and have better emotion regulation abilities than earlier in life. While older age predicts more hostile beliefs about others, older adults report less hostile behavior

and no difference in covert hostility, compared to other age groups. However, brain regions associated with executive function and emotion regulation are impacted by even normal aging. Using latent profile analysis (LPA) we aimed to better understand what factors contribute to a dysregulated profile in older adults and how age altered the dysregulation profile. The current archival study includes data from 518 older adults between the ages of 60 and 95 years (M = 70.73, SD = 7.34). Participants completed the Coolidge Axis II Inventory (CATI) database. The CATI is a 250-item psychopathology and neuropsychological inventory that assesses over 40 clinical and neuropsychological disorders utilizing official DSM-5 criteria. A Dysregulated Profile was identified using an LPA of diagnosis subscales (i.e., Anxiety, Depression, Anger, and ADHD) that have been previously associated with dysregulation in children and young adults. Results demonstrated that female participants reported more ADHD symptoms (more impairment in executive function) than men. Furthermore, the dysregulated profile (high on all subscales) and age interacted such that, as age increased, scores on the Depression and Anger subscales decreased. No significant differences were found for any other interactions. Our findings are consistent with existing literature. Even in the dysregulated profile, participants reported less anger and depression with older age.

OSTEOARTHRITIS AND DEPRESSION IN A MALE VA POPULATION

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Osteoarthritis (OA) is a leading cause of disability among older adults. By 2050, approximately 60 million will suffer from arthritis adding up to a total societal cost of $65 billion. Chronic illnesses resulting in pain, and functional decline have been associated with depression in previous studies. The primary goal of this study is to investigate whether OA severity, as measured by the Western Ontario McMasters Arthritis Composite (WOMAC), impacts reported levels of depression and to what degree clinical and sociodemographic variables play a part. A causal model was developed and tested examining the antecedents of OA disease severity and depression. Information on clinical, demographic, socioeconomic, and psychosocial variables was collected on 596 male Veterans with moderate to severe symptomatic OA of the knee\hip. A Confirmatory Factor Analysis was conducted to determine the factor structure of the WOMAC. A 2nd order three factor solution (pain, stiffness, and function) fit the data well (TLI of .94, a CFI of .94 and a RMSEA of .058). The results of the Structural Equation Model reveal a final model that fit the data well (TLI of .95, a CFI of .97 and a RMSEA of .047). Depression was predicted by higher WOMAC scores (beta=.37 , p<.01); higher levels of comorbidity (beta= .11, p<.05); younger age (beta= -.29, p<.01); being white (beta=-.11, p<.05); lower levels of income (beta= -.12, p<.05); lower